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CORNWALL COUNTY COUNCIL
EDUCATION COMMITTEE

Annual Report

OF THE
PRINCIPAL SCHOOL MEDICAL
OFFICER

1961

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



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

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REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1961.

Health Department
County Hall,
Truro.
February, 1962.

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

I have the honour to present a report dealing with the School Health Service for the year 1961.

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

This year has been a hard struggle to maintain the Service in spite of staff shortages. The three sessions a week Specialist Psychiatric advice we are allowed by the South Western Regional Hospital Board is wholly inadequate for the Child Guidance Service. The demand for this Service continues to grow, and the staff to provide it becomes more and more inadequate. The third Educational Psychologist authorised in April 1960 we hope will commence duty in May 1962. It took two years to fill this vacancy. Miss Rogers, the Social Worker in this Section, unfortunately had to resign in March 1961, and now nearly a year later there still seems no prospect of filling that vacancy. During most of the year we had only one Speech Therapist instead of two, but fortunately a second commenced duty in February 1962, approximately twelve months after the vacancy occurred. The Dental Staff continued to be considerably under strength, and at the time of writing there seems no prospect of getting up to full establishment.

On the other hand the appointment of an additional School Medical Officer has eased the pressure on the School Medical Staff. During the year two School Medical Officers retired, Dr. Knight and Dr. Roberts, and we wish them well in their retirement. I regret to have to report that Mr. Eagleson, a Dental Officer who had been on the staff of the Committee for a great number of years, died in May 1961.

I have been particularly struck in reading the contributions by various members of the staff by the obviously sincere tributes they pay to the help and understanding they have received from

members of the teaching profession and others with whom their work brings them in contact. It is encouraging to know that the help which the staff of the School Health Department can give is valued so highly.

Finally, I must thank the Staff of the School Health Department for their support throughout the year, and the Chairman and Members of the Education Committee, the Secretary for Education and his Staff, the Teachers and the various Voluntary Bodies associated with the School Health Service for their continued help and understanding.

I am,

Your obedient Servant,

R. N. CURNOW,

Principal School Medical Officer.

STAFF

Principal School Medical Officer:

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

Deputy Principal School Medical Officer:

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

Senior School Medical Officer:

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

School Medical Officers:

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

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

MAIR LLOYD JENKINS, B.Sc., M.B., B.Ch. (Commenced 5.6.61).

C. L. KNIGHT, M.R.C.S., L.R.C.P., D.P.H. (Resigned 31.5.61).

D. M. MCCARTHY, L.R.C.P. & S.I., L.M.

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

M. D. H. MYHILL, B.M., B.Ch., D.P.H. (Commenced 21.8.61).

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

ISOBEL R. S. PATTERSON, M.B., Ch.B., D.P.H. (Commenced 1.6.61).

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

B. ROBERTS, M.R.C.S., L.R.C.P. (Resigned 7.5.61).

P. R. WILSON, L.R.C.P. & S.I.

*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.

H. J. EAGLESON, L.D.S. (Died 18.5.61).

Mrs. M. E. GOODYEAR, L.D.S.

W. A. GRUNWELL, L. D. S.

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

J. E. KENNY, L.D.S.

Miss P. M. SIMPSON, L.D.S. (Commenced 3.7.61).

D. J. WHEELER, B.D.Sc. (Commenced 16.10.61).

Part time:—

R. T. D. FORSYTH, B.D.S. (Commenced 31.10.61).

D. J. O'GALLAGHER, L.D.S. (Commenced 13.3.61—Resigned 6.10.61).

Mrs. S. M. SATCHWELL, B.A., L.D.S.

Speech Therapist:

Mrs. S. QUIXLEY, L.C.S.T. (Resigned 28.2.61).

Miss J. KING, L.C.S.T. (Commenced 1.2.61).

Educational Psychologist:

P. F. PORTWOOD, B.Sc., Dip. Psych., A.B.Ps.S.

Assistant Educational Psychologist:

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

Social Worker:

Miss B. ROGERS, Social Science Diploma. (Resigned 9.3.61).

Teacher for the Deaf:

L. H. THOMAS, Dip. N.C.T.D., Diploma in Audiology.

STATISTICS

Population 1961 (approximate)	...	...	...	333,590
School Population	...	...	...	48,381
Number of Schools:—				
Nursery	...	...	1 with	41 pupils
Primary	...	...	286 with	27,047 pupils
Grammar	...	...	20 with	6,788 pupils
County Secondary	...	...	31 with	13,187 pupils
Further Educational				
Establishments	...	...	4 with	1,244 full-time pupils
Special	...	...	3 with	74 pupils

MEDICAL INSPECTIONS

The general health of the Cornish School Children remains at the high level observed over recent years. All medical examination programmes in the schools were again completed by the School Doctors.

There has been no change in the Routine and Special Medical Inspections and the following table shows the age-groups in which the children were inspected:—

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

It is being increasingly recognised that the presence of the parent enhances the value of the school medical examination tremendously. We are hoping to see more parents of the third age group of children present at this "leaving" examination. The majority of parents already attend the examination of the young children who are just entering school and we hope to recognise those defects of vision, and hearing, posture, etc., which can prove to be such a handicap to normal progress in the early years of a child's school life.

An additional School Medical Officer joined the staff towards the end of August, 1961, and enabled the areas of the other Doctors to be contracted slightly thus giving them sufficient time to complete their duties more efficiently. When it is realised that the School Doctors have no clerical assistance or office accommodation one can appreciate that quite a proportion of their time is required for the

preparation of programmes, the writing of reports, etc., as well as for their normal duties of examining children in school and visiting the homes of handicapped children.

It is still hoped that in some areas additional office and clinic accommodation will become available during the coming years for the various special examinations and private consultations which the Medical Officers are asked to undertake.

CO-ORDINATION AND CO-OPERATION

It should be recalled that the School Health Service although primarily a part of the Local Education Authority is not separated from the Health and Welfare Services provided by the Local Health Authority. The Principal School Medical Officer is also the County Medical Officer and the Health Committee has assumed responsibility for the Welfare Services of the County Council.

The School Medical Officers themselves form an important link for they attend the Child Welfare Clinics in their own areas as well as carrying out School Medical Inspections. Health Visitors, District Nurses and Midwives also act as School Nurses providing yet a further link between the services.

Specialisation is still growing and there is a tendency for departments to work independently but it is encouraging to see the increasing co-operation between the various departments of local government and the three branches of the National Health Service. Discussions between Head Teachers and School Medical Officers are being held on an ever increasing scale and it is encouraging to find that schools are now asking for more visits from the doctors rather than complaining about the time taken up by the numerous medical procedures.

Co-operation between all members of the staff and General Practitioners and Consultants continues to grow and a much freer interchange of information concerning the children in the county has been obtained during this year. Attendance at the various hospitals by the School Medical Officers at regular intervals in their capacity of Clinical Assistants has done much to further this happy trend.

CLEANLINESS

Primary Schools are normally visited once a term by the School Nurse unless there is an incidence of infestation when monthly visits are paid. Only 18 Primary Schools now have to be visited monthly.

County Secondary Schools normally have an inspection of new entrants only in September of each year although it will be necessary

for 6 schools to be inspected each term because of the incidence of infestation found in them.

In County Grammar Schools the inspections are confined to the new entrants only—the inspections being carried out in September of each year.

The number of individual children found to be unclean during 1961 was 272 which is 0.56% of the school population.

It was found necessary during the year to issue Compulsory Cleansing Orders in respect of 10 children.

SPEECH THERAPY

The following is a list of the clinics at the end of December, 1961:—

Clinic	Address	Frequency
Camborne	... The Community Centre	Weekly
Falmouth	... Health Clinic	Weekly
Helston	... Meneage House	Weekly
St. Ives	... Health Clinic	Weekly
Penzance	... Health Clinic	Weekly
Truro	... County Hall	Weekly

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

It will be seen that although the West Cornwall Area has continued to have the services of a Speech Therapist, the East Cornwall Area has not enjoyed this good fortune. However it is hoped to remedy this early in 1962 when it is anticipated that a second Speech Therapist will be starting duties in that area.

Miss J. King, the Speech Therapist for the West Cornwall Area reports as follows:—

“ At the beginning of this year, Speech Therapy Clinics were re-opened in the West Cornwall Area, with the appointment of Mrs. Quixley. Mrs. Quixley left at the end of February and I succeeded her.

Case Figures:—

Number of children attending at the end of the year ...	86
Number of children discharged during the year ...	53

Of those discharged:—			
Speech normal or improved	...	...	41
Other reasons—Lack of attendance etc.	...		12
Number of attendances by cases during the year	...		2,733
Number of children under observation	...	...	27
Types of Speech Disorders being dealt with:—			
Stammer	...	...	24
Defects of articulation—e.g. Dyslalia	...	...	51
Other cases	...	...	11
			86

In order to reduce the long waiting-lists particularly at Camborne, Falmouth and Penzance, a number of carefully selected children has been placed under observation, and come to the clinic every 3-6 months in order that their speech may be re-assessed and their parents advised on home treatment.

Although most children were referred by the School Medical Officers, an increasing number of children has been referred by parents. This has been particularly encouraging as it ensures the co-operation and interest of the parents and in most cases has meant that the children have achieved good results.

I have been particularly grateful for the help and co-operation of the School Medical Officers and Head Teachers of the various schools, who have often persuaded an otherwise reluctant parent to bring the child for treatment. During the year only one parent has refused any form of advice or treatment ”.

CHILD GUIDANCE

Children in South East Cornwall are referred to the Plymouth Child Guidance Clinic and thanks are due to the Plymouth Authority for their continued help. Four children were seen by them in 1961.

The following is a list of the Child Guidance Clinics in Cornwall at the end of 1961:—

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

As mentioned last year, these three clinics are in no way sufficient to cope with the demands made on the service but until the Regional Hospital Board increases the time given for these clinics, there is little hope of expanding this service.

Dr. J. M. Pencheon, the Consultant Psychiatrist, reports as follows:—

“ The position of Child Psychiatry in the county remains unsatisfactory inasmuch as it has become increasingly apparent that a psychiatric service extended throughout the county cannot possibly cope adequately when there are only three consulting sessions per week available.

Consequently, as will be seen in Mr. Portwood's report, although there has been an increase of 6% in the number of children referred, the productive work of the clinics has not appreciably increased nor, under the present circumstances, is this likely. There is little doubt, however, that with increased facilities a proportionate amount of work will be there to be done. Many of the children referred need prolonged and frequent attendance at the clinic but at the moment it is futile to embark upon such an approach except in the isolated case.

The Child Psychiatric services in the country as a whole are still in the process of evolution and this too has to be taken into account when considering the future development of such services in Cornwall. Even at this stage, however, it is obvious that much more needs to be done for a service which will undoubtedly become more important as the widespread nature of the emotional difficulties of children and their parents, together with the varying forms of treatment, become more widely known.

Again I should like to record my appreciation of the help of the Child Guidance Team ”.

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

“ STAFF

This report features a complaint about the inadequacy of staff provision with monotonous regularity and unfortunately this year can be no exception. In January the ill-health of Miss Rogers, referred to in last year's report, sadly led to her resignation. Despite repeated advertising it has not been possible to recruit a psychiatric social worker in her place. Nor have we yet felt the benefit of the provision for a third psychologist as it had proved impossible to secure anyone until very recently. It is good to report now, however, that in May Mr. Lawrence from the Sheffield Child Guidance Centre will take up the

appointment here. We were very sorry that Dr. Pencheon had a spell of illness but relieved that he recovered relatively quickly and was able to join us again before the end of the year.

CASE FIGURES

Children referred during 1961	...	738
Comprising:		
New referral	...	462
Follow-up	...	181
Re-referral	...	95
		<hr/> 738
Cases seen during 1961	...	638
Waiting List	...	88
Closed without attendance	...	12
		<hr/> 738

There was an increase over last year of about six per cent in the number of children referred and of 10 per cent in the number of children actually seen. The relative effect of these increases is to leave a waiting list at the end of the year almost exactly the same in size as last year's.

94 children were seen by the Consultant Psychiatrist and 589 by the educational psychologists. (The sum of these figures, 683, exceeds the total of children seen by 45 as this was the number of children seen by both psychiatrist and psychologist).

As it is a matter of interest and importance, and one about which inquiries are often made, a record has been kept this year of the interval between referral and first interviews. Analysis of a hundred cases taken at random shows that the average interval is between four and five weeks. Between a third and a quarter of the children are seen in two weeks but a third are still waiting after six weeks.

SOURCE OF REFERRAL

Head Teachers and Secretary for Education	344
P.S.M.O. and S.M.O.'s	181
Juvenile Court and Probation Officers	22
Family doctors	62
Hospital Consultants	51
Children's Officer	39
Miscellaneous	39
<hr/> 738	

In general there is a tendency for more referrals to be made from all sources (bearing in mind that referrals from Headteachers and School Doctors are interchangeable to some extent). The only exception to this is the marked drop in the number of children referred by the Juvenile Courts.

REASON FOR REFERRAL

Subnormal	...	145
Slow Learners	...	313
School Behaviour	...	58
Deaf	...	20
Sensory-Motor disorder	...	2
Neurotic Disorder	...	16
Habit Disorder	...	38
Behaviour Disorder	...	125
Miscellaneous	...	21
		<hr/>
		738
		<hr/>

This year a rather fuller table is presented, showing the children's problems in a little more detail. The categories of neurotic, habit and behaviour disorders cover roughly the field hitherto defined in this report by the single category 'personality and behaviour problems'. The three new categories are taken from the Underwood report and are useful since the figures show the familiar tendency for aggressive, unmanageable and anti-social children to be referred rather than, and perhaps at the expense of, the fearful, inhibited and depressed children.

'Slow-learning' children are those with educational difficulties in school caused either by lower than average intelligence or by one, or a combination, of many other factors. The category 'subnormal' is used, partly to fall in line with the nomenclature of the Mental Health Act and partly to indicate the seriousness of the intellectual limitation—the limitation, say, suffered by only one or two children in every hundred. It includes also, of course, those children who are so handicapped as to be unsuitable for education in school.

SEX

Girls	...	240
Boys	...	498
		<hr/>
		738
		<hr/>

AGE

Under	5	...	25
	5	...	52
	6	...	58
	7	..	74
	8	...	104
	9	...	94
	10	...	71
	11	...	79
	12	...	46
	13	...	50
	14	...	54
	15	...	16
Over	15	...	15
			<hr/> 738 <hr/>

This table, too, has been expanded to give figures for every single year group. There are no significant changes in the age of referral. The peak ages for referral are the junior school years. This is the common experience nationally (but at least one very large city service now has peak referrals at the infant stage).

INTELLIGENCE

I.Q.

Below	55	...	50	Inferior intelligence; borderline educability.
	55—69	...	96	Limited intelligence; special educational provision.
	70—84	...	172	Dull.
	85—94	...	93	Low average.
	95—105	...	71	Average.
	106—115	...	41	High average.
	116—130	...	29	Bright.
	131—145	...	4	Superior intelligence.
	145+	...	1	Very superior intelligence.

CASE INTERVIEWS

Interviews accorded; one	to	440	children	440
	two	„	101	„ 202
	three	„	43	„ 129
	four	„	19	„ 76

five	16	80
* six		
or more to	19	190
	<hr/> 638	<hr/> 1,117

*The number of interviews given under this category ranged from 6 to 31.

INTERVIEWERS

Psychiatrist	...	232
Psychologists	...	885
		<hr/> 1,117

LOCATION OF INTERVIEWS

School	...	453
Clinic	...	403
Home	...	217
Miscellaneous	...	44
		<hr/> 1,117

It will be seen that many more children have been seen once but that there is a falling-off in all multiple categories. This is an unwelcome trend on the whole and is due to two things; the absence of a social worker, one of whose main functions would be to give supportive interviews to families and secondly, Dr. Pencheon's illness. The latter factor is, of course, also responsible for the drop in psychiatrist's interviews.

SUMMARY

Last year's paragraph under this heading could almost be repeated here. The development of the service is held up almost entirely because of insufficient provision of members of the professional disciplines directly involved in the child guidance field.

It has been possible for the psychologists to give substantially more interviews this year but it is clear that the limit has been reached, if indeed not overstepped. The formation of adjustment classes at Newquay and Torpoint involved an extra block of work which was well worthwhile on account of those children who benefit from the special provision. As these classes are continually increased,

however, it does mean that we cannot give as much continuous help as we should like, a great deal of time being spent on initial ascertainment.

In a sense the time of the third psychologist is already committed but we look forward to some lessening of pressure, a shortening of the waiting list and of the time between referral and interview and, finally, more regular visiting of the special classes and special schools ”.

MINOR AILMENTS

The following is a list of these clinics as at the end of 1961:—

Clinic	Address	Frequency
Falmouth	Health Clinic	Daily
Penzance	Health Clinic	3 a week
Truro	Health Clinic	Daily

Two of these clinics, although little used for their original purpose have not been closed, chiefly because they are held in County Council premises and are sometimes used to carry out other types of work and also because the staffing of them presents no problem. The situation is under constant review and their usefulness is frequently re-assessed.

EYE DEFECTS

The Hospital Management Committee provide and administer school eye clinics to which school children can be referred. Thanks are due to the Eye Specialists concerned for their work and interest in connection with these clinics and the close co-operation maintained with the School Health Service.

Vision Tests

Children's vision is tested at 5, 8, 11, 12, 13 and 14 years.

During 1961, 987 children were referred for first time appointments to the eye clinics and the following table may be of interest:—

Age Group	No. of Children referred for First Time Appointments
5— 8	416
9—10	81
11—13	363
14—19	127

It is hoped in 1962 to introduce annual vision testing for every child attending school. This will prevent any defect being missed for a long period as a result of a child's absence from school at the time of the School Medical Officer's visit.

Colour vision testing continues as reported in 1960.

EAR, NOSE AND THROAT DEFECTS

The Hospital Management Committee provides and administers Ear, Nose and Throat Clinics to which School Children can be referred. Thanks are due to the Specialists concerned for their work and interest in connection with these clinics.

Deafness

The Hearing Assessment Clinic continued in 1961 and is of tremendous value in the detection and treatment of deafness in Cornish children.

All the medical staff are now keenly aware of the necessity of discovering hearing defects as early as possible. They are constantly on the look out for warning signs such as defective speech or lack of the typical responses to sounds which are so noticeable even in the very young normally hearing child.

Hearing Aids are worn by 45 children in ordinary schools and all these children together with others without aids but still with a certain degree of deafness are under the constant supervision of the Teacher for the Deaf who also visits, in the holidays, the children at home from the schools for the Deaf and Partially Deaf.

Mr. L. H. Thomas, the Teacher for the Deaf reports as follows:—

“ During the year audiological treatment has been given over a wide area. The main fields have been remedial teaching and the auditory training of partially hearing children in school and home, hearing assessment of children of all ages from a few months upwards, advice and guidance to parents and teachers and others concerned with these children, and the supervision of deaf and partially deaf children when home on holiday from out-county schools. In a number of cases parents of the latter group of children have been very thankful to discuss and receive help on matters that had been giving them concern.

Of the partially hearing children attending ordinary schools in the county, 17 have received weekly individual lessons for periods varying from a term to the whole year. There were 45 such children with hearing aids at the end of the year. 15 children were newly

issued with aids during the year, a net increase of 9 compared with 1960. The children not seen for regular lessons were visited periodically when aids and hearing were checked and advice and help given in school and at home as necessary. Aids were being worn regularly in school by 32 of the children, and occasionally by 10; the 3 "defaulters" were two senior girls and a boy who has now left school. Visits to the homes of these children have been invariably appreciated by parents. The new pamphlet on the 'Use of Hearing Aids', issued by the Ministries of Education and Health, was issued to the schools and homes of all children with hearing aids. Michael Batten, who attended St. Ives C.S. School, passed the examination to attend the Mary Hare Grammar School for Deaf and Partially Deaf Children, and so became the first child from Cornwall to attain this distinction.

As a result of hearing tests given to children referred by the School Medical Officers there came to light an increasing number (it had reached 46 by the end of the year) of children with average hearing losses (over the 500,1000 and 2000 c/s frequencies) of between 30 db. and 50 db. (British Standard). The large majority are conductive losses, of course, and some have already proved to be of a temporary nature, hearing being restored to normal or near normal after medical treatment and re-test. But the relatively mild nature of the loss had meant that it had gone unsuspected for a long period in many cases, and a child may be considerably handicapped by such an impairment if it is not discovered in its early stages. Because the deafness is not considered severe enough to justify an aid such a child may easily be hearing less well than one who has been provided with an aid. An added difficulty is that of getting others to attach importance to such an impairment, for the child will usually appear to hear well enough when being spoken to in ordinary conversation. In many situations in and out of school, however, such a favourable listening situation does not obtain. One hopes that there will be increasing vigilance and attempts made by all concerned to detect such cases in school, especially in the Junior stage, when there is normally no routine medical inspection. There is also a small group of children with a very severe or total loss in one ear. Suggestions on how to assist all these children have been given to the Head Teachers and teachers concerned.

One of the main objects of the educational treatment of deafness today is to discover the hearing loss in infancy so that the more crippling consequences may be prevented or mitigated by early training. To this end assistance has been given at clinics and homes in testing very young children referred through the Maternity and Child

Welfare Service. Regular visits were continued to the homes of young children found to be deaf in order to guide parents in this early training. All the children now have hearing aids and only in one case is the aid not being worn regularly; she is a multiply handicapped child in whom the degree of deafness is not finally established. The year began with 7 such home cases and 3 new ones were added during the year. 6 of the children, however, reached school age during the year, 3 having gone to Special Schools and 3 began attending ordinary Infant Schools (two of these are expected to go eventually to a school for partially deaf children). One boy benefitted greatly from attending the Fairfield Nursery for two months before going on to a Special School. Talks on this work with pre-school children have been given to groups of District Nurses and Health Visitors at the various clinics in the county, and a meeting for parents was held at Camborne in December.

The arrangements at the Hearing Assessment Clinic, at the R.C.I., Truro, have gone smoothly and it has been a pleasure to co-operate in that work with Mr. M. R. Sheridan, E.N.T. Consultant, and Mr. P. F. Portwood, Senior Educational Psychologist. I am indebted to the Education Committee for the opportunities afforded of going to Reading to inspect the arrangements made there for partially deaf children, and to Groningen to attend the most instructive International Course in Paedo-Audiology. There are many members of the School Medical and Teaching Staffs in the County to whom I owe thanks for their ready co-operation in the above work.

The rapid expansion of this service has necessitated the appointment of another teacher, and we shall welcome Mr. R. S. Eldridge, who commences duties on January 1st, 1962."

HANDICAPPED PUPILS

The handicapped children in ordinary schools are seen frequently by the School Doctors who also visit, during the holidays, the homes of handicapped pupils who are in out-county special schools. The time taken by the School Doctors in such visits and the consequent discussions with the parents, teachers, educational psychologists, teacher for the deaf and the general practitioners, etc., are all well worth while to ensure that the maximum progress of the children is attained.

Every effort is made to see that these less well equipped children lead a happy school life under conditions which favour them as much as possible and wherever possible offset their handicaps.

**Numbers of Children in Special Schools or Hostels during all
or any part of 1961**

BLIND

Condover Hall School for the Blind, Shrewsbury ...	4
Bristol Royal School for the Blind ...	7
Royal Normal College for the Blind, Shrewsbury ...	5

PARTIALLY SIGHTED

West of England School for the Partially Sighted, Exeter	3
Barclay School for Partially Sighted Girls, Sunninghill	1
Hethersett Blind Training Centre, Reigate ...	1

DEAF

Royal West of England Residential School for the Deaf, Exeter ...	22
Hartley House Day Deaf School, Plymouth ...	2
Hamilton Lodge School for Deaf Children, Brighton ...	1
Mill Hall Oral School for the Deaf, Cuckfield, Sussex	1
Woodford School for Deaf Children, Essex ...	1

PARTIALLY DEAF

Royal West of England Residential School for the Deaf, Exeter ...	10
Ovingdean Hall School for the Partially Deaf, Brighton	3
Mary Hare Grammar School, Newbury ...	1
Hartley House Day Deaf School, Plymouth ...	2

PHYSICALLY HANDICAPPED

Craig-y-parc School for Spastics, Nr. Cardiff ...	1
Bruce Porter Hospital Home School, Folkestone ...	1
Dame Hannah Rogers School, Ivybridge ...	7
St. Mary's School, Bexhill ...	2
Exhall Grange Special School, Coventry ...	2
St. Loyes College, Exeter ...	8
Chailey Heritage Craft School, Sussex ...	1
Warlies School, Waltham Abbey, Essex ...	1
The Palace School, Ely ...	2
National Spastics Society School, Trengweath, Plymouth	1
John Capel Hanbury Hospital Home School, Woodford Bridge, Essex ...	1
Coney Hill School, Hayes, Kent ...	1
Whiteness Manor School, Kingsgate ...	1

DELICATE

Heathercombe Brake School, Nr. Newton Abbot ...	8
Hillaway Houses, Teignmouth ...	2

St. John's Open Air School for Boys, Woodford Bridge, Essex	...	1
Shaftesbury House Hostel, Rustington, Sussex	...	1
Oak Bank Open Air School, Seven Oaks, Kent	...	1
Meadows Memorial School, Southborough	...	1
Ogilvie School, Clacton	...	1
Staplefield Place School, Sussex	...	1

MALADJUSTED

Widdicombe House School, Kingsbridge	...	2
St. Hilliards School, Gloucester	...	1
Sandford Orleigh School, Nr. Newton Abbot	...	1
Finchden Manor School, Tenterden, Kent	...	1
St. Peter's School, Horbury	...	1
Field House Hostel, Wokingham	...	1
Endsleigh House Boarding Home, Camborne	...	17

E.S.N.

The Sheiling School, Ringwood	...	1
St. Christopher's School, Bristol	...	1
Besford Court School, Worcester	...	1
Bradfield School, Cullompton	...	2
Kingsdon Manor School, Somerton	...	5
Mount Tamar Day School, Plymouth	...	1
Clyffe House School, Dorset	...	1
Maristow Special School, Devon	...	1
Swaylands School, Penshurst, Kent	...	1
Pencalenick Residential School, Nr. Truro	Day	18
	Resident	54

EPILEPTIC

Lingfield Hospital School, Surrey	...	6
Camphill-Rudolf Steiner-School, Aberdeen	...	1

HOSPITAL SPECIAL SCHOOLS

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

At Tehidy Sanatorium	...	49
At R.C.I.	...	46

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:—

Angela Orthopaedic Home School	...	1
Guy's Evelina Hospital	...	1

Frenchay Hospital, Bristol	...	21
Queen Elizabeth Children's Hospital	...	1
Goldie Leigh Hospital	...	1
Great Ormond Street Hospital	...	3
Moorhaven Hospital	...	1
St. Thomas's Hospital	...	1
Bristol Children's Hospital	...	1
University College Hospital	...	1
Didworthy Chest Hospital	...	1
Christchurch Hospital	...	1
Stoke Mandeville Hospital	...	1
Freedorn Fields Hospital, Plymouth	...	40
Mount Gold Hospital Special School, Plymouth	...	37

CANTEENS

The following statistics relate to a day in the Autumn Term 1961:—

Number of School Departments in the County	...	342
Number of School Departments in which meals are available	...	337
Percentage of Departments receiving meals	...	98.5%
Number of Departments in which meals are not available	...	5
Number of School Canteens (i.e. places at which children dine)	...	315
Number of children present on day of return	...	44,928
Number being fed on that day	...	28,181
Number of meals expressed as a percentage of those present	...	63%
Number of Free Meals	...	2,498

By arrangement with the Secretary for Education the County Public Health Officers make routine visits to canteens and central kitchens for the purpose of examining food stocks. During the year 45 canteens were inspected and a total of 28 lbs. of tinned food was condemned as unfit. This quantity represented a small proportion of the food examined which, in general, was sound and of good quality.

The Food Hygiene Regulations, 1958, apply to school canteens and the County Public Health Officer has again reported that the staff in every kitchen visited were observing all the requirements of these Regulations.

During 1961 more than £2,500 was spent by the school meals service on modernising existing kitchens and this policy has undoubtedly encouraged canteen staff to maintain the standard of hygiene demanded of a service that provides cooked meals for more than 28,000 children every day throughout the school year. Five new kitchens and two serveries were constructed and in addition three existing serveries were converted to modern well-equipped kitchens.

MILK IN SCHOOLS

The 342 maintained and 37 non-maintained schools in the County are supplied with milk by 42 distributors. Of the 379 schools 372 received pasteurised and 7 Tuberculin Tested milk; all but 5 schools receive milk in one-third pint bottles.

Samples of milk delivered to each school are taken at regular intervals and submitted for bacteriological examination. The bacteriologist has reported on those taken during 1961 as follows—

Grade of Milk	Satisfactory	Unsatisfactory
Pasteurised	77	nil

For the second consecutive year every sample of school milk submitted for bacteriological examination passed the statutory keeping quality tests. This is an impressive achievement, particularly if compared with results obtained only ten years ago when thirty per cent of all school milk samples were reported unsatisfactory; it stresses the value of improved milk handling and distribution methods now being adopted throughout the County.

In addition to samples of milk examined bacteriologically, 75 were submitted for analysis to the Chief Inspector of Food and Drugs. In every case the milk was found to be genuine.

During the year 12 complaints of dirty milk bottles or milk bottles containing foreign bodies being delivered to schools were received by the Chief Inspector of Foods and Drugs. These complaints were investigated and, where necessary, warning letters sent to the dairies concerned.

The unsatisfactory condition under which milk is received and stored at a few schools has given rise to a number of complaints from both dairymen and the general public. Head Teachers should ensure that school milk is delivered into a cool, clean place and not left in open playgrounds or yards where it is exposed to heat or contamination by dust and animals.

The following statistics relate to a day in the Autumn Term 1961:—

Number taking milk on that day	...	33,957
Number of children present on day of return	...	48,749
Number taking milk expressed as a percentage of those present	...	70%

WATER SUPPLIES IN SCHOOLS

Of the 342 maintained school departments in the County 327 receive a supply of water in pipes from public mains. The remaining 15 rely on local private supplies although in a few cases where no satisfactory source is available drinking water is taken daily to each school by school meals service vehicles.

Samples of drinking water are taken from all maintained schools in the County by the County Public Health Officers and submitted for bacteriological examination by the Public Health Service Laboratory at Truro. During the year 84 samples have been taken with the following results:—

Source of supply	Satisfactory	Unsatisfactory	Total
Public mains	73	2	75
Private Supplies	8	1	9
	—	—	—
Total	81	3	84
	—	—	—

When a source of water supply has been reported unsatisfactory an investigation is immediately carried out, and the school concerned is advised to boil drinking water until the source of contamination has been traced and eliminated.

It is the policy of the County Education Committee for schools to be connected to public water mains wherever this is reasonably practicable, and for this purpose the Education Department is kept acquainted with schemes of water supply carried out by local authorities and water undertakings. During the year 7 schools have been connected to public mains.

HYGIENE AND SANITATION IN SCHOOLS

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

“ The suspension of minor capital works enforced by the Government for three months in the summer did, of course, affect the Committee's sanitation programme. The delay, however, has

largely been made good so that nearly all the projects in the programme originally authorised for last year by the Committee have now been dealt with.

In the period 1st January, to the 31st December, 1961, the sanitation at the following Primary Schools has been modernized:—

Halwin C.P.—formerly privies
 Baldhu C.P.—formerly buckets.
 Cardinham C.P.—formerly buckets
 St. Ewe C.P.—formerly buckets
 Lanlivery C.P.—formerly buckets.
 St. Stephens Launceston C.P.—formerly troughs
 Launceston Controlled—formerly troughs
 Liskeard Controlled—formerly troughs
 Porthleven C.P.—formerly troughs
 Treverbyn C.P.—formerly troughs.

In addition, work is at present in hand on the conversion of buckets at Kelynack C.P. and St. Keverne C.P.

The Education Committee has now approved the programme for 1962/63, and when this has been carried through, the modernization of sanitation throughout the County Primary Schools will be virtually complete. The few schools then remaining will be those likely to be replaced or closed in the near future ”.

INFECTIOUS DISEASES Cases Notified

Disease	1957	1958	1959	1960	1961
Scarlet Fever ...	83	68	190	114	98
Whooping Cough ...	1234	142	92	104	369
Diphtheria ...	3	1	—	—	—
Measles ...	2846	2593	2462	227	6689
Poliomyelitis ...	24 (11)	14 (7)	13 (4)	7 (4)	— (—)
Acute Rheumatism	3 (13)	1 (2)	4 (—)	2 (5)	1 (5)

The figures relate to total notifications. For poliomyelitis the number of school children included in the total figures is shown in brackets. Acute Rheumatism under the age of 16 is a notifiable disease in the County but many cases come to our notice through School Medical Officers and hospital records, rather than official notifications. Cases so discovered are shown in brackets.

Although there is a rise in notifications of whooping cough, the position remains encouraging in that never before have there been 4 successive years in which annual notifications have remained in three figures.

Immunisation

The figures below show work carried out on children during the past 5 years, to protect them against diseases for which efficient protective vaccines are available.

NUMBER OF CHILDREN IMMUNISED AGAINST INFECTIOUS DISEASES

Disease	1957	1958	1959	1960	1961
Diphtheria ...	3,893	4,358*	4,667*	5,001*	5,053*
Whooping Cough ...	3,516	4,187*	3,544*	4,566*	4,706*
Poliomyelitis ...	6,879†	38,979†	12,539†	6,936†	8,870†
Smallpox ...	2,474	2,344	2,354	2,798	2,916
Tuberculosis ...	2,999	2,509	3,751	3,122	3,823

* Many of these children also had protection against Tetanus

† These figures include all persons under 18 years of age.

Tuberculosis

4,652 children in their 14th year were Mantoux Tested during the year, which revealed 656 naturally Positive Reactors and 3,823 children received B.C.G. Vaccination.

With the help of the Mass Radiography Unit, one case of active tuberculosis amongst schoolchildren came to light during the year; 5 of Inactive Tuberculosis and 6 were referred for observation.

Poliomyelitis

Fourth doses of poliomyelitis vaccine (Salk) were offered to all schoolchildren under the age of 15, to re-inforce their earlier protection. 18,888 took advantage of this added protection during the year, a heavy additional task for Area or School Medical Officers. In addition, 7,976 persons under 18 years of age commenced courses of injections. Towards the latter part of the year, Salk vaccines became in acutely short supply pending the turn-over to the Sabin (oral) vaccine, which it is hoped will be available early in 1962. This vaccine, containing attenuated live virus as opposed to the killed virus in the Salk vaccine, is expected to give more lasting protection.

Tetanus

Tetanus is not a notifiable disease, so we have no exact knowledge of its incidence. In England and Wales, deaths from Tetanus

have dropped from approximately 80 a year in the early 1950's to 20 a year in early 1960 and as approximately half the known cases prove fatal, the disease is comparatively rare.

Tetanus bacillus lives as a harmless saprophyte in the intestines of herbivorous animals, from whence it gets into the soil. It is only when the germ gets into human tissues that it causes disease through the potent toxin which it produces.

The disease is most prevalent in agricultural districts and, as the portal of entry is often insignificant, a scratch or a prick from a thorn, immunisation against the toxin is the only answer.

It is gratifying to note that the number of Cornish schoolchildren protected in this way has risen steadily since tetanus immunisation was first offered some 5 years ago.

THE NURSING SERVICE

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

“ On the 31st December, 1961, there were 30 full time Health Visitors, and 63 District Nurse-Midwives (46 with Health Visitors Certificates) who were actively engaged in the School Health Service.

This means there is no change in the staffing position from last year. However, to meet the increased demands on the staff, in two areas, other nursing personnel are being used to do some of the hygiene inspections, the Health Visitors still accepting the responsibility of visiting the homes, and following up any dirty heads.

During the year the Health Visitors and nurses attended 1,254 Medical Inspection sessions; 1,174 Hygiene Inspection sessions; with 212 Hygiene re-inspections; 1,273 Medical follow-up visits to homes, and 802 Hygiene follow-up visits to homes and schools.”

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 ...	355
Examination of Boarded-Out Children and Child Life Protection Cases ...	224
Sessions at Infant Welfare Centres ...	715
Examination of staff for Superannuation purposes ...	20
Examination of Blind or Partially Sighted Persons ...	12
Examination of entrants to Teaching Colleges and to the teaching profession ...	243
Various other examinations ...	39

In addition to the above duties, School Medical Officers carry out very numerous immunisation sessions both in the schools and in many of the clinics.

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. A. Chown—Penzance Area.

“ During the past year it became necessary to reorganise the areas allotted to each School Medical Officer and it was with great regret that I said ‘Goodbye’ to a number of Country Schools where I had worked for so many years that most of the parents were my ‘Old boys and girls’.

There is real value in knowing a child’s family and home background, in much the same way as does the family doctor; but in the development and expansion of the service such changes are inevitable.

There is little new to say about school buildings. Cape Cornwall School, where for years there was trouble with the central heating, had a new pump installed in the boiler room, and now has a more satisfactory heat distribution than ever before.

The children as a whole continue to be well nourished, well dressed and healthy, but there are still a few hard core families where the children do not get adequate home care. It is among these families that we still find nit-infestation, and these children are the despair of the School Nurses who work so hard to eradicate the condition. In some cases these persistently nitty children lived and mixed previously in a small community, but now that the older members of the family travel in school buses and mix in school with hundreds of children drawn from a wide area, they have become more of a menace. If they are excluded from school they just stay away, as, often that is what they want. If, on the other hand, the school nurse has these children to a Clinic and cleanses them herself, they are soon infested again, as no doubt they are constantly re-infected by adult members of the family at home.

During the autumn there was a widespread epidemic of what must have been a mild influenza, which reduced the school attendance very considerably and disrupted the medical inspections, calling for several repeat visits to catch up with absentees. One school had a mild outbreak of infectious Conjunctivitis (Pink-eye) which necessitated the exclusion of fifteen pupils. In the same Parish there was an

outbreak of Flexner Dysentery. This was confirmed in three related families and notified but not confirmed in three other families. Three children of school age were among those admitted to the Isolation Hospital.

As usual, a great deal of time has been devoted to the various immunisation procedures. In May it was decided that all children of Primary School age should be given a fourth injection of Polio vaccine. This entailed nearly 3,000 extra injections. At the end of this, vaccine throughout the whole country became scarce, and the whole programme was slowed up, but not before every child in that age group had been offered its fourth injection.

We press on with trying to get all children immunised against Tetanus. During the past five years two children have developed Urticaria after an injection of Tetanus toxoid, though unfavourable reactions are rare. In each case it has been pointed out to the parents that people who develop allergic reactions are those who most need active Immunisation, as they are the most likely to develop Anaphylaxis if they should ever be unfortunate enough to be given serum against either Tetanus or Diphtheria, and it is perfectly possible to continue active immunisation under cover of Anti Histamine drugs.

In September I was privileged to attend a course on the subject of deafness in children, held at the Royal National Throat Nose and Ear Hospital. The course dealt largely with the assessment of deafness in very young children, and was most helpful and inspiring."

Dr. M. M. Cook—Camborne-Redruth Area.

" The past year has again shown a satisfactory state of General Health, Nutrition and Cleanliness of children in this area. I am especially impressed by the improvement in standards of children from Gypsy stock, due to their excellent integration into the Secondary Modern School, assisted by an able Health Visitor. There is also some progress being made with the children of the hardcore of problem families, now helped by the recently appointed Social Workers, who can devote more time to the individual families.

Defective vision is the most frequently found defect and with the newly introduced yearly Vision Test for all school children cases should be detected early enough to prevent adverse effect on schooling. We have several families with high Myopia in the area, and we aim to refer younger sisters and brothers to the Eye Specialist before they reach school age in order to prevent the child from getting bewildered and frustrated when it cannot keep pace with normal-sighted children.

The school and Hospital Eye Specialists support this policy and also encourage the referral of young infants with suspected squints, and perhaps we shall find in coming years a reduction of cases of 'lazy eyes'. Teachers are very much aware of the handicap which poor sight constitutes and support us by noting that spectacles are worn and that where appropriate children are seated at the front of the class.

Next in frequency, especially in school entrants, we find enlarged Tonsils and Adenoids with glandular enlargement and frequent ear involvement; with this I would group Speech Defects, so often connected with poor airways and hearing. The child with Dyslalia, Catarrh and doubtful hearing, needs constant reviewing especially with regard to school progress. Catarrhal deafness varies from day to day, from re-inspection to re-inspection, from Audiogram to Audiogram and can persist after the removal of obstructive Tonsils and Adenoids. With the invaluable help of the Teacher of the Deaf it has been possible to bring this problem to the Teachers' notice and get their co-operation for the children, who are temporarily or permanently hard of hearing. One partially deaf boy has just entered the Technical College and one girl the Grammar School, and several children have been equipped with Hearing Aids. Children with unilateral deafness are placed in a favourable position in class. The referral of children with suspected or proved deafness must have taxed the Out-patient Departments considerably but we have obtained full sympathy for these children's educational and emotional problems from the Ear, Nose and Throat Specialists. Where there is a hereditary history of deafness we aim at having pre-school children in the family investigated as early as possible.

Bronchitis and Asthma often linked with Upper Respiratory Infections are fairly frequently encountered. Most of the Infants Schools continue Breathing Exercises as part of the Physical Education programme and it is hoped that some of the 'chesty' infants have taken more kindly to the daily performance of Breathing Exercises so necessary for them, as part of the normal school curriculum. Fortunately only a minority of children continue with more severe Asthma into adolescence but those few are considerably handicapped and they are the girls and boys one hesitates to see too frequently because an impending interview usually provokes an attack. Some of them are helped by being sent to Boarding Schools where part of the contributing some tension is removed, but often this very tension and over anxiety of the home prevents the parents agreeing to such a course. Short-stay terms of rehabilitation at Tehidy Hospital have been helpful to some of the children, but unfortunately the effect has not always been lasting.

At present there are eleven children with proved heart disease attending schools in the area. With the advances of Heart Surgery much of the anxiety about these children has been alleviated, but we should be aware of the fact that until successful operation has been performed the children will be relatively lacking in energy and stamina and this is reflected in their school performance. Early diagnosis and referral are aimed at and it seems important that the parents should be made aware of the altered prognosis by sound Health Education.

Five children with Epilepsy have occasional or more frequent attacks during school hours, but there are many children attending school who are to our knowledge on anti-epileptic treatment. Although medicine has advanced considerably in the treatment of epilepsy there is still scope for improvement in the handling of the epileptic child. The tendency away from the Special School seems to have proved successful for those children with infrequent attacks, but we have to realise that there are now often three or more children on anti-epileptic treatment in a medium sized school and these children can when their drug requirement alters, suffer from over or under dosage. It is realised that stabilisation under hospital conditions may not mean stabilisation under home or school conditions but certainly trained observation of the kind, frequency and duration of attacks would be helpful. The schools cope most efficiently and humanely with the problem, but it often involves hours of a teacher's valuable time, and we are frequently consulted about the management. I find it helpful to assess the problem by Intelligence Testing, not so much in order to establish the I.Q. which may well be suppressed by drug treatment or associated anxiety, as to find out the quality of responses. Full knowledge of all children on anti-epileptic treatment and an Assessment Centre in the County would be a step forward.

For the first time since I came to the area we have now two young children with Diabetes attending school, and the sorting out of the best way of management with relation to school and meal hours has proved quite time consuming.

For the children with Haemophilia at present five in this area, I should like to plead regular attendance at the Penzance Centre and the issuing of a 'Haemophilia passport'.

Most of the children with spastic or other involvement of arms and legs fit into the normal school extremely well and take the step from Infant to Junior and later to the Senior School in their stride. But five children at present attending Infants Schools are so handicapped that it is unlikely that they will be able to cope at the Junior stage without special arrangements. The concomitant emotional disturbance

could well be handled in the Adjustment Class, but their physical handicaps are too severe to make this feasible. One of the smaller schools could probably absorb them as a group, given the extra teacher and equipment.

There are many more problems for which we have not yet found satisfactory solutions as for instance Hallux Valgus, Overweight, Enuresis Nocturna, all requiring a great deal of Education of the Public and co-operation with the medical and teaching professions and the achievement of such a relationship has been and will be our first aim."

Dr. M. L. Jenkins—Truro-Falmouth Area.

"In the six months I have been a member of the School Health Service I can do no more than form a few impressions. Initial impressions are sometimes helpful—the outstanding one being the co-operation between all members—medical, nursing, special and administrative, particular mention being made of the help obtained from the Educational Psychologists and Teacher of the Deaf.

The health of the children that I have so far seen in Truro and Falmouth is obviously good. It is a great help to know all the details of diagnosis and treatment given by the hospital specialist services in their copy letters.

I am still at the stage of getting to know the schools and teaching staff in the area. Many of the Primary Schools have not yet been visited but I hope to remedy this omission in the near future.

My first half year in the appointment augurs well for the future."

Dr. D. M. McCarthy—Newquay Area.

The health of the School Children in this area continues to be satisfactory and only one child was seen whose health could be classed as unsatisfactory.

Towards the end of the year there was absenteeism at nearly all schools due mainly to Chickenpox and a type of Gastric Influenza which lasted two to three days. Earlier in the year Measles had been prevalent.

Routine Medical Inspections were carried out in all schools and the defects found followed the same pattern as before with those of vision being far the commonest. However I am of the opinion that visual defects are less than last year, particularly in the School Entrance Group.

The figures for Eye Testing in the School Entrance Group for the year were:—

Vision Tested	...	424
Referred to Specialist	...	12
For further observation ...	...	14

Hearing Defects:—

There has been an increase in the number of children referred for Audiometry. The interim reports from the Teacher for the Deaf are most useful and informative.

Orthopaedic Defects:—

There has been a decrease in the number of cases needing investigation at the Orthopaedic Clinic. Mothers are still advised at School Entrance regarding 'turned in toes' and mild degrees of knock knee.

School Buildings:—

Much progress has been made with minor improvements in the older schools such as new flooring, painting, playgrounds re-surfaced, etc.

A new Infant and Junior School was opened in Perranporth but the combined staff/medical examination room is too small to offer adequate medical services to the children of the school.

In conclusion I would like to thank most sincerely all Head Teachers, their staffs, Health Visitors and nurses, without whose cheerful co-operation the year's work would not have been accomplished."

Dr. J. D. McMillan—Liskeard-Saltash Area.

"As there has been an adjustment of boundaries this year, occurring in September, it has not been possible to make any comparison with previous years. It has in fact not been possible to visit all the Primary Schools in the new area as yet.

Routine Medical Inspections have been carried out with satisfactory parental attendance. The continued increase in the numbers in Senior Schools has meant longer sessions at Secondary Departments.

It is noted with satisfaction that all senior children are now accommodated in Secondary Schools in this area giving a greater uniformity of opportunity and interest.

Diphtheria and Tetanus Immunisation sessions have been held in all schools where this was required.

Considerable numbers of absentees occurred at Primary Schools inspected in the period January—March 1961, due to outbreaks of Mumps, Influenza, and Upper Respiratory Infection. It is hoped that the future arrangements for seeing Primary School children after Easter will avoid such absenteeism in the future. There was no major incidence of infection recorded however.

Of the children inspected this year only 2.5% were found to be unsatisfactory in their general standard of nutrition and there was a tendency towards fewer overweight children. These were nearly all seen as Secondary School Entrants.

The children are almost uniformly well clad, though footwear still gives cause for worry, particularly with senior girls. Cleanliness in general remains satisfactory.

Candidates for entry to Teacher Training College, Superannuation Schemes, Part-time Employment, and Blind Registration have all been examined as required. Child Welfare Clinics have been attended regularly but it is regretted that vaccination programmes have had to be held up for lack of Polio vaccine.

I am grateful that the facilities for attendance at Paediatric Out-patient Clinics and Periodic Study days have been renewed following Dr. Montgomery's appointment as Paediatrician at Plymouth. These opportunities for discussion are invaluable.

Special Defects:—

Visual defect, or symptoms, remains the commonest cause for consultation, and also for referral to specialist clinic.

Since using the new Form 5MI more parents have inquired about the state of their children's hearing. This has meant an increase in the number of children seen by the deaf teacher. In general the arrangements for children with minor hearing defects seem satisfactory.

Fewer children have been referred to orthopaedic clinics, no doubt a direct result of the improved facilities for physical education in all schools.

The absence of Speech Therapy facilities has been felt this year, but it is anticipated that this will be remedied in the near future.

A large amount of time has been spent in the testing and assessment of backward children. The advent of an adjustment class

at Torpoint Junior School is welcomed, as there has been a great lack of facilities for retarded children in Primary Schools in this area. It is hoped that other centres may be established soon.

In consequence of the general improvement in physical health relatively more time needs to be spent now on problems of mental ability and adjustment.

There has been a gradual improvement in the state of the school buildings in the Liskeard Area and provision of hot water is becoming more common in the country schools.

In conclusion I would like to acknowledge the help given by Health Visitors, District Nurses and Office Clerical Staff."

Dr. M. D. H. Myhill—Liskeard-Camelford Area.

"My report covers only the Autumn Term of 1961, during which I examined mainly the new entrants to the Grammar and County Secondary Schools, though the immunisation and follow-up work has taken me to the Primary Schools of my area. I have been most impressed by the cordial reception given me by the Heads of schools and by their knowledge about the children and their parents which has often thrown helpful light on the problems presented. I should like to thank all the nurses for their friendly co-operation and painstaking work among their many other varied duties. They have greatly helped me during my period of introduction to the Service, and their understanding of the home background has frequently been valuable in elucidating emotional and other problems.

The general health of the children is certainly above average, and their personal hygiene I find is also good. Obesity is a recurring problem, as elsewhere, but I think the time taken investigating dietary habits and the children's feelings about their disability is well worthwhile.

There were outbreaks of measles at Altarnun and other schools in October, and an influenzal type of illness depleted schools in the Gunnislake area during November. Several cases of scarlet fever occurred at St. Breward School."

Dr. I. R. S. Patterson—Helston-Hayle-Penryn Area.

"My report on work in my area is limited to the last six months of 1961. As I have not yet visited the numerous Primary Schools, my comments refer to conditions in the Secondary Schools. I count myself fortunate in having three new Secondary Schools and one new Junior School.

The standard of health in Secondary School children is good. Visual defects head the list, and there is need for great co-operation from class teachers in ensuring that children with glasses actually wear them for school work. Too often I have been told that glasses were prescribed for reading and Television, but were at home. On examining the glasses brought next day, it was obvious that many had scarcely been worn. Unfortunately neither teachers nor doctors can dictate footwear—we can but hope that the National Health Service can bear the strain of a nation of cripples.

In this area there were no facilities for conducting medical examinations by appointment, or for dealing with the large volume of clerical work after school medical inspections. I am pleased to report that two rooms have been rented from Meneage Hospital, they have been decorated and will soon be ready for use by the area Health Visitors and myself.

I should like to take this opportunity of thanking the staff at County Hall, the Health Visitors, the Head Teachers and their staff—who have given me so much assistance in my new post."

Dr. W. Paterson—Launceston-Bude Area.

"In the not too distant future, it may be possible to write in this report that medical examinations of school children are carried out in suitable accommodation specifically designed and equipped for the purpose. Unfortunately, the woefully inadequate facilities remain and, once again, only the considerable co-operation of head teachers and their staffs made it possible to carry the work through in a reasonably satisfactory manner. My appreciation of this help, and of the valuable assistance of the school nurses, is recorded.

Periodic Medical Inspections.

With regard to physical condition, no children were seen in whom this could be classified as unsatisfactory.

Defects of vision once more headed the list of conditions requiring treatment, orthopaedic defects and nose and throat conditions taking second and third places.

Unsuitable shoes continued to be too commonly worn—unsuitable in style especially in the case of older girls, and unsuitable in size for girls and boys of all ages. In addition to the usual method of estimation of fit by examination of the shoes in wear and off the foot, the feet of 189 children were measured with a measuring device. This procedure showed that shoes of the measurement size were worn by only 18 children, of smaller size by 100, and of larger size by 4. In

67 children, a comparison of measurement size and size in wear was not possible because of obliteration of the marking of the size on the shoes.

Clearly, the buying of shoes for children is a matter in which many parents require guidance and enlightenment. From discussion of this point with parents, it emerges that many still do not take their children to be fitted, but buy the size which they guess will be suitable, from reference to the previous pair. Also, the practice of having a pair of shoes for best wear and an older pair for everyday use is still far too common—in the case of the majority of growing children, the Sunday shoes have been outgrown by the time they are taken into everyday use. The dire attraction of the X-ray fluoroscope is also much in evidence. The fascination of seeing the image of the bones of the foot is undeniable, but even the most vigorous wriggling of the toes in the new shoes, as seen on the screen, is not proof of a satisfactory fit. Too many parents, also, are still unaware of the risks of unnecessary exposure to X-rays, and it is an unhappy thought that a child may perhaps be subjected to this form of examination several times in the course of a single shopping expedition for shoes. In buying shoes, there is no substitute for careful measurement and fitting, and every effort is made to bring this home to parents at school medical examinations and on other occasions.

Epidemic Disease

There were no outbreaks of serious epidemic disease. A measles epidemic, which started in the early summer, continued throughout the remainder of the year and involved a number of schools in the area.

School Buildings.

The general high standard of cleanliness of school buildings was maintained.

In St. Stephen's C.P. School, Launceston, the antique periodic-flush trough latrines were replaced by modern W.C.'s and urinals. At the end of the year, work was in hand with a similar modernisation at Launceston V.P. School.

A new hutted infants classroom was provided at Morwenstow V.P. School, giving welcome additional space in the older building.

Main water was brought to the parish of North Tamerton during the year, and the school was connected to the supply. Lewannick C.P. School was also connected to the main supply during the year.

Inadequate artificial lighting still exists in most schools.

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

Dr. J. Reed—Bodmin-Wadebridge Area.

" The County Secondary School was opened in Bodmin in September, 1961. The whole of my area is now provided with Secondary Education. The All-age school has now disappeared. Regular visits are paid to all the secondary schools in the area. The system works well and appears to cause a minimum of interruption in school activities. The facilities for medical examination have vastly improved, particularly so in the new Bodmin school, where separate changing accommodation permits privacy and speed in examination. The reduced numbers in the old schools has also made possible better examination facilities. The physical state of pupils was satisfactory, and the improvement in general appearance and bearing is quite marked in the children now attending the new schools. A few children in the secondary schools were observed to be 'regular' smokers, but the proportion did not appear to be as high as is frequently recorded elsewhere. As a matter of interest the number of 'nailbiters' amongst the entrants to Secondary schools was recorded: 51 out of 342 children (15%) were so affected.

The general pattern of observed defects was the same as in previous years, though fewer children are now referred on account of enlarged tonsils and adenoids. The search for early hearing defects using the new test material has not revealed any exceptional incidence of deafness. My impression of five year olds is that the number of defects, previously recognised or not, is quite small.

The standard of sanitary provision in schools has improved, and many now have a suitable supply of hot water as well as cold. The Bodmin Grammar School is a notable and important exception. Milk and meals were satisfactorily provided during the year, and no food poisoning was reported. Measles was the most frequent reported infectious disease, occurring in June and July.

Immunisation programmes continued to have a good response. Heaf testing revealed no exceptional incidence of positive reactors. A fourth dose of poliomyelitis vaccine was given to children between 5 and 12 years during the early part of the summer term.

May I repeat my thanks to headmasters, teachers and secretaries for their help in making the work run so smoothly."

Dr. P. R. Wilson—St. Austell Area.

" Again one must report visual defects as the commonest encountered during the medical examinations. In view of this the annual vision testing which is to commence in 1962 is much welcomed.

The condition of school children's teeth causes some concern and far too many are awaiting treatment.

Towards the latter end of the year there was a marked fall in school attendance due to Influenza. The usual infectious diseases caused some absence, especially chickenpox and in the Roche Area there was a very high number of cases of measles.

The school meals are satisfactory and in this area it is much hoped this service will soon include Charlestown School whose numbers have increased since the new housing estate at Crinnis has been built.

Immunisation has again taken up much of the time available and I wish to thank Dr. Turner for his help, especially for the number of Poliomyelitis injections he has given.

As we have not had a Speech Therapist in the East Cornwall Area for some time it is a great pleasure to see that Miss Pitman will commence the clinics early next year.

The training centre at St. Austell continues to cater for a wide age range and the work continues satisfactorily. We will very much welcome the adult and junior centres and they cannot commence any too soon.

In conclusion I wish to thank the Health Visitors and Nurses, Head Teachers and their staff and all at the Health Area Office for their kindness and help during the year, and also to all those voluntary workers who assist at the Infant Welfare Clinics."

DENTAL CLINICS

The following is a list of the clinics together with the frequency with which they were visited at the 31st December, 1961, by the Dental Officers:—

Clinic	Address	Frequency
Bodmin	The Priory	2 days a week
Bude	The Castle	2 days a month
Callington	Pannier Market	Not staffed at present
Camelford	The Clease Hall	Not staffed at present
Camborne	Community Centre	1 day at week
Delabole	Liberal Rooms	Not staffed at present
Falmouth	Health Clinic	3 days a week
Hayle	Health Clinic	2 days a week
Helston	Meneage House	1 day a week
Launceston	Health Clinic	1 day a week
Liskeard	Health Clinic	2 days a week
Newquay	15, Berry Road	2 days a week
Penryn	Municipal Offices	Not staffed at present
Penzance	Health Clinic	Daily except Wed'sdays
Redruth	Health Clinic	3 days a week
St. Austell	Health Clinic	3 days a week
St. Ives	Dove Street Clinic	1 day a week
Saltash	The Fire Station	2½ days a week
Torpoint	Macey Street	2 days a week
Truro	St. George's Road	Daily
Wadebridge	Health Clinic	2 days a week

In addition there is one Mobile Dental Clinic which is used in outlying areas when the staffing position permits.

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

“ The dental service suffered a sad blow in May, 1961, by the sudden death of Mr. H. J. Eagleson, who had been the dental officer in the Camborne and Redruth areas almost continuously since May, 1947.

Two new full-time appointments were made during the latter part of the year, in Liskeard and in Penzance. Since March, 1961, the clinic at Saltash has been manned by a part-time dental officer. The staffing position at the end of the year gave a ratio of dental officers to children of 1 to 6,000 which compares very poorly with the minimum recommendation of the Ministry of 1 to 3,000.

No treatment has been given at the clinics at Callington, Camelford, Delabole and Penryn, neither has the dental caravan been used throughout the year. The continued absence of a full-time dental officer in the Launceston-Bude area is particularly unfortunate. The St. Austell and Bodmin clinics continue to be run by the dental officer based on Truro who would otherwise be covering more inaccessible rural areas in the dental caravan. Only since July has treatment been available in the Liskeard area.

Just over 40% of the number of children on the school registers were inspected in schools during 1961, which is a little more than in the previous year.

While 20,313 routine inspections were carried out this year and 17,865 in 1960, it must not be assumed that more than 38,000 of the 48,000 children in the county have been inspected over those 2 years for even this is unfortunately far from the case. Firstly, during each year approximately one tenth of those on the school rolls in January will have left school and been replaced by new entrants by December so that in a complete year, nearly 53,000 and not 48,000 children will have been listed on the school registers and over two years about 57,000. Secondly, by reason of the distribution of staff over the county, the 20,313 inspected in 1961 include some 8,000 who were inspected also in the previous year. Thus of 57,000 children who were in the schools in 1960 and 1961, 30,000, only little more than half, were inspected in those two years; 8,000 children were fortunate enough to have had annual inspections. What is needed is regular inspection of all children at 6-monthly intervals.

The number of children found to require treatment, 15,778, was 73% of those inspected, a similar proportion to the previous year.

The situation then with regard to the dental needs of the school population of Cornwall can be briefly summed up in the stark figures that of 48,000 children in school, 38,000 require treatment.

Many private practitioners are giving as much time as they can to the school-age group, but they have their responsibilities for the adult population as well. Even were this not so, the local auth-

ority could not shift its responsibility on to the general dental service. The Education (Miscellaneous Provisions) Act of 1953 'made it clear that local education authorities had a duty to provide comprehensive facilities for free dental treatment either by their own officers or under arrangements with a hospital in the national health service; and this duty could not be fulfilled by reference of children for treatment under the general dental service of the national health service, as a few authorities had made a practice of doing.' ('The Health of the School Child.' 1956-57).

This duty naturally involves the employment of the necessary personnel to staff this comprehensive service but despite repeated advertising it has not been possible to bring the number of dental officers up to the establishment, yet alone to the ultimate need.

Understaffing and consequent neglect of the children's dental health has been so commonplace throughout the country that it is now apt to be generally accepted with complacency.

An understaffed service is an expensive service and particularly in a county. In providing some treatment over as large an area as possible, our limited staff inevitably spends valuable time in travelling which could otherwise be used for treatment. With infrequent inspection, the battle against decay is a formidable one with time the adverse factor. Small cavities which could be quickly treated, do not stay small and by the time they are able to be attended to, may take two or three times as long to fill—if indeed conservation is by then even worthwhile—and more teeth become involved which early treatment of the initial lesions could have prevented.

From the direct financial angle, the cost of rent and upkeep of the 21 clinics in the county continues whether they are used fully or not at all.

It follows that the nearer numerically the staff can approximate the optimum dentist-children ratio, the more efficient and relatively less costly will be this service.

In October I took the opportunity offered to visit the Training School for Dental Auxiliaries at New Cross, London. These dental auxiliaries are being trained over a period of two years at the end of which time they will become available for employment in the dental services of local authorities and hospitals. They will undertake, under the direction and supervision of dental officers, simple fillings of all teeth and extraction of temporary teeth under local anaesthesia. In this limited sphere they will be very adequately trained and should

be very useful in the local authority service when they become available in sufficient numbers. The first of these will become available in the autumn of 1962. Although we would have been able to provide the necessary twin surgeries to employ them, we have been already officially informed that none of the first group of 60 will be available for Cornwall.

Compared with the previous year, the treatment figures (see the table on page 59), show a decrease directly proportional to the decrease in treatment sessions which were 462 fewer than in 1960. Attendances for treatment averaged 6.4 per session but broken appointments were again very high—almost two a session.

Taking into account the scattered territory with sessions curtailed by travelling time, it would not be surprising—in fact it could be expected—that the average sessional output of our service was found to be lower than the national average. This is not the case however. Comparison with the last available figures—of 1959—for England and Wales from "The Health of the School Child" shows in fact that the average sessional output of a dental officer in Cornwall to be $12\frac{1}{2}\%$ higher; moreover, the emphasis of treatment is on fillings in which the average sessional output is more than 20% higher, while for extractions it is almost 20% lower, than the national average.

Of the 11,192 permanent teeth filled, 1,896, that is about one in six were front teeth—incisors or canines. Almost 95% of fillings were lined. Besides the 1,005 temporary teeth filled a further 1,164, the largest proportion of 'other operations in temporary teeth', were conserved with silver nitrate.

One in six of the permanent teeth extracted were removed for orthodontic reasons.

One hundred and fifteen dentures were provided for 113 children, 37 had previously had dentures and 78 were new denture patients. There were 5 full dentures fitted and two children had two dentures in the year.

Of 'Other operations in temporary teeth', silver nitrate has been already referred to. Those of permanent teeth include 15 crowns and 768 scalings. X-rays were taken for 340 children mainly in connection with orthodontic treatment and an average of two exposures for each child was made.

Orthodontic treatment. The appointment to the area by the South Western Regional Hospital Board of a consultant in the person

of Mr. Maurice Burley has filled a long felt need. We are particularly fortunate in that Mr. Burley uses a surgery in the County Dental Headquarters in Truro for one of his two fortnightly sessions in Cornwall. Although this is intended to be only a temporary expedient, with so much orthodontic work passing through the central laboratory in Truro from all parts of the county, I should be very happy if this temporary arrangement could become permanent for Mr. Burley's advice on treatment planning has been invaluable.

It is largely the consultant's influence that is responsible for fewer new orthodontic cases being treated during the year. The number seeking treatment is as great as ever but many more than before are being deferred in order for example to shorten ultimate treatment time or are dealt with by immediate extractions perhaps to be treated later with appliances.

Two hundred and thirty four sessions, or about 1 in 11 of the total treatment sessions, were spent on orthodontics. Two hundred and ninety-three cases were treated during the year, 87 of which were new cases and 206 cases already under treatment at the beginning of the year. Of the new cases, 15 were completed and 3 discontinued in the year; of the 206 from the previous year 80 were completed and 34 discontinued. Thus at the end of the year there remained 161 cases still undergoing treatment.

County Dental Laboratory.

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

Full dentures	...	5
Partial dentures	...	110
Orthodontic Appliances	...	171
Crowns and Inlays	...	15
Repairs (dentures and appliances)	...	35
Orthodontic record models	...	332

I would take this opportunity to thank all the members of the dental staff for the good work they have done during the year, and also the medical staff and head teachers for their very helpful co-operation."

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:—

“ 1961 was a year of progress and some frustration. Surprisingly, the weather was slightly on the side of progress, but the financial stringency of the allowance for minor capital works weighted the scales on the other side. The decision to suspend for the year the laying of any new hard surfaces was a bitter blow to the few schools who are entirely without, or whose hard surface is totally inadequate. The very slow advance in the improvement of facilities for swimming in the County is also disappointing. County certificates for swimming were introduced in 1957 for all children in the County who wished to enter, whether they had organised swimming lessons or not. Since 1957, 12,497 children have entered and 8,345 have passed one or more of the four swimming tests. All children are tested by the Organisers in order to maintain a high standard and, except at Launceston and Penzance where there are unheated open air baths, the testing is, in many cases, difficult and the majority of children cannot take advantage of this scheme. The unpredictable open sea or a deep harbour is not the best place to test beginners or even swimmers and, although the general public are on the whole co-operative, the increasing number of boats moored and speed boats operating in shore adds to the difficulty. Neither is the position satisfactory when the Organisers have to depend on the good will of a hotel proprietor in order to run a swimming course for teachers taken by the National Coach.

It appears that the optimistic comments in the 1960 report about the building of baths by Local Authorities were premature.

STAFFING

Miss C. B. George, Assistant Organiser in Cornwall for 10 years, left at the end of August to get married. Her work in the County will not be forgotten and her ability to help those teachers who found the subject difficult was outstanding.

As far as women staff are concerned the situation has never been worse and some married women find it difficult to participate in out-of-school activities because of their family commitments. It is very disappointing when matches have to be cancelled because staff cannot be found to accompany the children.

FACILITIES

Gymnasia—Now that the re-organisation of Secondary schools is almost complete, the number of new gymnasia opened this year was

reduced to two. However, nearly a thousand more children of secondary age can now work in ideal conditions. A few minor improvements in grammar schools have been made but in many the facilities are still inadequate.

Equipment—More playground agility equipment, mostly of the portable variety, has been installed in primary schools and, in a few schools, climbing ropes have been fixed in indoor spaces, made possible by the withdrawal of children under the re-organisation scheme. At these schools new floors have been laid and the whole approach to primary physical education has been transformed.

Playground—The maintenance programme was carried through, but new hard surfaces could not be laid for reasons already given and some grammar and older secondary schools are still short of hard surfaces big enough for sufficient courts for netball and tennis. Unless girls play these games while at school, they are not likely to learn afterwards and will become watchers rather than players when they leave school.

Playing Fields—There is now an establishment of 5 gangmower operators, but only for a short time have all 5 been in operation together. This meant that the improvement expected from the full complement has not materialised, although this year more favourable weather prevented such chaotic conditions as occurred in the previous year.

More acreage has been taken over at the new schools where, in several cases, levelling schemes have been followed by difficulties which it is hoped are of a temporary nature. However, the new areas have given opportunities never before envisaged.

EVENING INSTITUTES

MEN

Classes were held in several centres through the County and the attendance generally was fairly good. The interest and enthusiasm shown by members of the classes was, on the whole, good and it seems that the more strenuous the work the more the lesson was enjoyed.

Lessons generally offered a good variety of activities catering for the interest of all the members, but it is sometimes felt that classes offering more specialisation in certain games and activities, e.g. rugby, soccer, and gymnastics might be considered by some of the teachers, thus making a more positive effort to raise the standard in the basic skills.

Steps are being taken to facilitate the more extensive use for evening classes of the excellent facilities offered by the new schools, and to make these facilities more generally available for use by the community.

KEEP FIT WOMEN

The number of women wishing to join these classes greatly outstrips the number of leaders available. Many more classes could be started if sufficient leaders could be found. The training of individual members of the classes goes on, but leaders so trained tend to change frequently, as they are mostly young women who are still building up their families. Some of the classes now meet all the year round except for the two summer months when many members are busy with visitors. A Keep Fit Rally was held at St. Austell in March, thanks to the co-operation of the Headmaster of the Penrice County Secondary School. All classes showed what they had been doing during the year and Miss Olive Newson, Secretary of the National Keep Fit Association, came down from London and took two sessions with the combined groups.

ATHLETICS

Interest and participation in Schools' athletics continues to grow. This was made clearly evident in the Schools' Annual Athletic Championships where the number of entrants was so large that it was necessary to hold morning heats and semi-finals preceding a full afternoon's programme. As further evidence of the general improvement new records were created in some events.

Teams were selected to represent the County in regional and All England finals held in Plymouth and Chesterfield respectively. Secondary and grammar schools athletic meetings were well represented and the organisation generally was of a high standard. The cross country championships were held at Penrice County Secondary School and nearly two hundred runners took part. The annual one day coaching course was well attended.

SWIMMING

Swimming tests were carried out by the Physical Education Organisers, and at 22 centres 2,430 boys and girls from 73 schools were tested. Of these, certificates gained were as follows: Elementary 1,023; Intermediate 135; Advanced 48; Distance 325.

For the first time Mr. A. D. Kinnear, the National swimming coach, was engaged and courses for teachers held at Launceston and Newquay. These were very successful and approximately 40 teachers

and 300 children took part. Interesting new trends in swimming instruction were demonstrated.

The Schools' Swimming Association was very active. With the opening of the new pool at Tretherras County Secondary School, Newquay, a strong Central Swimming Association was formed, giving a triangular competition in the County. The finals were also held at Newquay. Competition was of a good standard and four children won their races, subsequently, in the divisional finals at Plymouth in September. With such generally unfavourable conditions for practice this was no mean feat.

The completion of the new school pool at Newquay will undoubtedly transform swimming standards at this school and possibly in the area.

SAILING AND CANOEING

Those teachers concerned with the organisation of sailing in schools and others requiring more knowledge of the subject, attended a course on the St. Mawes estuary at Easter. The weather was ideal for the purpose and all 40 present had 5 days' sailing instruction.

For the first time inter-school sailing races were held at Feock and Marazion and special races were held at Newquay and Penzance for school boats. In addition a weekend sailing 'get together' was held at Percuil, based on the adventure centre at St. Just-in-Roseland. All these events were most successful. A girls' grammar school has started sailing this year and now owns its own craft. Canoeing continues in favour and some schools have regular out-of-school excursions whilst others carry out instructions on Saturdays off the beaches between Penzance and Marazion.

CAMPING

More secondary schools than ever camped in 1961 although no grammar schools took part, no doubt due to the pressure of external examinations. As expedition camping is being increasingly stressed and more secondary schools enter the scheme, the number of primary children camping tends to decrease. Numbers were as follows: boys 527, girls 216, a total of 814 staff and children, who camped for 13 weeks for weekly periods. After much difficulty an excellent site on National Trust land at Trelissick near Truro was obtained. Expedition work was hampered by a rather urbanised surrounding area but swimming, canoeing and sailing were tackled in good conditions at Loe Beach.

More lightweight expedition equipment was purchased and some schools were able to send out all their boys for at least 24 hours, cover-

ing an average of 12 miles. In all, 50% of the boys took part in this activity. More schools borrowed equipment for weekend expedition practices than in past years, some in order to practise for the Duke of Edinburgh's Award. Camping standards were maintained and visits were made by Her Majesty's Inspectors.

REMEDIALS

Few children are now recommended by the School Medical Officer as needing special exercises, this being no doubt due in some measure to the improved physical education resulting from improved facilities and the fact that most children change for the lessons and so are able to move more freely.

BOYS

The Duke of Edinburgh's Award Scheme.

To date 839 boys have entered for the awards at various stages. Of this number, 214 boys have gained Bronze, 101 Silver, and 30 Gold Awards. In 1961, 421 boys were being tested, of whom 37 were taking the Gold Award.

By far the greatest percentage of failures has been at the Bronze Award stage. From this, it would appear that this stage is a real testing ground for the entrants and many withdraw, apparently lacking the necessary endurance and determination to complete the test. Once successful, however, they are ready to carry on with the higher grades, knowing some of the difficulties ahead. No doubt, at the Silver and Gold stages the entrants have sufficiently matured to understand what they are to attempt.

11 youth clubs and 28 schools are now participating and 25% more boys are engaged in the scheme than last year, at that time a record number.

SOCCER

Despite the fact that more schools include rugby in their winter games programme, enthusiasm for soccer in most schools is maintained and there is no diminution in the general standard of play. It is interesting to note that most of the schools which play soccer for one term only are able to compete favourably with schools which play soccer in both the winter terms. Rugby playing schools, although lacking in some of the refinements of soccer, enter into the spirit of the game with great enthusiasm and vigour and this seemingly compensates for the comparative lack of skill.

The annual inter-school area and County matches were played on secondary, grammar and youth levels and the primary schools com-

peted in the Shield matches. Well attended two day youth courses were arranged at St. Austell and Helston, at one of which Billy Wright, ex-captain of England, acted as coach.

Great credit is due to the teachers concerned who give up many hours of their spare time for the benefit of the players in their charge.

BASKETBALL

1961 was noted for an increase in the interest and progress in basketball, particularly in the field of inter-school games. An inter-school knock-out competition was held at Newquay with 18 teams competing.

Boys' and teachers' teams travelled to play against teams from Plymouth schools and games were played between the teachers and Cornwall Technical College.

RUGBY

" The rapid progress and development of our game in Cornwall has continued unchecked, and I feel that we can be proud of the work which is now being done by our teachers in our Secondary Schools ". These sentiments, recorded by the C.S.R.U. Secretary in his annual report, summed up the state of rugby in schools in 1961.

More schools than ever became affiliated, due principally to the block grant system of affiliation and the usual area trials were held to select the County teams.

The 'under 15' game against Devon was played at St. Ives and was graced by the presence of the President of the Rugby Union. A new fixture was arranged and played against the Leicester schools. Public and grammar school teams toured Germany and South Wales with good results.

CRICKET

School cricket continued to progress and a good standard was maintained.

Area trials were held to choose the County team and the annual boys' and teachers' game was played before the final selection.

Two inter-County matches were played away against Devon and Somerset respectively. Both games were narrowly lost.

Although net and game coaching is of great value to the school-boy it seems that more emphasis should have been placed on the group coaching system recommended by the M.C.C.. This places emphasis on concentrated stroke play, which is basic to the need of all cricketers.

BOXING

Inter-school tournaments continued throughout the 1961 season and many boxers benefited from the extra competitions in preparing for the county, regional and national meetings.

The County Championships were held at Tolgus County Secondary School and 41 bouts took place in the afternoon and evening. Selected boxers were entered for the regional and subsequent finals, one of whom became a National Schools' A.B.A. champion. Nine teachers attended a boxing officials' course held in Redruth with the result that there was one hundred per cent success in the judges' examination with marks well above the national average. More schools became affiliated to the Cornwall Schools Boxing Association during the year.

GIRLS

COURSES

The day courses for women taken during the Autumn of 1960 and Spring Term 1961 have given a new incentive to those taking physical education in the junior school where the accent was placed on movement training rather than the teaching of formal exercises.

The result has been a marked improvement in the standard of work in these schools. At the request of the teachers in the St. Austell area, a day of dance was held in the Spring with practical classes for teachers and demonstrations by children, showing the various types of dancing which can be taught in the junior school. In the Autumn a day course was held for women teachers in Camborne and infant and junior classes were used to demonstrate all branches of physical education suitable for these age groups, combined with talks and discussion. A day course, to demonstrate the new international rules for netball, was held in September for teachers in secondary schools.

HOCKEY

The County Hockey Association lost its secretary in January and, unable to find another, the Committee divided the duties. An evening coaching session with special reference to umpiring, was held in September and County trials were held at Liskeard, Penzance and Truro. The county team gave their best performance for some years at the South West Hockey tournament in November, by not being beaten by any other County. One girl was chosen to represent the S.W. two chosen as reserves and one as a further reserve. The Senior County tournament was held but the junior had to be cancelled owing to the weather.

NETBALL

After two years without a secretary, the County Netball Association were able to appoint a full complement of officers at their Annual General Meeting in September. After three years of experiment with new rules, there was a further and final change in 1961, approved by all the national bodies for women's basketball and netball; the improved pace of the game at the tournament and County trials showed that the change in the rules has been well worthwhile.

TENNIS

The interest taken and help given to the schools by the County Lawn Tennis Association has done a great deal to raise the standard of tennis. The competition for the Meares and Watkins Cup were arranged by them, as was the coaching of promising young people still at school. In a few schools, where there were facilities but no teachers to coach the girls' tennis, Miss Nancie Tresawna of the Dewpool School of Tennis in London took over some of the coaching while she was resident in Cornwall.

DANCING

The Folk Dance and Song Committee, together with the local teachers, arranged two Festivals of Dance in June at Bude and Penzance, but the St. Valentine's Day dance for secondary schools was cancelled owing to the lack of support. Where folk dancing is practised in the secondary schools, its rightful place is as a social activity for girls and boys together and usually taken in the dinner hour or, where children live locally, after school. There is a lack of educational dance teaching in the majority of secondary and grammar schools due to the staffing problem, as this form of dance can only be taken by teachers trained in modern educational dance technique. In primary schools this technique is being mastered and each year shows a welcome increase in the number of teachers attempting this work."

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED 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 (4)	Number (5)	% of Col. 2 (6)
1957 and later ...	6	6	100	—	—
1956 ...	1,342	1,340	99.86	2	.14
1955 ...	2,672	2,655	99.37	17	.63
1954 ...	372	368	98.93	4	1.07
1953 ...	91	90	98.91	1	1.09
1952 ...	45	45	100	—	—
1951 ...	62	62	100	—	—
1950 ...	3,392	3,366	99.24	26	.76
1949 ...	1,055	1,051	99.64	4	.36
1948 ...	199	198	99.50	1	.50
1947 ...	1,807	1,792	99.17	15	.83
1946 and earlier	3,384	3,364	99.41	20	.59
TOTAL ...	14,427	14,337	99.38	90	.62

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
1957 and later	—	—	—
1956 ...	80	237	272
1955 ...	211	529	610
1954 ...	25	74	86
1953 ...	10	12	21
1952 ...	8	9	16
1951 ...	7	5	11
1950 ...	431	507	855
1949 ...	133	145	256
1948 ...	27	16	35
1947 ...	213	201	384
1946 and earlier	550	499	942
TOTAL ...	1,695	2,234	3,488

TABLE C — OTHER INSPECTIONS

Number of Special Inspections	...	...	13,548
Number of Re-Inspections	..	...	3,875
TOTAL	...	...	17,423

TABLE D — INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in the schools by the School Nurses or other authorised person	...	...	...	125,727
(ii) Total number of individual pupils found to be infested	...	...	...	272
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	272
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	10
(The incidence of infestation in the County is 0.56%)				

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 ...	56	42	116	66	82	41	254	149
5.	Eyes—								
	a. Vision ...	363	302	757	98	575	168	1695	568
	b. Squint ...	123	42	41	16	60	14	224	72
	c. Other ...	19	19	16	28	29	14	64	61
6.	Ears—								
	a. Hearing ...	74	88	42	24	60	64	176	176
	b. Otitis Media	25	59	10	24	17	44	52	127
	c. Other ...	10	19	20	30	23	17	53	66
7.	Nose and Throat	139	228	63	88	63	132	265	448
8.	Speech ...	35	101	13	12	23	32	71	145
9.	Lymphatic Glands	22	99	2	36	2	40	26	175
10.	Heart ...	23	68	31	42	23	41	77	151
11.	Lungs ...	56	102	34	34	41	45	131	181
12.	Developmental—								
	a. Hernia ...	9	9	1	7	4	—	14	16
	b. Other ...	15	53	7	5	21	67	43	125
13.	Orthopaedic—								
	a. Posture ...	20	36	46	85	26	116	92	237
	b. Feet ...	94	81	46	135	68	112	208	328
	c. Other ...	70	128	80	114	42	79	192	321
14.	Nervous system—								
	a. Epilepsy ...	11	6	8	4	15	5	34	15
	b. Other ...	2	7	5	2	4	15	11	24
15.	Psychological—								
	a. Development	13	31	20	24	13	28	46	83
	b. Stability ...	16	41	4	10	9	40	29	91
16.	Abdomen ...	12	16	8	7	9	14	29	37
17.	Other ...	32	22	74	17	37	30	143	69

T.—means requiring treatment.

O.—means requiring observation

TABLE B — SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Requiring treatment	Requiring observation
4.	Skin	29	15
5.	Eyes—		
	a. Vision	1,200	312
	b. Squint	93	7
	c. Other	21	10
6.	Ears—		
	a. Hearing	44	25
	b. Otitis Media	7	18
	c. Other	5	2
7.	Nose and Throat	38	40
8.	Speech	31	31
9.	Lymphatic Glands	3	11
10.	Heart	7	16
11.	Lungs	13	25
12.	Developmental—		
	a. Hernia	2	1
	b. Other	5	18
13.	Orthopaedic—		
	a. Posture	8	25
	b. Feet	17	18
	c. Other	31	37
14.	Nervous system—		
	a. Epilepsy	6	4
	b. Other	8	3
15.	Psychological—		
	a. Development	17	31
	b. Stability	15	14
16.	Abdomen	8	8
17.	Other	24	9

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED 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	...	—
Errors of Refraction (including squint)	...	3,890
Total	...	3,890
Number of pupils for whom spectacles were prescribed	..	2,170

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	...	—
(b) for adenoids and chronic tonsillitis	...	362
(c) for other nose and throat conditions	...	—
Received other forms of treatment	...	—
Total	...	362
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1961		15
(b) in previous years		61

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	... available
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	—
(ii) Body	—
Scabies	—
Impetigo	—
Other skin diseases	3
TOTAL	3

TABLE E — CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	... 145
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TABLE F — SPEECH THERAPY

Pupils treated by Speech Therapists	... 166
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TABLE G — OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	... 24
(b) Pupils who received convalescent treatment under School Health Service arrangements	... —
(c) Pupils who received B.C.G. vaccination	... 3,823

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	...	...	...	20,313
(b) As Specials	...	...	...	1,582
	Total (1)	...		21,895
<hr/>				
(2) Number found to require treatment	...	...		15,778
(3) Number offered treatment	...	...		13,396
(4) Number actually treated	...	...		5,713
(5) Number of attendances made by pupils for treatment including those recorded at heading 11(h) below	...			16,367
<hr/>				
(6) Half-days devoted to: Periodic (School) Inspection	...			210
	Treatment	...	...	2,576
	Total (6)	...		2,786
<hr/>				
(7) Fillings: Permanent Teeth	12,859
	Temporary Teeth	1,089
	Total (7)	...		13,948
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(8) Number of teeth filled: Permanent Teeth	...			11,192
	Temporary Teeth	...		1,005
	Total (8)	...		12,197
<hr/>				
(9) Extractions: Permanent Teeth	...	...	...	2,872
	Temporary Teeth	...	...	4,719
	Total (9)	...		7,591
<hr/>				
(10) Administration of general anaesthetics for extraction				1,810
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(11) Orthodontics:

(a) Cases commenced during the year	87
(b) Cases brought forward from previous year	206
(c) Cases completed during the year	...	...	95
(d) Cases discontinued during the year	...	...	37
(e) Pupils treated with appliances	...	...	293
(f) Removable appliances fitted	...	...	174
(g) Fixed appliances fitted	...	...	4
(h) Total attendances	...	...	2,162

(12) Number of pupils supplied with artificial teeth ... 113

(13) Other operations: Permanent Teeth	...	...	5,904
Temporary Teeth	...	...	1,379
Total (13)	...	...	7,283

HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Physi- cally Handi- capped (6) Delicate		(7) Mal- adjusted (8) Educa- tionally sub-normal		(9) Epileptic (10) Speech Defects		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
During 1961;											
Handicapped Pupils											
A. Newly placed in Special Schools or Boarding Homes ..	1	0	2	2	7	4	7	17	0	0	40
B. Newly ascertained as requiring education at Special Schools or boarding in Homes	0	1	1	4	2	6	8	39	0	0	61
On 20th January, 1962;											
C. Number of Handi- capped pupils:											
(i) Attending Special Schools as:											
(a) Day Pupils ..	0	0	2	1	0	0	0	16	0	0	19
(b) Boarding Pupils	15	4	20	14	20	3	2	58	2	1	139
(ii) Attending independent Schools under arrangements made by the authority ..	0	0	3	0	4	7	2	2	0	0	18
(iii) Boarded in Homes and not already included under (i) or (ii) ..	0	0	0	0	0	1	17	0	0	0	18
Total (C) ..	15	4	25	15	24	11	21	76	2	1	194
D. Number of Handi- capped Pupils be- ing educated under arrangements made under Section 56 of the Education Act, 1944:											
(a) in hospitals ..	0	0	0	0	0	0	0	0	0	0	0
(b) in other groups	0	0	0	0	0	0	0	0	0	0	0
(c) at home ..	1	1	0	0	9	5	2	2	1	0	21
E. Number of Handi- capped Pupils re- quiring places in special schools as:											
(a) day pupils ..	0	0	0	0	0	0	0	7	0	0	7
(b) boarding pupils ..	0	1	0	2	3	3	0	38	0	0	47



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