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CORNWALL COUNTY COUNCIL

EDUCATION COMMITTEE

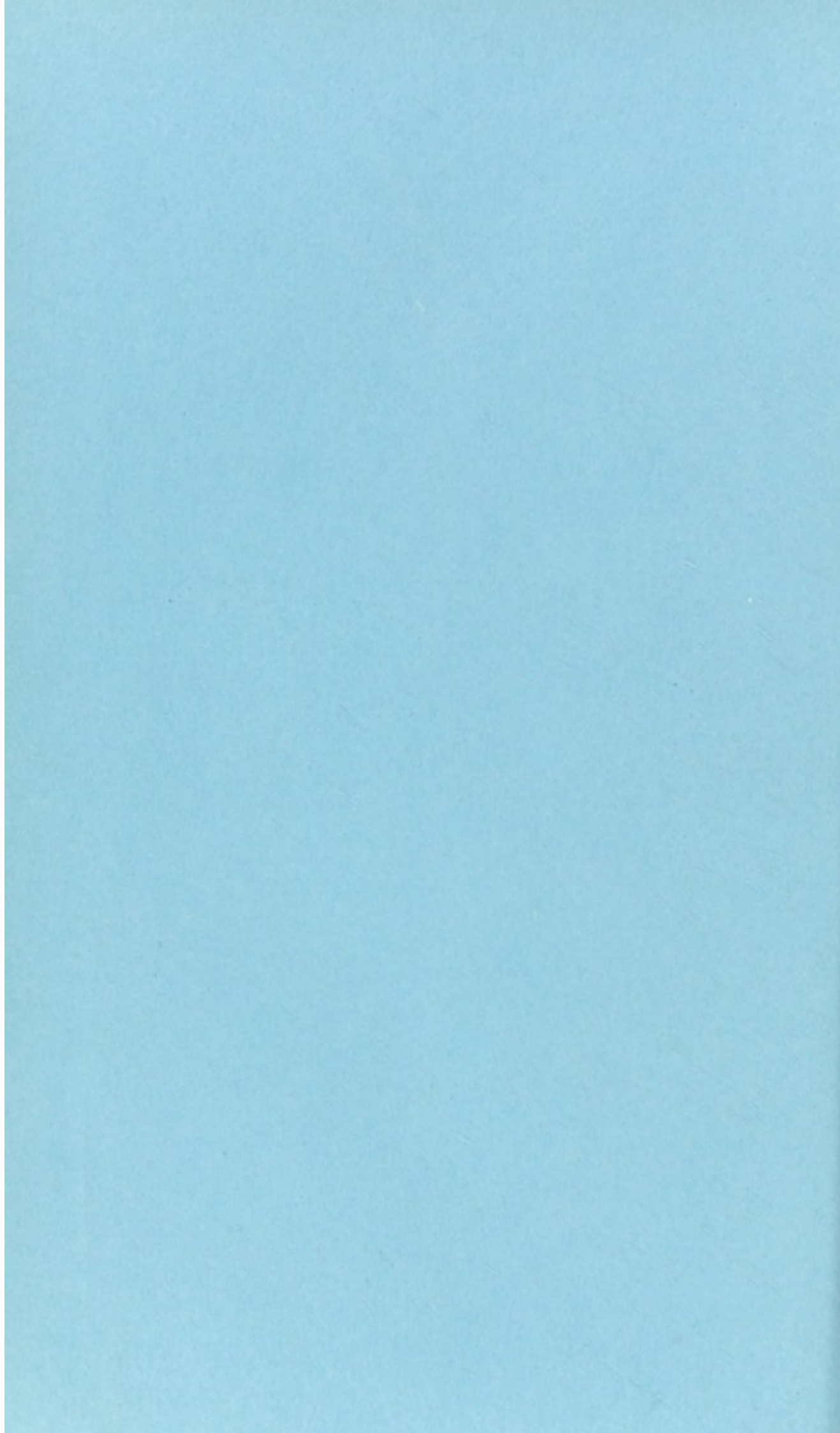
# Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

1956

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



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# I N D E X

	Page
Canteens ... ..	29
Child Guidance ... ..	17—21, 74
Cleanliness ... ..	14, 70
Deafness ... ..	24
Dental ... ..	54—59, 75
Ear, Nose and Throat Defects ... ..	23, 24, 73
Eye Defects ... ..	22, 23, 73
Handicapped Pupils ... ..	25—28, 76
History of the School Health Service in Cornwall ...	5—10
Hospital Special Schools ... ..	28, 76
Hygiene and Sanitation in Schools ... ..	31—36
Immunisation ... ..	38, 39
Infectious Diseases ... ..	37
Introduction ... ..	3, 4
Medical Inspections ... ..	12, 13, 69—72
Milk in Schools ... ..	29, 30
Minor Ailments ... ..	21, 22, 74
Nursing Service ... ..	39
Orthopaedic Defects ... ..	24, 74
Physical Education ... ..	59—68
Protection of Children against Tuberculosis ... ..	37, 38
Reports of School Medical Officers ... ..	40—54
School Population ... ..	12
Speech Therapy ... ..	14—16, 74
Staff ... ..	11—12
Tables ... ..	69—76
Water Supplies in Schools ... ..	30, 31

**REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1956**

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Health Department,  
County Hall,  
Truro.  
February, 1957.

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

**Mr. Chairman, Ladies and Gentlemen:**

I have the honour to present a report dealing with the School Health Service for the year 1956.

At the turn of the century, the country had been shocked at the physical state of young men joining the fighting forces, and Parliament eventually decided that something should be done about it. The School Medical Service was created by the Education (Administrative Provisions) Act which received Royal assent in 1907. It therefore seems appropriate to look back over the last 50 years of history of the School Medical Service in Cornwall. A very brief account of the origin and gradual growth of this Service is included at the beginning of this report, and some idea of its ramifications may be gleaned not only from the body of the report, but from the interesting contributions made by the School Medical Officers from various parts of the County. It is noticeable in reading through the reports published for the last 50 years, that throughout the whole period the same ideals were held, the same difficulties occur, and as in many other branches of medicine, the progress of preventive medicine has been slow, largely due to the lack of appreciation in many quarters of its great importance. Throughout these 50 years, tribute has been paid time and again to the help received from members of the teaching staffs, to their interest and co-operation, and their understanding of the purpose of the School Medical Service. The unsatisfactory conditions under which the School Doctors have had to work in the majority of schools have frequently been mentioned during the last 50 years, and after having received some consideration in the post-war years, it seems that satisfactory conditions will now be rather more difficult to achieve as a result of the relaxation of the Building Regulations.

Towards the end of 1956, an arrangement was made, in co-operation with Mr. W. W. Rentoul, which will probably be of immense

value to large numbers of children whose education has hitherto been seriously interrupted by regular attendance at Orthopaedic Clinics. It has been agreed that simple remedial exercises will be carried out at the schools themselves, and the children will only be required to attend the Clinics at lengthy intervals in order that the medical supervision of their conditions may be continued. We are very grateful to Mr. Rentoul for his help in bringing about this very desirable change.

Mr. J. E. Collins, the Educational Psychologist, has achieved distinction in becoming a Doctor of Philosophy, as a result of research work which he undertook in Cornwall, and I am sure the Committee will wish to congratulate him on this signal achievement.

The various activities of the School Health Service proceeded quietly and satisfactorily throughout the year, largely due to the guidance which Dr. Elliott has constantly given it, and the excellent relationship which exists between ourselves, the Secretary for Education and his Staff, the Teachers and the various Voluntary bodies associated with the School Health Service. I would like to express my gratitude to the Chairman and Members of the Education Committee for the support which they have constantly given to the working of this Department.

I am,

Your obedient Servant,

R. N. CURNOW,  
Principal School Medical Officer.

## HISTORY AND DEVELOPMENT OF THE SCHOOL HEALTH SERVICE IN CORNWALL

---

**1908.** As a result of the Education (Administrative Provisions) Act of 1907, this service was first considered at a Meeting of the School Management and G.P. Committee in March, 1908. On the 18th September, 1908, this Committee recommended that a School Medical Service should be started. Two School Medical Inspectors were appointed in December, 1908, and they commenced their duties on 21st December of that year. At that time their duties were to medically inspect all the children in the primary schools of the county, a total of roughly 50,000 children. Their duties also included the supervision of the sanitary conditions and general hygiene of the schools. They were responsible to the Education Authority.

**1911.** In this year, the Chief Medical Officer was appointed as Principal Medical Officer and the two Medical Inspectors were responsible to him. Also a Nurse Instructress was appointed, and her duties were mainly in following up cases referred for treatment. The importance of dental inspection and treatment was also brought to the notice of the Education Committee.

I give an extract from the Principal Medical Officer's report for 1911:—

**“Hygiene and the Care of Young Children.** Although a consideration of this subject and its application in the schools will probably belong to next year's report, it is perhaps well to mention that already a course of twelve lessons is being given by the School Nurse Instructress to the older girls in the schools of the more congested areas. The course is serving the important purpose of familiarising these children and, indirectly, the parents also, with matters connected with the Medical Inspection, in addition to the actual subject matter of the lessons. As a consequence, the ‘following up’ of cases in the areas in question is beset with fewer difficulties and much less resistance, whilst the influence of the hints on general hygiene is most marked. There is much interest being shown in the lessons in the care of young children, and it is hoped that this will prove to be a valuable addition to the many methods suggested and approved for dealing with such an important subject as that which contains the solution to the problem: “How to diminish our Infant Mortality Rate?”



**Mentally Defective Children**—the numbers were being estimated in conjunction with the "S.W. Counties Association for the permanent care of the Feeble-minded". The County Medical Officer was a member of this Committee.

**Deaf Children**—several children were admitted to the school for the Deaf at Plymouth, and it was remarked how well these children reacted to the special care they received there.

1912. A "Care Committee" was formed for the following up of school children and the District Nurses were brought into the work of the School Medical Service. In this year 9,179 children were inspected and of these 6,016 were found to be suffering from some defect. This does not include heads and teeth, but many children possessed more than one defect.

An interesting extract from the Medical Inspection report:—

"During December, I found the infants in one of our big infants' schools, through the bad fishing season, really in want of proper nourishment. I started a Soup Kitchen in the school, with the help of the Master and Teachers, and gave soup three or four times a week to 131 children. The cooking classes should be made to include suitable dishes for the poorest to bring to school. Good wholesome broth can be made very cheaply and well from shin of beef and a few vegetables, and this brought to school in a can and warmed up, with a piece of bread, makes a very suitable dinner. I always try to get tea given up and cocoa substituted."

Recommended that special vision testing shall be carried out by the Medical Inspectors—so that children could be supplied with spectacles. This it was reported would necessitate the appointment of a third Medical Inspector.

Twenty-six children were away in special schools—these were blind, deaf and feeble-minded.

1913. Third Medical Inspector appointed in January. Mental deficiency Act, 1913, gave an opportunity to Education Authorities for dealing with cases of mental defect.

1914. The passing of the Elementary Education (Defective and Epileptic Children) Act, 1914, placed on the Education Authority the duty for providing instruction for educable mental defective children.

Education (Provision of Meals) Act, 1914, gave more power to the Education Authorities to provide food for school children.

Report on Teeth:—

“The condition of the teeth shows no change. It is quite the exception to see a tooth that has been filled.”

A special survey was carried out during the year, and the following figures were presented:—

Over 3% of Entrants to schools show evident deformities due to Rickets;

Visual defects were present in 7% of entrants and leavers.

Squint was present in 0.6% of the same group.

The outbreak of war curtailed any further improvement in the services provided for the school children.

1916—18. No developments.

1919. School population 42,221. Requirements of the Education Act:—

1. Facilities for medical treatment of school children must be provided.
2. Dental treatment must also be provided.

Nineteen deaf children were being sent to special schools at Plymouth and Exeter. Six blind children to Exeter School for the Blind. Two physically defective children to special schools.

1920. There were increases in the staff — four Assistant School Medical Officers and six School Nurses, together with the part-time services of 125 District Nurses.

1921. Feeding Centres for children—217,686 meals were provided for 5,222 children, mostly children of unemployed tin miners. These were all children of necessitous parents.

Special report on tuberculosis in school children—36 found to be suffering from tuberculosis and 28 suspected.

1924. Scheme for orthopaedic treatment for school children prepared.

1926. Provision of cod liver oil and milk to badly nourished children commenced.

1929. Facilities provided for orthopaedic cases in Clinics and hospitals.

1930. Scheme for Dental Inspection and Treatment approved by the County Council.

Minor Ailment Clinics provided at Truro, Camborne, St. Austell and Redruth.

Orthopaedic scheme extended to provision of Clinic and 14 beds at Royal Cornwall Infirmary, Truro, and other Clinics in the County. Also children from East Cornwall admitted to Dame Hannah Rogers' Orthopaedic Hospital, Ivybridge.

1931. Dental Service started work April, 1931, with two dentists and two dental attendants.

1932. Milk supplied in schools to 2,435 children. Scheme suggested by the National Milk Publicity Council.

1933. Orthopaedic Clinics extended.

1934. Approval given for Dental Service to be extended to include Secondary Schools.

1936. E.N.T. department established at Royal Cornwall Infirmary, Truro, and Specialist appointed.

Third dentist appointed.

Immunisation against Diphtheria strongly recommended.

1937. Increase in consumption of milk in schools, 16,184 children were receiving milk. Reports from School Doctors that provision of milk was of very great benefit to the health and condition of the children. Importance of provision of Pasteurised milk to schools was emphasised.

1939. First comprehensive Children's Clinic opened.

Deputy School Medical Officer appointed.

Orthopaedic Department at Royal Cornwall Infirmary recognised as a special school.

1940. E.N.T. Clinics were opened in various parts of the County.

Psychiatric Clinic established at the Cornwall Mental Hospital, Bodmin, and the Royal Cornwall Infirmary, Truro.

1941. Two residential hostels opened for maladjusted children.

Dental service improved by appointment of Senior Dental Surgeon and increase in number of dental surgeons.

1942. Increase in number of Assistant School Medical Officers to six, in view of the needs of an expanding service.

Appointment of Consulting Psychologist to Education Committee.

It was noted that the improvement in the dental condition of children was due to more conservative treatment which was now possible.

1945. Education Act, 1944, brought into force April, 1945.

The responsibility for the School Medical Services in the Boroughs of Falmouth and Penzance transferred to the County Education Committee.

All milk supplies to schools to be approved by the County Medical Officer to ensure a supply of 'safe' milk to children. The scheme was commenced in 1944.

Provision of School Meals and School Canteens increased—12,848 children had school meals.

Child Guidance Clinic opened on a voluntary basis.

1946. Introduction of free milk in schools.

Introduction of hearing aids for Partially Deaf children in schools.

Speech Therapist appointed.

1947. Report on the incidence of goitre in school children—a special investigation spread over the past 24 years.

Report on the presence of fluorine in drinking water and effect on children's teeth.

Appointment of Child Psychiatrist to Child Guidance Clinics.

1948. Introduction of National Health Service, removing from the Education Committee the responsibility for treatment, apart from speech defects and dental treatment.

1949. Opening of Dame Hannah Rogers' School at Ivybridge for spastic children—four admitted from Cornwall.

1950 Report on investigation of an outbreak of Infective Hepatitis in West Penwith.

Special scheme commenced for the early treatment of squint in children.

Psychiatric Social Worker added to Child Guidance team.

1951. Home tuition provided for children unable to attend school, and also unfit or unable to be admitted to Special Schools.

Tuberculosis screening of West Cornwall, including tuberculin testing of children, mass radiography and B.C.G. vaccination.

1952. Special School for Educationally Sub-normal pupils opened at Pencalenick, near Truro.

Appointment of Educational Psychologist to complete the Child Guidance Team.

1953. School Medical Officers given honorary appointments as Clinical Assistants to hospitals in West Cornwall, and Plymouth and East Cornwall Areas.

B.C.G. vaccination and Routine X Ray of School Leavers commenced in 2 health areas.

1954. Compulsory chest X-Ray examination of Teachers before they enter teaching posts in Cornwall.

Second Speech Therapist appointed.

B.C.G. vaccination scheme extended to whole county.

1955. Mobile Dental Caravan purchased.

The special arrangements for ascertainment of deafness in children were further developed and a pure tone Audiometer was purchased.

## 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.

MARGOT M. COOK, M.D., D.T.M. & H., (Commenced 1/3/56).

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

(Resigned 22/2/56).

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

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

\*W. PATERSON, M.B., Ch.B., D.P.H.

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

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

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

G. W. WARD, M.B., Ch.B., D.P.H.

\*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. (Resigned 30/11/56).

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.

C. SKINNER, L.M.S.S.A., L.D.S. (Commenced 10/9/56).

F. R. TAYLOR, L.D.S. (Resigned 2/6/56).

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

Part time:—

K. BATTEN, L.D.S.

J. J. GILLARD BISHOP, L.D.S., (Commenced 15/5/56).

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

G. TUNSTALL, L.D.S.

R. G. WHEELER, L.D.S. (Resigned 29/9/56).

**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., Ph.D., Dip. Ed. Psych., A.B.Ps:S:

**Social Worker:**

MISS B. ROGERS, Social Science Diploma.

---

**STATISTICS**

Population 1956 (approximate)	...	...	...	342,000
School Population	...	...	...	48,359
Number of Schools:--				
Nursery	...	...	1 with	40 pupils
Primary	...	...	317 with	34,057 pupils
Grammar	...	...	21 with	6,367 pupils
County Secondary	...	...	22 with	6,988 pupils
Further Educational Establishments	...	...	6 with	823 full-time pupils
Special:				
E.S.N.	...	...	1 with	63 pupils
Hospital	...	...	2 with	21 pupils

**MEDICAL INSPECTIONS**

First of all it is very satisfactory to repeat that the general health of the school children in Cornwall is being maintained at the high standard reported in previous years.

No change was made in the arrangements for medical examinations except for the addition of the extra routine eye examinations

at ages 12 and 13. All schools were visited at least once during the year and the following table shows the age groups in which children were inspected:—

GROUP	AGE WHEN INSPECTED	SCHOOLS CONCERNED
	<b>Routine Inspections</b>	
First Age Group	Normally 5—6 years	Primary
Second Age Group	11—12 years	Secondary
Third Age Group	During last year of compulsory school attendance	Primary or Secondary
	<b>Additional Inspections</b>	
Vision Test	8 years	Primary
Vision Test	12 years	Primary or Secondary
Vision Test	13 years	Primary or Secondary

There is no doubt regarding the value of the routine medical examinations for school children, for it is only by a careful examination of the child by a competent school doctor that one can be assured that any defects in the child's health can be discovered. It can be argued that Parents, Teachers, Nurses etc. can bring to the notice of a Doctor defects which they suspect are present in the child, but this is a doubtful argument as is shown by the evidence obtained from the additional eye examinations at 12 and 13 years. Defective vision should theoretically be easily capable of detection, but in these special vision tests during 1956 as many as 3 per hundred children were found to have defective vision, which had not been noticed by anyone before the vision tests were carried out by the School Doctors.

It is not usually realised that the amount of a child's time taken up by routine medical examinations is very small. A healthy child, and these are in the great majority, loses less than 2 hours in his whole school life of 10 years or more. The chief responsibilities of the School Doctors which are the handicapped children and the children under special medical supervision do of course take much more time, but this expenditure of time is more than repaid by the improved educational progress of these children as a result of the special care and advice given.



## CLEANLINESS

The trend of recent years which has shown a decreasing number of cases of infestation has continued in 1956. The number of individual children found to be unclean during the year was 440 which is approximately 0.9% of the school population.

The frequency of the periodic cleanliness examinations by the Nurses has been reduced wherever possible, but vigilance is still necessary in many cases.

## CO-ORDINATION AND CO-OPERATION

It is encouraging to report that all members of the School Health Service have enjoyed happy relationships with members of other services of the County Council, and with members of other organisations concerned with the care of children.

## ASCERTAINMENT AND TREATMENT

All treatment except Speech Therapy, Child Guidance and Minor Ailments is carried out by the National Health Service, and I am happy to report that with few exceptions there have been no difficulties in the special clinics for school children. One exception has been the loss of school time experienced by children in attending the Orthopaedic Clinics.

## SPEECH THERAPY

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:—

“The present system of referring patients to the speech clinics seems to have a weak link which is noticed when visiting schools. Several children are often found with treatable speech defects who may have missed the medical inspection through absence, or, as newcomers to the school their defect is masked by shyness and only discovered later by the teacher. Similarly, a teacher may be in doubt as to whether a lisp or slight defect in articulation is worthy of attention. Teachers are invited to enquire as soon as possible into the possibility of speech therapy being given to these children, as it bears directly upon their general school progress, particularly reading.

Clinic apparatus and equipment is necessarily of a light and portable nature. However there are repeated occasions when a tape recorder would be of great assistance in the clinic, not merely as a recorder of and for checking satisfactory progress, but chiefly in order that patients may hear their own defects and thus be stimulated to strengthen their efforts. It is hoped that facilities for relaxation will be provided in the coming year for those clinics which at present are not provided with a couch.

Transport difficulties are largely responsible for any failure to attend the speech clinics, but on the whole enthusiastic co-operation by all concerned continues and this is greatly appreciated.”

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

“During the year there has been a marked clinic population shift from Falmouth to Camborne. New referrals in the Falmouth area have been slight, except for the new departure of having a speech class actually in one of the Penryn schools. This class was started late in the year and it is not yet possible to assess its value.

Far too many severely backward children are still referred for Speech Therapy by the School Doctors and the Family Doctors; speech and language being a highly specialised and abstract skill, it is almost impossible for these children to be helped as generally speaking their speech level is a fairly accurate guide to their mental level, coloured by their environment. Where their sub-normality is accounted for by emotional or physical handicaps, then their treatment is well worthwhile, but the first stage of speech development is comprehension and

a child cannot develop his own speech beyond what he can comprehend, so where a reasonable degree of comprehension is lacking, speech therapy is like teaching a parrot to speak and about as useful.

On the whole children with dyslalia and stammering are being referred to the clinics later than is desirable. I think there should be a greater tie-up between the Infant Welfare Services and the Speech Clinics. Fortunately many of the Health Visitors are most co-operative in advising an anxious mother to bring her child to the speech clinic, but I think more could be done in this field, as advice given to the mother at pre-school age can avert a stammer before the child is conscious of its difficulty. Unfortunately too many of these mothers of pre-school stammerers are told 'He will grow out of it', but 'he' so rarely does. With the co-operation of reasonably intelligent parents so much more can be done for the young stammerer of 3—4 years than can be done for the 5—7 year old whose stammer has become an established habit. On the whole the average age of children attending the clinics in West Cornwall is on the decline, but there are still far too many Grammar and County Secondary School children having their first referral for a lisp or a stammer. Every effort should be made to spot the speech defect as early as possible so that the girl of sixteen who has made up her mind to become a teacher does not first have to overcome that appalling lisp, and the boy who wants to be a parson does not have to tackle his shocking stammer at 17 years old."

#### Record of numbers of cases treated

Number of children receiving treatment at the end of the year	...	227
Number of children discharged during the year		117
Of those discharged:—		
Speech normal or improved	...	96
Other reasons—lack of attendance, etc.	...	21
Number of attendances by cases during the year		4,717

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

Stammer	...	73
Defects of articulation—e.g. Dyslalia	...	103
Other cases	...	51
		—
		227
		—

## 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 continued co-operation.

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

### “Staff:

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

### Statistics

Number of cases seen during 1956	...	...	...	411
New cases seen	...	...	...	358
Cases brought forward or re-referred (18 brought forward, 35 re-referred)	...	...	...	53
Cases referred but not yet seen	...	...	...	20

### Sources of Cases

Education Department and Teachers	...	...	...	198
School Medical Officers	...	...	...	90
Family Doctors, Hospitals	...	...	...	37
Probation Service	...	...	...	16
Children's Department	...	...	...	6
Miscellaneous (Welfare, Parents, Speech Therapist)	...	...	...	11

The increase in the number of referrals has continued: 358 new cases were seen in 1956 compared with 241 in 1955. There is an urgent need for a Psychiatric Social Worker in addition to the present staff.

### Conditions for which advice sought

Personality and Behaviour Disorders	...	...	...	63
Educational and Vocational Difficulties	...	...	...	261
Disorders Manifesting as Dysfunction of Organs	...	...	...	18
Special Examinations	...	...	...	16

### Sex of Cases

Female	...	...	...	...	121
Male	...	...	...	...	237

### Ages of Children

Under 5 years	...	...	...	...	...	...	21
5 to 7 years	...	...	...	...	...	...	42
8 to 11 years	...	...	...	...	...	...	182
12 to 15 years	...	...	...	...	...	...	102
Over 15 years	...	...	...	...	...	...	11

### Intelligence

Feeble-minded	...	...	...	...	...	...	22
Borderline	...	...	...	...	...	...	94
Dull	...	...	...	...	...	...	167
Normal	...	...	...	...	...	...	63
Superior	...	...	...	...	...	...	12

### Environmental Conditions

(of 137 children on whom advice was given at the Clinics)

Normal	...	...	...	...	...	...	51
Abnormal:—							
(a) Psychological stress in the home	...	...	...	...	...	...	40
(b) Broken Homes:—							
Adoptive parents	...	...	...	...	...	...	2
Foster parents	...	...	...	...	...	...	5
One parent only	...	...	...	...	...	...	9
Institutions	...	...	...	...	...	...	10
(c) Material standards inadequate	...	...	...	...	...	...	20

### Response of Cases to Treatment

A pilot investigation has been made this year to assess the educational progress of children treated for difficulties of personality or behaviour during the last three years. Of a total number of 106 cases, 84 (47 boys and 37 girls) were still attending Cornish schools. Fifty-nine were at Junior or All-age schools, 19 at County Secondary schools and 6 at Grammar schools. The comments made by the Headmasters and Headmistresses on the behaviour and adjustment of these children, indicated that the conduct of the majority was now satisfactory. Thus of the 84 children, 44 were now normal in behaviour, 27 had made some improvement but 2 had deteriorated and 11 showed no change. It is hoped to follow up this latter group of 13 children in 1957, to see why they formed a hard core of difficulty. This investigation, without a control group does not, of course, indicate the extent to which Child Guidance led to improvements.

## Child Guidance Research

During the past few years the educational psychologist has been investigating the remedial education of backward children in England and Wales, and the effects of treatment (1, 2).

Dr. Collins' review of previous research strongly suggests that the claims made by educational psychologists and heads of remedial centres for good results in the 3 R's as a result of special teaching are not valid. Control groups of untreated children are seldom used, test practice effects are ignored and there is an inexcusable absence of reliable follow-up data on treated cases. Dr. Collins' own experiment failed to indicate marked gains in intelligence level, social adjustment, emotional behaviour or school work. Follow-up studies undertaken one and two years after treatment showed that the control group of untreated children was functioning as adequately as the treated groups. He has concluded that the concept of remediable retardation is unsound, and that the recommended methods of remedial treatment are in need of radical revision. His first point has been confirmed independently by a recent National Foundation for Educational Research investigation (Relationship between Ability and Attainment, Ben Morris. NFER Bulletin No. 8, 1956). The second is a challenge to remedial teachers, because in the light of Dr. Collins' experiment, their efforts appear to be wasted.

This investigation has a direct bearing upon educational practice in Cornwall. Special classes for backward pupils are an essential feature of modern education and instruction should do more than produce 'test-measured' improvements. There should be adequate stimulation of all-round thinking capacity by practical work. The 'Intelligence Quotient' is not the whole story. Many children are immature in other ways. They need time to mature. Such children can only be hastened at the peril of their stability, and there is little doubt that there would be a great reduction in the numbers of pencil-sucking, nail-biting neurotics now entering society, if Infant and Junior schools were given the staff, space and equipment to provide adequately for slow learners.

## Endsleigh House

The number of boys in this home during the year has remained near to the maximum accommodation of 17. The amenities have been

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1. Collins, J. E. Remedial Educational Provision for Children of Average or Above-average intelligence. *Education Review*, Vol. 6, Nos. 1, 2, 3, 1953-4.

2. ————The Effects of Remedial Education Ph.D. Thesis, University of Birmingham, 1956.

improved by the provision of evening practical woodwork, and by linking the boys with the Scouts and other clubs in the district. The social worker visits the children's homes throughout the year.

### Illustrative Cases

#### (a) Enuresis

John, aged 9, was referred for temper tantrums and wetting. He also had many fears. Subsequently the following letter was sent to the family doctor.

Dear Dr.———

We observed this child in the playroom. In the course of play he had much to tell us. Tests were taken, also, by the Psychologist and a social history and Vineland Social Maturation test were taken by the Social Worker.

Very briefly he is a nervous child and a little below average in mental development. He has an attractive personality, and a good deal of potential energy. In psychological language, his condition is one of nervous stress (brain stress), and this accounts for the relative slowing up of mental development (brain development), and his behaviour.

According to the history, the mother was tense and anxious during pregnancy and the child's earliest years. In her anxiety she had tried to hurry his development up, especially bladder control. His condition steadily deteriorated, however, and his behaviour became very difficult after the other two children were born.

We had a long discussion with the mother and in very simple language, we put to her some facts concerning the mental growth of children. The main principle is that the child as a whole comes first. As you know a relaxed person means a relaxed nervous system and this in turn a relaxed bladder. A tense nervous system means a tense bladder and in a child frequent wetting. Bladder functioning is centrally controlled by the brain and only with growth of the brain as a whole, is organisation of bladder control firmly established. If the needs of the child as a person are first understood and satisfied, everything takes care of itself.

The mother was re-assured by explanation and understanding, and some modification in her attitude may be expected. A detailed psychological report will be sent to the school.

Yours etc.

After six months, a review of the case showed that an all round improvement had taken place in the child's behaviour both at home and at school.

### (b) Reading Backwardness

David aged 9 was referred in 1955 by his Headmistress, owing to educational backwardness. When tested at school he obtained an I.Q. of 93, his mental age being 9 years 0 months (Actual Age 9 : 6). He was a non-reader. This mental age was much higher than his general development; for example, his drawing age was only 6 years, and number 7 years. He was of average height for his age, but of rather slight build: medical records indicated a series of respiratory infections, beginning with Pneumonia and Bronchitis in infancy; also his shoes had been built up to correct knock-knees.

He is typical of many so-called retarded children: the children whose mental test ages are higher than their attainment test ages; but the treatment recommended was in direct opposition to the traditional extra-coaching of the special class. His teachers were assured that reading failure was not linked with faulty teaching, and it was explained that (notwithstanding the high intelligence test score), his growth as a whole was slow. He needed more time to grow, to sort things out for himself. Follow-up illustrates the validity of this advice.

This year his mother has reported that his progress has been very satisfactory. He had learnt to read fairly well (8 year standard), now he was different in every way. Practical activities had given him a feeling that he was some use to the world. The clue to his growth is given by his Headmistress who said that David remained passive for a long time, then suddenly he seemed to come to life. Soon after this he asked if he could read to the other children; before he just sat with a book in front of him, staring into space."

### MINOR AILMENTS

The following is a list of these clinics at the end of 1956:—

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



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

Clinic	No. of individual children seen	No. of attendances made during year
Calstock ... ..	24	48
Falmouth ... ..	23	43
Mousehole ... ..	2	2
Penryn ... ..	274	542
Penzance ... ..	67	251
Truro ... ..	10	19
Wadebridge ... ..	0	0 (closed 23/4/56)
	400	905

Number of sessions held during the year 257

Types of new cases seen:

Ringworm—Scalp ... ..	0
Body ... ..	1
Scabies ... ..	0
Impetigo ... ..	1
Other skin diseases ... ..	1
Minor Eye Condition ... ..	19
Minor Ear Condition ... ..	10
Miscellaneous—Minor injuries, bruises, sores chilblains, etc. ... ..	356

388

Number of children cleansed ... .. 12

## EYE DEFECTS

There is very close co-operation between the Eye Specialists and the School Health Service, and the continued interest of the specialists in our problems is greatly appreciated.

### Vision Tests

As mentioned in last year's report, additional vision tests at 12 and 13 years were carried out during 1956, and have proved to be worth while. The percentage of children who were found to require first time appointments with the eye specialists were approximately 3.3%. An interesting fact was also noted in that there was no appreciable difference between the numbers found in Grammar Schools and County Secondary Schools. It is proposed to continue with these additional examinations which have so manifestly proved to be necessary.

## Treatment of Strabismus (Squint)

During the year 300 school children were found at routine medical inspections to be either undergoing or requiring treatment for squint. This is 1.2% of the children inspected compared with 1.5%, 1.7%, 1.6% and 1.7% for the years 1955, 1954, 1953, and 1952 respectively.

The incidence of squint in new entrants to infants schools has fallen from 2.5% to 2.0% in five years.

## Amblyopia

Of 1,056 new eye cases seen at the clinics during the year, 28 children were reported to be amblyopic. This is an increase on previous years and will require careful investigation of the cases so that the cause for the increase can be ascertained.

## EAR, NOSE AND THROAT DEFECTS

### Tonsillectomy

At the request of the Principal Medical Officer of the Ministry of Education, a survey into the number of school children who undergo Tonsillectomy was conducted in 1956. The reason for this special enquiry is the great variation in the tonsillectomy figures in various parts of the country.

The findings in Cornwall were:—

	No. of Children Inspected	No. found to have Tonsillectomy	Percentage
1st Age Group:—			
Boys	2,340	156	6.6
Girls	2,246	128	5.6
2nd Age Group:—			
Boys	1,379	217	15.6
Girls	1,362	190	13.9
3rd Age Group:—			
Boys	1,647	253	15.3
Girls	1,654	249	15.05

The children on the tonsillectomy waiting lists are kept under constant review by the Ear, Nose and Throat Specialists and the School Doctors, so that there is no need for any special periodic review.

## Deafness

The pure tone audiometer is in constant use and has proved to be essential in the full investigation of cases of speech defect, as defective hearing has been found to be the causative factor of the speech defect in many cases.

The close co-operation between the Ear, Nose and Throat Specialists and the School Health Service has been maintained to the advantage of the school children.

The same arrangements for ascertaining the deaf and partially deaf children which were described in my last report are still in force and appear to be a satisfactory solution to this problem, except the need for the long journey to the Hostel for the very young Deaf Children at Ealing. If there could be a similar Hostel attached to the deaf school at Exeter for children in this region, it would be a great help to all concerned in this important work, especially the mothers.

The County of Cornwall Association for the Deaf and Dumb is very interested and anxious to help in the early diagnosis of deafness. They are hoping to make arrangements for their Missioner to attend the Audiology Unit of the Royal National Throat, Nose and Ear Hospital. This will enable her to advise and assist mothers of deaf children who have attended the Hostel at Ealing, and who require encouragement and advice so that the good work started at Ealing will be continued.

## Hearing Aids

The number of hearing aids used by pupils in Cornish schools is 18. In addition one special hearing aid of the Monopack Transistor type was bought by the Education Committee for the use of a child aged 3 years, on the advice and with the assistance of the Audiology Unit of the Royal National Throat, Nose and Ear Hospital.

## ORTHOPAEDIC DEFECTS

With the assistance and co-operation of the Orthopaedic Specialists in the County a fairly comprehensive scheme was started in November, 1956, which would ensure that minor orthopaedic defects received special consideration during the physical education lessons in schools. As this scheme requires the willing co-operation of so many people to make it a success, it is anticipated that the scheme will work better in some areas than others until it settles down to what is hoped will be a rational solution of the treatment of minor orthopaedic defects, without serious interference with the pupils education.

## HANDICAPPED PUPILS

The general policy regarding ascertainment and education of handicapped children, as outlined in previous reports, is giving satisfactory results.

The special class for Junior Educationally Sub-normal Children at Alverton School, Penzance, has made a very good start. There is no doubt that similar classes are necessary in other parts of the county and it is hoped that as soon as circumstances allow, these classes will be provided.

The number of children who were in Special Schools catering for their specific defect in January, 1957, and the number of pupils who were awaiting places in such schools in January, 1957, are given below. In certain categories the numbers receiving special educational treatment in ordinary schools at the end of the year 1956 are also shown.

### (1) Blind Pupils

Number of these pupils in a special school ...	13
Number awaiting a vacancy in a special school	0

### (2) Partially Sighted Pupils

Number of these pupils in a special school ...	4
Number awaiting a vacancy in a special school	3
Number receiving Special Educational Treatment in an ordinary school ...	4

### (3) Deaf Pupils

Number of these pupils in a special school ...	28
Number awaiting a vacancy in a special school	0

### (4) Partially Deaf Pupils

Number of these pupils in a special school ...	8
Number awaiting a vacancy in a special school	1
Number receiving Special Educational Treatment in an ordinary school ...	21

### (5) Delicate Pupils

Number of these pupils in a special school ...	8
Number awaiting a vacancy in a special school	0
Number receiving Special Educational Treatment in an ordinary school ...	23

**(6) Educationally Sub-normal Pupils**

Number of these pupils in a special school ...	71
Number awaiting a vacancy in a special school	46
Number recommended for Special Educational Treatment in an ordinary school ...	158

**(7) Epileptic Pupils**

Number of these pupils in a special school ...	5
Number awaiting a vacancy in a special school	0
Number receiving Special Educational Treatment in an ordinary school ...	19

**(8) Maladjusted Pupils**

Number of these pupils in a special school ...	1
Number awaiting a vacancy in a special school	1
Number receiving special treatment and attending an ordinary school ...	102

**(9) Physically Handicapped Pupils**

Number of these pupils in a special school ...	10
Number awaiting a vacancy in a special school	1
Number receiving Special Educational Treatment in an ordinary school ...	60

**(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 ...	227

**Home Tuition—Section 56, Education Act 1944**

On 31st January, 1957, 26 children were receiving Home Tuition.

During 1956, 17 children at Tehidy Sanatorium received education under the provisions of Section 56.

**Number of Children in Special Schools or Hostels during all or some part of 1956**

**Blind and Partially Sighted**

West of England School for the Partially Sighted, Exeter ...	5
Court Grange Sunshine Home, Abbotskerswell, Newton Abbot ...	2
Worcester College for the Blind ...	1

Exhall Grange School, Coventry	...	1
Royal College of Music	...	1
Royal School of Industry for the Blind, Bristol		5
Chorleywood College, Chorleywood, Herts.	...	1
Royal Normal College for the Blind, Shrewsbury		1
Hethersett Training Centre, Reigate, Surrey		2

### Deaf and Partially Deaf

Royal West of England Residential School for the Deaf, Exeter	...	25
Rayners Deaf School, Penn, Buckinghamshire	...	1
Lawns House School, Farnley, Leeds	...	3
Royal School for the Deaf, Birmingham	...	1
The Blind & Deaf School, The Mount, Stoke-on-Trent	...	3
Nutfield Priory School, Redhill, Surrey	...	2
Hamilton Lodge, Brighton	...	1

### Delicate

Heathercombe Brake School, Newton Abbot		2
Oak Bank Open Air School, Seal, Sevenoaks, Kent	...	5
Shaftesbury House Hostel, Rustington, Sussex	...	1

### Physically Handicapped

Craig-y-Parc, Pentyrch, Cardiff	...	1
Dame Hannah Rogers School, Ivybridge, Devon		5
Heritage Craft School, Chailey Sussex	...	1
St. Mary's School, Wrestwood, Bexhill-on-Sea		1
National Spastics Society Day School, Trenegweath, Plymouth	...	1
Exhall Grange School, Coventry	...	2
John Capel Hanbury Hospital School, Woodford, Essex	...	1

### Educationally Sub-Normal

Clyffe House School, Tincleton, Dorchester		2
Pencalenick School, near Truro, Resident	...	60
Pencalenick School, near Truro, Day	...	20
Farney Close School, Bolney Court, Bolney, Sussex	...	1
Bradfield School Cullompton, Devon	...	1
Ryton Hall School, Wolverhampton	...	1
Withycombe House School, Exmouth, Devon	...	2
St. Francis School, Monyhull, Birmingham	...	2

### **Educationally Sub-normal**

Park Place School, Henley on Thames	...	1
Swaylands School, Penshurst, Kent		1
Great Stony School, Chipping Ongar, Essex	...	3
St. Joseph's Special School, Cranleigh, Surrey		1
St. Christopher's School, Bristol	...	1
Rudolph Memorial School, Dulwich	...	1
Allerton Priory School, Woolton, Liverpool	...	1
Warlies, Waltham Abbey, Essex	...	1

### **Maladjusted**

Sutcliffe School, Winsley, Wilts.	...	1
Endsleigh House Boarding Home, Camborne		24

### **Epileptic**

Thornbury House, Thornbury, Bristol	...	1
Lingfield School, Surrey	...	3

### **Blind E.S.N.**

Conover Hall School, Shrewsbury	...	2
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### **Physically Handicapped and E.S.N.**

St. Christopher's School, Bristol	...	1
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## **HOSPITAL SPECIAL SCHOOLS**

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

At Tehidy Sanatorium		22
At the Royal Cornwall Infirmary	...	76

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:—

Princess Elizabeth Orthopaedic Hospital	...	1
St. Vincent Orthopaedic Hospital, Middlesex		1
Royal National Orthopaedic Hospital, Middlesex		1
Tadworth Court Hospital, Surrey	...	2
Frenchay Park Hospital, Bristol	...	16
Woodlane Hospital, Birmingham	...	1
Bristol Royal Hospital	...	2
Marlborough Children's Convalescent Hospital, Wilts.	...	1
Tone Vale Hospital, Somerset	...	2

## **SECTION 57, EDUCATION ACT, 1944**

Full details of the Local Education Authority's obligations in connection with this part of the Education Act 1944 were given in my

last year's report. The following figures show the action that has been taken during 1956:—

Number of children reported under Sub-section 3	22
Number of children reported under Sub-section 4	0
Number of children reported under Sub-section 5	33

### CANTEENS

344 out of 362 school departments receive school meals.

The number of new canteens and serveries opened during the year was 5, making a total of 289 canteens and serveries in operation at the end of 1956.

The average number of meals served per day in 1956 was 23,799.

The provisions of the Food Hygiene Regulations 1955 which came into force on 1st January, 1956, were specifically stated to include School Canteens. As it was considered important for the Local Education Authority to observe these regulations in the same way as other catering establishments, the Assistant County Medical Officers were asked if they would, in their capacity as District Medical Officers of Health, co-operate with the Education Committee. The Medical Officers gave their full co-operation in this matter and arranged for the Public Health Inspectors of their District Councils to visit the Canteens and to provide reports of the defects found together with the recommendations of work necessary to bring the canteens up to the correct standard. The reports were sent to the Secretary for Education for action. The smooth and successful manner in which this scheme was carried out was due to the splendid co-operation of all concerned.

### MILK IN SCHOOLS

Of the 418 schools in the County, 96.4% are receiving Pasteurised Milk, 2.9% Tuberculin Tested Milk and 3 schools or 0.7% are receiving Milk Tablets in spite of every effort to obtain supplies of liquid milk; these 3 schools are in isolated areas.

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

Grade of Milk	Bottled	Bulk	Total
Pasteurised ... ..	402	1	403
Tuberculin Tested ... ..	6	6	12
Tablets ... ..	—	—	3
	—	—	—
No. of Schools ... ..	408	7	418
	—	—	—



From the above it will be seen that 408 schools are receiving milk in one-third pint bottles, and 7 schools are receiving bulk milk which has to be served in beakers.

There are 43 suppliers of milk to the schools, the number of schools served by each supplier varying from one school to 102 schools.

Regular samples of the milk supplied to schools have been taken by the County Public Health Officer for bacteriological examination, and during the year 213 samples were taken with the following results:—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised ... ..	205	—	205
Tuberculin Tested ... ..	7	—	7
Ungraded Milk ... ..	1	—	1
	—	—	—
All grades	213	—	213
	—	—	—

It will be seen from the above Table, that all the samples passed the necessary tests. This is the first time that this record has been reached.

During the year 211 samples of school milk were taken by the County Public Health Officer, and passed to the Chief Inspector of Food and Drugs for analysis. Of these samples 206 were found to be genuine and 4 slightly deficient in non-fatty solids, and one slightly deficient in fat. No action was considered to be necessary.

## WATER SUPPLIES IN SCHOOLS

The supervision of the water supplies at schools continued throughout the year by the County Public Health Officer, and sampling has been carried out of both mains supplies and local wells or shutes.

During the year 226 samples of water were taken from schools and submitted for bacteriological examination. These include 178 samples from mains supplies and 48 samples from wells and other local sources.

Of the 226 samples taken 211 were satisfactory and 15 unsatisfactory. The unsatisfactory samples were taken from 15 schools, of which 8 were mains supplies and 7 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
1956	211	15	226
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	16
Proposed to be connected to mains	9
Mains extended to washbasins, etc.	14
Alternative sources of supply being sought	5
Wells repaired structurally	1
Pumps replaced	6
Pumps repaired	4
Collecting chambers cleaned	12
Defective drains made good	5
Lead pipes replaced by more suitable pipes (lead in water)	—
Sinking of new wells under consideration	—

## HYGIENE AND SANITATION IN SCHOOLS

The following comprehensive report was made to the Building and Sites Sub-Committee of the Education Committee by the Secretary for Education on 31st December, 1956. This report shows that a lot of time and thought has gone into the question of sanitation in schools.

It should be mentioned that "Bucket" sanitation really means "Chemical" sanitation, as special arrangements are made so that a measured quantity of IZAL fluid is put into the buckets; this has been found in practice to be hygienic and creates no nuisance in any way.

### Improvement of Sanitation in Schools

#### Progress between 1950 and March 1956

In May, 1950, when the Buildings and Sites Sub-Committee received a report concerning the state of sanitation in schools, only 144

had water borne sanitation and conditions in the remainder had scarcely changed since they were opened. The sub-committee decided to effect improvements as quickly as their resources and local circumstances would allow. The status of many schools (and thus the responsibility for Capital improvements) was not known until six months after the Minister of Education approved the Development Plan in January, 1953. Not unnaturally, too, the Committee hesitated to spend money on schools they thought to be destined for early closure. Lately, however, it has become clear that many of the dates for closure in the Development Plans throughout the Country were unrealistically optimistic. Another important point was that for over ten years after the war the Minister of Education controlled to a shilling the money that could be spent on capital improvements, which included the provision of additional teaching accommodation, and much else as well as sanitation improvements.

Nevertheless, between 1950 and March 1956, the committee spent £47,964 on 88 sanitation projects, and the provision of nine bathrooms at school houses. Details are set out below:—

Conversion	1950/1	1951/2	1952/3	1953/4	1954/5	1955/6	Total
Privies to buckets	7	8	—	—	—	—	15
Privies to W.C.'s	3	3	3	—	—	3	12
Buckets to W.C.'s	—	1	6	5	3	6	21
Troughs to W.C.'s	1	5	3	4	3	—	16
Extensions, etc.	1	6	4	2	8	3	24
	—	—	—	—	—	—	—
	12	23	16	11	14	12	88
	—	—	—	—	—	—	—

It will be noted from these statistics that thirty-three schools had offices converted to water carriage, whilst at forty others existing facilities were considerably improved. Wherever possible connection was made to a sewer, but in a number of cases septic tanks had to be constructed, and these were sited bearing in mind the advent of sewers in the future.

At the time of the 1950 survey, the position with regard to the eighty-three voluntary schools was:—

Individual W.C.'s.	Troughs	Buckets	Privies
35	16	26	6

Of the voluntary schools, twenty-six are now controlled, and the committee have modernised seven including Flushing and Truro St. Paul's C.E. Junior in the current year's programme. Managers and the respective Church authorities responsible for the sixty aided schools

in the County have also pressed on with sanitary improvements costing about £4,000 at the following schools:—

Veryan C.E.	Quethiock C.E.
Penzance: St. Mary's C.E.	Grampound Road C.E.
Madron: Daniel's Endowed V.P.	St. Enoder C.E.
Falmouth: St. Mary's R.C.	Ladock C.E.
Mawnan C.E.	St. Germans Endowed C.E.

The overall standard of sanitation in the majority of voluntary schools compares not unfavourably with that of county schools.

### Current work

In the financial year 1956/57 the committee have authorised an expenditure of £1,000 for bathrooms and £9,500 on sanitary improvements at the following:—

St. Gluvias C.P.	Whitecross C.P.
Perran-ar-worthal C.P.	Flushing V.P.
Poundstock C.P.	Tremorvah V.P.
Smithick (premises of Falmouth C.P. Junior Boys)	Germoe, C.P.
Davidstow C.P.	Lanivet C.P.
St. Erme, C.P.	Nanstallon C.P.
Fowey Grammar	Grade Ruan V.P.
	Lescudjack C.P. Infants

### Future commitments

Although much money has already been spent to improve sanitation, there are still many schools where the state of the offices causes concern.

### Buckets

In some cases, due to lack of main water, buckets are likely to remain in use for a considerable period. Forty-four schools are using them now. Managers are experiencing increasing difficulty in finding people willing to undertake unpleasant maintenance duties. Yet even a bucket system is preferable to the primitive pit.

### Pits or Privies

It is regretted that eighteen schools still have pits or privies. They are:—

School	Number of pupils on roll in September 1956
Goldsithney C.P.*	20
Carnyorth C.P.	40
Pendeen C.P.	76
Ponjeravah C.P.	65
St. Martin-inMeneage C.P.	33
Boskenwyn C.P.*	40
Halwin C.P.	172
Kehelland C.P.	53
Michaelstow C.P.	19
Lanivet C.P.	98
Nanstallon C.P.	36
St. Eval C.P.	24
Otterham C.P.†	47
Pensilva C.P.†	86
Merrymeet C.E. Controlled	31
Morvah C.E. Junior (Aided)	20
Lanreath C.E. Junior*	41
Stithians C.P.	139

\*Recommended for conversion to water carriage in 1957/58

†Recommended for conversion to buckets in 1957/58

||In 1956/57 Sanitation Programme

It is realised that the conditions at these schools are most unsatisfactory. There are two reasons why modification has not yet been carried out:—

- (i) There are no facilities for emptying buckets;
- (ii) Information had been received that main water schemes had been prepared, and it was considered uneconomic to make two conversions, first to buckets and then to water carriage. Unfortunately the minor local authorities have not always received loan sanction to schemes that we anticipated.

Where an adequate water supply is available they should have first priority. In cases where the water schemes will certainly be delayed for years, the Principal School Medical Officer recommends conversion to buckets providing that satisfactory arrangements can be made for emptying.

#### The Trough system

There are twenty-seven schools where the offices, although provided with water closets, operate on the trough system. The Principal

School Medical Officer considers them unsatisfactory. Even with care they are offensive and children try to avoid using them.

### Existing schools with insufficient W.C.'s

There are twenty-eight schools, mainly County Secondary and Grammar schools where the number of W.C.'s is below the requisite standard. Of these the following schools, at which numbers have increased recently and in most cases will rise further, call for early attention. The deficiency at certain girls' schools is serious:—

School	Number on roll		Existing W.C.'s		Deficiency by Building Regulations	
	Boys	Girls	Boys	Girls	Boys	Girls
Penryn C.P.	186	177	3	4	1	8
Helston C.E. Junior	141	145	3	3	—	6
Helston C.E. Infants	63	59	1	2	1	3
Helston Grammar	150	170	5	—	—	4
Helston County Sec.	219	208	3	7	2	8
Camborne Grammar	—	303	—	10	—	10
Redruth Grammar	433	—	6	—	4	—
Triwirgie County Sec.	175	157	5	6	—	4
Truro Grammar	—	366	—	14	—	10
Truro Boys' County Sec.	300	—	4	—	3	—
„ Girls' „ „	—	309	—	11	—	9
Newquay Girls' Grammar	240	221	5	7	—	7
Bude-Stratton County Sec.	185	169	3	6	1	6
Horwell Grammar	—	136	—	6	—	4
Callington Grammar	100	121	2	4	1	4
Liskeard Grammar	158	194	7	5	—	7
Callington County Sec.	146	119	5	6	—	3
Saltash County Sec.	138	115	4	5	—	4
Torpoint County Sec.	198	145	5	4	—	8

In many schools of all types and sizes, staff toilet accommodation is very unsatisfactory.

### Principles determining priority

It is considered that the following principles should continue to govern priority when sanitation programmes are drawn up:—

- 1st Priority — Both mains water and sewer available.
- 2nd „ — Mains water available.
- 3rd „ — Convert privies to buckets if no water likely to be available in a reasonable time.
- 4th „ — Provide more W.C.'s. where there is a marked insufficiency.
- 5th „ — Convert troughs to individual W.C.'s.

These priorities are in turn controlled by (a) financial provision (b) technical and building forces available in any one year (c) emergencies connected with public health (d) acquisition of land and/or easements particularly in connection with building of septic tanks, if existing site limited or technically unsuitable.

#### Suggested Sanitation Programme, 1957/58

School	Improvement	Number on roll Sept. 1956
Goldsithney C.P.	Privies to W.C.'s main water and sewer just available	20
Dobwalls C.P.	Main water and sewer available	101
Boskenwyn C.P.	Privies to W.C.'s main water now available	40
Gerrans C.P.	Buckets to W.C.'s main water now available	111
St. Eval C.P.	Privies, convert to buckets if water insufficient	24
Otterham C.P.	Privies, convert to buckets	47
Lanreath Controlled	Privies to W.C.'s main water available	41
South Hill Controlled	Buckets to W.C.'s main water available	36
Pensilva C.P.	Privies, convert to buckets	86
Boyton C.P.	Buckets to W.C.'s main water available	30
Withiel C.P.	Buckets to W.C.'s main water available	31
Helland C.P.	Buckets to W.C.'s main water available	16
Bodmin C.P. Junior	Troughs to Individual W.C.'s	287
„ C.P. Infants	Troughs to Individual W.C.'s	87
Coads Green C.P.	Buckets to W.C.'s	28
Penryn C.P.	Insufficient	364
Helston C.E. Infants'	Insufficient	122
Helston County Sec.	Insufficient	427
Camborne Grammar	Insufficient	303
Redruth Grammar	Insufficient	433
Truro Grammar	Insufficient	366
Truro Girls' County Sec.	Insufficient	309

The proposals for each year are drawn up after consultation with the Principal School Medical Officer, and after consideration of Governors' Managers' and H.M. Inspectors' reports.

## INFECTIOUS DISEASES

Disease	Cases Notified	
	1955	1956
Scarlet Fever	122	90
Whooping Cough	279	341
Diphtheria	1	0
Measles	2,255	5,216

8 cases of Poliomyelitis (Infantile Paralysis) occurred during the year, 3 of whom were school children, compared with 35 cases in 1955 of whom 19 were school children.

A new memorandum on "The Closure of Schools and Exclusion from School on account of Infectious Illness" was issued jointly by the Ministry of Education and the Ministry of Health in 1956. Extracts from this Memorandum were sent to all General Practitioners and Nurses in the County, in addition to the Head Teachers and the School Doctors. This will ensure that there is some measure of uniformity when dealing with infectious diseases in School children.

### PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

#### (1) Tuberculin Testing of School Entrants

It will be remembered that this work was started in 1954 when Dr. Chown applied a tuberculin test, with parents' consent, to all the children in the Borough of Penzance who first attended school in that year.

During 1955 and 1956, this work has been extended to cover the whole of Health Area I. The results have been as follows:—

Year	No. Tested	No. Positive
1954	160	6
1955	497	6
1956	441	12

Positive reactors have been X-rayed (except one, whose parents refused), to exclude active disease, and family contacts have been invited to attend the hospital for X-ray examination, in an endeavour to trace the source of the disease.

None of the children have required treatment, but two cases previously unknown, have so far been discovered amongst family contacts.



## (2) B.C.G. Vaccination of School Leavers

Work over the past five years is summarised below:—

Year	Area	No. Tuberculin Tested	% Positive	No. Vaccinated
1951/52	St. Just & Penryn	212	44%	
1953	West Cornwall	2075	39%	1243
1954	Cornwall	2597	20%	2005
1955	Cornwall	3139	17%	2518
1956	Cornwall	3128	15%	2530

## (3) Mass Miniature Radiography

### (a) School Children

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

During 1956, 4,617 children passed through the Mass Radiography Unit. 1 Active Pulmonary Lesion was discovered, and 13 Observation cases and 15 Inactive Primary Lesions. In addition, 3 children were found with other lung conditions.

### (b) Teachers

Every attempt is made to persuade teachers to take advantage of Mass Radiography when it visits the area. Special sessions are arranged out of school hours.

## IMMUNISATION

### Poliomyelitis

A vaccine is now available which is safe and gives reasonable protection against Poliomyelitis

Limited quantities of the vaccine were available in 1956 and, in accordance with the policy of the Ministry of Health, was offered to children from 2—9 years of age (i.e. born 1947—1954).

There were approaching 40,000 children of the age groups in the County, of whom the parents of 9,762 expressed the wish to have their children vaccinated. Unfortunately, the vaccine received was only sufficient to complete the protection of 1,156 children, the remainder of this group will be given priority for vaccination in 1957.

### Diphtheria

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

Primary Immunisation			Boosting Injection
Under 5	5—14 years		
3,417	462	4,651	

## Whooping Cough

3,322 children under 5 years of age and 565 children over 5 years of age were protected against whooping cough during the year.

## Whooping Cough, Diphtheria and Tetanus

A combined vaccine is now available for protection against these diseases. The vaccine was first offered to parents by General Practitioners and County Council Clinics in January, 1956, and has been well received.

## THE NURSING SERVICE

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

“On the 31st December, 1956, there were 24 full-time and 1 part-time Health Visitors, and 88 District Nurse-Midwives (48 with Health Visitor Certificates) undertaking school work.

Altogether the Nurses and Health Visitors attended 1,145 medical inspection sessions and 2,026 hygiene inspection sessions, with 430 re-inspections. They paid 1,096 medical follow-up visits to homes, and 1,761 hygiene follow-up visit to homes and schools.

Once more it is gratifying to report a fall in hygiene inspection sessions—this year by 706, due to the increase in schools classed as ‘clean’ and this has made a noticeable difference too, to the hygiene follow-up visits. It is encouraging to feel that the constant vigilance of the Health Visitors is now reaping a reward.

Our close liaison with the schools has continued, and more and more Health Visitors and District Nurses are being invited to take classes in the schools on hygiene, simple anatomy, mothercraft and other health subjects. These lectures are made more vivid by visual aids (often delightfully painted by our own staff), and seem to be much appreciated, judging by the increased requests for such subjects. The Health Visitors work in evening classes continues with parent/teacher groups, student teachers and pre-nursing students.”

## 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:—

Examination of children for part-time employment ...	160
Examination of Boarded-Out Children and Child Life Protection Cases ...	344

Sessions at Infant Welfare Centres	...	750
Examination of staff for Superannuation purposes	...	41
Examinations of Blind or Partially Sighted Persons	...	14
Examination of entrants to Teaching Colleges and to the teaching profession	...	221
Various other examinations	...	59

## 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

“Full Routine Medical Inspections of School Entrants and School Leavers and of new entrants to Secondary Schools, have continued as before.

These medical inspections are much appreciated by parents, who often express satisfaction at the care which is taken of their children in the present age.

The great majority of the children are in a satisfactory physical condition, and most of those whose condition is classified “unsatisfactory” are thus because of some intrinsic cause and not as the result of underfeeding or neglect. In fact, the “neglected” children are often surprisingly well grown and developed.

Routine Eye Testing of five year old children takes a great deal of time and patience, but has proved well worth doing. This year eye testing has also been carried out in all children aged 8, 12, and 13. This too, has proved worth while.

Tuberculin Jelly Testing has again been carried out on the school entrants. 441 children were tested and 12 gave positive results. These twelve children and their immediate relatives were all X-rayed at the Contact Clinic, but no case of tuberculosis was found, either in the children or in their families. It seems probable that some of these children who live on farms have had bovine infection.

The testing and the return visit to check results, and sometimes home visits to absentees all take up much time, and one wondered whether it was worth while continuing, but after consultation with the M.O.H., it was decided to continue this year, and where a human source of infection cannot be found, to investigate the milk supply.

Mantoux testing of thirteen year old children has again been carried out as a preliminary to B.C.G. vaccination. Parental response to this has been good. Some schools have apparently not understood that all children in this age group should be X-rayed, even if consent has not been given for Mantoux and B.C.G.

Immunising of babies and school children has been continued both at clinics and in schools. As far as possible health visitors persuade parents to bring children to a clinic for a booster dose before the child starts school. The triple antigen has been used throughout the year and parents have been enthusiastic about this, and there has been a number of requests to have older children immunised against tetanus.

The new Bellair clinic has been a pleasure to work in. A central clinic is a great help for examining candidates for training college, teachers for superannuation and children for employment. All can be seen at the clinic instead of the S.M.O. having to visit them in their various schools and homes.

The long awaited Remedial Class for backward children of junior school age, has now started at the Alverton C.P. School, and is under a highly trained and enthusiastic teacher. My impression on visiting this class was that children who used to look worried, because they could not do the work in an ordinary class, had lost their inhibitions, and were happy and cheerful.

A number of schools have been redecorated in light colours. Improvements that have been carried out in schools include new wash basins at St. Buryan, electric light carried into the Infants department at Lescudjack and Carnyorth, and St. Erth now has a satisfactory water supply.

There has been good co-operation with the Child Guidance Service, with the Speech Therapist and with the Orthopaedic staff.

Head teachers have been very co-operative and the school nurses give loyal and willing assistance."

#### **Dr. M. M. Cook: Camborne-Redruth Area**

"As a newcomer to the County, I should like to express my appreciation for the quality of the work done by my colleagues and the Nurses and Teachers under conditions so different from the facilities of the big cities. I found it a challenge as well as a pleasure to take over the work at the Girls' Grammar Schools from Dr. Joscelyne, and of the Redruth-Camborne Area from Dr. Knight.

## School Medical Inspections

There is very good attendance of parents, especially at Infant Schools. The most frequent defects found are those of vision. The burden of enlarged Tonsils and Adenoids with symptoms seems to be appreciably smaller than in the industrial North, and it is surprising how few of the school-leavers show any throat symptoms, although only a minority had Tonsils and/or Adenoids removed.

## Buildings

Treswithian Secondary Modern School has been opened during the year and accommodates 600 senior boys and girls. It has relieved the congestion at all the departments of Roskear School, since their Junior Boys' Department could move into the premises at Basset Road. A new canteen was opened at Pool Secondary Modern School, and a new wing added to Falmouth Grammar School for Girls. Some of the other schools are overcrowded, and have neither an office for the Headmaster nor a staff-room for the teachers and consequently no room easily available for Medical Inspections. The excellent co-operation we receive from such schools is all the more appreciated.

## Handicapped pupils

Several of the handicapped pupils attend Special Schools outside the County. Through visits, arranged during the school holidays, contact is kept with those children and their parents, and it is encouraging to see that practically all of them are progressing well in their Boarding Schools and that the parents appreciate the effort made by the County to educate their children.

Most of the physically handicapped children attending ordinary schools, fit in well, although there are two in Junior Schools for whom Boarding school education has been advised for the future. The fairly large group of Educationally Sub-normal children however presents a serious problem, especially in the smaller one-stream Junior School. It is hoped that special classes will be established in this Area. The extra year at school for such children, who are too immature to cope with employment, would be a great advantage, if their curriculum could be adjusted to their special needs. Several of the boys at Endsleigh House, the home for maladjusted children would come into this category. Fortunately they have in the Child Guidance Team stout advocates of their needs.

## Other Duties

Children under the care of the Mental Health Department are usually seen and examined at Hayle Occupation Centre. It is interesting to see how much response the trained workers of the Department

can get from the seemingly hopeless case. It will be a great day when the Occupation Centre will open from Monday to Friday and provide these children with still more stimulation and training.

Infant Welfare Clinics are held at Camborne, Redruth and Illogan. There the Health Visitors are in their element and do a very good job of education, especially when it comes to reassuring the inexperienced young mother and leading her with a firm but kindly hand. Fairfield Nursery provides a pleasant change from formal educational problems. The babies seem happy and healthy, and any problem of health or mental development is immediately spotted and brought to one's attention.

During the summer term a great number of candidates for the teaching profession were examined and their standard of education and health are a credit to the two Departments concerned.

The regular attendance at Penzance Hospital is very stimulating, and although the number of cases seen at each visit is not large, the discussion ranges over a wide field of medicine and is most instructive."

#### **Dr. C. L. Knight: Helston—Hayle Area**

##### **School Buildings**

On the whole, work is progressing satisfactorily in the field of maintenance and decorations. Many schools have been fitted with new heat convector stoves which have made a great difference to the temperature and the cleanliness of the premises. Electric lighting has been connected to a number of village schools and nearly all canteens have been fitted with a handbasin for the kitchen staff.

However, in the field of ordinary sanitation there is still a need for improvement, especially in the Kerrier Rural District.

It is hoped that wherever water supplies become available, consideration will be given to the number of water-closets and hand-basins which should be made available for each school according to its population and that, also, the needs of the staff will not be neglected.

New Secondary Schools are in the process of being erected at Helston and at Hayle.

##### **The Health of the School Child**

There has been no deterioration in the generally accepted standard of good weight and sturdy growth associated with Cornwall.

Over 90% of all pupils in Junior Schools drink their daily milk. In all schools in this area, the milk is either pasteurised or attested, and is always fresh and bottled.

No major epidemic occurred during the year.

### Handicapped Pupils

As much as possible these are encouraged to attend ordinary school. For this purpose, it is often necessary to supply transport which, though costly at first sight, is certainly cheaper than attendance at a special boarding school outside the County. It is also preferable for the child that he should adjust himself to the community in which he has to live. Special care and attention is of course necessary and is willingly given by the teachers. There are, however, some teachers who find it very difficult to make the adjustment necessary for the education of the mentally handicapped. In these schools advice given during the visits of the Educational Psychologist is beginning to have a good effect, and many teachers have taken an active interest in the development of their backward pupils."

### Dr. J. D. McMillan: Liskeard Area

"This year has produced an increase in work owing to the larger number of children entering the secondary schools.

In view of limited accommodation for facilities for medical inspection of the children thanks are due to the Head Teachers of this area for their patient co-operation.

I am also grateful for the assistance of the health visitors, district nurses, and health office staff at all times.

The medical examinations of prospective candidates for training college and children for part-time employment has continued at a steady rate.

No major epidemics occurred in this area during the year, but there were an appreciable number of absentees from medical inspections in the January-March period due to minor epidemics of measles, chicken-pox and upper respiratory infection.

The general condition is now classified as satisfactory or unsatisfactory. 1.7% of the number of Primary School Entrants examined were found to be unsatisfactory. The figure was somewhat higher at the secondary level. There are more overweight children seen now at all ages. The standard of clothing and cleanliness is satisfactory with a few rare exceptions.

## Special Defects

Vision: Visual defects continue to form the largest treatment group.

The routine examination of children at 12 and 13 years has brought to light a number of otherwise unrecognised defects showing that it has been worth while making these tests. Eye clinic arrangements have been satisfactory this year.

E.N.T.: This group of defects continues to receive adequate attention from the family doctors with a consequent scarcity of cases referred to Specialists. Occasional cases of acute and chronic otitis media have been referred to general practitioners. Audiometer testing of apparently deaf children has been carried out by the Senior School Medical Officer and where indicated the children have been referred for treatment.

Orthopaedic: Minor defects are seen but are now dealt with in school under the supervision of the Physical Education Specialist Teachers with satisfactory results. Some postural defects are referred to clinics as there is no remedial apparatus for this purpose in the majority of schools. Severe degrees of knock-knee are referred for specialist advice especially where weight control is a feature, but there have not been many cases.

Educationally Sub-normal: I have not been able to cope with all requests from Head Teachers this year for ascertainment, but have tested the urgent cases presented. The Child Guidance team has given assistance with the difficult cases with advice to all concerned. It is regretted that we still lack special provision for these children in the Junior schools and departments. In a rural area such as this, where all too often residential places offered to parents are not accepted, special facilities in primary schools are essential if the best use is to be made of the children's ability.

Speech: Speech Therapy has been carried out by Miss Fell at Liskeard and Saltash. The cases referred have made good progress for the most part. Cases are not numerous, but among school entrants there is a constant demand for assistance from both parents and teachers.

The children attending Residential Special Schools outside the county have been seen during the school holidays and all are making satisfactory progress.

## Paediatrician

The general practitioners in this area have taken full advantage of the paediatric consultant service, and the copies of reports I have



received have been most helpful in supervising the health of these children in school.

My attendance, as clinical assistant, once a month at Dr. H. Jolly's outpatient clinic has continued to be of great benefit both from the point of view of advances in Paediatrics, and the opportunity afforded for discussion of special cases.

#### Diphtheria Immunisation

Sessions have again been conducted at all primary schools, and the attendance has been very satisfactory of those accepting the facilities provided, but this gives no real guide to the percentage of the school population adequately protected.

#### School Buildings

Redecoration has been carried out where possible. The lighter colours now being used give a brighter atmosphere. School heating continues to be improved by modern appliances. There have been improvements in sanitation at some schools. The opening of two new schools in this area, namely Liskeard Infant School and Saltash Junior school is eagerly anticipated.

#### Canteens

The School Meals Service continues to give satisfaction whether the meals are cooked on the spot or transported from central kitchens. Facilities for canteen staff still leave room for improvement, but wash-basins have now been provided in most of the canteens where it is practicable.

#### Child Welfare Clinics

Clinics at Albaston, Millbrook and Torpoint continue to be well attended but the numbers at Donderry, Liskeard and Saltash fluctuate in a quite unaccountable manner. Voluntary helpers at these clinics have given most valuable assistance, for which I am only too grateful."

#### **Dr. W. Paterson: Launceston—Bude area**

"The descent of the School Medical Officer and the School Nurse on a school, for a periodic medical inspection, leads to considerable inconvenience in most schools, as, in this area, there is hardly any school in which there is reasonably adequate accommodation for the purpose. Head Teachers and their staffs, however, continue to perform wonders of compression, and, in all instances, a separate room has been provided for the inspection, even in the smallest country school. Thanks to these efforts, the medical inspections were carried out satis-

factorily. The willing co-operation of Head Teachers and their staffs is greatly appreciated, as is the help of the School Nurses.

### Periodic Medical Inspections

In the new broader classification of physical condition, no children were seen who could be included in the Unsatisfactory category.

The list of physical defects was again headed by defects of vision, the introduction of additional routine visual examinations at ages 12 and 13 increasing this number. Treatment arrangements continue to be satisfactory, and there is no waiting list for ophthalmic appointments other than the interval between the dates of clinic sessions.

### School Buildings

The work of the school caretakers remains of a high standard, and the state of cleanliness of the school buildings is generally very satisfactory.

Three schools in the area were provided with water-borne sanitation during the year, two of these being connected to existing main sewers, and the third being provided with a septic tank.

Roller towels and communal towels continue to be distressingly in evidence. It is illogical to expect improved standards of general hygiene in future generations if, during the impressionable period of school life, children are provided with these insanitary objects. It is to be hoped that arrangements for the provision of individual towels, preferably disposable, are well advanced.

The cleanliness of the school canteens continues to be satisfactory, but it would be a considerable step forward if table tops and other working surfaces were made of some impervious material which lends itself to ready cleansing and sterilisation."

### **Dr. J. Reed: Bodmin—Wadebridge Area**

"I should like to repeat the expression of appreciation to the School Staffs in my Area for their ready co-operation during my frequent visits to their schools. These visits must inevitably cause more inconvenience than need be, owing to the lack of separate and suitable facilities for carrying out the work of the School Health Service. I too find it an embarrassment to have to apologise so frequently for the conditions under which the examinations must be made. The erection of a multipurpose room in one school has contributed little to assist the efficiency or privacy of the routine examination.

The physical standard of pupils at routine inspections was generally satisfactory. Few children were classified as unsatisfactory.

The commonest defect detected was visual and the findings illustrated once more the value of checking the visual acuity of school entrants. The additional examination for visual defects at 12 and 13 years has proved to be worth while. Relatively few significant physical defects were recorded which required special educational facilities. Mental retardation continued to be the next most frequent defect requiring special attention. Minor degrees of orthopaedic defect e.g. flat foot and posture were recommended for remedial exercises in school and few were referred to the orthopaedic clinics.

The cleanliness of pupils was good on the whole. Only two schools in the Area show recurring evidence of head infestation and that in single difficult families. Cleanliness of school premises was as good as could be expected considering the age and structure of most of the buildings. A large number of schools are deficient in sanitary and washing facilities.

School meals and milk were adequately provided and the canteens generally comply with the requirements of the new Food Hygiene Regulations. The few deficiencies have been reported by the appropriate Sanitary Authorities.

Immunisation against diphtheria continued with a moderate response. B.C.G. vaccination and Mass radiography were conducted during the early part of the year. The percentage of tuberculin positive children discovered was small and little of significance was discovered on X-Ray. The conversion rate of tuberculin negative children following B.C.G. vaccination will not be known until after the retests in 1957.

Miscellaneous examinations made during the year included those of mentally defective children, boarded out children, superannuation and pre-college examinations."

#### **Dr. B. Roberts: Truro—Falmouth Area**

"The past year has been one of steady work along the lines already laid down, with few new developments or activities.

#### **School Medical Inspections**

The most valuable of these is still the one for new entrants to Infant's schools, and, at this, the attendance of mothers is almost 100%. To this examination, the mother brings all the little queries and problems which have been accumulating over a long time and troubling her in connection with her child, and everything is done to help her to resolve her difficulties. For the older children, in addition to the routine medical inspections at 11 plus and before leaving school, the extra vision test at 12 and 13 has proved well worth-while; a fair number of recently acquired defects being discovered, which would otherwise have waited several years before being treated. I

have been particularly impressed this year by the splendid condition of the entrants to school. They are particularly well-nourished and well clothed, and I can only suppose that these are the effects in the country of full employment and the other benefits of the Welfare State.

#### School Premises

I am particularly fortunate in my area in that the standard of facilities provided and general hygiene is very good indeed. Even the two or three schools which, either because of lack of piped water or mains drainage, were below the general standard, have been greatly improved in the past year.

#### Handicapped Children

It has been a source of great satisfaction to me to observe a general increased support of the view that, as far as is possible, children, who are either physically or mentally handicapped, should be educated in the ordinary schools, and that 'special' schools should be reserved for the 'very special' cases, which, because of exceptional circumstances, need 'special' handling. This is particularly true of educationally sub-normal children who manage quite well in the larger secondary schools (with D, E and even F streams). There is everything to be gained through adopting this principle. The children are not made to feel 'different', and are far more likely to develop a useful degree of social adjustment.

#### Honorary Clinical Assistantship and visits to Plymouth and Starcross

The regular ward rounds at the Royal Cornwall Infirmary, the clinical material seen at Plymouth and Starcross, and the occasional clinics with Dr. Andrews provide an extra zest to the routine nature of much of one's work and are particularly welcome in helping to maintain one's acquaintance with current medical practice. I am very grateful to all concerned for these opportunities.

#### Problem Families.

These, although not directly the concern of the school doctor, nevertheless inevitably impinge upon his work, as very often the problem homes are very prolific and produce large numbers of children who present many and varied problems. There is no single solution to this very difficult question. Too many complicated factors are involved—housing, poverty (not so often nowadays), general fecklessness, and if one is not too old-fashioned in saying it, poor moral fibre. Very often, in dealing with these families, all one can hope to do is to tackle each particular crisis in their affairs when it happens, and pray hard that a long interval will elapse before the next. The only people who seem to have had any real success with this problem are those connected with the Family Service

Units, where I suppose, the combination of devotion and enthusiasm, as always, produces outstanding results.

### Television and Sleep

It must seem strange to have to introduce this in a school medical officer's report for the year, but I feel the problem raised is too important to ignore. I suppose one must assume that television has come to stay as a permanent feature of contemporary life and therefore must be reckoned with as an additional serious cause of such a high proportion of children of all ages failing to get enough sleep. It has become a real menace. I am sure that one cannot emphasize, too often or too much, to parents and others concerned, the absolute necessity for children to get adequate sleep and rest, without which it is impossible to keep reasonably fit and well. There is ample evidence provided at all school medical inspections that large numbers of children are failing to get this essential sleep. It seems that parents nowadays are too ready to be tolerant about this important matter, and children not ready enough to submit to the imposition of necessary discipline.

### Infant Welfare Clinics

These are well attended and the provision of facilities for diphtheria, pertussis and tetanus immunization at all the clinic sessions continue to be a welcome addition to the services provided. Attempts are always made to introduce 'health talks' and every opportunity used to further 'health education'.

Finally, I must express my appreciation of the ready co-operation of the teaching and nursing staffs and the others concerned in carrying out my duties."

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

"The work of the School Health Service in my area for 1956 suggests a few comments —

#### School Buildings

Repair work, redecorations, and improvements in the toilet amenities has been noted with satisfaction—particularly the latter.

I am pleased to find that there is a continual drive to deal with the primitive sanitation remaining in a few rural areas and that better washing accommodation is also being provided.

Also the provision of separate wash bowls in the Canteens for the use of the Canteen Staff and the provision of a refrigerator in all canteens is a good and necessary provision and I feel sure will justify the expense incurred if Canteen Staffs will make full use of these facilities.

## Nutrition of School Children

I have encountered an increasing number of fat children, not only in the older age groups, but in many 10 and 11 year olds who were formerly thin and wiry as a class. It would seem that the higher standard of living reflects a certain indulgence possibly, and the children are less active and stay indoors more.

Television is not a good influence on children in my opinion. Any educational value is offset by the lack of effort and inventiveness that children normally display in their games and outdoor activities.

Children are well dressed with very few exceptions. The care of the teeth receives much more attention than formerly. I am very pleased at the amount of Orthodontic work done in the St. Austell area.

## Visual defects

Extra vision tests in the schools, which ensures that all children are tested at frequent intervals leads to the early discovery of defects which can be dealt with promptly. This should result in great benefit to school children. The treatment of squint at an early age is particularly important and can be instituted from the Infant Welfare Clinics.

## Orthopaedic Defects

A mild degree of flat foot is frequently noted and appears to cause no disability—indeed it appears to be normal, and only the severe cases of these causing symptoms call for treatment and are referred to the Orthopaedic Specialist.

Remedial exercises in school supervised by the Physical Education team now reduce the number of visits to the Orthopaedic Clinic for remedial exercises, though supervision of cases and the provision of corrective shoes continues at the clinics.

The clinic is valuable for the treatment of injuries and major defects and crippling diseases and we are grateful for the reports we receive on children undergoing treatment.

## Handicapped children attending special Boarding Schools

These have been seen by me in the school holidays and progress noted, also the comments of the parents on their health and well-being. In most cases these comments are favourable and parents are grateful for the advantages their children are receiving. I noted specially, the improvement in the few deaf children I see, both as regards speech and social adaptation.

The Child Guidance Team affords us tremendous help in our dealings with backward and maladjusted children and the 'second

opinion' that the team provides and the shared responsibility for major decisions is particularly welcome as are their efforts to place the children in more suitable surroundings.

The Infant Welfare clinics continue to be well supported and I wish to express my thanks and appreciation to the Health Visitors, Nurses and Voluntary workers who devote so much time and interest to this work.

In connection with the St. Austell Infant Welfare Centre, a flourishing Mother's Club that meets at Moorland Road clinic once and sometimes twice a month in the evenings appears to justify fully the efforts of the energetic Committee responsible for it. The mothers elect their own Committee and arrange a programme of talks and activities. The talks are mainly on matters of health and education but domestic and cultural interests are included. The mothers get a 'night out' while the fathers take a share of home minding.

In conclusion I should like to refer to a beautiful new school in my area—Carclaze C.P. Junior. It should be a pleasure for Teachers and pupils to work in this light, airy and interesting school. I want to congratulate the architects and assistants on its modern design and use of modern materials and its most attractive and gay colour schemes.

I look forward to the opening of the new Senior School at Fowey in the near future."

#### **Dr. G. W. Ward: Newquay Area**

"Once again we have experienced a year in which the outstanding feature has been the cordial relations which have been maintained between all members of the nursing staff, voluntary workers, school staffs and the Area Health Offices. This relationship is a prime factor in carrying through efficiently and successfully an ever increasing volume of preventive work and routine duties.

#### **Schools**

The number of children attending school in the area has again increased considerably though the percentage increase in the number of defects discovered and referred for treatment remains fairly constant. Numbers of children requiring surgical treatment for Ear, Nose and Throat conditions remain comparatively small while defects of visual acuity remain at the same level.

There is again a general improvement in the general fabric, renovation and decoration of school buildings particularly in the rural areas. Very few schools have now any gross defects still awaiting attention. The standard of lighting in some classrooms still falls short of modern requirements and there are still a few schools without any

form of artificial lighting which is a great disadvantage on dull winter days. There has been a further increase in the number of modern slow combustion stoves fitted into hitherto inadequately heated classrooms and few of the old inefficient types now remain. The general level of sanitation in all schools including the rural areas is now quite reasonable.

An increasing number of children are availing themselves of the very good school meals service which is providing nutritious, attractive and appetising fare. The problem of fly control in many school canteens however appears to have been given very slight attention and properly fitted flyproof windows and air entries are conspicuous by their absence.

#### Personal Hygiene

The high standard of last year has been maintained and a policy of vigorous watchfulness is being pursued by all nurses and health visitors.

#### E.S.N. Pupils

These children are receiving every care and attention and more time is being spent by all concerned to ensure that they have every assistance and encouragement to take their place within the normal framework of the community.

#### Handicapped Children

Continuous observation and co-operation by all directly concerned is ensuring that each and every one of these children in the area has every opportunity to lead a normal life as far as possible. Special training and tuition where necessary is arranged with all possible speed so that no advantage may be lost to this type of child.

#### Infant Welfare Clinics

The high level of attendance reported last year has been maintained and the enthusiasm of all concerned remains unabated. Premises generally have been improved though heating in wintry weather remains a problem in many cases. Health Education and immunisation programmes continue to receive adequate emphasis. The new Infant Welfare Centre opened at St. Columb Minor has proved highly successful and attendances there are still increasing.

#### Immunisation

In this area immunisation has continued at a satisfactory level and parents have been extremely co-operative in bringing forward their children in increasing numbers for advice regarding the numerous services now available. As stated in my last report I am still extremely concerned about the large and increasing number of



children in the area who have never been vaccinated against smallpox. This situation could lead to catastrophic circumstances should an epidemic of the virulent type ever break out.

In conclusion may I once again thank all my colleagues, in particular the general practitioners for their increasing co-operation and assistance and also the Child Guidance Team which is most helpful at all times. Efficient co-operation is essential to ensure the completion of an increasingly heavy preventive health programme and we shall do all we can to maintain this position."

### DENTAL CLINICS

The following is a list of these clinics together with the frequency with which they are now 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 Clease Hall	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 Clinic	3 days a week
Liskeard	Health Clinic	2½ days a week
Newquay	15, Berry Road	1 day a week
Penryn	Municipal Offices	1 day a week
Penzance	Health Clinic	1½ days a week
Redruth	Health Clinic	Daily
St. Austell	Health Clinic	4 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 Clinic	1 day a week

In addition a Mobile Dental Clinic has been provided and is used extensively in outlying areas.

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

"When dental services are considered, there can be very few local authorities in the United Kingdom who are not chiefly concerned with the staff available to run that service. The staffing position in

Cornwall was less favourable at the end of the year than it was in the corresponding period of 1955. The present strength amounts to 8 full-time dental officers and 4 part-time, whose combined attendance is equivalent to 9 3/11 full time officers. As the established strength is 12, it will thus be noted that the staff amounts to 77% of its full entitlement. When considering these figures, it must be remembered, that an average of just over 1/10 of each officer's time is devoted to work under the Maternity and Child Welfare dental scheme. During the year under review there have been 3 resignations, 2 full time officers retired for health reasons and 1 part-time resigned owing to pressure of work in his practice. To offset this loss, 2 appointments were made, 1 in a full time capacity, and the other a part time one. These appointments were taken up in May and September. The net result of these changes was to leave the service the poorer by nearly 1 full time officer at the end of the year.

The new 'Gloster' type mobile dental clinic was brought into use early in March. From an early date it became obvious that modifications would have to be made to the water and electrical service supply lines, in order that the clinic could be used to its best advantage at Cornish schools. The chief difficulty was access to the schools in some areas, from narrow roads and difficult terrain, which problem was mainly overcome by doubling the length of the service supply lines. This new clinic has been received at all schools visited so far, with great interest by children and teaching staff alike. The co-operation which was readily afforded by the Heads of schools was greatly appreciated by the staff responsible for the day to day operation of the mobile clinic, and materially assisted in the efficiency of the service which was given. Since it was commissioned the mobile clinic has visited 13 schools, at which 564 children have received treatment. During this period 15 'gas' sessions have been held with little more inconvenience than a general anaesthetic session held at a fixed clinic. The obvious inconvenience of insufficient recovery room space naturally retarded the speed of working and produced an average of 11.5 children treated per session. In addition to the 13 visits made to individual schools, the mobile clinic was in operation at Looe as a semi-static unit for a short time, thus enabling the clinic which was previously held at temporary premises in that area to be closed down during the latter part of the year.

The County Laboratory continues to render a full and first class service to the dental officers and to the technicians who attend the classes which are held there. In the latter connection it is most gratifying to mention that all candidates who sat for the City and Guilds certificate in dental technology were passed by the examiners. A total

of 8 students took the examination, equally divided between the intermediate and final certificate. This is the first time, since classes were held in the laboratory, that a pass rate of 100% has been obtained. Much of the credit of this achievement must go to the senior technician in charge of the laboratory as he acts as instructor and lecturer in dental technology for the course. It is of interest for the sake of comparison to record the national results obtained in the above mentioned examination. They were pass rates of 63% and 56% for the intermediate and final sections respectively. The strength of the laboratory staff remained at 3 during the year, during which time one change was made. One of the apprentice technicians completed his indentures and left the service of the County Council in August. His place was taken by a technician who rejoined the service following the completion of his National Service. The present staff is therefore composed of 1 senior technician in charge, 1 technician and 1 apprentice who has progressed to the standard of the intermediate City and Guilds certificate. During the year the laboratory was approved by and registered with the National Joint Apprenticeship Committee as an approved establishment for the training of dental technicians. The overall volume of work carried out has increased by nearly 17% compared with 1955 and  $\frac{1}{3}$ rd of this increase is represented by additional work for school children.

The total output for the school dental service was:—

Full dentures	...	3
Partial dentures—plastic	...	165
Partial dentures—chrome-cobalt	...	1
Orthodontic appliances	...	247
Repairs	...	41
Crowns and inlays	...	8
Orthodontic record models	...	381

These figures represent 63% of the total output, the remaining 37% representing work for the Maternity and Child Welfare Scheme. The major changes, compared with the previous year, were an increase in partial dentures, necessitated by the loss of upper anterior teeth either by injury or through dental disease, and an increase in the number of orthodontic record models.

With the purchase of one additional X-ray apparatus during the year, all clinics in the county are now covered for this essential aspect of diagnosis. A total of 390 radiographs were taken compared with 309 for the previous year, the large majority of which were for orthodontic purposes.

During the year under review, the new Dentists Act, 1956, reached the statute book. From the school dental officer's point of view, the most important section of the Act is that which deals with the introduction of ancillary workers. One clause of the Act requires the newly appointed General Dental Council, at the direction of the Privy Council, to carry out an experiment to judge the value to the community of ancillary dental workers. The proposed introduction of this new type of dental auxiliary has been the subject of much controversy within the profession, and it may therefore be of interest to set out the general conditions governing the employment of such persons, as detailed in the Act. These regulations will be made by the General Dental Council but will be subject to the approval of the Privy Council and both Houses of Parliament. The Act also states that the regulations shall **not** permit an ancillary worker of any class to undertake:—

- (a) the extraction of teeth other than deciduous teeth, or
- (b) except in the course of the provision of national and local authority health services, the filling of teeth or the extraction of deciduous teeth, or
- (c) the filling, insertion or fixing of dentures or artificial teeth.

In addition, such work as the ancillary dental worker is permitted to perform can only be carried out after a registered dentist has indicated to the ancillary the course of treatment to be provided for that patient. This latter regulation is of particular importance and will act as a safeguard in the interests of the patient's well being. The contribution which ancillary dental workers might make to the school dental service can only be looked upon as a long term project, when it is considered that the probable training period for these persons would be 2 years, at the end of which time a minimum of 1 year's clinic practice would be necessary before the progress of the experiment could be assessed. Subject to the experiment being considered satisfactory, it would therefore be a number of years before sufficient ancillaries could make an effective contribution to the service.

Reference to the statistical table shows that slightly fewer sessions were devoted to the service compared with 1955, notwithstanding however, the volume of treatment carried out has been well maintained. Approximately 71% of children attending maintained schools, received an inspection at school, whilst rather more than 3% were inspected as special cases at the clinics, making an overall total of approximately 74% of the school population who received an inspection during the year. In a few areas where the staffing position, relative to the acceptance rate, was reasonably good, some children

received a second inspection at school within the year. The total of these cases amounted to 1,065, thus producing a grand total of 35,388 school inspections carried out during 343½ sessions. The ratio of permanent teeth conserved to permanent teeth extracted owing to injury or caries, has made a small but significant improvement, the relative figures being 6.4 to 1 for 1956 compared with 5.9 to 1 for 1955. A total of 20,534 fillings were inserted in permanent teeth whilst only 2,454 fillings were carried out in temporary teeth. This comparatively small number of fillings in the temporary dentition reflects the advice given by the Ministry that where staffing difficulties exist, the accent of the dental officers conservative effort should be directed towards the permanent dentition. Criticism has been made in the past concerning the school dentist's attitude to the conservation of deciduous teeth, and it would therefore be appropriate to quote from the latest Report of the Chief Medical Officer to the Ministry of Education. 'The filling of deciduous teeth continues to give rise to controversy. Too often it is characterised by academic argument with little regard for those practical considerations which cannot be ignored in present day school dentistry.'

The number of general anaesthetics given for extractions has shown a further increase. The development of this section of the service may be studied by reference to the number of administrations over the last 4 years.

1953	1954	1955	1956
323	530	1,410	1,634

The marked increase which occurred in 1955 was mainly due to the introduction, in that year, of medical anaesthetists for the administration of gas. Whilst the majority of sessions devoted to general anaesthetics was carried out by medical anaesthetists, 55½ were given to this work by dental officers and this latter figure is included in the total of sessions worked as set out in Table V (6). Of the 9,023 other operations on permanent teeth, 5,014 represented dressings, 2,902 were operations carried out for the orthodontic scheme and covered such items as impressions, adjustments to appliances, etc. In addition a further 539 scalings were completed and 390 X-rays taken. The total of other permanent operations is finally completed by the inclusion of 9 inlays and crowns and 169 dentures. Of the total of 5,170 other operations on temporary teeth, 4,658 were applications of silver nitrate whilst the remainder were dressings for the relief of pain.

The overall picture for 1956 shows that, on balance, the volume of treatment undertaken compares favourably with the previous year, and although the staffing position at the end of the year was not as

good as earlier, it is to be hoped that this is only a temporary setback in the gradual progress that has been made in the service in recent years.

To all those who have contributed to the smooth running of the service and the results achieved thereby, however indirectly, I would like to say, Thank you."

## PHYSICAL EDUCATION

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

"Once again the weather loomed large in the programme of physical education, and 1956, unlike the previous year, left a trail of postponed and abandoned matches and caused the loss of many hours of physical training in the many schools where indoor accommodation is not available and where playgrounds do not dry sufficiently for work to be carried out reasonably soon after rain. The absence of indoor accommodation in most primary schools and in mixed secondary and grammar schools where both sexes must be catered for, is a great handicap.

Roughly, half of the County's playgrounds need some attention and, of a very long waiting list, only a few can be surfaced each year. At the moment, those playgrounds which have never had a hard surface must take priority and all others await their turn, by which time they, too, will need expensive treatment.

More schools are turning to the modern methods of physical education and the training of the individual child to progress at his or her own pace, thus ensuring that the maximum effort is made according to physical ability. Climbing apparatus in many more schools, provided in some cases by the parents or through school funds, is contributing largely to the enjoyment and personal endeavour of children of all ages. Far too many schools still find the effort of changing regularly a major problem although many, more, in spite of the difficulties of lack of cloakroom space and washing facilities, have overcome parents' objections and children's lethargy and a tradition is being established.

In some county grammar and secondary schools, the periods for physical education are still in the opinion of the organisers, too short, not allowing a full lesson to be taken or giving adequate time for showers where these are available. A full 45 minutes is needed to

ensure that neither the lesson be shortened nor the very valuable training in cleanliness omitted. It would be a disaster if we could not live up to our new and well equipped schools and use the facilities which many other schools would be delighted to have.

### **Staffing**

With great regret we said goodbye to Mr. Broadbridge on his retirement in May, 1956. Mr. Broadbridge had been connected with the Cornish schools in a teaching or advisory capacity since 1920, and his love of children and interest in their various activities made him a familiar and much loved figure at all places where children and adults were gathered together in the interests of sport.

Mr. Mason, the Assistant Organiser, was then promoted to become responsible for the boys' side of physical education and Mr. W. L. T. Williams was appointed Assistant Organiser. There has been no change in the personnel on the women's side.

As regards teaching staff, it is a fact that for the posts in our secondary and grammar schools very few women with more than a two-year general qualification apply. This lack of training of these teachers and the constant change of staff tend to keep the standard in the schools low. Far more use should be made of national training facilities by these teachers to improve their qualifications after appointment. The possibilities of training within the County are circumscribed owing to the distance from any training centre and difficulty of arranging a course during term time for teachers who are nearly all responsible for other subjects as well as physical education and can ill be spared during the week. There is rarely a Saturday in the year when matches, tournaments, athletics or other activities do not claim their attendance and this makes it difficult to arrange a representative gathering for a short course on that day. In an effort to help, the course usually held on the second Saturday in October was abandoned in 1956 in favour of an extended evening course for men in the Autumn and an experimental week-end course for women at the beginning of the Summer term, 1957.

Men with diplomas in physical education have been appointed at three Secondary schools and the position gradually improves, although applications for some new schools, even with the finest facilities, have not been numerous.

At the Secondary schools where facilities are not good, it is not possible to fill specialist posts with fully qualified men and, in order to broaden the outlook of such men now filling these posts, a course in secondary work was held at Liskeard. The response was complete and the men concerned were most interested and indeed active. There

can be little doubt that the teachers concerned will have derived a good deal of benefit from the many demonstrations they witnessed and in which they participated.

### **Remedials**

The eight year plan of re-organisation to include the remedial training in the schools has been completed. Every area in the County has now had a preliminary training in this work, but the change of personnel in the schools has been so great that few of the original teachers remain in some areas. At the end of the year a large number of children were referred from the orthopaedic clinics to be supervised in the schools, returning to the clinics every three months. It is of course, too early to give a progress report on this scheme.

### **Playgrounds, Halls and Fields**

As mentioned earlier in this report, the playgrounds which are in need of repair present a formidable financial outlay. Some girls' grammar schools are still in need of a hard surface in order that tennis and netball may be played and the majority of county secondary schools are still without facilities for either of these games. The provision of netting is necessary for those playgrounds which abut on to main or well-used roads as there is danger of accident when retrieving balls.

The playing fields may be arranged in categories as follows:—

(a) Playing fields at new schools — A reasonable degree of levelling is being undertaken where necessary. By the very nature of the countryside this is in most cases an expensive item, but it does ensure that children will have good outdoor facilities eventually. The additional acreage means that the playing fields operators are stretched to the limit. Groundsmen are being appointed at the biggest schools, to take care of the fields and surrounds, but the regular mowing each year will still be undertaken by the mobile gang-mower operators.

(b) Existing playing fields. This last summer was so wet that regular cutting was difficult. The late delivery of repaired gang mowers caused some delay early on, but the position was later retrieved despite sodden surfaces and quickly growing grass. Unfortunately, with only two operators, improvements cannot be undertaken by them.

(c) New areas and improvements—Some extra acreage at existing schools was brought into the scheme this year, as at Breage and Whitemoor C.P. Schools. This means an intensification of field games for those schools, a step in the right direction. In other cases exist-



ing conditions are being improved by outside contractors as at Wadebridge C.P. School.

Generally the position improves, but in view of the increased acreage, a third gang mowing unit is badly needed if the fields are to be maintained in a playable condition.

### **Apparatus**

The great increase in the price of apparatus of all kinds is now making it more difficult for schools to equip themselves with the modern requirements for physical education. Infants' schools and small country schools where agility and climbing apparatus should be a 'must' are particularly handicapped as their grant is very small. It is surprising how many schools have raised money in order to provide some climbing apparatus for themselves during the year.

Four more secondary schools were equipped with fixed apparatus, and fifty more primary schools were assisted with agility apparatus. In addition new secondary and primary schools were equipped with Southampton and traditional apparatus. The time is fast approaching when all children will be able to use climbing apparatus throughout their school lives with the resultant improvement in general agility, joint mobility and muscle development.

### **Reorganisation of Schools**

For those new secondary schools with fully equipped gymnasia, the way is clear for a fully comprehensive and regular programme of indoor and outdoor physical education. Unfortunately facilities in the grammar schools are lagging behind, especially when the programmes are so often curtailed by poor weather. It is imperative that at least decent changing rooms and showers are constructed in all secondary schools to enable work to proceed at a proper level of hygiene and physical safety.

The removal of senior children from all-range schools is increasing the indoor accommodation at some schools, and enabling rooms to be set aside for all types of movement. Only when work is regular and unhampered by weather can standards be expected to rise quickly.

### **Camping**

From mid-May until the end of August, an average of thirty children weekly attended the camps at St. Mawes. In the first year (1954), 13 schools and 236 children attended camp, and by 1956 this had increased to 19 schools and 399 children.

An inclement summer impeded the mobile camping programme somewhat, but otherwise schools managed to complete their activities. For the first time the emergency scheme arranged at the school nearest to the site had to be employed as an 80 m.p.h. gale demolished the camp one morning late in July. However, the normal routine was resumed next day. The present equipment is only just sufficient to cater for all the schools taking part in the scheme. If numbers increase other arrangements will have to be made.

The educational projects were particularly interesting and advanced this year. Some of these were only completed in December. A film in colour has been made which portrays typical activities at these camps.

In addition to this direct camping scheme, help with equipment was given to grammar and technical school boys, who spent a week in the Isles of Scilly with canoes, and also to schools who did some mobile training at weekends. One such effort by a primary school involved three days on Brown Willy and the surrounding district and was particularly noteworthy.

A good deal of swimming and walking was undertaken and for the first time sailing and canoeing were introduced. All the boats and canoes were constructed by the boys themselves, and much of the instruction was given by boys experienced in sailing. Three more schools have commenced activities in this sphere since last year. The biggest drawback to expansion is the lack of finance for the construction of boats and canoes.

### **Swimming**

The teaching of swimming is a vital part of physical education. In a County such as Cornwall with its long coastline and attendant dangers, it is even more important than in inland counties. The refusal of this Authority to construct learners' pools at schools was a setback to progress in this sphere, but, despite this, the urge to improve the standard of swimming enabled a Schools Swimming Association to be created to further instruction in swimming, to increase the standard of swimmers, and to give boys and girls the opportunity to swim in competition with those from other counties. For the first time East and West galas were held at Launceston and Penzance at two of the only three public pools in the whole County. A County gala was then held at Truro School. All were successful and the response was excellent, although the standard in general was not high. Subsequently three boys swam at Torquay in the schools' western gala, and finally two boys competed at Gateshead in the national championships.

It is hoped that the last word has not been said on the question of learners' pools at schools, for they are vital to the expansion and improvement of school swimming.

### **Athletics**

The proximity of the All-England meeting held at Plymouth in July, enabled a full team to be entered for the first time. Our results were no better than expected and in fact poorer on the girls' side, although the 17—19 age group improved on our position in the Western Counties competition held the previous month at Poole.

Athletics standards in schools improve each year, but teachers require greater knowledge of athletic techniques if they are to be successful in their coaching. To cater for this a three days' course for teachers was held at Newquay. This was taken by a national coach, and attended by 35 men and women teachers. Four men teachers in Cornwall who are already A.A.A. coaches helped with the instruction, and during the course five more men became qualified coaches.

The County meeting was again held at Trevenon in two sections, but the time seems to be ripe for this to be a combined boys' and girls' meeting to reduce travelling expense and organisation.

As indoor and outdoor facilities improve with the opening of new schools and with more qualified coaches, teaching should improve with better results. As the new cinder tracks materialise, children will be able to compete in first class conditions. This lack has been a great handicap in the past.

## **BOYS**

### **Association Football**

At school level, competition has been as keen as ever although entries for the various County cups and shields have decreased, probably owing to the upheaval caused by the decapitation of schools, owing to reorganisation. As schools become stabilised once more, entries may increase although travelling distances and travelling costs are bound to restrict entries. Activities in the three areas of East Cornwall, West Cornwall and West Penwith have increased. West Penwith S.F.A. is now well established, and in the English Schools' Shield drew with Plymouth F.A. in Plymouth, but lost the replay at Penzance. The inter-area competition was keenly contested and the County matches with Somerset and Surrey, although lost were excellent games.

### **Rugby**

Schools' Rugby in the season 1956/57 was conducted and played with the usual efficiency and enthusiasm. Generally, the quality of

play did not reach the standard attained in the previous season, but in the Newquay and Launceston areas the standard is, in fact, improving and a number of boys from these districts played in the County trials. One boy from each area gained a place in the County team.

Three County trials were held at Treswithian, Pool and Tretherras and no less than 57 players were called upon from 13 different schools.

The County team was comparatively as good as in previous seasons, but the Inter-County game against Devon in Plymouth, was lost chiefly because of the superior Devon forwards.

Seven players from the Cornwall team were selected to play for Devon and Cornwall against Somerset and Gloucester, and two or three of these are expected to be in the Southern Counties trials.

### **Boxing**

The number of schools sending in competitors for the County finals increased this year, although winners' standards were not high and only four boys won their way past the Western Counties finals. Both these finals were held at Newquay where public support is good.

There is no doubt that more boys are boxing and two schools run their own shows with over 100 competitors each. No doubt the main difficulty is to obtain advanced coaches among teachers, capable of teaching boys the finer points to take them past the stage of the County finals.

### **Cricket**

For the first time a County match against Devon at the under 15 stage was arranged. This was played at Liskeard in very poor weather and resulted in a moral victory for Cornwall. The standard achieved by the County team was high and in fact, one boy was selected to play for the South against the North in the final England game.

There was intense enthusiasm on the part of boys and staffs and a County Schools' Association was formed to govern schools' cricket in Cornwall. East and West trial games were held, and in fact there were so many entries, that extra games had to be arranged to give all recommended boys a chance.

Teachers courses were held at Camborne and Penzance to improve coaching by the teachers, and five men and one woman gained the M.C.C. Youth Coaching award. Instruction on these courses was

given by two County coaches, who themselves qualified as M.C.C. advanced coaches this year.

### **Evening Institutes**

Classes are few in number, but on the whole of a good standard. The classes are normally taken by the physical education specialist of the school at which the evening institute is held. This is no doubt the best arrangement, as the instructor concerned is more easily able to control the use of equipment and facilities.

As new gymnasias are completed classes should be more attractive and tend to hold members more closely. It has been a matter of concern that so comparatively few boys carry on with indoor physical activities after leaving school. It is to be hoped that the new and first class facilities will improve this position.

## **GIRLS**

### **Dancing**

Two folk dance festivals were held in 1956 at Wadebridge and Falmouth. The weather was unkind, but the dancers were not deterred and kept themselves reasonably warm and dry. Thanks are due to the English Folk Dance and Song Society's District Committee and the local committees organising this big annual event. Competitions were held at Launceston and Helston.

More primary schools are exploring the possibility of taking dance movement training, in order to prepare for the more adult folk dancing, which is enjoyed by many secondary schools and youth clubs. Two courses in national dancing for women teachers were held during the year.

### **Games**

School—In spite of the weather, trials and tournaments were held mostly as arranged. Two County hockey teams were chosen to represent Cornwall and, for the first time in the school history of the County, a member of the 1st XI, Judy Kedge, was selected to play for the West of England. Elizabeth White was again chosen as a further reserve. The 1st XI took part in the South Western Counties tournament which was held at Exeter. The Grammar Schools hockey tournament was won by Truro County Grammar School, the senior netball tournament by Falmouth High School, and the junior netball shared by Falmouth High School and St. Ives County Secondary School, the final match being abandoned at half time. The Watkins

Cup for tennis went to St. Clare School who defeated Falmouth High School, the holders, in the final.

Adults—Comparatively few girls on leaving school, have the opportunity of joining adult clubs, either because they leave the County for training or are working on Saturday afternoons; many also live too far from any club to make it financially possible to join. Consequently the choice for county teams is limited. However, this does not deter the County hockey and netball teams from taking part in all tournaments and matches open to them outside the County and, whatever the results, they thoroughly enjoy their trips.

An innovation this year was the organisation of hockey trials for the Young Farmers Clubs, and a match between East and West Cornwall which the West won by a handsome margin. The diversity of clothing, strokes and style of young farmers, many of whom had not played since they left school, made the whole proceeding a very lighthearted concern and added to the hilarity and enjoyment of both players and spectators.

#### Courses and Demonstrations for Teachers held during 1956

Type of Work		Area	No. of Meetings	Teachers
P.T. & Remedials	Inf. & Jnr.	Falmouth	6	Mixed
		Helston	6	Mixed
		Liskeard	1	Mixed
		Torpoint	1	Mixed
	Seniors	Liskeard	6	Men
Athletics	Seniors	Whole County	4 days (residential)	Mixed
National Dancing	All Age	Bodmin	4	Women
		St. Austell	4	Women
Cricket	Seniors	Penzance	8	Men
		Camborne	8	Men

### Film Demonstrations

Lawn Tennis Association	Launceston Truro Falmouth
T.H. Marsh College of P.E., Liverpool.	10 Schools
Cornwall Camping Film	40 Schools

### Talks and Demonstrations

Recreational P.E.	Liskeard V.P. Infant—Parent Teacher Association Perranporth Women's Institute
Women's Institute	Goonhavern Carnon Downs Leedstown
Parent Teacher Associations	Trenance C.P. Infant School (with demonstration of climbing apparatus) Millbrook V.P. School (with demonstration class) Liskeard County Grammar School (with demonstration of new fixed apparatus) Whitecross C.P. School (with showing of Camp film)

**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	...	...	...	...	...	5,111
Second Age Group	...	...	...	...	...	3,391
Third Age Group	...	...	...	...	...	3,574
					Total	12,076
Number of other periodic Inspections						
Vision at 8	...	...	...	...	...	4,185
Vision at 12	...	...	...	...	...	3,914
Vision at 13	...	...	...	...	...	3,530
					Grand Total	23,705

**B—OTHER INSPECTIONS**

Number of Special Inspections	...	...	...	...	1,929	
Number of Re-Inspections	...	...	...	...	6,835	
					Total	8,764

**C—PUPILS FOUND TO REQUIRE TREATMENT**

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	299	905	1,071
Second Age Group	371	628	855
Third Age Group	418	506	788
Total	1,088	2,039	2,714
Other Periodic Inspections	930	157	1,014
Grand Total	2,018	2,196	3,728



D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Group (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
Entrants	5,111	4,933	96.52	178	3.48
Second Age Group	3,391	3,282	96.79	109	3.21
Third Age Group	3,574	3,481	97.40	93	2.60
Total	12,076	11,696	96.85	380	3.15

TABLE II—INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in the schools by the School Nurses or other authorised persons	...	...	...	223,111
(ii) Total number of individual pupils found to be infested				440
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	440
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	5

[The incidence of infestation in the County is 0.9%]

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1956

A — Periodic Inspections

Code No.	Defect or Disease	ENTRANTS		LEAVERS		TOTAL including all other groups		
		Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	
4.	Skin	...	64	43	53	17	166	82
5.	Eyes—							
	a. Vision	...	299	345	418	64	2,018	802
	b. Squint	...	118	50	49	7	300	81
	c. Other	...	24	10	21	13	73	37
6.	Ears—							
	a. Hearing	...	29	50	16	12	65	103
	b. Otitis Media	...	32	79	12	11	55	120
	c. Other	...	5	14	1	2	14	19
7.	Nose or Throat	...	170	372	50	30	299	521
8.	Speech	...	40	113	10	5	65	135
9.	Lymphatic Glands		34	183	9	7	58	215
10.	Heart	...	10	64	16	49	35	167
11.	Lungs	...	64	143	15	14	103	202
12.	Developmental—							
	a. Hernia	...	8	10	2	0	12	14
	b. Other	...	6	20	2	3	9	28
13.	Orthopaedic—							
	a. Posture	...	19	57	34	46	128	177
	b. Flatfoot	...	102	65	72	48	290	191
	c. Other	...	78	62	39	14	188	122
14.	Nervous system—							
	a. Epilepsy	...	11	6	3	3	19	15
	b. Other	...	5	5	3	6	14	18
15.	Psychological—							
	a. Development	...	12	29	50	5	113	68
	b. Stability	...	27	30	21	5	69	51
16.	Abdomen	...	11	11	2	4	21	19
17.	Other	...	36	29	26	11	100	74

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31st DECEMBER, 1956

## B — Special Inspections

Defect Code No.	Defect or Disease	Requiring treatment	Requiring observation
4.	Skin ... ..	26	16
5.	Eyes—		
	a. Vision ... ..	196	123
	b. Squint ... ..	16	1
	c. Other ... ..	9	3
6.	Ears—		
	a. Hearing ... ..	33	29
	b. Otitis Media ... ..	13	11
	c. Other ... ..	5	4
7.	Nose or Throat ... ..	74	50
8.	Speech ... ..	28	19
9.	Lymphatic Glands ... ..	11	15
10.	Heart ... ..	16	17
11.	Lungs ... ..	14	25
12.	Developmental—		
	a. Hernia ... ..	0	3
	b. Other ... ..	0	6
13.	Orthopaedic—		
	a. Posture ... ..	6	5
	b. Flatfoot ... ..	26	15
	c. Other ... ..	28	17
14.	Nervous system—		
	a. Epilepsy ... ..	4	7
	b. Other ... ..	5	6
15.	Psychological—		
	a. Development ... ..	26	27
	b. Stability ... ..	13	10
16.	Abdomen ... ..	4	4
17.	Other ... ..	39	33

TABLE IV

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

Notes:—

In Groups 1, 2 and 3 treatment 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), or provided otherwise than by the Authority (i.e. known by the Authority to have been provided, including treatment carried out in school clinics by the Regional Hospital Board).

## GROUP I—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint ...	19	13
Errors of Refraction (including squint) ...	*124	2,807
Total ...	143	2,820
Number of pupils for whom spectacles were prescribed ...	Not known	2,047

\* These cases obtained treatment privately.

## GROUP 2—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	2
(b) for adenoids and chronic tonsilitis ... ..	0	390
(c) for other nose and throat conditions ... ..	0	3
Received other forms of treatment	10	9
Total ...	10	404
Total number of pupils in schools who are known to have been provided with hearing aids:		
(a) in 1956 ... ..	0	5
(b) in previous years ...	0	13

72

GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments ...	0	Incomplete Information

GROUP 4—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp ... ..	0
(ii) Body ... ..	1
Scabies ... ..	0
Impetigo ... ..	1
Other skin diseases ... ..	1
Total ...	3

GROUP 5—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ... 431

GROUP 6—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority ... 344

GROUP 7—OTHER TREATMENT GIVEN

- (a) Number of cases of miscellaneous minor ailments treated by the Authority ... 356
- (b) Pupils who received convalescent treatment under School Health Service arrangements ... 0
- (c) Pupils who received B.C.G. vaccination ... 2,530

**TABLE V**  
**DENTAL INSPECTION AND TREATMENT**

(1) Number of pupils inspected by the Authority's Dental Officers:—			
(a) At Periodic Inspections	...	...	34,323
(b) As Specials	...	...	1,719
Total (1)			36,042
(2) Number found to require treatment	...	...	25,112
(3) Number offered treatment	...	...	23,213
(4) Number actually treated	...	...	11,572
(5) Number of attendances made by pupils for treatment including those recorded at heading 11(h) below	...	...	25,694
(6) Half-days devoted to: Periodic (School) Inspection			
Treatment	...	...	343½
Total (6)			3,738½
(7) Fillings: Permanent Teeth			
Temporary Teeth	...	...	20,534
Total (7)			2,454
(8) Number of teeth filled: Permanent Teeth			
Temporary Teeth	...	...	17,257
Total (8)			2,295
(9) Extractions: Permanent Teeth			
Temporary Teeth	...	...	2,832
Total (9)			8,929
(10) Administration of general anæsthetics for extraction			1,634
(11) Orthodontics:—			
(a) Cases commenced during the year	...	...	199
(b) Cases carried forward from previous year	...	...	145
(c) Cases completed during the year	...	...	21
(d) Cases discontinued during the year	...	...	14
(e) Pupils treated with appliances	...	...	214
(f) Removable appliances fitted	...	...	236
(g) Fixed appliances fitted	...	...	11
(h) Total attendances	...	...	2,662
(12) Number of pupils supplied with artificial dentures			151
(13) Other operations: Permanent teeth			
Temporary teeth	...	...	9,023
Total (13)			5,170
			14,193

TABLE VI

## HANDICAPPED PUPILS

	(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 1956:										
Handicapped Pupils										
A. Newly placed in Special Schools or Boarding Homes ..	1	2	1	2	5	3	19	9	0	42
B. Newly ascertained as requiring education at Special Schools or boarding in Homes	0	3	0	4	3	2	28	9	1	50
On 31st January, 1957:										
C. Number of Handicapped pupils:										
(i) Attending Special Schools as:										
(a) Day Pupils ..	0	0	0	0	0	1	12	0	0	13
(b) Boarding Pupils	13	4	27	8	5	7	57	1	4	126
(ii) Attending independent Schools under arrangements made by the authority ..	0	0	1	0	3	2	2	0	1	9
(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	4	28	8	9	10	71	16	5	164
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(a) in hospitals ..	0	0	0	0	5	4	0	0	0	9
(b) in other groups	0	0	0	0	0	1	0	0	0	1
(c) at home ..	0	1	0	0	8	6	1	0	0	16
E. Number of Handicapped Pupils requiring places in special schools as:										
(a) day pupils ..	0	0	0	0	0	0	7	0	0	7
(b) boarding pupils ..	0	3	0	1	0	1	39	1	0	45
F. Number of Handicapped Pupils on the registers of Hospital Special Schools .. 16.										

