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CORNWALL COUNTY COUNCIL

EDUCATION COMMITTEE

*Classroom "exp" 21*

*Note 17/8/68*

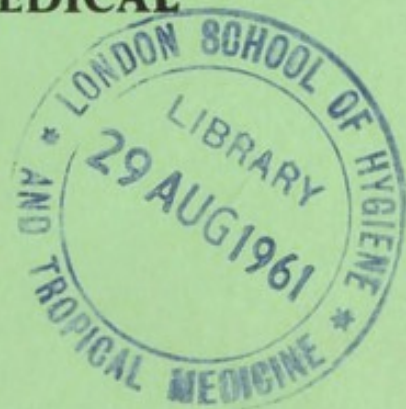
# Annual Report

OF THE


**PRINCIPAL SCHOOL MEDICAL**

**OFFICER**

1959



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



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CORNWALL COUNTY COUNCIL

EDUCATION COMMITTEE

# Annual Report

OF THE

**PRINCIPAL SCHOOL MEDICAL  
OFFICER**

1959

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



## 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. (Retired 31/5/59)

G. W. WARD, M.B., Ch.B., D.P.H. (Commenced 1/6/59)

### School Medical Officers:

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

MARGOT M. COOK, M.D., D.T.M. & H.

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

D. M. McCARTHY, L.R.C.P. & S.I., L.M. (Commenced 21/9/59)

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. (Appointed Senior School Medical Officer 1/6/59)

\*Also Assistant County Medical Officer.

### Principal School Dental Officer:

C. A. REYNOLDS, L.D.S.

### Dental Officers:

Whole time:—

R. A. CURRIE, L.D.S. (Commenced 1.6.59)

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

W. H. ELLAM, B.D.S. (Resigned 30.9.59)

R. H. HAMLYN, L.D.S.

N. J. HAWLEY, B.D.S. (Commenced 16.11.59).

W. G. HUNTLY, L.D.S. (Commenced 1.10.59)

J. E. KENNY, L.D.S. (Commenced 28.7.59)

D. A. PATTERSON, L.D.S. (Resigned 13.10.59)

E. R. TRYTHALL, L.D.S. (Resigned 31.12.59)

**Part time:—**

- K. BATTEN, L.D.S. (Resigned 17.9.59)  
Mrs. M. E. GOODYEAR, L.D.S.  
Mrs. S. M. SATCHWELL, B.A., L.D.S.  
C. SKINNER, L.M.S.S.A., L.D.S. (Resigned 22.4.59)  
Mrs. L. SMITH, B.D.S. (Resigned 3.6.59)  
G. TUNSTALL, L.D.S. (Resigned 7.11.59)  
I. E. WHITLING, L.D.S.

**Speech Therapists:**

- Miss G. O. FELL, L.C.S.T. (Resigned 30.9.59)  
Miss B. M. GROSSSMITH, L.C.S.T. (Resigned 30.6.59)

**Educational Psychologist:**

- J. E. COLLINS, B.A., Ph.D., Dip. Ed. Psych., A.B.Ps.S.  
(Resigned 2.5.59)  
P. F. PORTWOOD, B.Sc., Dip. Psych., A.B.Ps.S.  
(Commenced 1.7.59)

**Assistant Educational Psychologist:**

- J. J. GROVER, B.A., Dip. Ed.

**Social Worker:**

- MISS B. ROGERS, Social Science Diploma.

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**STATISTICS**

Population 1959 (approximate)	...	...	...	337,580
School Population	...	...	...	48,367
Number of Schools:—				
Nursery	...	...	1 with	40 pupils
Primary	...	...	298 with	27,929 pupils
Grammar	...	...	20 with	7,066 pupils
County Secondary	...	...	27 with	12,225 pupils
Further Educational Establishments	...	...	4 with	1,028 full-time pupils
Special	...	...	3 with	79 pupils

## MEDICAL INSPECTIONS

It is very rewarding to report that the health and general condition of the school population in Cornwall has continued at the same high level of previous years.

The Routine and Special Medical Inspections have continued unchanged—the present system having proved eminently satisfactory. The following table shows the age groups in which the 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
	12—13 years	Primary
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

It is becoming increasingly clear that the volume of work imposed upon the School Doctors is still growing. If adequate Medical Inspections, Immunisation Programmes, Welfare Clinics Sessions, College Medical Examinations, and discussions with Parents and Head Teachers regarding the mental, as well as the physical well-being of the school child, are to be maintained, some form of clerical assistance will have to be provided in the near future. It is difficult at present to decide in what form and by what means such assistance can be given without a large increase in clerical staff but the matter is receiving considerable thought and attention. Difficulties also arise in some areas where the School Medical Officer has neither office nor clinic available for consultations and the writing of the various reports required.



## CO-ORDINATION AND CO-OPERATION

Co-ordination and co-operation between the School Medical Officers, General Practitioners and Hospital Consultants continue to improve as the years go by, and far more direct contact is now being made, so that problems of the school child concerning in some way all three services can be dealt with from every angle and solved in the shortest possible time.

There have again been a few complaints especially from the larger schools that the number of visits by, and the school time given up for, the Medical Officers are too frequent and prolonged, but most Head Teachers are now fully aware of the many benefits which these visits bestow upon the children. Some of the benefits which immediately come to mind are, eradication of disease following regular immunisation programmes, discussion and solution of psychological and behaviour problems, prompt recognition of defects and general instruction in health education and personal hygiene. These services are very much appreciated by worried parents who realise the value of early referral for expert advice and treatment, and should be maintained at all costs. The least possible disruption of the School curriculum consistent with adequate maintenance of the above services will however always be the aim of the School Health Staff. Discussions between the individual School Doctors and the Head Teachers maintain an atmosphere of friendly co-operation which is most noticeable throughout the County and is a tribute to all concerned.

## CLEANLINESS

261 Primary Schools are now classified as "clean" and will therefore only be visited by the School Nurse once a term; the other 38 Primary Schools will continue to have monthly visits.

20 County Secondary Schools are now classified as "clean" and in these schools cleanliness inspections of new entrants only will be made in September each year; the remaining County Secondary Schools will be inspected every term.

In the County Grammar Schools only the new entrants are inspected in September each year.

The number of individual children found to be unclean during 1959 was 254 which is 0.52% of the school population.

It was only found necessary in 1 case to issue a Compulsory Cleansing Order.

Although the incidence of infestation has again been slightly reduced, there is a residual source of infestation, the cause of which is the presence of members of one or two problems families in the schools. These families will probably require rehabilitation and intense health education to eradicate the persistent lack of desire to learn the rudiments of personal hygiene.

### SPEECH THERAPY

Unfortunately we lost the services of both our Speech Therapists during the year and extreme difficulty is being encountered in replacing them.

#### Record of numbers of cases treated

Number of children receiving treatment when clinics ceased ... ..	169
Number of children discharged during the year ... ..	93
Of those discharged:—	
Speech normal or improved ... ..	67
Other reasons—lack of attendance, etc.	26
Number of attendances by cases during the year ... ..	2,730

#### Types of Speech Defects and Disorders being dealt with when clinics ceased.

Stammer ... ..	41
Defects of articulation—e.g. Dyslalia ...	100
Other cases ... ..	28
	<hr/>
	169
	<hr/>

It is worth noting that a large proportion of those children discharged from the clinics with other than normal speech are the children of parents who refuse to allow their children to continue treatment.

A number of adults are treated in the clinics by arrangement with the Hospital Management Committee. These cases invariably

need to have much more time devoted to them than school children and special facilities and equipment are really needed for them. They are not receiving the best treatment in these clinics which are run primarily for school children, but until adult clinics are provided by the Hospital Management Committee it is felt that this service should be continued.

### CHILD GUIDANCE CLINICS

The following is a list of the clinics at the end of 1959:—

Clinic	Address	Frequency
Hayle	Health Clinic	Weekly
St. Austell	Health Clinic	Every other week

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 in this matter.

Mr. P. F. Portwood the Educational Psychologist reports as follows:—

#### “ STAFF

This year has seen changes in the Child Guidance staff. In April Dr. Collins left to take up an appointment in Cheshire and I succeeded him in July. Dr. Pencheon, the newly appointed Consultant Psychiatrist, took up his duties in May but most unfortunately became seriously ill soon after. Our sympathy for him was not unmixed with a measure of selfish concern over the inevitable disruption of Child Guidance services and plans. The service did not come to a halt completely as we were fortunate to have the services of Dr. Prus as locum. To whatever extent it has been possible to minimise the loss to the County occasioned by Dr. Collins' resignation it is thanks to the Child Guidance Secretary, Social Worker and Assistant Educational Psychologist all of whose loyalty and competence has made it so relatively easy for me to take over.

#### CASE FIGURES

Children seen during 1959	...	727
Waiting to be seen	...	33
Referred	...	760
Comprising; new referrals	...	616
re-referrals	...	112
follow-ups	...	32
		—
Total	...	760
		—

## SOURCE OF REFERRAL

Head Teachers and Secretary for Education	491
S.M.O.'s	151
Juvenile Court and Probation Officers	35
Family Doctors and hospitals	53
Children's Officer	11
Miscellaneous	19
	<hr/>
Total	760
	<hr/>

Comparison with 1958 figures shows some interesting trends. The referrals from 'outside' agencies have increased considerably, the total of the four last categories above being 118 as against 69 last year. This could reasonably be taken to be an indication of the necessity for an adequate Child Guidance service since the various agencies would not be referring ever increasing numbers of children if the service were not thought to be of value. This point may be of interest to anyone seeking the justification for the provision of Child Guidance. The other point to be appreciated is that the responsibility of dealing with such children is onerous and the work involved considerable. It is clearly proper and appropriate that Child Guidance should be available for such cases but the increasing numbers are certainly making a heavy demand on the time of the limited staff at present available.

The number of children referred by S.M.O.'s has more than doubled but I suspect that many of the cases would hitherto have been referred by Headteachers. I take this to mean that there is increasing co-operation between Heads and School-doctors in discussing and referring children which is a most fruitful development.

Of the 491 children referred by Head Teachers or the Secretary for Education 336 must be differentiated as having been seen during the course of a survey of backward children in the Secondary schools. In this survey every child was seen individually for intelligence and attainments testing. This very sizeable assignment was carried out virtually single-handed by the Assistant Educational Psychologist.

## REASON FOR REFERRAL

Personality and Behaviour Problems ...	149
Educational Problems ...	611
	<hr/>
Total ...	760
	<hr/>

The reasons for referral have been classified here on the simplest and broadest lines. The Educational problems include every kind of difficulty that a child is having in making normal progress in school. They will probably be dealt with in school. The personality and behaviour referrals arise when a child is perceived to be disturbed emotionally or when his behaviour is undesirably abnormal or difficult to understand. Many of these children will need to be seen in the clinic. The classification must not be regarded as rigid though, for many educationally retarded children may be emotionally upset over it and children in the other group may well show school difficulty as one symptom.

## SEX

Female ...	262
Male ...	498

## AGE

Under 5 years ...	13
5 to 7 years ...	93
8 to 11 years ...	336
12 to 15 years ...	307
Over 15 years ...	11

## INTELLIGENCE

### I.Q.

Severely subnormal	50 and below	...	36
Borderline	Below 70	..	124
Dull	70 — 89	...	435
Normal	90 — 109	...	116
Superior	110 — 129	...	23
Very Superior	130 and over	...	3
Children not yet tested		...	23

It will be noted that the number of children classified for intelligence exceeds the number seen. This is because a few children have already been tested by another agency before referral.

### CASE INTERVIEWS

A statement of the number of children referred gives only a very limited indication of the work involved since children frequently need to be seen more than once. Accordingly, in an attempt to give fuller information, we have for the first time classified the interviews given. An interview for this purpose implies a full interview with a child or its parent. (Where, as frequently occurs, a child and its parent are seen by the same member of staff on the same occasion this is counted as one interview only). We have not included the very numerous discussions and consultations with professional colleagues, Heads, doctors, probation officer, etc., but it will be appreciated that these form a large and important part of the work.

Interviews accorded; one	to	579	children	579
	two	50	„	100
	three	36	„	108
	four	20	„	80
	five	18	„	95
	*six			
	or more to	24	„	228
		<hr/>		<hr/>
		727		1,190
		<hr/>		<hr/>

\* The number of interviews given under this category ranged from 6 to 19.

### LOCATION OF INTERVIEWS

School	...	...	596
Clinic	...	...	329
Home	...	...	266
Miscellaneous (Remand Home etc.)	...	...	55
			<hr/>
			* 1,246
			<hr/>

## INTERVIEWER

Social Worker	...	213
Psychiatrist	...	167
Psychologists	...	886
		—
		* 1,246
		—

\* This figure exceeds that of 1,190 shown above since a number of cases require to be followed up, mainly by the Social Worker, although they have not been referred in the current year. This applies similarly to a certain number of the boys at Endsleigh House.

## CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICE AIMS IN 1960

Last year Dr. Collins stated the Child Guidance aims for 1959. He could not foresee at that time illness would so seriously hinder their achievement. It now seems that we have good reason to hope that we shall be luckier in 1960. Provisionally, three half-day full-team clinics will be held weekly. These will be at Hayle, Camborne and St. Austell and thus improve slightly the difficult problem for patients of travel and transport. For various reasons it has not hitherto been possible to establish in Cornwall a clinical tradition of taking responsibility for long-term treatment and I believe this is an urgent need in this area. Last year this report indicated that a start was being made and I think this may now be re-affirmed.

In the educational field the aims envisaged by my predecessor have been reached. The new adjustment class at Falmouth has been set up and is making good progress. A big job in 1960 will be the organising of the two new classes it is proposed to start in September. Both Adjustment class teachers and the Heads of schools concerned have asked for more active participation by the psychologists in the solving of the many extraordinarily difficult problems presented by these valuable classes. It is obvious that they should be considered part of the school psychological service and yet time does not permit us to help as much as we should. Before the end of 1960 there will be six such classes and as things are at present it can but dilute the service further.

## CONCLUSION

This report shows two things; that the services of the Child Guidance department are being increasingly sought and that the clini-

cal and educational demands of the oncoming year are going to be even greater. This is quite in accordance with the current national impetus but if the service is to fulfil its duties I would respectfully submit that urgent consideration should be given to the staffing provision."

### MINOR AILMENTS

The following is a list of these clinics as at the end of 1959:—

Clinic	Address	Frequency
Falmouth	Health Clinic	Daily
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
Falmouth ... ..	4	15
Penzance ... ..	27	77
Truro ... ..	8	9
	39	101

Number of sessions held during the year ... 63

Types of new cases seen:

Ringworm—Scalp	...	...	...	0
Body	...	...	...	1
Scabies	...	...	...	0
Impetigo	...	...	...	0
Other skin diseases	...	...	...	0
Minor Eye Condition	...	...	...	1
Minor Ear Condition	...	...	...	0
Miscellaneous—Minor injuries, bruises, sores chilblains, etc.	...	...	...	31
				33
Number of children cleansed	...	...	...	6



## EYE DEFECTS

School children found to have a defect of vision are referred to school eye clinics which are the responsibility of the Hospital Management Committee. Thanks are due to the Eye Specialists concerned for their work in connection with these clinics.

The overall number of defects of visual acuity in school children discovered during routine examinations continues at a high level and there is ample evidence that a large number of these defects would remain undetected were it not for the constant vigilance of the School Medical Officers.

### Vision Tests

These have continued at 5, 8, 11, 12, 13 and 14 years as before and although a rather time consuming procedure from the point of view of available medical manpower, the results fully justify the meticulous care with which the staff have carried out these duties.

The use of the illuminated Test Type in an increasing number of standardised Medical Inspection Rooms has led to an even higher level of accuracy in the results obtained.

The number of entrants requiring treatment for defective vision was 293.

121 children were found at the examinations at 12 and 13 years to require first time appointments with the Eye Specialists.

### Treatment of Strabismus (Squint)

The incidence of squint in children entering Infant Schools in Cornwall appears to be stationery. It is being constantly emphasised to all concerned that the earliest possible referral for specialist advice is urgently required. Increasing numbers are now being referred in the pre-school age groups—wherever possible from the age of six months upwards.

### Amblyopia

It is hoped that this relatively common condition of whole or partial blindness in one eye, often resulting from undiagnosed and untreated cases of squint in the early years, is becoming less frequent. The impressions of the medical staff are that this is indeed so and undoubtedly follows the increased awareness of the importance of early reporting by parents, Nurses, Health Visitors, Teachers, School Medical Officers and General Practitioners.

## EAR, NOSE AND THROAT DEFECTS

School children are referred to clinics which are run by the Hospital Management Committee. Thanks are due to the Specialists who furnish frequent and prompt reports which enable the School Doctors to keep a proper follow-up record.

Although defective hearing is not as common as defective vision it can be an even greater handicap.

The attention of all members of the public, in particular the medical and lay personnel connected with and interested in this condition, is being drawn to the numbers of young children who for various reasons suffer from partial deafness however slight.

Basically the problem confronting those involved in the welfare of deaf children is the application of new and searching methods of ascertainment, treatment and education, so that the children can ultimately be fitted as far as ever possible to accept all the advantages of normal life.

If infants cannot hear normal speech they cannot learn to understand it, and other educational developments are delayed. This is especially so when they are unable to hear sounds of high frequencies such as the common consonants 't', 'p', etc. The occurrence of severe partial deafness after a child has learned to speak causes frustration and disappointment. It may lead to maladjustment and an inability to receive a normal type of education. Defective speech frequently accompanies defective hearing and may be the first sign to suggest the presence of hearing loss.

The first essential is early diagnosis, that is, as soon as possible in the case of children born deaf, or at the earliest possible moment after illness or injury which may impair the hearing mechanism. Certain children when they are born belong to one of the groups known to be "at risk" and particularly susceptible to deafness. They are:— (a) Premature infants, (b) Children whose mothers have suffered from certain virus diseases and infections during the early months of pregnancy, (c) Infants who have suffered from birth injury and have other congenital defects, (d) Those with a family history of deafness, and, (e) Infants who were known to suffer from jaundice during the first weeks of life. In such instances there is a possibility of deafness and every effort should be made by Nurses and Health Visitors to locate and report these cases so that expert opinion can be obtained.

The technique of assessment particularly in very young children and those from 2 years upwards is highly specialised, requiring a high degree of skill, experience and patience. It is hoped that the coming year (1960) will see the development of an Assessment Team consisting of an Ear, Nose and Throat Surgeon, a Teacher of the Deaf and an Educational Psychologist. Specialised Assessment Clinics will be provided in certain areas to which young children suspected of being deaf may be referred for expert appraisal. Advice regarding future training in the use of their residual hearing will help to ensure that whenever possible they can be brought within the normal educational system. The fully qualified and experienced Teacher of the Deaf who will be a prominent member of this team will train the children and give the parents guidance in handling them so that the best possible use of whatever hearing is present can be made. In addition to attending and participating in the Deaf Assessment Centre with the Ear, Nose and Throat Surgeon, the Teacher of the Deaf will be available for visiting those schools which contain partially deaf children, to advise the teaching staff on special methods of education. The Teacher will also check the children's progress and test the various forms of auditory training apparatus which may be required and which are constantly in use. At a later date centres may be established at which auditory training, language help and speech correction would be given to those children who had fallen behind in school subjects.

It is hoped by these methods that deafness will be recognised and treated earlier and that more and more children will be able to overcome their handicap and receive their education within the normal school system. Special Schools may still be required for the severely deaf but the numbers resident therein should be markedly reduced when the proposed schemes outlined above are in full operation.

### HANDICAPPED PUPILS

Increasing attention over the past year has been given to the handicapped child where the field of opportunity is now being opened to the fullest extent compatible with age, aptitude and ability.

Frequent visits by School Medical Officers ensure that every possible assistance is given to enable them to overcome their difficulties. The cases are fully discussed with parents, teachers, educational psychologist and the General Practitioner and the degree of disability and the facilities available assessed so that the maximum progress can be ensured under the best possible conditions.

**Number of Children in Special Schools or Hostels during all or some  
part of 1959**

**BLIND**

Royal School of Industry for the Blind, Bristol	10
Worcester College for the Blind ...	1
Court Grange Sunshine Home, Abbotskerswell	2
Royal Normal College for the Blind, Shrewsbury ...	2
Hethersett Training Centre, Reigate ...	2
Royal School for the Blind, Leatherhead ...	2

**PARTIALLY SIGHTED**

West of England School for the Partially Sighted, Exeter ...	3
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**BLIND/E.S.N.**

Condover Hall School, Shropshire ...	3
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**DEAF**

Rayners Deaf School, Penn, Bucks. ...	1
Hamilton Lodge School, Brighton ...	1
Royal West of England Residential School for the Deaf Exeter ...	23
Nursery School for Deaf Children, Woodford Green ...	1

**PARTIALLY DEAF**

Hartley House Day Deaf School, Plymouth ...	1
Ovingdean Hall School, Brighton ...	1
Royal West of England Residential School for the Deaf, Exeter ...	8

**DELICATE**

Laleham School, Margate ...	1
Oak Bank Open Air School, Seal, Sevenoaks	4
Heathercombe Brake School, Devon ...	5
Shaftesbury House Hostel, Rustington, Sussex	1
Hillaway Houses, Teignmouth, Devon ...	1

## PHYSICALLY HANDICAPPED

Craig-y-Parc School, nr. Cardiff	...	1
St. Mary's School, Wrestwood, Bexhill on Sea		1
Chailey Heritage Craft School, Sussex	...	2
Dame Hannah Rogers School, Ivybridge, Devon	...	6
The Palace School, Ely	...	1
Heathercombe Brake School, Devon	...	1
National Spastics Society School, Trengweath, Plymouth	...	2
Exhall Grange School, Coventry	...	3
St. Loyes College, Exeter	...	10
Hawksworth Hall, Yorks.	...	1
Queen Elizabeth's Training College, Leatherhead	...	1

## E.S.N.

Pencalenick School, Truro	Resident	58
	Day	18
Clyffe House, Tinkleton, Dorchester	...	1
Swaylands School, Penshurst, Kent	...	1
St. Christopher's School, Bristol	...	1
Ryton Hall School, Shifnal, Shropshire	...	1
Kingsdon Manor School, Somerset	...	4
Croydon Hall School, Minehead	...	1

## MALADJUSTED

Hurn Court School, Christchurch	...	1
Finchden Manor School, Tenterden, Kent		1
Frensham Heights School	...	1
Halcon House Hostel	...	1

## E.S.N./MALADJUSTED

Withycombe House School, Exmouth	...	2
Widdicombe House School, Kingsbridge	...	1

## EPILEPTIC

Lingfield Hospital School, Surrey	...	6
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## Home Tuition—Section 56 Education Act 1944

On 22nd January 1960, 23 children were receiving education under the provisions of Section 56 of the Education Act 1944.

## HOSPITAL SPECIAL SCHOOLS

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

At Tehidy Sanatorium	... 31
At the Royal Cornwall Infirmary	... 45

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

Frenchay Park Hospital, Bristol	... 18
Goldie Leigh Hospital, London	... 1
Mount Gold Hospital, Plymouth	... 13
S. Devon and E. Cornwall Hospital, Plymouth	9
Gt. Ormond Street, London	... 2
Moorhaven Hospital, Devon	... 3
Marlborough Children's Hospital, Wiltshire	... 2
St. Vincent's Orthopaedic Hospital, Middlesex	1
Warwickshire Orthopaedic Hospital	... 1
Winford Orthopaedic Hospital, Bristol	... 1
Father Hudson's Home, Warwickshire	... 1

## SECTION 57, EDUCATION ACT, 1944

The following figures show the action taken during 1959:—

Number of children reported under Sub-section 3	... 23
Number of children reported under Sub-section 4	... 0
Number of children reported under Sub-section 5	... 23

## CANTEENS

The following statistics relate to a day in the Autumn Term 1959:—

Number of School Departments in the County	... 349
Number of School Departments in which meals are available	... 335
Percentage of Departments receiving meals	... 96%
Number of Departments in which meals are not available	... 14
Number of School Canteens (i.e. places at which children dine)	... 311

Number of children present on day of return ...	44,824
Number being fed on that day ...	25,300
Number of meals expressed as a percentage of those present ...	56%
Number of Free Meals ...	2,514

By arrangement with the Secretary for Education 173 visits have been made by the County Public Health Officers during the year to school canteens and central kitchens for the purpose of inspecting all food stocks.

Generally speaking, the quality of the food supplied to the canteens is very good, but arrangements were made for the replacement by the supplier or the disposal of the following:—

- 2 - 7-lb. tins of fruit
- 1 - 7-lb. tin of carrots
- 7-lbs. of Dried Fruit
- 12-lbs. of Beast Liver

During the inspections opportunity is taken to discuss with the cook the methods used in detection of unsound food and the steps to be taken in cases of doubtful foodstuffs.

### MILK IN SCHOOLS

The 349 schools in the County are supplied with milk by 55 suppliers, all schools being supplied with Pasteurised or Tuberculin Tested milk and with the exception of four schools, all milk is supplied in one-third pint bottles, the straws being supplied by the distributors.

Regular sampling of the milk has been carried out by the County Public Health Officers for bacteriological examination and during the year 343 samples were taken with the following results:—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised ...	317	9	326
Samples rendered void* ...	—	—	14
Tuberculin Tested ...	3	nil	3
All Grades ...	320	9	343

\*Rendered void by reason of the atmospheric temperature exceeding 65° Fah.

During the year 333 samples of school milk were taken by the County Public Health Officers and passed to the Chief Inspector of Food and Drugs for analysis. All these samples proved to be genuine.

### WATER SUPPLIES IN SCHOOLS

The regular sampling of water supplies to schools has continued throughout the year by the County Public Health Officers and both mains supplies and local wells and shutes have been given attention.

Samples were taken from 351 schools with the following results—

Source of Supply	Satis- factory	Unsatis- factory	Total
Mains Supplies ...	307	15	322
Wells, Shutes, etc. ...	38	5	43
	—	—	—
Total Samples	345	20	365
	—	—	—

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:—

	Number
Connected to mains ...	18
Proposed to be connected to mains ...	4
Mains extended to washbasins, etc. ...	8
Alternative sources of supply being sought	3
Wells repaired structurally ...	—
Pumps replaced ...	1
Pumps repaired ...	6
Collecting chambers cleaned ...	16
Defective drains made good ...	9



Number of children present on day of return ...	44,824
Number being fed on that day ...	25,300
Number of meals expressed as a percentage of those present ...	56%
Number of Free Meals ...	2,514

By arrangement with the Secretary for Education 173 visits have been made by the County Public Health Officers during the year to school canteens and central kitchens for the purpose of inspecting all food stocks.

Generally speaking, the quality of the food supplied to the canteens is very good, but arrangements were made for the replacement by the supplier or the disposal of the following:—

- 2 - 7-lb. tins of fruit
- 1 - 7-lb. tin of carrots
- 7-lbs. of Dried Fruit
- 12-lbs. of Beast Liver

During the inspections opportunity is taken to discuss with the cook the methods used in detection of unsound food and the steps to be taken in cases of doubtful foodstuffs.

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## HYGIENE AND SANITATION IN SCHOOLS

The Secretary for Education has been kind enough to supply the following report:—

“ In the period 1st January to 31st December, 1959, the following were the main sanitation projects put in hand:—

### Conversion of Buckets and Privies to W.C.'s

Withiel C.P. School  
Helland C.P. School  
Dobwalls C.P. School  
Pensilva C.P. School  
Pendeen C.P. School  
Kehelland C.P. School  
Carnyorth C.P. School  
St. Martin-in-Meneage C.P. School  
Stithians C.P. School

### Additional

Redruth Grammar School  
Truro County Secondary School  
Helston Grammar School  
Bude County Secondary School  
Falmouth Technical College

The Programme has been continued on the lines set out in my last report and it is encouraging to see that the Committee's policy of a regular and substantial allocation of funds for sanitation improvement has greatly reduced the number of schools where conditions are still primitive. Priority has been given to the elimination of buckets and privies, but in the Programme for 1960/61 it is hoped a start may be made on the conversion of some of the trough systems to W.C.'s. The needs of Secondary and Grammar Schools with their increasing numbers have also been borne in mind and the Committee has approved the provision of showers in certain cases.”

## CLASSROOM HEATING AND VENTILATION

Following the experiment reported last year to investigate the actual conditions in classrooms with thermostatically controlled heating with and without induced ventilation, it was decided to carry out a controlled subjective test of atmosphere in the same two identical classrooms. Each room was heated by the warm air method. An additional air intake fan was fitted so that either or both of the class-

## THE NURSING SERVICE

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

“ On the 31st December 1959, there were 31 full time Health Visitors, and 74 District Nurse-Midwives (48 with Health Visitors Certificates) who were actively engaged in the School Health Service.

During the year the Health Visitors and Nurses attended 1,242 Medical Inspection sessions; 1,514 Hygiene Inspection sessions; with 208 Hygiene re-inspections; 1,385 Medical follow-up visits to homes, and 1,192 Hygiene follow-up visits to homes and schools.

Each year brings more interest in health teaching as a formal subject to be taught in school, and the School Nurses are returning from their Post-Graduate Courses with renewed interest and enthusiasm for this branch of their work. The combination is producing some useful work, and becoming an important part of the School Nursing Service.”

### 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 ...	171
Examination of Boarded-Out Children and Child Life Protection Cases ...	182
Sessions at Infant Welfare Centres ...	690
Examination of staff for Superannuation purposes ...	36
Examination of Blind or Partially Sighted Persons ...	14
Examination of entrants to Teaching Colleges and to the teaching profession ...	246
Various other examinations ...	60

## 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

“ During the past year several improvements have been carried out in school buildings.

Carnyorth C.P. School now has flush lavatories, fixed basins and hot water.

Hot water for washing is now available also at Newlyn C.P. and St. John's V.P. Infants School.

Trythall C.P. School has electric light.

Kelynack C.P. School is short of water and drinking water has to be brought in containers from St. Just.

Big structural alterations are being carried out at Penzance Girls' Grammar School and there is now a sick room which opens out of the Secretary's Office so that the Secretary can keep an eye on the occupants. This room is also to be used as a medical room.

Lescudjack County Secondary School now has paper towels. St. Ives C.P. and Infants were equipped last year with containers for paper towels after an outbreak of Sonne dysentery, but after the epidemic ended, the towels were discontinued.

In addition to the small outbreak of dysentery, we have had both measles and German measles during the year and also several cases of epidemic jaundice.

During the year, intelligence tests have been carried out on four children with a view to supervision after leaving school, and on a further seven for backwardness. Of these, two were recommended for transfer to Pencalenick, one to the adjustment class and four to continue for the time in the ordinary school classes. No children this year were found to be ineducable.

Two children with heart lesions were recommended for home tuition and one child with both legs in plaster had home tuition temporarily until, the plaster being removed, she was able to attend school.

A high proportion of one's time is spent in carrying out the various immunisation procedures but since last January I have ceased

performing the Mantoux Test for tuberculosis and the health visitors are doing the Heaf Test instead.

The great majority of children have now been vaccinated against poliomyelitis but there was little response from the adolescents and young adults until the death of Jeff Hall, when the demand suddenly became so great, that a series of evening sessions was held, at which the entrance hall of the Penzance Clinic was packed and there was a double queue of young people extending out to the road. On these occasions, two doctors, three nurses and three clerks were kept continuously busy. Soon we shall start another series of evening sessions to give the third (booster) dose of vaccine to these young people.

Immunisation against diphtheria keeps at a high level, but I feel that it would not be so readily accepted if it was not combined with the whooping cough prophylactic.

Finally, I must say how sorry we were in this area to part with our speech therapist, Miss Grossmith and it is to be hoped that a successor will be found."

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

"The great event of the 1959-60 period in the Camborne-Redruth Area was the opening of Tolgus County Secondary School which enabled the transfer of all children of senior age to purely secondary schools.

Fortunately the change from All-age to Junior and Infants schools has also helped to relieve the problems of the Primary schools concerned. St. Stithians is now on main water supply; Treleigh and Trewirgie Infants and Juniors have at last obtained the much needed hot water. Cloakroom accommodation has been improved, and staff-rooms have been provided, which will also serve as Medical Inspection Rooms. All schools in this area have now a water carriage system. It is a pity that indoor sanitation could not be incorporated in the present alteration programme.

With improved medical knowledge and treatment more and more handicapped or very delicate children enter our Infants Schools and are made welcome by teachers and children.

The success of the Area's Remedial Class shows the need for more such classes. There is at present no provision for girls in need of special educational methods in this district, and several of the children attending the Remedial Class had to be sent to senior schools

before their readjustment had been established deeply enough. Provision for less formal education for the many educationally subnormal and disturbed children at the senior schools has been demanded by most headmasters but needs additional, specially trained teachers.

More parents are seeking advice on behaviour problems and those approached on account of learning difficulties and failure to adjust to school are generally eager to co-operate. Such interviews are time consuming and few schools had, until recent improvements, a room available, but the headmasters have always done their utmost to help.

If the problem child is however, under school age, facilities for a thorough examination are entirely inadequate in this area because we lack a Centre with a well equipped consultation room, where the partially deaf, the naughty or backward infant can be observed under favourable conditions.

The new method, by which Health Visitors notify any major handicap of infants over two years enables us to assess their defects early enough to consider the best ways and means of accepting these children into the school system, when they reach school age. A severely deaf child may have to enter the Nursery of the Deaf School between the age of three and four if home conditions are not favourable. This happened in two cases during the last year. An intelligent child with behaviour or speech problems, due to the isolation of the home and lack of company, may be recommended for early admission to the infant school. A frail spastic or cardiac child may be recommended to delay schooling for one or more terms. Where Speech and Behaviour problems were difficult to assess, owing to adverse home conditions, admission to Fairfield Nursery has helped in several cases to achieve a clearer judgement on educability.

This report deals mainly with a few aspects of the problems of handicapped children, although numerically they are only a small fraction of children, seen during the year. Because the health and nutrition of the majority has improved so much during the last decade, we as School Medical Officers tend to devote much of our energy and time to the minority, the crippled, the partially deaf, the partially blind, the dull and the ineducable, whose parents' difficult lot may be eased if we can bring to each individual problem the imaginative approach it warrants and deserves."

## Dr. C. L. Knight—Helston-Hayle-Penryn Area

“ I have the honour to present to you these few observations on the School Medical Services in the Helston, Hayle and Penryn Areas.

The general health and nutritional level of all school children examined has maintained the high standard of excellence usually associated with Cornwall.

The services available to all under the National Health Service Act are, on the whole, fully used by the parents for the benefit of their children, both before and during their school life, with the result that we have a definite diminution in the numbers who have to be referred for treatment for the first time, especially in the old fields of Tonsils, Throats, Ears, Glands and Feet.

Nevertheless, our position has become all the more critical because, the obvious complaints producing symptoms and disabilities having been treated, it devolves on us to ascertain with increasing accuracy, the defects of the special senses which might, and do, interfere so much with a child's educational progress. Again and again a child has been referred to me for mental torpidity or even for suspected deliberate slackness and non-attention, when, on examination, it was found that the culprit was suffering from an error of refraction of which he was totally unaware, and that his failure to read correctly from the blackboard, or from his book, was not due to stupidity at all.

The same applies to defects of hearing, especially when it is due to inability to hear the finer modulations of normal speech.

Physically Handicapped Pupils such as those suffering from partial paralysis, cerebral palsies, etc., who have done normally well while attending the smaller Infant and C.P. schools, are apt to degenerate rapidly when first admitted to the new and large Secondary Schools. They cannot face up to the hurly-burly, the changes to different classrooms for different subjects, the emphasis on physical culture, etc. As a result, they tend to become, in a way, maladjusted and poor in attendance and cowed. It becomes necessary to pick these out and to recommend Special School. In all cases where these recommendations have been accepted by the parents, the results of attendance at Special Schools have been most successful and gratifying.



## School Buildings

Earth Closets have at last been eliminated from all schools in my area.

Piped water supplies have reached most of the schools and where this is not yet available, bucket latrines are then used.

Electricity has reached all schools with the exception of Gwinear.

Gwealhellis Secondary School at Helston is built and due to open in January, 1960.

At Redruth Grammar, extra lavatory accommodation is completed."

## Dr. D. M. McCarthy—Newquay Area

"As my period of working for the Cornwall County Council has spread only over a period of four months my report is more of a generalized survey of the health of children and infants rather than a detailed one.

The general health of the large majority of children attending school is very satisfactory. The number of children classified as being unsatisfactory is practically nil.

Defects found at inspections fall mainly into four categories:—

1. Visual
2. Flat Feet
3. Speech
4. Posture

of these the visual defects, including squint, are by far the commonest.

Speech defects are naturally found most in the five and six year olds and as proper speech plays such an important part in their school work the present lack of Speech Therapists is keenly felt. However this seems to be a national problem as well as a local one.

Weighing and measuring is still being carried out for all Routine Inspections and I feel that this is a part of the programme that could possibly be dispensed with. It takes up a good deal of the time of nurses and office staff transporting the scales to various schools. The information obtained from weighing and measuring is only of comparative value as two healthy children of the same age may differ from as much as four to eight inches in height and from a half to one stone in weight.

I would very much like to express my sincere thanks to Health Visitors, Nurses and all other staff whose help and co-operation has been invaluable.

Also I would like to thank Head Teachers and their staffs for their help which has been given so generously on all occasions."

#### **Dr. J. D. McMillan—Liskeard Area**

" There has been little change in the work during the past year. The large number of children entering Secondary Schools has continued and in consequence more time has been spent at these schools. Under crowded conditions the teaching staff have been most co-operative. The building of a new County Secondary School at Liskeard should improve conditions next year.

Examination of children at school has shown a good general level, of 1,784 children examined at routine inspections only 3.6% were found to be in ' Unsatisfactory ' category. The overweight child continues as a very definite problem, with a lack of parental appreciation of their particular problems and worries and unwillingness to accept treatment.

Cleanliness is satisfactory and clothing good though many of the senior girls wear unsuitable shoes.

The occurrence of ' dirty heads ' is rare.

There has been no interruption of work by epidemics though there have been many outbreaks of varied infection, but in spite of a particularly hot sunny summer, skin sepsis and upper respiratory infections have been prevalent in the autumn term.

More cases of acute otitis media have occurred.

Assistance was given to Dr. Fox, Area Medical Officer of Health, to complete Poliomyelitis Immunisation of schoolchildren.

Sessions for Diphtheria Immunisation were arranged at all primary schools and the response appeared to be better this year, especially for booster doses for older children. .

Candidates for Teacher's Training College, part-time employment and blind registration have been examined as usual.

Monthly attendance at Dr. Jolly's paediatric out-patient's clinic in Plymouth has continued to be most instructive and has allowed of much useful discussion. The arrangement of his two Study Days was also appreciated and these are always a source of inspiration.

## Defects

There has been an increase in the number of children requiring places in special schools outside the County.

Visual defects account for the bulk of referrals for specialist opinion, and this included a number discovered during routine tests in senior schools. There has been considerable delay in obtaining appointments in some cases, chiefly due to temporary reduction of specialist staff at Plymouth Eye Infirmary.

Most other defects have been dealt with by referral to family doctors.

Several children have been referred to the Deaf Diagnostic Clinic in Plymouth and this is now becoming familiar to general practitioners who are referring their cases for assessment.

Minor orthopaedic defects continue at a high rate especially among entrants to secondary schools. Increased facilities for Physical Education would be beneficial. Extra apparatus has been supplied in Grammar Schools but they are handicapped at these schools by increasing numbers in cramped quarters. The increased stress on activity in infant schools has done much to reduce the numbers of defects at this stage.

The resignation of Miss Fell as Speech Therapist is greatly regretted as she gave valuable help and advice. All cases referred to her made good progress except where the child was mentally handicapped.

## Backward Children

Provision for these children is still a difficulty even in Secondary Schools but the problem remains more urgent in the Junior schools. Children have been tested and assessed when requested by teachers. Children excluded from school have continued to attend once a week at Liskeard Training Centre and in all cases both child and parents have benefitted though of necessity progress is limited. The anticipated expansion of this scheme should help as little can be achieved with infrequent attendances.

## School Buildings

New decoration continues to accent brightness and lightness with benefit to all.

A gradual improvement in sanitation is being made with for example the provision of an entirely new block inside the main school

building at Pensilva. In general maintenance continues at a satisfactory level. Extra accommodation is still required at Liskeard and Callington Grammar Schools though the latter will be improved by the completion of a new wing under construction at present. Additions are also in hand at Delaware and Torpoint County Secondary Schools.

It is hoped that showers will eventually be available in all senior schools.

Hot water is still not available in some schools; children cannot be expected to wash properly if only cold water is available.

There is a lack of provision of adequate rest rooms in the senior schools. As more and more of these children are now undertaking long bus journeys daily this is an urgent problem especially under epidemic conditions such as influenza.

I would like to thank all the nursing staff for their assistance throughout the year."

#### **Dr. W. Paterson—Launceston-Bude Area**

"The lack of adequate facilities for medical inspection in most schools in this area inevitably leads to a considerable interruption of the school routine, as it is usually necessary to vacate a classroom for this purpose. In schools with large numbers of pupils, this interruption occurs on several days. In spite of this, head teachers and their staffs give the greatest help and co-operation, and, once again, I take this opportunity of recording my appreciation. The school nurses have, as always, been of the greatest assistance.

#### **Periodic Medical Inspections**

With regard to general condition, only three children were seen in whom this could be classed as unsatisfactory.

In the distribution of defects requiring treatment, defects of vision once more headed the list. Newly discovered visual defects as well as defective vision already under treatment, are included in the number. In this connection, the effort of testing vision in the first routine age group, although apt to be time-consuming, is well worth while, and the special vision tests at the ages of 12 and 13 are of value. Arrangements for specialist ophthalmic examinations in the area continue to be generally satisfactory.

The distribution of other defects continues much as before. Orthopaedic defects take second place in the list. The mild postural

defects, most common in the second age group, respond well to attention in the course of ordinary P.E. and the help of the P.E. teaching staff is appreciated. Mild degrees of hallux valgus appear to be more common in the leavers, and especially in girls. Appropriate advice with regard to shoes and stockings is given, but, while most children wear satisfactory footwear in school, it is likely that the lure of fashion in out-of-school life is the determining factor in shoes for leisure wear by the teen-age girl, and the sensible shoe, for many, is probably replaced by pointed toes and stiletto heels after school hours. Personal observation confirms this view, and warnings of bunions and disability in later life are unheeded in the eager quest to be in the mode.

The degree of co-operation with general practitioners in this area is regarded as good, and is a valuable feature of the work here.

### Epidemic Disease

There were no serious outbreaks of epidemic disease. Measles was the most common infectious disease recorded and was most prevalent, out of character, in the summer months. It was mild in type and the numbers affected were not large.

### School Buildings

The general high standard of cleanliness was maintained and it is evident that the majority of caretakers take a considerable pride in their work.

One school Egloskerry C.P.—was provided with main water during the year. Arrangements to connect Whitstone C.P. and Morwenstow V.P. to the main were in hand at the end of the year.

In effecting improvements in the sanitary provision in schools, attention has rightly been focussed on the replacement of conservancy methods in rural schools by modern water-carriage sanitation. It should not be forgotten, however, that some urban schools, which have had the benefit of this system for many years, have such obsolete fittings that their replacement is a matter of urgency. In Launceston, there are two such schools—Launceston V.P. and St. Stephens C.P. Both of these schools have the old trough type of latrine with intermittent flush. In these, between the flushing periods, excreta and paper may accumulate at the weir-end of the trough, making the use of the latrines nearest this end most unpleasant at such times. In addition to this, the troughs are incapable of being adequately cleansed owing to their inaccessibility. In Bude, Poughill V.P. school has the old hopper type of W.C., which is also obsolete and unsatisfactory.

No doubt a great advance in their time, these fittings have long out-lived their usefulness.

The standard of hygiene in the school canteens continues to be generally satisfactory."

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

"It is a pleasure to report that the findings at routine inspections in 1959 were better than in 1958, and in fact this appears to be a regular feature. Of 930 children examined only 5 were regarded as of unsatisfactory physical condition. Visual defects (113) exceeded the total of all other defects requiring treatment put together (87). There appear to be comparatively few children entering schools nowadays with defects of any significance. There are 15 children requiring Special Schools, and 14 are now placed.

The amount of dental caries is certainly more than one would like to see, and this raises the question of our attitude towards the School Tuck Shop. From our point of view we cannot help but disapprove of the sale of sweets and biscuits in school break which are likely to contribute a great deal to dental decay. The profits are certainly devoted to a good cause, and it might be argued that if the school did not supply 'tuck' someone else would. However I am sure that the principle of raising funds for School purposes at the expense of the children's teeth is not a good one, and other means of obtaining the necessary equipment should be found.

Regular visits were paid to the Wadebridge County Secondary and Bodmin Grammar School for routine inspections, and this method worked quite satisfactorily. The usual round of B.C.G. vaccination, Poliomyelitis vaccination and Diphtheria immunisation was carried out with good response and full co-operation from the teachers."

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

"There is always a general desire to review the progress of any activity over a decade. This report coincides not only with the end of a decade but also with my ten years service in the Cornwall School Health Service.

What are my general impressions at the end of this period? They are:—first, that the health and well-being of the children in my area of the County of Cornwall have been very well cared for by all the responsible bodies and services, and that the children and their

parents have had more than merely a 'square deal.' One has only to think of the greatly increased help given to the physically or mentally handicapped children, and, in particular, of the creation of the several Occupation Centres which cope with many children unable to receive education at a normal school. Second, that, in general, the public is using more wisely the various services and facilities available in the Welfare State and that the 'teething troubles' incidental to its growth and development are beginning to be overcome. There seems to be less of the 'they ought to see to it' spirit and more understanding that 'rights' involve 'duties' as well, and I feel that there is now more awareness amongst people of their obligations to society and the services they enjoy.

#### Routine School Medical Inspections

These continue to be greatly esteemed and supported by parents, and there is little doubt that often defects are first discovered at these examinations, and the children referred to their own doctors for any necessary treatment.

#### Early Maturation

I have in a previous report dealt with this matter and have no wish to introduce controversial subjects, but, in the past year, much more has appeared both in the medical and lay press, confirming the general opinion held that children do tend to mature much earlier nowadays, and that this creates a difficult problem, inasmuch that these children, with their immature minds, find it difficult to deal with and adjust themselves to the claims of their relatively more mature bodies.

#### Television

Many mutually contradictory reports have appeared in the past year on the effects on the eyes etc. of excessive television viewing. I am not at all sure what to advise. I am sure that too much television has an enervating effect, especially upon young people, but then so do many other things in this material age, including motor cars and labour-saving devices.

Finally, I want to thank everybody concerned, school staffs, school nurses, health visitors and others for the very kind co-operation and help given me in carrying out my duties, and once again express my appreciation of the organised hospital clinical 'rounds' which help one to keep 'au fait' with current medical practice.'

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

" The year has passed without any material changes in the school medical work in my area.

### Nutrition

The standard of nutrition continues to be very good, in fact, as I have mentioned in earlier reports, many children are too well nourished and tend to be less active in consequence.

Grammar and County Secondary School children who have greater facilities for Physical Education show, in general, a better physique in their later years as one would expect. I notice this particularly at the St. Austell Boys Grammar School where the facilities for Physical Education are particularly good.

### Infectious Diseases

We had a severe outbreak of mumps towards the end of the Autumn term which caused considerable absence in a number of schools, a number of cases of gastro-enteritis occurred mainly in the Par area but the aetiology of this is uncertain, I believe. Apart from this, there is nothing particular to report.

### Visual Defects

These are still common among children who view television too enthusiastically but I note that parents tend to be more sensible about the viewing time allowed for their children when the possible cause of the eye strain is pointed out to them.

### School Buildings

These continue to improve and there are few, if any, black spots remaining, though many school buildings are still below the desirable standard.

Overcrowding continues in some schools and this appears to be unavoidable where building space is limited such as the St. Austell County Grammar Schools.

The new County Secondary School at Penrice will ease overcrowding in many of the rural schools.

### School Transport

The cost of this is very considerable and appears to be unavoidable, but as so many children are conveyed to school under the County



Scheme, the parents of children not so entitled tend to ask for transport more and more. We can only grant it on medical grounds and a great many visits for investigation are included in our work making the true assessment of some of these cases most difficult. Generally the application is supported by a request or a recommendation from the private doctor and these must naturally be given the fullest consideration.

### Clothing

The willingness to wear school uniform on the part of the majority of children attending Grammar and County Secondary Schools creates a better appearance of the children, particularly the girls and it would seem to enhance the status of the school in the minds of the children and should tend to disciplined behaviour out of school particularly on public transport.

Children attending special schools are visited and reported on in the holidays and their progress is noted. In most cases the parents of these children are well satisfied with the results.

There are three children of one family attending the Exeter School for the Deaf, the youngest under three years old. The parents are most grateful for the special school facilities and are most co-operative during the school holiday.

Deaf children are provided with hearing aids at a very early age now and their special education starts much earlier than with normal children.

In conclusion I wish to thank all the people who work with me for their helpful support."

## DENTAL CLINICS

The following is a list of the clinics together with the frequency with which they were visited at the 31st December, 1959 by the Dental Officers:—

Clinic	Address	Frequency
Bodmin	The Priory	2 days a week
Bude	The Castle	1 day a fortnight
Callington	Pannier Market	1 day a week
Camelford	The Clease Hall	1 day a fortnight
Camborne	Community Centre	3½ days a week
Delabole	Liberal Rooms	1 day a fortnight
Falmouth	Health Clinic	3 days a week
Hayle	Health Clinic	1 day a week
Helston	Meneage House	1 day a week
Launceston	Health Clinic	2 days a week
Liskeard	Health Clinic	2 days a week
Newquay	15, Berry Road	2½ days a week
Penryn	Municipal Offices	1 day a week
Penzance	Health Clinic	3 days a week
Redruth	Health Clinic	Daily except Fridays
St. Austell	Health Clinic	Daily
St. Ives	Dove Street Clinic	1 day a week
Saltash	The Fire Station	2 days a week
Torpoint	Macey Street	2 days a week
Truro	St. George's Road	3 days a week
Wadebridge	Health Clinic	2 days a week

In addition there is one Mobile Dental Clinic which is used in outlying areas.

Mr. C. A. Reynolds, The Principal School Dental Officer reports as follows:—

“ During the year there were numerous changes in the dental officer staff. Two full time officers retired—Mr. D. A. Patterson (Falmouth) in October after a prolonged period of sickness, and Mr. W. H. Ellam (Liskeard) at the end of September after thirty years

in the service. At the end of the year Mr. Trythall, who had been covering a large area of East Cornwall resigned to take up an appointment on the other side of the Tamar.

Full time dental officers appointed were:— Mr. R. A. Currie (Truro and Mobile) in June; Mr. J. E. Kenny (Redruth) in July; Mr. W. G. Huntly (Liskeard) in October, and Mr. N. J. Hawley (St. Austell) in November. An appointment was made at the end of the year to Falmouth, to be taken up in January 1960.

Four part time dental officers left the service during the year. Amongst these I feel I should make special mention of Mr. K. Batten who, since his retirement as Chief Dental Officer in 1953 had with Mr. Tunstall kept the service going in St. Austell, until the appointment of a full time dental officer. I wish him a long and happy retirement.

The year 1960 will start with the professional staff numerically a little stronger but, in the eastern end of the County, far more extended than at the beginning of 1959.

One new dental attendant was appointed at Redruth when the full time officer commenced duty there. At present there is one dental attendant post vacant at Truro which had not been filled while the two part time officers were transferred to Falmouth to fill the gap there after Mr. Patterson's retirement.

In the laboratory, Mr. D. Roberts having completed his apprenticeship and successfully passed the City and Guilds Final Examination in his craft, left in June to make a career in the Royal Air Force. Mr. R. Ford has filled this vacancy, starting his apprenticeship in June.

### **Accommodation and Equipment**

At Wadebridge the dental clinic moved with the Health Area Office to its new headquarters at "Brooklyn", in the autumn. The new clinic is a vast improvement on the old, being more centrally placed and more spacious, and very much appreciated both by those who have to work there and those who attend for treatment.

The mobile unit came into regular use again during the year on the appointment of Mr. Currie. It has been used in the outlying parts of the Truro area and in the Lizard Peninsula. The acceptance rate in these areas where treatment is taken right to the schools proves that it is much appreciated by parents and children, in saving the

expense and time of long and tedious journeys to their nearest fixed clinic. It has all the advantages in equipment of a fixed clinic and gas-sessions are arranged at each of its stopping places.

I would record my appreciation to Mr. J. J. Pearce and his staff of the Servicing and Maintenance Section of the Health Department for their most efficient service in moving the unit from place to place, and in its maintenance. During the period that it was not used it was repainted and completely overhauled and is in excellent order.

Authority was given for the purchase of one of the new ultra high-speed air-turbine dental drills and this is now in use at Truro. The reaction of children has been very pleasing. Children who have experienced both the conventional drill and the air-turbine, when offered the choice between them invariably opt for the air-turbine; the slight inconvenience of the water jet and saliva tube is far outweighed by the painlessness and speed of cavity preparation. Authority is being sought for the purchase of four more air-turbines for the County. The timing of the purchase is excellent for it has coincided with the introduction of the very latest improved models, incidentally at lower cost.

### **Inspection and Treatment**

The inspection and treatment table (Part IV at the end of this report) shows rather fewer children inspected than in the previous year; 300 children who were inspected twice in the year are not shown in the total.

The treatment sessions include 283 spent on orthodontics.

Although there were 852 fewer children treated than in the previous year, the total amount of treatment carried out was higher. This means that each child, on average, had appreciably more work done than in the previous year.

A general analysis of the figures shows that treatment carried out in an average session was approximately 6 fillings (5 teeth filled), a fraction less than 3 extractions, and 4 other operations.

"Other Operations" include 3,681 teeth—mostly temporary teeth—treated with silver nitrate, 643 scalings, and 8 crowns and inlays. I am very pleased to see a marked increase in the number of X-rays—from 438 in 1958 to 528 in 1959—for their importance as an aid in diagnosis cannot be over emphasised.

I drew attention last year to the dreadful waste of time caused by appointments not being kept by children. The number this year has risen even higher to 5,613, which means that about one of every five appointments given has not been kept. I feel sure that this points to too little contact between head teachers and the dental staff, for I have found on enquiry into several cases that children were being allowed out from school but were not attending for treatment; in fact children were using dental appointments as an opportunity for a holiday from school. This behaviour is infectious in schools and I think that this could be largely overcome if only dental officers would report cases to the respective head teachers. There are other cases in which appointments are given to children, who when the time comes just do not bother to keep them; a second appointment is usually given, but when this is still not kept without reasonable excuse, no further appointments should be given. They must be made to realise that an appointment not kept means that another child has missed an opportunity of treatment.

### **Orthodontics**

There was a large number of cases carried over from the previous year and the policy generally has been to keep new cases down to a minimum until these are cleared, in order to keep treatment on this work down to a reasonable proportion.

It will be seen that my endeavour to limit recorded orthodontic cases to those children who have appliances has been fairly successful, and only nineteen other cases slipped into the figures. These were completed or discontinued during the year.

Over and above those shown there were other cases unrecorded where overcrowding or irregularities were treated by extractions only.

There were almost precisely as many cases carried forward to 1960 as there were brought forward to 1959. Amongst these are still a number of "chronics" which I hope will be eliminated soon—who will not wear their appliances regularly or who frequently fail to attend when called. This would indicate that not always has enough care been taken in selecting children for treatment. Not only is it essential that the patient should have a well kept mouth and with not a high caries incidence but it is vitally necessary to successful treatment that there should be complete co-operation both of parents and of the child. Without these conditions treatment should be limited to planned extractions only. More attention to selection will result in a still more encouraging increase in the number of completed cases.

The arrangement with Devon County whereby their consultant orthodontist visited our clinics to advise on treatment came to an end early in the year and since then I have taken on the task myself. This present arrangement has the advantage that with the laboratory at the dental headquarters I am on the spot should any case present intricacies to the laboratory staff in the construction of an appliance.

### Dental Laboratory

Although we lost a fully qualified technician when the apprentice completed his indentures in June, and also taking into account periods of sickness of both technicians, when it was necessary to ask dental officers to hold back somewhat, the total output of the laboratory under these circumstances will be seen to compare favourably with that of the previous year.

The main items of work carried out for the school service were:—

Full dentures	...	11
Partial dentures, plastic	...	118
Partial dentures, chrome cobalt	...	3
Orthodontic appliances	...	280
Crowns and Inlays	...	8
Repairs (dentures and appliances)	...	55
Orthodontic record models	...	582

During the year a new electronic spot welder was installed and has proved a great asset and by eliminating faulty welds has saved a great deal of time.

The classes for dental apprentices, of which both Mr. Harrington and Mr. Best are instructors, continued to flourish and a new course in advanced orthodontics was started.

In concluding this report on the school dental service, I would add to my comments of last year regarding the sale of biscuits, etc., in schools. I am glad to note that the British Dental Association is becoming more and more concerned about this menace and trust that they will succeed, where individual dental officers have failed, to persuade local education authorities to pay more attention to what is sold in schools. To argue that children will have their chocolate biscuits and sweets anyway and that the profit is useful to the school funds would be evading the issue and tantamount to encouraging

and condoning a bad habit—a habit damaging to the child's health and also very costly to repair, when indeed repair is possible.

I must express my thanks to all the dental staff and also to the head teachers whose continued co-operation helps so much in the running of the service."

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## 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:—

"The Organisers have always felt that with a daily lesson of physical education uninterrupted by the weather, the standard of work in the primary schools would rise steadily. Many teachers, convinced of the value of the daily lesson, were able to prove this in 1959 when the certainty of being able to take an outdoor lesson day after day enthused both teachers and children. This remarkable improvement in the work on climbing apparatus was captured by a film showing children whose agility, strength and joy when using the apparatus should stand them in good stead and give them confidence when they pass on to the secondary schools with fully equipped gymnasias.

Unfortunately, the provision of storage has not kept pace with the growth of physical education in the primary school and many schools are faced with a real problem in storing small apparatus, clothing, mats and a variety of light climbing apparatus. Often cloakrooms, small as they are, or classrooms have to be untidily cluttered up with apparatus which is expensive to buy and deserves better treatment. Again, primary school children now change for their lesson and use much of the apparatus used by the secondary school. It is clear that the concept of the amount of storage needed in these schools should be revised. As the primary schools are being remodelled after re-organization, things are improving but it is very slow progress.

## STAFFING

Owing to Mrs. Dunstan's resignation and the illness of the Senior Woman Organiser, there was effectively only one Organiser on the women's side for the first five months of the year. This meant

that much of the creative work, including teachers' courses, had to be abandoned in favour of routine duties and a very heavy timetable resulted. Miss Margaret Macfarlane joined the Organising Staff in September and in one term has proved herself to be a very useful member of the team.

The problem of staffing in the schools on the women's side became even more acute during the year because several trained teachers left the County without adequate or immediate replacement. The position is now that some schools are relying on any teacher willing to help out but the effect of this is that movement training is seriously interrupted and many of the outdoor activities and Saturday duties, formerly undertaken by the specialist teacher, are abandoned for the time being. The posture training and remedial aspect understood by the trained gymnast are no longer part of the girls' training in these schools.

In order to go some way to combat this, a course for movement training lasting four evenings was held in three centres in the County in the Autumn Term. Nearly all the girls' physical education teachers in the County attended although journeys were often long and tedious. They expressed great appreciation of the work in preparation done by the Assistant Organisers, which included demonstrations by children, films and discussions as well as practical classes. The Heads of the schools used were particularly helpful.

The position on the boys' side remains satisfactory and four more men teachers with full qualifications in physical education were appointed. Only at the smaller grammar school is the position difficult and a solution may lie in obtaining the services of fully qualified masters to act as peripatetic teachers.

## FACILITIES

**Playgrounds** — The list of schools where playgrounds are badly in need of resurfacing continues to grow, in spite of the money spent annually under this heading. Those resurfaced give great satisfaction and a sense of achievement to all concerned. Some playgrounds have suffered because of the extension to school buildings.

**Gymnasia** — Two gymnasia at new schools have been brought into full use this year and two more have just been completed. Four gymnasia at existing schools are in course of construction and when they are in full use the majority of children in the County will have the opportunity to work in good conditions at the secondary stage.



In the primary schools, a few more indoor spaces have become available because of re-organization and the resultant decrease in numbers at these schools.

**Playing Fields** — The position is rapidly improving with the building of new schools and the very reasonable provision made there. By virtue of the contours in Cornwall a good deal of levelling has been necessary, but in most cases the waiting periods at new schools have been short and in fact little disruption of organised games training has resulted.

**Equipment** — More indoor fixed apparatus was put in at eight existing schools where space allowed. Outdoors, 50 primary schools were able to instal for the first time or increase the amount of the agility apparatus in their playgrounds.

## ATHLETICS

Schools' athletics, in Cornwall continues to flourish and the cross country championships and one-day athletics training course have proved popular and are now established, with further expansion likely.

The athletics championships for boys and girls held at Par track were again a great success. There was the usual large field of entries and many new records were created. Cornwall was well represented at the regional and national championships held respectively at Bristol and Northwich, Cheshire.

The annual cross country championships for boys were held at Redruth Grammar School and more than 200 runners from 21 schools took part. Three teams represented Cornwall in the regional meeting held at Yeovil.

The A.A.A. National Coach for the South West attended the annual one-day coaching course and more than 160 boys and girls received specialised coaching in their chosen events. All the coaches were members of the teaching staffs of schools within the County.

## CAMPING

With re-organisation continuing, fewer primary schools attended, but a record number of 16 secondary schools were represented. Total numbers were slightly less than last year but the number was three times as many as in 1954 when the first camp was held.

The site this year was at Inow Farm, Port Navas, and this area proved popular from every point of view. More sailing, canoeing and mobile camping were undertaken than in previous years and more schools are building their own sailing craft and canoes. Even so, basic camp craft and expedition work improved and the one-day course held in January and attended by approximately 90 teachers no doubt influenced this.

The discovery of Iron Age pottery on the site gave the camp and the village some publicity on radio and television.

## SWIMMING

**Courses** — A conference was arranged by the Chief Constable of Cornwall to discuss the problem of safety on the beaches in the County and following this, courses were held to qualify teachers and others in the Holger Nielsen Method of Resuscitation. Instructors were chosen from officials of the Schools' Amateur Swimming Association and courses of five evening sessions each were conducted at Penzance, Redruth, St. Austell, Liskeard and Camelford. More than 100 men and women attended, 70 of whom were teachers. 50 teachers and 18 members of the police force were successful in the examination.

**Testing** — The tests were again supervised by the Physical Education Organisers. Children at 71 schools were tested at 23 different centres during July. 891 out of 1,166 passed the elementary test; 217 out of 690 the intermediate and 53 out of 156, the advanced. 288 out of 369 entries swam half a mile. It was encouraging to see increased successes in the intermediate, advanced and distance tests. Schools are very keen to take part in these tests and travel some distance in certain cases to do so, at their own expense.

**Galas** — Eastern and western galas were held at Mount Wise Baths, Plymouth and Penzance, respectively. Entries were good and the standards achieved at the County gala at Truro School show a steady improvement. Five children were chosen to swim in the western trials at Torquay in September and one girl went on to the National Championships held at Brighton.

A successful schools' gala was initiated at Falmouth and there is a very healthy urge by teachers and children to do as much as possible to improve swimming. The main drawback is the lack of suitable facilities and until more baths are built, progress can only be relatively slow and at a high cost in travelling time.

The Cornwall Amateur Swimming Association is well aware of the efforts being made and has presented the Schools' Association with trophies for competition.

## B O Y S

### ASSOCIATION FOOTBALL

Some re-organization of the knock-out competitions has been forced upon the Cornwall Schools' Football Association because of the continued reduction in the number of all-age schools. In general there were fewer entries, partly because the smaller schools cannot field a team and partly because the cost of transport is crippling. However, competition has been very keen and it has been gratifying to see the keen, yet friendly, struggles between secondary and grammar schools.

In the E.S.F.A. competition both the East and West Cornwall teams, were eliminated by Plymouth, but only after stern struggles. The combined team, representing the County, was too good for Somerset.

In its second year of existence the Grammar Schools' Association has progressed considerably and in the game against similar Devon schools, Cornwall won.

The County Youth team, with stronger support from the grammar schools, has now entered the third round of the national competition, having beaten Somerset and Dorset in preceding rounds. The County Youth competitions were entered by more teams than in previous years. With the formation of a league in the Wadebridge area for boys over fifteen, it is hoped that this is the forerunner of more opportunities for boys of this age. There is no doubt that meeting their need is the real challenge at this time. It was encouraging therefore, to see a Youth Club competition inaugurated and a County Boys' Club team chosen to play against a similar team from Devon, all of which is tending to give such boys opportunities they have not, so far, been getting.

### RUGBY FOOTBALL

Schools' rugby continues to expand, not only within the County but also by an increase in the number of fixtures against other Associations. A County Schools' XV provided one such fixture and in September Wandsworth School XV's visited four Cornish schools. The annual 'Schools under 15' game against Devon was played at Penzance and was won by Devon. It is proposed that the 'under 15

years' fixture list be expanded to play Somerset, Gloucester, Bristol and possibly Newport and Cardiff. The Public and Grammar Schools' XV were more successful. The game v. Devon was drawn and a win was registered against Cornwall Colts.

One boy played in the final England trial.

## CRICKET

Interest in Schools' cricket continues to grow and with it the standard of play improves. The annual fixture against Devon, played in Plymouth, resulted in an easy win for Cornwall. The Cornish boys were superior in every department. A new fixture was introduced against Somerset. This game was played at Chard and the home County proved a strong batting side and deserved to win. With the opening of new playing fields with cricket 'squares', boys are getting more opportunities and standards should rise again. This increased emphasis on cricket does not appear to have affected adversely athletic standards.

## BOXING

After a very unenthusiastic previous year, 1959 was marked by renewed vigour and interest in boxing. More schools adopted the sport and sufficient boxers were available to warrant a County championship meeting. This was held at the Cornwall Technical College and more than 60 boxers entered. A team to represent Cornwall was selected to go forward to the regional meeting in Plymouth, but only two boxers qualified for the final bouts.

## THE DUKE OF EDINBURGH'S AWARD SCHEME

After the pilot scheme of last year, which involved two schools and three youth clubs, this was the year of controlled expansion when 11 schools and 8 youth clubs took part. Approximately 500 boys have entered for the awards at one stage or another. For the first time, boys were taking the gold award, having qualified for this by success at the bronze and silver stages in previous years. 77 boys gained the bronze, 41 the silver, and 9 the gold award, these last being presented at Buckingham Palace by the Duke of Edinburgh.

The Physical Education and the Youth Organisers tested the Physical Fitness and Expedition sections at the gold stage only. With the numbers involved, testing at lower stages, by them, would not

have been practicable and the bronze and silver award Candidates were tested at the schools and clubs by qualified local judges.

There has been a real surge forward this year and now the scheme has been thrown open numbers and enthusiasm will once more increase.

This scheme makes considerable demands upon the individual boy in one way or another. Indeed, many boys make the grade only after the most strenuous efforts on their part. It is designed to appeal to boys of many different interests and for these two reasons alone, it is worthy of the greatest encouragement.

## GIRLS

The recent change in girls' physical education has been as epoch making as the change from callisthenics to gymnastics in the early part of the century. The emphasis is now on how a movement is made rather than the final result. Quality of movement, creative activity, self expression, movement experience—this is the present keynote of a girls' gymnastic lesson. However, it is necessary for the teacher to experience this type of movement for herself before she can pass it on to the children and, as only teachers trained within the last ten years are familiar with these methods, progress will be slow until more of the teachers have attended holiday courses.

An interesting evening was spent with the St. Austell Infant Teachers' Association, the bias being on infant work and apparatus. This could lead to further experiments in dance movement and the widening of the conception of what infants can and love to do.

Talks were given to four Women's Institutes and the demand for Keep Fit classes continued to grow. The experiment of training a leader within a group was only partially successful and took considerable time but no scheme of group training appears to be possible at the present time and many would-be 'Keep Fitters' have been disappointed by not being able to take part in this now nationwide organisation.

## FOLK DANCING

Three evening courses were held covering the County and these were well attended by the teachers. The children's Folk Dance Festival was held in two sections, the junior in the afternoon and the

senior in the evening, but the attendance at the latter was disappointing. As educational dance gradually becomes more widely taught in the schools, folk dancing should become a valuable social out of school activity for senior boys and girls.

## GAMES

The annual school hockey and netball tournaments, County trials and matches were ably organised by their secretaries. The secretary of the County Lawn Tennis Association arranged the competitions for the Watkins and Meares Cups for girls and boys, County hard and grass court championships and coaching for promising youngsters during the Easter holidays. A day course for netball coaching and umpiring was held in September and All England Women's Hockey Association films were shown in five centres, this arrangement being made by the Cornwall Women's Hockey Association. Three girls were chosen as reserves and two as further reserves, for the West of England.

### Results :

Netball	Junior Tournament	Truro C.S. Girls School
	Senior Tournament	Newquay Girls' Grammar School
Hockey	Junior Tournament	Liskeard Grammar School
	Senior Tournament	Liskeard Grammar School
Tennis	Watkins Cup	Truro High School
	Meares Cup	Truro School.

## PART I

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Year of Birth)  (1)	No. of Pupils Inspected  (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number  (3)	% of Col. 2  (6)	Number  (4)	% of Col. 2  (5)
1955 and later ...	51	49	96.0	2	4.0
1954 ...	1,380	1,362	98.7	18	1.3
1953 ...	2,690	2,640	98.2	50	1.8
1952 ...	324	316	97.5	8	2.5
1951 ...	112	111	99.1	1	0.9
1950 ...	43	42	97.7	1	2.3
1949 ...	80	78	97.5	2	2.5
1948 ...	2,842	2,787	98.1	55	1.9
1947 ...	2,020	1,986	98.4	34	1.6
1946 ...	400	392	98.0	8	2.0
1945 ...	1,261	1,248	99.0	13	1.0
1944 and earlier	3,093	3,037	98.2	56	1.8
<b>TOTAL ...</b>	<b>14,296</b>	<b>14,048</b>	<b>98.3</b>	<b>248</b>	<b>1.7</b>

TABLE B — PUPILS FOUND TO REQUIRE TREATMENT  
AT PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	For Defective Vision (Excluding Squint)	For any of the other conditions recorded in Part II A.	Total Individual Pupils
1955 and later	...	3	3
1954	64	244	258
1953	162	573	637
1952	29	68	83
1951	3	25	22
1950	5	14	15
1949	18	15	29
1948	363	465	714
1947	242	324	505
1946	49	69	106
1945	169	248	364
1944 and earlier	482	628	956
TOTAL	1,586	2,676	3,692

TABLE C — OTHER INSPECTIONS

Number of Special Inspections	...	...	13,623
Number of Re-Inspections	...	...	5,954
TOTAL	...	...	19,577

TABLE D — INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in the schools by the School Nurses or other authorised persons	...	...	...	150,056
(ii) Total number of individual pupils found to be infested				254
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	254
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	1

[The incidence of infestation in the County is 0.52%]



## PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING  
THE YEAR

TABLE A — PERIODIC INSPECTIONS

Code No.	Defect or Disease	ENTRANTS		LEAVERS		OTHERS		TOTAL	
		T.	O.	T.	O.	T.	O.	T.	O.
4.	Skin ...	88	49	138	40	114	35	340	124
5.	Eyes—								
	a. Vision ...	293	271	644	63	649	112	1,586	446
	b. Squint ...	120	22	95	18	87	18	302	58
	c. Other ...	21	19	37	24	38	28	96	71
6.	Ears—								
	a. Hearing ...	41	73	36	12	26	44	103	129
	b. Otitis Media ...	23	51	20	18	15	15	58	84
	c. Other ...	6	2	18	8	11	19	35	29
7.	Nose or Throat ...	169	163	58	32	81	99	308	294
8.	Speech ...	31	105	12	12	8	18	51	135
9.	Lymphatic Glands	37	131	4	12	16	44	57	187
10.	Heart ...	18	39	31	29	27	39	76	107
11.	Lungs ...	91	86	29	23	45	32	165	141
12.	Developmental—								
	a. Hernia ...	8	12	1	5	2	2	11	19
	b. Other ...	7	19	1	3	7	18	15	40
13.	Orthopaedic—								
	a. Posture ...	14	52	53	70	36	152	103	274
	b. Feet ...	119	82	96	49	85	87	300	218
	c. Other ...	54	110	78	46	71	83	203	239
14.	Nervous system—								
	a. Epilepsy ...	12	6	7	1	16	9	35	16
	b. Other ...	7	7	4	5	3	12	14	24
15.	Psychological—								
	a. Development	13	29	56	16	44	33	113	78
	b. Stability ...	16	31	19	11	22	27	57	69
16.	Abdomen ...	8	9	16	2	7	10	31	21
17.	Other ...	42	34	70	20	91	36	203	90

T.—means requiring treatment.

O.—means requiring observation.

TABLE B — SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Requiring treatment	Requiring observation
4.	Skin ... ..	70	22
5.	Eyes—		
	a. Vision ... ..	981	235
	b. Squint ... ..	77	10
	c. Other ... ..	16	10
6.	Ears—		
	a. Hearing ... ..	33	11
	b. Otitis Media ... ..	16	10
	c. Other ... ..	1	—
7.	Nose or Throat ... ..	37	39
8.	Speech ... ..	28	19
9.	Lymphatic Glands ... ..	5	16
10.	Heart ... ..	9	10
11.	Lungs ... ..	37	20
12.	Developmental—		
	a. Hernia ... ..	1	—
	b. Other ... ..	4	7
13.	Orthopaedic—		
	a. Posture ... ..	15	20
	b. Feet ... ..	20	19
	c. Other ... ..	24	26
14.	Nervous system—		
	a. Epilepsy ... ..	14	3
	b. Other ... ..	4	1
15.	Psychological—		
	a. Development ... ..	9	33
	b. Stability ... ..	18	14
16.	Abdomen ... ..	8	3
17.	Other ... ..	45	29

PART III  
TREATMENT OF PUPILS ATTENDING MAINTAINED AND  
ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	14
Errors of Refraction (including squint) ...	3,325
Total ...	3,339
Number of pupils for whom spectacles were prescribed ...	2,057

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE  
AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ...	0
(b) for adenoids and chronic tonsillitis ...	213
(c) for other nose and throat conditions ..	0
Received other forms of treatment, ...	0
Total ...	213
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1959 ...	6
(b) in previous years ...	34

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments ...	Figures not available
(b) Pupils treated at school for postural defects ...	...
TOTAL	...

TABLE D — DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—(i) Scalp ... ..	0
(ii) Body ... ..	1
Scabies ... ..	0
Impetigo ... ..	0
Other skin diseases ... ..	2
TOTAL	3

TABLE E — CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics ...	163
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TABLE F — SPEECH THERAPY

Pupils treated by Speech Therapists ...	262
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TABLE G — OTHER TREATMENT GIVEN

(a) Pupils with minor ailments ..	31
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	0
(c) Pupils who received B.C.G. vaccination ...	3,751

## PART IV

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—			
(a) At Periodic Inspections	...	...	25,576
(b) As Specials	...	...	1,816
	Total (1)	...	27,392
(2) Number found to require treatment	...	...	18,846
(3) Number offered treatment	...	...	16,912
(4) Number actually treated	...	...	8,736
(5) Number of attendances made by pupils for treatment including those recorded at heading 11(h) below			22,588
(6) Half-days devoted to: Periodic (School) Inspection			266
Treatment	...	...	3,320
	Total (6)	...	3,586
(7) Fillings: Permanent Teeth	..	...	17,673
Temporary Teeth	...	..	1,609
	Total (7)	...	19,282
(8) Number of teeth filled: Permanent Teeth		...	14,523
Temporary Teeth		...	1,461
	Total (8)	...	15,984
(9) Extractions: Permanent Teeth	...	...	3,228
Temporary Teeth	...	...	5,564
	Total (9)	...	8,792
(10) Administration of general anæsthetics for extraction			1,764

(11) Orthodontics:			
(a) Cases commenced during the year	...	...	135
(b) Cases carried forward from previous year	...	...	254
(c) Cases completed during the year	...	...	94
(d) Cases discontinued during the year	...	...	70
(e) Pupils treated with appliances	...	...	370
(f) Removable appliances fitted	...	...	280
(g) Fixed appliances fitted	...	...	—
(h) Total attendances	...	...	2,938
			<hr/>
(12) Number of pupils supplied with artificial dentures	...	...	128
			<hr/>
(13) Other operations: Permanent teeth	...	...	8,120
Temporary teeth	...	...	4,243
			<hr/>
	Total (13)	...	12,363
			<hr/>

## HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Hand- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epileptic	Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
During 1959 :										
<b>Handicapped Pupils</b>										
<b>A. Newly placed in Special Schools or Boarding Homes ..</b>	10	0	3	2	6	12	20	3	2	58
<b>B. Newly ascertained as requiring education at Special Schools or boarding in Homes</b>	2	1	2	4	5	6	26	4	3	53
On 22nd January, 1960 :										
<b>C. Number of Handicapped pupils:</b>										
(i) Attending Special Schools as:										
(a) Day Pupils ..	0	0	0	1	0	0	14	0	0	15
(b) Boarding Pupils	18	3	24	9	1	18	57	0	4	134
(ii) Attending independent Schools under arrangements made by the authority ..	0	0	2	0	6	3	1	4	0	16
(iii) Boarded in Homes and not already included under (i) or (ii) ..	0	0	0	0	2	4	0	12	0	18
<b>Total (C) ..</b>	18	3	26	10	9	25	72	16	4	183
<b>D Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:</b>										
(a) in hospitals ..	0	0	0	0	0	1	0	0	0	1
(b) in other groups	0	0	0	0	0	0	0	0	0	0
(c) at home ..	0	1	0	0	5	12	2	0	2	22
<b>E. Number of Handicapped Pupils requiring places in special schools as:</b>										
(a) day pupils ..	0	0	0	0	0	0	2	0	0	2
(b) boarding pupils ..	1	1	0	1	0	4	38	0	1	46

F. Number of Handicapped Pupils on the registers of Hospital Special Schools .. 25

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UNCLASSIFIED PAGES

Case No.	Description	Date	Initials
100-100000-1	...	...	...
100-100000-2	...	...	...
100-100000-3	...	...	...
100-100000-4	...	...	...
100-100000-5	...	...	...
100-100000-6	...	...	...
100-100000-7	...	...	...
100-100000-8	...	...	...
100-100000-9	...	...	...
100-100000-10	...	...	...
100-100000-11	...	...	...
100-100000-12	...	...	...
100-100000-13	...	...	...
100-100000-14	...	...	...
100-100000-15	...	...	...
100-100000-16	...	...	...
100-100000-17	...	...	...
100-100000-18	...	...	...
100-100000-19	...	...	...
100-100000-20	...	...	...
100-100000-21	...	...	...
100-100000-22	...	...	...
100-100000-23	...	...	...
100-100000-24	...	...	...
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100-100000-26	...	...	...
100-100000-27	...	...	...
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100-100000-37	...	...	...
100-100000-38	...	...	...
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100-100000-46	...	...	...
100-100000-47	...	...	...
100-100000-48	...	...	...
100-100000-49	...	...	...
100-100000-50	...	...	...

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

