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CORNWALL COUNTY COUNCIL  
EDUCATION COMMITTEE

# Annual Report

OF THE  
PRINCIPAL SCHOOL MEDICAL  
OFFICER

1962

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



CORNWALL COUNTY COUNCIL  
EDUCATION COMMITTEE

# Annual Report

OF THE  
**PRINCIPAL SCHOOL MEDICAL  
OFFICER**

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



**REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1962**

Health Department,  
County Hall,  
Truro.

February, 1963.

**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 1962.

As this is the last Report I shall publish, it is interesting to look back to my first Report which covered the year 1939. Then, 14 pages of large print were sufficient to cover the whole of the activities of the School Health Service, at that time based on four School Medical Officers and three Dental Surgeons. The lengthening of the Annual Report as the years have gone by is not entirely, I hope, due to verbosity, but is a reflection of the much greater help given by the Committee to the school children in Cornwall in all their various needs and difficulties.

A pleasing theme running through the whole of this year's Report is provided by the tributes paid in section after section to the help received from teachers, voluntary associations, colleagues in the medical profession, other members of the staff of the County Council, and all others with whom our work brings us into contact. I have always thought it important that instead of trying to impose co-ordination, co-operation and liaison, or whatever cliché is in vogue at the moment, the only answer to a successful service is a real friendship between those working for the same end.

A considerable amount of progress has been made in this last quarter of a century, but there is no doubt that much remains to be done.

I would like to thank the Secretary for Education and his staff for the understanding which they have always shown in considering our proposals, and the staff of my own Department for their continued

loyal and understanding support. None of this progress could have been made without the confidence and help I have always received from the Chairman and Members of the Education Committee, for which I am indeed grateful.

County Hall,  
Tinn  
February, 1933

I am,

Your obedient Servant,

**R. N. CURNOW,**  
Principal School Medical Officer.

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

I have the honor to present a report dealing with the School Health Service for the year 1932.

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## STAFF

### Principal School Medical Officer:

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

### Deputy Principal School Medical Officer:

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

### Senior School Medical Officer:

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.

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.

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

ISOBEL R. S. PATTERSON, M.B., Ch.B., D.P.H.

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

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

\*Also Assistant County Medical Officer.

**Consultant Psychiatrist:** Child Guidance (on the staff of the Regional Hospital Board)

J. E. DESSART, M.B., B.S., D.P.M (Commenced 10.12.62)

### Senior Educational Psychologist:

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

### Educational Psychologists:

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

D. LAWRENCE, B.A., A.B.Ps.S. (Commenced 1.5.62)

### Teachers for the Deaf:

R. S. ELDRIDGE, B.A., Cert. for Teachers of the Deaf  
(Commenced 1.1.62)

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

### Speech Therapists:

Miss J. KING, L.C.S.T. (Resigned 31.7.62)

Miss M. PITMAN, L.C.S.T. (Commenced 5.2.62)

### Principal School Dental Officer:

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



## Dental Officers:

### Whole time:—

W. T. ARMSTRONG, L.D.S. (Commenced 31.12.62)  
R. A. CURRIE, L.D.S.  
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.  
D. J. WHEELER, B.D.Sc.

### Part time:—

R. T. D. FORSYTH, B.D.S. (Resigned 13.7.62)  
Mrs. S. M. SATCHWELL, B.A., L.D.S.

## Dental Auxiliary:

Miss J. L. JEREMIAH, General Dental Council Proficiency Certificate. (Commenced 3.9.62)

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## STATISTICS

Population 1962 (approximate)	...	...	...	339,110
School Population	...	...	...	48,309
Number of Schools:—				
Nursery	...	...	1 with	41 pupils
Primary	...	...	280 with	26,273 pupils
Grammar	...	...	17 with	6,699 pupils
County Secondary	...	...	33 with	13,245 pupils
Bilateral	...	...	1 with	484 pupils
Further Educational Establishments	...	...	4 with	1,496 full-time pupils
Special	...	...	3 with	71 pupils

## MEDICAL INSPECTIONS

There has been no deterioration in the general health of the Cornish school children which remained at a very satisfactory level during the year.

School Doctors managed to complete all medical examination programmes though there were signs that pressure on their time was again increasing.

Routine Medical Examinations were conducted as before — at entry to infant and secondary school and during the last year of compulsory school attendance. For the first time it was possible to examine the vision of every child in school during the year and this annual vision testing of all age groups will now become our standard practice. The presence of parents at all routine medical examinations is still regarded as being of the utmost importance and once again we were pleased to note that more parents attended these examinations and were able to discuss their problems more fully with the School Doctors.

There has again been some progress in the provision of additional office and clinic accommodation for the various special examinations and private consultations undertaken by the School Medical Officers. Congenial and adequately equipped Medical Examination Rooms in the new County Secondary Schools have been appreciated by medical staff, parents and children, and it has been possible during the year to re-design and re-equip some of the medical rooms in the older schools.

This year has seen the introduction of regular weekly visiting by more School Medical Officers to various Secondary Schools throughout the county. This scheme has much to commend it as the doctor then becomes more a part of the school establishment and is available at regular times for consultation and advice to both staff, parents and pupils. Preliminary assessment of the scheme does seem to indicate however that each doctor visiting regularly will be required to give at least 10—15% more time to these schools. If it were found desirable to initiate this system throughout the county additional staff would be required.

## CO-ORDINATION AND CO-OPERATION

The staff of the School Health Service have again made every effort to achieve close liaison with Family Doctors, Hospital Consultants, and staffs and there is good reason to believe that co-operation is now at a very high level.

School Medical Officers have continued to attend sessions at various hospitals in the capacity of Clinical Assistants and this has done much to familiarise them with their colleagues in other medical fields.

A new innovation has been the inauguration of regular meetings between senior staff of the School Health Service and the Youth Employment Officers responsible for the county areas. A free exchange of information regarding handicapped children is thus made possible at an early date. This allows adequate time for discussion and enquiries before reaching decisions which will be of great ultimate benefit when these children reach school leaving age. Everything possible is done to ensure that the most appropriate type of work or training is made available.

School Medical Officers are visiting schools much more frequently for informal discussions with parents and teaching staff regarding the various physical and emotional problems shown by the children. It is hoped that by this method earlier diagnosis, resulting in shorter periods of treatment, will be made possible.

The Child Guidance Service continues to form an ever growing section of the School Health Service as will be noted in more detail in later pages of this report. A fourth Educational Psychologist will be joining the staff in the near future and the closest co-operation is maintained between them and the School Medical Officers. The joint advice which thus becomes available to the parents of children with emotional and behaviour problems has been welcomed with great appreciation.

### 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 9 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 7 of these 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 1962 was 260 which is 0.54% of the school population.

It was found necessary during the year to issue Compulsory Cleansing Orders in respect of 7 children.

### SPEECH THERAPY

The following is a list of the clinics at the end of December, 1962:—

Clinic	Address	Frequency
St. Austell ...	Health Clinic	Weekly
Bodmin ...	Narissa Hall	Weekly
Bude ... ..	The Castle	Weekly
Launceston ...	Health Clinic	Weekly
Liskeard ...	Health Clinic	Weekly
Saltash ...	The Fire Station	Weekly
Wadebridge ...	Health Clinic	Weekly

Miss M. Pitman commenced duties as Speech Therapist for the East Cornwall Area in February 1962 and holds clinics as detailed above. However, unfortunately, Miss J. King the Speech Therapist for the West Cornwall Area resigned in July 1962 and so far we have been unable to replace her.

The following report has been received from Miss Pitman:—

“ In February 1962 I opened the Speech Therapy Clinics in the Eastern area of Cornwall. The main problem has been the very large number of patients who had been treated by Mrs. Bishop and/or Mrs. Quixley—my predecessors. As some considerable time had elapsed since their last treatment it was difficult to check up on all of these patients and deal with the flood of new cases on the waiting list. Because of this I undertook only a few school visits during the year, but in spite of this most Head Teachers have given me a great deal of help and consideration for which I am very grateful.

Attendance was poor at the beginning of the year mainly due to adverse weather conditions, while during the Summer holidays parents seemed more inclined to take their children on the beach rather than bring them to the clinic. However taken as a whole the attendance throughout the year has been fairly good and most of the parents are extremely pleased that clinics have again been opened.

I extend my warmest thanks to the School Medical Officers and all those who have helped me so much during my first year with the Cornwall County Council."

Statistics relating to Miss Pitman's clinics are given below:—

Number of children attending at the end of the year ... 74

Number of children discharged during the year ... 75

Of those discharged:—

Speech normal or improved ... .. 41

Other reasons—Lack of attendance etc. ... 34

Number of attendances by cases during the year ... 1,934

Number of children under observation ... .. 33

Types of Speech Disorders being dealt with:—

Stammer ... .. 13

Defects of articulation—e.g. Dyslalia ... 54

Other cases ... .. 7

During the seven months that she was here, Miss King treated 173 cases.

### CHILD GUIDANCE

The following is a list of the Child Guidance Clinics in Cornwall at the end of 1962:—

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

We must again thank the Plymouth Authority for looking after our cases in South East Cornwall. Owing to the appointment of a full time Child Psychiatrist we shall, as from 28th January, 1963, in place of the weekly Child Guidance Clinics at Camborne, Hayle and St. Austell for half day sessions during 1962, look forward to weekly all day sessions at Hayle, Camborne, Truro and St. Austell and fortnightly all day sessions at Liskeard and Launceston.

It will be seen from Mr. Portwood's report which follows that the number of referrals has increased from 738 to 1072, (almost 50%)

but it is disappointing that we have still not been able to appoint a social worker.

Nevertheless the Child Guidance Service is continuing to expand and the needs of the county as a whole will be much more adequately catered for in the future.

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

#### “ STAFF

Throughout the year we enjoyed the services of Dr. Pencheon for three sessions a week as before but in December he gave up his Child Guidance responsibilities consequent on the appointment by the Regional Hospital Board of a full-time consultant in Child Psychiatry. Thus, as we thank Dr. Pencheon for a period of fruitful collaboration we welcome Dr. J. Dessart.

In May we were joined by Mr. Lawrence, Educational Psychologist, whose clinical experience and interest is reflected by the sharp increase in therapeutic clinical interviews.

We have not been able to appoint a psychiatric social worker but the provision for Educational Psychologists has been increased to five and it has been possible to appoint one of the two additional officers to start later in the coming year.

#### CASE FIGURES

Children referred during 1962	...	1,072
		<hr/>
comprising: New referral	...	668
Rereferrals	...	135
Follow-ups	...	269
		<hr/>
		1,072
		<hr/>
Cases seen	...	821
Waiting List	...	202
Closed without attendance	...	49
		<hr/>
		1,072
		<hr/>

The increase in the number of referrals this year is almost startling. Something over 40 per cent more children than last year

have been referred and inevitably we have been unable to keep pace with the demand. However, the number of children actually seen has gone up by nearly thirty per cent and this, perhaps, is not an unworthy rate of development.

#### SOURCE OF REFERRAL

Head Teachers and Secretary for Education ...	474
P.S.M.O. and S.M.O.'s ... ..	312
Juvenile Court and Probation Officers ...	27
Family Doctors ... ..	100
Hospital Consultants ... ..	82
Children's Officer ... ..	42
Miscellaneous ... ..	35
	1,072

The proportionately considerable increase in referrals from family doctors and hospitals is very welcome. Some of the smaller source categories are remarkably constant but it may be inferred that School Doctors and Headteachers are referring increasing numbers of slow-learning children.

#### REASON FOR REFERRAL

Subnormal ... ..	174
Slow Learners ... ..	531
School Behaviour ... ..	34
Deaf ... ..	30
Sensory Motor ... ..	3
Neurotic Disorder ... ..	32
Habits Disorder ... ..	52
Behaviour Disorder ... ..	186
Miscellaneous ... ..	30

This table follows the form established last year and a general increase in referrals throughout is shown.

#### SEX

Girls ... ..	360
Boys ... ..	712

Again the extraordinary closeness to an exact ratio of 2 : 1 is to be seen. (This same tendency for boys to be 'at risk' or prone to events is also to be seen, and in the same ratio, in the numbers

of fatal accidents on the road and in the home. A general explanation of these facts might be that boys are more extraverted, more outgoing and more adventurous, or foolhardy).

#### AGE

Under 5	...	...	52
5	...	...	49
6	...	...	96
7	...	...	133
8	...	...	152
9	...	...	138
10	...	...	123
11	...	...	89
12	...	...	73
13	...	...	59
14	...	...	51
15	...	...	30
15+	...	...	27
			<hr/>
			1,072

#### INTELLIGENCE

##### I.Q.

Below 55	...	44	Inferior intelligence; borderline educability.
55— 69	...	125	Limited intelligence; special educational provision.
70— 84	...	250	Dull.
85— 94	...	130	Low average.
95—105	...	87	Average.
106—115	...	42	High average.
116—130	...	27	Bright.
131—145	...	5	Superior intelligence.
145+	...	3	Very superior intelligence.

#### CASE INTERVIEWS

Interviews accorded:	one	to	543	children	543
	two	..	159	..	318
	three	..	45	..	135
	four	..	27	..	108
	five	..	13	..	65
	*six or more	..	34	..	355
			<hr/>		<hr/>
			821		1,524

\* The number of interviews under this category ranged from 6 to 26.



## INTERVIEWS

Psychiatrist	...	...	306
Psychologist	...	...	1,218
			<hr/>
			1,524
			<hr/>

## LOCATION OF INTERVIEWS

School	...	...	607
Clinic	...	...	662
Home	...	...	213
Miscellaneous	...	...	42
			<hr/>
			1,524
			<hr/>

The percentage increase in the number of interviews given this year is greater than the percentage increase in the number of children seen. In other words, more children have tended to be dealt with thoroughly and the tables above show this. They also show that much of this extra help has been given in the clinics.

## SUMMARY

While we still have a great deal to learn and do, the tone of this report can be rather more optimistic than hitherto. There has been a significant increase in the professional provision for the service, the benefit of which is already being felt even though, at the time of writing, two posts remain unfilled.

All of us are very conscious of the immaturity of the service but the direction of development is being established and at least we are not regressing.

The provision of special classes continues to expand and the hope expressed last year, that we should be able to give more support and advice in each class, has been met to a modest extent; we shall not be able to improve on this until we have the full complement of staff. Such general advisory work though important and time-consuming is not, of course, shown in the figures. This also applies to the many lectures and talks given to various bodies in the evenings.

During the coming year there will be a marked change in the clinical services provided and in their extent. Only time will tell whether we are able to absorb all the problems occasioned by such a sudden and rapid expansion."

## MINOR AILMENTS

The following is a list of these clinics as at the end of 1962:—

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

These Clinics are still little used for their original purpose but as they are held on County Council premises and can be used by the School Medical Officers for other types of work, they have not been closed.

## EYE DEFECTS

Thanks are again due to the Eye Specialists for their work and great interest shown at the Eye Clinics which are provided and administered by the Hospital Management Committee. The closest possible co-operation is always maintained with the School Health Service.

It has been possible to reduce the average waiting time for appointments to a period of three weeks and every effort will be made to maintain this very satisfactory position.

The table below shows the age distribution of the 1,093 children referred in 1962 for first time appointments to the Eye Clinics. The figures for 1961 are shown in brackets:—

Age Group	No. of Children referred for First Time Appointments
5—8	460 (416)
9—10	171 (81)
11—13	328 (363)
14—19	134 (127)

One can see immediately from the table that in 1962 a larger number of children was referred before the age of 10 than in 1961. It is quite apparent that the annual vision testing of every child attending school which was started in 1962 has caused this increase of earlier referrals—previously children were not tested at the ages of 6, 7 or 9.

## EAR, NOSE AND THROAT DEFECTS

As before the Hospital Management Committee has provided and administered Ear, Nose and Throat Clinics for the benefit of school children and our sincere thanks are due to the Specialists concerned for their unfailing co-operation and interest which they have shown in all aspects of this field.

The incidence of severe deafness and severe partial deafness happily appears to be falling. All members of the School Health Staff are however most diligent in the reporting of even minor hearing losses so that detailed assessment can be carried out as soon as possible.

All children with hearing losses are constantly kept under observation by Mr. Thomas, the Teacher for the Deaf (who was joined by Mr. Eldridge during the year) to ensure that all children suffering from the handicap of deafness of any degree should have adequate attention and training.

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

“ We welcomed Mr. R. S. Eldridge as a second teacher at the beginning of the year and his appointment has meant increased and wider help for the partially hearing children in county schools and an extension of the hearing assessment programme. In particular, regular assistance has been given to the Senior Medical Officer of the M. & C.W. Service in giving screening tests to pre-school children; all children in the adjustment classes and at Pencalenick School have been tested; and seven year old children in a large part of the Truro rural area were given screening tests.

In the tests of pre-school children the most significant feature has been the large number referred because of retarded speech development. No severe hearing impairment was found to account for this but in two or three cases a moderate defect may have contributed towards it. Mothers naturally become anxious when they see their children approaching school age and not able to make themselves understood. Many do not realise how much children may vary in their rate and time of speech development, nor the other possible reasons for backwardness in talking. Guidance was given on these points and suggestions made about how they might help their children. We found this assistance was greatly appreciated. In spite of the increased attention given in the county to the problem of the detection of deafness in children at the earliest possible age there has been a marked decline recently in the number of ascertained cases. It is

too early yet to say whether this portends a permanent lower incidence rate of deafness in young children.

A few children in the adjustment classes and at Pencalenick School were already known to have a hearing impairment. During the year the remainder of the children were tested, 198 in all. Of these, 11 were found with a significant hearing loss. 3 of the 11 had severe loss in one ear only, while 2 children with binaural losses have been issued with hearing aids.

206 children of the 1954 age group were given pure tone sweep screening tests (at 20 d.b. level, B.S. Zero) by Mr. Eldridge. 9 failed the test in one ear and 4 in both ears. It was not thought that any of these children were being handicapped educationally, but several were referred for a medical check. The 1960-61 Ministry report "The Health of the School Child" quotes the experience of several Local Authorities in this type of testing. It would seem that the more profitable course is special referral and, in particular, to check the hearing of all children in the "at risk" groups classified on Pages 51 and 52 of that report. A register is now being kept of all children in schools with a significant hearing loss and follow-up visits are made as necessary.

In spite of unfavourable acoustic conditions and other difficulties encountered in using a hearing aid in school the great value of the transistorised aid is becoming more and more apparent. 50 children attending County Schools had these aids at the end of the year and 4 more were due to receive them. In the case of at least 14 of these children the degree of hearing loss would at one time, have been sufficient to cause them to be sent to a special school. According to their individual capacities all these children are making good progress educationally (two attend Grammar Schools) and are fitting into their school and home environments quite normally.

Home guidance to the parents of pre-school deaf and partially hearing children has been continued. Nine homes were visited regularly during the year. The effectiveness of this work varies considerably according to the ability of the parents (and the child) and other home circumstances, but it is most important for parents to understand what needs to be done to overcome the difficulties and handicaps imposed by deafness. A branch of the National Deaf Children's Society has been formed in the county with the objects of increasing the facilities available for deaf children, helping parents of the children to meet and discuss the problems, and bringing knowledge of deafness to a wider public. During the year talks have been given by Mr. Eldridge and myself to Parent-Teachers' Associations, etc.

### Hearing Assessment Clinic, R.C.I., Truro :

Of the 22 children attending this clinic 14 were newly referred for diagnosis. Deafness was confirmed in 7 of these cases and hearing aids recommended. 3 young children made " follow-up " visits to the clinic, and the other 5 children were attending schools for the deaf outside the county. In the case of 3 of these it was decided to recommend their transfer to a school for partially hearing children.

Assistance regarding employment for school leavers has been given through reports and interviews with parents, Youth Employment Officers and Head Teachers. It seems clear that the general educational standard of deaf school leavers will have to become more competitive with that of hearing children if they are, in future, going to take up apprenticeships, etc.

Mr. Eldridge and I wish to thank all in the Education and Medical Services who have co operated so readily in the above work."

### HANDICAPPED PUPILS

The welfare and future of these children continues to be one of the main interests of the School Medical Officers. Joint discussions between doctors, parents, teachers, family doctors and educational psychologists are held at frequent intervals to assess the development, ability and potential of these cases.

Many years ago there was little provision for the education of the severely physically handicapped child, but today the severity of the handicap, provided that the child is sufficiently intelligent, does not prevent full and complete education. Head teachers of ordinary schools are accepting increasing numbers of quite severely handicapped children who are able to benefit from education in normal surroundings and amongst normal children. Where emotional and practical difficulties arise from this integration, the School Medical Officer, teachers and parents all have an important part to play. With increasing experience these problems will be more easily solved and it will be possible to reduce the number of cases which at present require special residential schools. Every effort is made to arrange the best possible care and attention at an early stage and achieve as soon as possible suitable placement when special educational techniques become necessary.

Mental development and security depend upon, and are influenced by, the family background from the earliest times and throughout a child's life. The School Medical Officer can be of the

greatest assistance to the parents of children with a mental or developmental handicap, and can advise on the use of the various services and agencies which can be called upon for assistance. Such children with adequate help and guidance can become reliable and conscientious workers in simple repetitive posts which are often boring to others.

The future employment and after care of children with all types of handicap is receiving increasing attention and joint discussions with Youth Employment Officers have proved invaluable during the past year. It is hoped that in the future co-operation between individual Youth Employment Officers and School Medical Officers in their various areas will become much closer even than at present so that full and frequent discussion can solve even those cases where suitable and happy employment seem difficult to achieve.

### Children in Special Schools or Hostels during all or any part of 1962

#### Blind and Partially Sighted

Condover Hall School, Shrewsbury	...	...	...	4
Royal School for the Blind, Bristol	...	...	...	6
Rushton Hall School, Kettering	...	...	...	1
Royal Normal College for the Blind, Shrewsbury	...	...	...	5
Barclay School for Partially Sighted Girls, Sunninghill	...	...	...	1
West of England School for the Partially Sighted, Exeter	...	...	...	4
St. Loyes College, Exeter	...	...	...	1

#### Deaf and Partially Hearing

Mill Hall School, Cuckfield, Sussex	...	...	...	1
Hamilton Lodge School, Brighton	...	...	...	1
Woodford Deaf School, Essex	...	...	...	1
Royal West of England School for the Deaf, Exeter	...	...	...	28
Hartley House Day Deaf School, Plymouth	...	...	...	3
Mary Hare Grammar School, Berks.	...	...	...	1
Ovingdean Hall School, Brighton	...	...	...	6

#### Physically Handicapped and Delicate

Craig-y-pac School, Pentyrch, near Cardiff	...	...	...	1
Bruce Porter Hospital Home School, Folkestone	...	...	...	1
Dame Hannah Rogers School, Ivybridge	...	...	...	8
St. Mary's School, Wrestwood, Bexhill	...	...	...	2
Exhall Grange School, Coventry	...	...	...	2
St. Loyes College, Exeter	...	...	...	11
Warlies School, Waltham Abbey, Essex	...	...	...	1

Palace School, Ely	2
National Spastics Society School, Trengweath, Plymouth	1
John Capel Hanbury Hospital Home School, Essex	1
Coney Hill School, Hayes, Middlesex	1
Chailey Heritage Craft School, Sussex	1
Suntrap School, Hayling Island	1
Whiteness Manor School, Kingsgate, Kent	1
Heathercombe Brake School, Devon	9
Hillaway Homes, Teignmouth, Devon	1
St. John's Open Air School, Essex	1
Meadows House School, Southborough, Kent	1
Ogilvie School, Clacton, Essex	1
Port Regis Open Air School, Broadstairs, Kent	1

### Maladjusted and Educationally Sub-normal

Endsleigh House Boarding Home, Camborne	26
Sandford Orleigh School, Devon	1
Cotswold Chine School, Box, Gloucestershire	1
Childscourt School, Long Bredy, Nr. Dorchester	2
St. Francis School, Hooke, Dorset	1
Field House Hostel, Wokingham, Berks.	1
The Gables Hostel, Devon	1
St. Peter's School, Horbury, Yorks	1
St. Hilliards School, Mickleton, Chipping Campden	1
Pencalenick School, near Truro—resident	57
day	19
St. Christopher's School, Bristol	2
Croydon Hall School, Minehead	1
Kingsdon Manor School, near Somerton, Somerset	6
Mount Tamar Day Special School, Plymouth	1
Clyffe House School, Tincleton, Dorset	1
Besford Court School, Worcester	1
Crowthorn School, Edgworth, Lancashire	1
Maristow House School, Devon	1
Ramsdale Park School, Arnold, Nottingham	1
Sheiling Curative School, Ringwood, Hants.	1
Swaylands School, Penshurst, Kent	1

### Epileptic and Speech Defects

Lingfield Hospital School, Surrey	4
Moor House School, Surrey	1

## HOSPITAL SPECIAL SCHOOLS

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

At Tehidy Hospital	47
At Royal Cornwall Infirmary	44

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

Frenchay Hospital	22
Mount Gold	59
Freedom Fields	35
Bristol Children's Hospital	1
Guy's Evelina Hospital	1
Great Ormond Street Hospital	1
Bristol Royal Infirmary	1

## CANTEENS

The following statistics relate to a day in the Autumn Term, 1962:—

Number of School Departments in the County for which the School Meals Service is responsible	333
Number of School Departments in which meals are available	330
Percentage of Departments receiving meals	99.1%
Number of Departments in which meals are not available	3
Number of School Canteens (i.e. places at which children dine)	304
Number of children present on day of return	44,346
Number being fed on that day	29,135
Number of meals expressed as a percentage of those present	66%
Number of Free Meals	2,598

By arrangement with the Secretary for Education the County Public Health Officers make routine visits to school canteens and central kitchens for the purpose of examining food stocks. During the year sixty-seven canteens were visited and fifty-nine pounds of tinned food and five pounds of dried fruit were condemned as unfit.



The quantity of food condemned represents a very small proportion of the total quantity examined, which in general was sound and of good quality.

It is encouraging to report that the standard of hygiene achieved by canteen staff continues to be above that legally required by the Food Hygiene Regulations. This achievement by the School Meals Service deserves special commendation, as it supplies more than 29,000 cooked meals on each school day and is the largest single catering organisation in the County.

During 1962 more than £6,000 was spent by the School Meals Service on improving and modernising existing kitchens and serveries at twelve schools; in addition canteen kitchens were installed at four new schools.

### MILK IN SCHOOLS

335 maintained and 36 non-maintained school departments are supplied with milk by forty-two distributors. Of the 371 school departments concerned 364 receive pasteurised and seven Tuberculin Tested milk; all but five 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 1962 as follows:—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised ...	88	4	92
Tuberculin Tested ...	5	—	5
Totals ...	93	4	97

In addition to samples of milk examined bacteriologically, ninety-four were submitted for chemical analysis by the Chief Inspector of Food and Drugs; all were satisfactory.

It is regretted that complaints of empty milk bottles in an unsatisfactory condition being returned from schools continue to be received from managers of milk bottling dairies. Many managers retain as "museum pieces" empty school milk bottles stained green or containing aluminium bottle caps, straws, pieces of broken glass and other rubbish. Excessively dirty bottles can be destroyed, but it is difficult for dairy staff to "spot" empty bottles containing glass particles. It does not seem an unreasonable request that Head Teachers should arrange for school milk to be delivered into a cool, clean place and not left in open playgrounds exposed to heat or contamination by dust and animals. It also seems reasonable for milk bottles to be rinsed after use, or where rinsing is impracticable, for children to pour surplus milk into a sink or drainage gully before replacing empty

bottles in the crate. Used straws, aluminium caps and pieces of broken glass should be deposited in a separate waste container and not pushed into empty bottles. Many Head Teachers observe these simple rules, but those who do not should reflect that a piece of broken glass pushed into a bottle in the school yard and subsequently escaping detection during bottle washing process may result in the dairyman incurring a fine of up to £100, whilst a glass particle may cause injury to the next child drinking milk from the bottle.

It must be stressed that legal liability for cleanliness of milk bottles rests with dairy managements, and they are compelled to rely on the human "spotter" for rejection of unsatisfactory bottles. Some indication of the efficiency with which dairy companies fulfil their obligations in this field is apparent from the fact that out of more than seven million school milk bottles washed and filled during 1962, only thirteen complaints were received by the Chief Inspector of Food and Drugs, i.e. two complaints per million bottles washed. Of the thirteen complaints, five concerned glass particles, six minute black specks, and two used aluminium caps. Every complaint was investigated and warning letters sent to the dairy companies concerned.

The following statistics relate to a day in the Autumn Term, 1962 —

Number taking milk on that day	...	...	34,180
Number of children present on day of return	...	...	48,081
Number taking milk expressed as a percentage of those present	...	...	71%

### WATER SUPPLIES IN SCHOOLS

Of the 339 maintained school departments in the County, 323 receive a supply of water in pipes from public mains. The remainder rely on local private supplies, or where these are not available, on drinking water transported daily to the 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 110 samples have been taken with the following results —

Source of Supply	Doubtful	Satisfactory	Unsatisfactory	Total
Public mains	2	91	7	100
Private supplies	1	8	1	10
Total	3	99	8	110

The policy of the County Education Committee is for schools to be provided with mains water wherever this is reasonably practicable. This policy has been implemented so successfully during the past fifteen years that only a small number of schools remain to be dealt with. These will be reduced during the next few years, either as a result of school closures or because new water mains will be available. Ultimately not more than two schools in the County will be without a mains water supply.

### SWIMMING POOLS

Swimming pools at which instruction is given to school-children are visited by the County Public Health Officers, who check the efficiency of chlorinating and filtration equipment, and also submit samples of pool water for bacteriological examination.

Arrangements have been made for instructors to test the chlorine residual of pool water at least once during each day, and for the results of these tests, together with a report on the general health and skin condition of pupils, to be sent each week to the School Medical Officer. Copies of these reports are made available to the appropriate Area Medical Officer.

### HYGIENE AND SANITATION IN SCHOOLS

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

“ The Committee have continued with their series of yearly programmes to improve sanitary conditions in the schools. They have had particularly in mind the conversion of offices from the old bucket and trough systems to individual flushing. During the period ended 31st December, 1962, they have dealt with the following:—

School	Converted from
Calstock C.P.	Troughs
Devoran C.P.	Troughs
Roche C.P.	Troughs
Biscovey C.P.	Troughs
St. Blazey Infants'	Troughs
St. Neot C.P.	Troughs
Darite C.P.	Troughs
Tregrehan C.P.	Troughs
Sennen C.P.	Troughs
Kea C.P.	Troughs
St. Stephen-in-Brannel C.P.	Troughs

## INFECTIOUS DISEASES

### Cases Notified

Disease	1958	1959	1960	1961	1962
Scarlet Fever ...	68	190	114	98	49
Whooping Cough ...	142	92	104	369	171
Diphtheria ...	1	—	—	—	—
Measles ...	2593	2462	227	6689	1514
Poliomyelitis ...	14 (7)	13 (4)	7 (4)	— (—)	3 (—)
Acute Rheumatism	1 (2)	4 (—)	2 (5)	1 (5)	3 (4)

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.

For the fourth year in succession, no case of diphtheria was notified. It is satisfactory again to record a very low incidence of whooping cough.

### 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	1958	1959	1960	1961	1962
Diphtheria ...	4,358*	4,667*	5,001*	5,053*	4,267*
Whooping Cough ...	4,187*	3,544*	4,566*	4,706*	3,989*
Poliomyelitis ...	38,979†	12,539†	6,936†	8,870†	4,774†
Smallpox ...	2,344	2,354	2,798	2,916	10,275‡
Tuberculosis ...	2,509	3,751	3,122	3,823	5,481

\* Many of these children also had protection against Tetanus

† These figures include all persons under 18 years of age

‡ This marked increase in the number vaccinated against Smallpox was due to cases occurring in this country.

## **Tuberculosis**

It is now 10 years since a Tuberculin Test and the protection, where necessary, of B.C.G. Vaccination was offered to schoolchildren in their 13th year. During these 10 years, some 45,600 children have passed through this age group and in 84% parents have consented to Tuberculin Testing.

There have been 84 notifications of tuberculosis amongst children and young adults in the age group covered by the scheme. Of these notifications, 38 (45%) occurred in the 16% of children who missed having a Tuberculin Test because of absence or because the parents refused. A further 39 notifications (46%) were amongst children found to be Tuberculin Positive, i.e. children who at some time in life had lived in close contact with a case of Tuberculosis—only 7 notifications (8%) occurring amongst Tuberculin Negative children (representing approximately 70% of children at risk) who were given the protection of B.C.G. Vaccination. Of these 7 notifications in children who received B.C.G., 6 were contacts of known cases of Tuberculosis and continued to live in the Tuberculous household where, presumably, their artificial immunity gradually broke down.

## **Poliomyelitis**

The three notified cases of Poliomyelitis were all adults. The use of attenuated live vaccine (Sabin) was introduced in February and has been well received. The vaccine is given in syrup to infants and on a lump of sugar to children and adults.

## **THE NURSING SERVICE**

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

“ On the 31st December, 1962, there were 30 full time Health Visitors and 62 District Nurse Midwives (45 with Health Visitors Certificates) who were actively engaged in the School Health Service.

There have been some areas difficult to staff during the year as Health Visitor/School Nurses remain in short supply for the whole country. Therefore the policy of giving State Registered Nurses “ in-service ” training and using them for School Medicals continues. However, the local Health Visitor is free to call at the school to report to the School Medical Officer on any family she wishes and to receive the School Medical Officer's instructions about particular families.

During the year the Health Visitors and Nurses attended 1,276 Medical Inspection sessions; 1,109 Hygiene Inspections; with 187 Hygiene re-inspections; 1,313 Medical follow-up visits to homes and 970 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 ...	202
Examination of Boarded-Out Children and Child Life Protection Cases ... ..	338
Sessions at Infant Welfare Centres ... ..	715
Examination of staff for Superannuation purposes ...	25
Examination of Blind or Partially Sighted Persons ...	18
Examination of entrants to Teaching Colleges and to the teaching profession ... ..	263
Various other examinations ... ..	26

## 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

“ Since last year’s report, Kelynack, Sancreed and Sennen Primary Schools have had flush lavatories installed, leaving only two one-teacher schools without sanitation. Many schools now have hot water for washing, and this must be a great incentive to the children to wash their hands frequently.

Early in the year there was an epidemic of German Measles. The public nowadays is well aware of the risk of German Measles to expectant mothers, so many parents deliberately expose their small daughters to this infection when there is an opportunity, often with disappointing results! Children may survive a German Measles tea party without developing the disease, and yet they may still get it at another date.

Later in the year there was a wide spread epidemic of chicken-pox, and before this was over, measles started to spread.

Immunisation continues in schools and in clinics, and gradually the primary school population is getting covered for Tetanus.

In the Spring, the oral poliomyelitis vaccine was introduced, and this is mainly administered by the nurses, on a lump of sugar or in a teaspoonful of syrup, according to the age of the patient.

In the Summer, Newlyn C.P. School was closed, and in future all the infants will go to Newlyn C.P. Infants School, and the juniors to Tolcarne C.P.

In January we started an annual eye-test of all the school children. This absorbs a lot of time, and is a very monotonous piece of work, but it is bearing fruit in the earlier diagnosis of defective vision.

During the year we assisted Mr. Banham in an investigation into the end results of tonsillectomy, examining the throats particularly of those "leavers" who had at sometime had their tonsils removed, and questioning the parents on their own impression of the child's condition before the operation and now.

In the schools, I am still much concerned about the badly designed shoes the teenagers are wearing, and I fear that in future we may be finding hallux valgus in boys as well as in girls.

In my report two years ago, I protested about the School Tuck Shops which were selling biscuits and other farinaceous stuff detrimental to childrens' teeth, and I am glad to find now that some of them are changing to less harmful snacks. It is good news too that fluoridation of water is to be permitted.

#### Handicapped Children:—

In September, there should have been started at Heamoor C.S. School, a special class for Educationally Sub-normal Children of Secondary School age, but as a suitably trained teacher had not been appointed by then, the organisation of this class has had to be deferred until now. For children of this type of primary school age, there is the remedial class at the Alverton School. However, in my area there are twelve ascertained children attending ordinary classes in other primary schools, and twenty three in other secondary schools, often this is because the parents prefer their child to attend the school nearest home, rather than travel a distance each day by bus or taxi. Children with other kinds of handicap attending the ordinary schools are various:—

There are at least eight diabetic children in the area, and four of these eat the canteen dinner, but bring fruit instead of eating school puddings.

Five epileptics are known to me—some very mild—there are probably others, but they are not always reported to the School Medical Officer.

Three boys crippled with polio attend the Grammar School, and this is a condition we may hope not to see in the future.

There are five spastics, four of these with normal mentality, and only two others with serious orthopaedic defects.

Two cases of congenital heart lesions are awaiting surgical treatment at some future date, and a more severe heart case has home tuition.

There are a number of asthmatic children and a few others classified for various causes as "delicate".

Deaf children are greatly helped by our Peripatetic Teachers of the Deaf, and all but the most severely deaf can remain in the ordinary schools, wearing hearing aids, and being supervised by Mr. Thomas or Mr. Eldridge.

Thanks are due not only to the School Nurses who help so loyally, and to the Head Teachers who give us every assistance, but also to the School Secretaries for whom the Medical Inspections create so much extra work."

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

"The past year has seen the completion of two important buildings in this area—the Health Area Centre with its attached clinic and the Curnow Training Centre at Redruth.

Already the Medical Examination Room at the new clinic has proved very useful for immunisation of school children from the two neighbouring schools and examinations of Teaching Candidates. After the former makeshift arrangements the new facilities are much appreciated.

I am looking forward to work at the Curnow Training Centre, where it should be possible to watch and record the progress of mentally handicapped children more thoroughly. On several short visits it was already noticeable, how many of the children have derived benefit from the chance of experimenting with materials and moving freely in the spacious rooms. The school's reputation with the general public is so high that I have to discourage parents who want to send their moderately backward children to "that wonderful new school in Drump Road."



During the Autumn term much time has been spent on an intensified immunisation programme, and the majority of children, whose parents accept immunisation, are now protected against Tetanus as well as Diphtheria and Pertussis, a time consuming but worthwhile procedure.

In one of the Secondary Modern schools routine medical inspections have been carried out at fortnightly sessions, and this method helps to establish closer contact with the school and better supervision of doubtful cases. This seems to me the method of choice where medical inspection rooms are available, but it requires about 10% more sessions in order to cope with the increase of special cases, presented by the school, and supervision cases, seen at more frequent intervals.

During the beginning and end of terms as many sessions as possible have been used for Intelligence Testing of children with educational difficulties. The test results are discussed with the Headmaster, who often referred the children, and in many cases the Educational Psychologist is called in. The child who can not read at ten and has an I.Q. between 55—70 has to be considered for Special School, but unfortunately there is no provision for day attendance at Pencalenick School from this area, and most parents refuse to let their children attend as boarders. So in practice most of these children as well as those who attended the Junior Remedial Class for boys will—by parents' choice—go to the Secondary Modern schools where all of them make provision for Remedial Teaching, but they are often hampered by lack of suitably trained staff for this exacting and specialised job.

During testing quite a high proportion of children who fail to reach the educational standard for their age, show average or above average intelligence. Especially then we require the help of the Educational Psychologist, who is usually consulted after the home and school factors have been assessed as far as possible. Occasionally prolonged absences at critical stages (i.e. early Junior stage) is the obvious cause for retardation, and in a few such cases discussion with teachers and parents and encouragement of the child were sufficient to make it perform nearer its potential. It has also been apparent that children with physical handicaps (other than sight and hearing, whose difficulties have long been appreciated) often fall behind, even if they do not miss much schooling, because they expend so much energy to compensate for their handicap and keep up physically that their learning capacity is reduced.

It is hoped that we shall soon obtain the service of a Speech Therapist, especially as there are several young children with cleft palates in the area, who will require help for a considerable time. Meanwhile the advice of the two Teachers of the Deaf has been invaluable in such cases as in all others with hearing difficulties."

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

"I have now completed a full year and all the schools in my area have been visited. The routine medical inspections have been done with the usual pattern of defects. Nevertheless the general health of the school children was good.

##### Visual Defects :

These head the list with ear, nose and throat second. Annual visual testing has commenced. This is a time consuming procedure involving over 5,000 children. It is as yet too early in the exercise for accurate assessment. Testing of colour vision is done at 10—11 years and at 14—15 years if not done previously. If a defect is found the child and parents are informed with view to ultimate choice of career or training.

##### Defects of Ear, Nose and Throat :

Enlarged tonsils with enlarged tonsillar glands, with or without ear involvement, are common findings in the five year old group. A survey at the request of the E.N.T. surgeons is being carried out on school leavers to assess the long term results of Tonsillectomy.

##### Respiratory Diseases :

Acute chest conditions, coughs and colds and Asthma are frequent causes of children's absence from school. Two Asthmatic boys have been admitted to Heathercombe Brake Open Air School at the request of the chest physicians. Both these children have been free from Asthma while at the school and both have improved in their general health.

##### Orthopaedic Defects :

Fewer children seem to be attending orthopaedic clinics but more remedial classes are held at Senior Schools. The footwear of teenagers is deteriorating and it seems that the only way to correct this is for the Heads of schools to include suitable shoes in the school uniform.

##### Children with Epilepsy :

Most children are making satisfactory progress in primary and

secondary schools. Only one child failed to integrate and he is now boarding at Lingfield Hospital School.

Child Guidance :

This is an ever expanding service in response to an increasing demand.

Unfortunately we have lost the services of a speech therapist but hope that this will be remedied in the near future.

1962 has left me with the general impression that the services available (excluding speech therapy) for the healthy, delicate and handicapped have been satisfactory."

#### **Dr. D. M. McCarthy — Newquay Area**

" School children in the Newquay area have shown a satisfactory state of health during 1962. Only two children were examined whose health could be classes as unsatisfactory. They were both cases of Congenital Heart Disease.

Routine medical examinations were carried out in all schools. Parental attendance was very good with the five year olds. I feel that the importance of having a parent at a child's first examination in school cannot be stressed strongly enough. It helps the doctor, helps the parent and the child has the confidence of a parent present for a procedure which they are usually meeting for the first time.

For the examination of eleven year olds there is usually good parental attendance.

Few parents attend the examination of leavers and this is to be understood.

This was the first year of routine yearly Eye Testing for school children. The first thing that has to be noticed is the time consumed on these examinations. During 1962 I tested the eyesight of 4,616 and of these 98 were referred for Specialist examination. If the examination of each child's sight took only one minute then it would have taken practically 14 days (school hours) to test them all.

However, when you take into consideration the following points:—

- (a) getting children to the testing from scattered rooms.
- (b) marking of cards.
- (c) asking those with glasses when they were last seen by Specialist or Optician.

- (d) filling M.E.1 Forms.
- (e) showing children who don't know letters what to do.
- (f) overcoming shyness of 5 and 6 year olds.
- (g) coping with some awkward places where testing has to be carried out in poor conditions.

it can be seen that the time could easily be doubled.

With the work of School Medical Officers gradually increasing I feel a time will come when consideration will have to be given to training school nurses for this work, referring any doubtful cases for the School Medical Officer to examine.

The dearth of Speech Therapists is keenly felt and is often mentioned by Head Teachers.

Teachers for the Deaf continue their excellent service and their reports are of the highest value.

In conclusion, I would like to thank the office staff for their help and advice during the year. Also I would like to thank all Head Teachers, their staffs, Health Visitors and voluntary workers for their help and assistance."

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

"I have now worked for a complete year in the Saltash-Fowey area and it is easier to get an overall picture.

The change to examination of leavers in the Spring term has been most satisfactory, as the usual outbreaks of infection in Primary Schools in this term have not interfered with arrangements and programmes have been adhered to more readily.

Proportionately more time is required in Secondary Schools owing to the greater number of children attending and the policy of giving each child an annual vision test. This latter change has been rewarding as a number of children were found with or without symptoms at each session who required to be referred to an Eye Clinic. In general, however, children complain earlier of visual defects owing to difficulties when viewing television.

Of Primary School entrants only 1.1% were found to be nutritionally unsatisfactory, the bulk of these being obese children, but an occasional underweight child was found. Of Secondary School entrants 4.8% were unsatisfactory, and of leavers 3.5% were unsatisfactory—these were all obese children. It is unfortunate that few of

these children or their parents are willing to accept guidance on the problem, with its consequent orthopaedic strains.

Clothing is generally satisfactory. Footwear still remains a serious problem, being reflected in the large number of foot defects occurring in senior children which may give rise to serious trouble in later life. It is to be hoped that shoe manufacturers will take a more sensible line with teenage footwear, while still maintaining smartness.

Visual defects account for the largest number of cases requiring specialist treatment.

Parents and teachers are both more aware of hearing difficulties in children now, and seek advice more readily. The regular supervision by the Deaf Teachers of children found to have hearing difficulty is proving invaluable. It is unfortunate however that in a few cases who have been seen by an E.N.T. specialist there is such a long delay in obtaining hospital treatment. The hearing continues to be impaired and education handicapped in the intervening period.

The re-opening of the speech therapy clinics in the area has been welcomed but the waiting list has built up considerably. Good results are reported from those under regular treatment.

The adjustment class at Torpoint has helped greatly with the problem of retarded children in this area and an extension of this work is looked for in other districts as the slow child tends to get lost in the present large classes in Junior Schools.

Children have been seen where requested for assessment and educational guidance, with a number of referrals to Educational Psychologist and Child Guidance Services.

There has been continued progress in improvement schemes to school buildings, e.g. provision of water borne sanitation at Biscovey School. Hot water provision is also better but not yet universal.

Candidates for Teacher Training College, Superannuation schemes, part-time employment, and Blind Registration have been examined as the occasion arose.

The provision of disposable syringes has lightened the work involved in the Diphtheria-Tetanus Immunisation programme, sessions having been held at all Primary Schools where required.

I wish to acknowledge the help given by District Nurses, Health Visitors, and the clerical staff of the various offices."

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

“ After my first complete year in Cornwall I should like to comment again on the co-operation of Head Teachers and their staff. In 14 out of 36 Primary Schools a medical examination necessitated displacement of a whole class and the accommodation of two classes in one room. The resulting congestion must have made teaching very difficult, and one would scarcely expect this to endear the School Health Service to teachers. Nevertheless they remained cheerful and helpful. I should like to put in a plea for better accommodation for medical examinations. Most schools have no separate room for the Head Teacher, and if this were provided it could be used for medicals.

Accommodation for examinations in Secondary Schools varies greatly. Provision has been improved at Delaware, and is very satisfactory at Liskeard Secondary Modern. That at Camelford Bi-Lateral School is rather disappointing for such a new building. At my other three Secondary Schools the provision is poor, though Heads do their best with what is available. It is not possible to work effectively if children are cold. Much time is wasted dressing and undressing, which older children should in any case be allowed to do in privacy.

Other facilities in schools are being improved, though only a few Primary Schools have lavatories within the main building. This is surely to be deplored. Much has been done at Delabole School, and I look forward to carrying out examinations in the new conditions (but even there the lavatories are still outside). The opening of the splendid new Sir James Smith Bi-Lateral School at Camelford has eased the situation in several surrounding schools which now have only juniors and infants, and hence more space for physical education and other activities. In two of these schools it will no longer be necessary to displace a class for a medical examination.

### Periodic Medical Examinations :

Eyes — The approximate incidence of visual defects requiring treatment was:—

Infants — 6% (29 cases: 497 children)

Senior Entrants — 11% (57 cases: 527 children)

Senior Leavers — 13% (61 cases: 468 children).

Other defects included blepharitis. Two fairly severe cases of this were associated with ectropion and were referred for treatment.

Ears — Impairment of hearing is found at periodic examinations. In many cases the parents and children are quite unaware of any defect.

Even though they notice some difficulty most children are reluctant to mention it to their teacher. 92 children out of nearly 1,500 examined (about 6%) were found or suspected to have impaired hearing. Appropriate arrangements, such as moving to the front of the class, were made in school. 30 required treatment and many of the remainder were referred for audiometry. The services of the Teacher of the Deaf are much appreciated. His comments and the accompanying graphic records are most helpful and interesting.

General Development — Obesity was found in 6-7% of senior school-children. The incidence among the senior entrants and senior leavers was about the same. These are children who are not only overweight but are encumbered by excess fat. If weight alone were taken as the index the incidence would be appreciably higher, and this is no doubt due to earlier maturation.

Most of these adipose children are sensitive about their lack of agility in games and gym, and find they are breathless on slight exertion. Some are subjected to ridicule, and nearly all of them have difficulty in getting clothes which fit. The fat is a considerable load and causes mental and physical sluggishness. There does not seem to be a natural tendency to improvement as parents sometimes assert.

Treatment is difficult but the School Health Service has a useful role to play. Once a friendly relationship has been established further discussion helps to raise morale and improve motivation. In some cases a change of eating habits is then readily accepted, especially if the emphasis is on "change" rather than "reduction". Regular weight checks can be made in school and the child encouraged to keep a record; psychiatric treatment may be required.

It would be helpful if the carbohydrate in school dinners could be reduced and the protein increased. The mid-morning lunch merits re-appraisal in relation to dental health as well as nutrition.

Emotional Stability — Emotional troubles are a frequent source of anxiety to parents though they are usually not recognised as such, nor mentioned on the new form 5MI though there is now the opportunity to do so. I find that these problems are not broached until the interview, and then only if the parent is seen separately from the child. The incidence is quite high at the intermediate examination and is a good reason, among others, for retaining it.

The twice monthly Child Guidance Clinic sessions held in Liskeard are a most welcome new provision for the area.

#### Other Examinations:

The annual examination of every child's vision affords a good

opportunity for the rapid review of the whole school population, and for the brief follow-up of some defects.

Among various special examinations it is noteworthy that teachers drew attention to over 30 children with speech defects. These were additional to a similar number seen at periodic examinations. The services of the speech therapist are much appreciated.

Finally I should like to add my thanks to all the school nurses whose help is invaluable."

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

"During 1962, the round of school medical inspections was accomplished satisfactorily. This was largely due to the co-operation of head teachers and their staffs, who continue to put themselves to considerable inconvenience to provide the best possible accommodation and facilities for the purpose. I should like to express my appreciation of this great help, and to record my continuing, though yearly diminishing, hope that suitable, and satisfactory, accommodation for the work of the School Health Service shall be available even in small primary schools in the future. My thanks are due also for the valuable assistance of the school nurses.

#### **Medical Inspections :**

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

Defects of vision took their usual place at the head of the list of conditions requiring treatment, orthopaedic defects and nose and throat conditions once again taking second and third places.

The introduction of annual eye testing should ensure, in the ordinary course of events, that no visual defect in a child should go unrecognised for more than 12 months in the future.

Parents are invited to be present at full medical examinations, and their presence is welcomed. It is obviously more satisfactory for the doctor to discuss the results of this examination with the parent than to communicate by letter subsequently. Also, it gives the parent the opportunity of raising with the doctor any question which may be causing concern, and it is the ideal situation for health education, which may be given openly or unobtrusively, as the case requires.

As a matter of interest, a record was kept during the year of the number of parents attending on the occasion of medical examinations. The result is shown below by periodic age groups, although



this includes any special medical examinations carried out on the occasion of the visit to the schools for the periodic medical examinations.

Age-Group	Number Examined	Number of Parents Present
First Age Group ...	257	106
Second Age Group ...	266	125
Third Age Group ...	249	34

Considering the rural nature of most of the area, and the difficulties of public transport, the attendances of parents of the first two age groups are reasonably good. This is more so with the second age group, who are the new entrants to grammar and county secondary schools, as these schools draw their pupils from a wide area around the two centres, Launceston and Bude.

With regard to the third age-group, it is well known that the attendances of parents of this group are always numerically small. This is due partly to the fact that parents are discouraged from attending by these adolescents, who do not wish to be treated as children, and partly also to the fact that many parents may feel that a child in his fifteenth year should be able to give an adequate account of himself on this occasion, and to absorb, and repeat at home, any advice which he may be given. There may be other reasons also, but it is a pity that this situation exists, as it is at least as important for a parent to be present on this occasion as at the previous medical examinations, if not more so. For one thing, some factor may be present which may affect the choice of career for the child, and again, adolescence is the time for problems. Parents should make a point of insisting, against the wishes of their adolescent children if necessary, on being present at this final medical examination at school.

#### Treatment :

The appointment of a Speech Therapist, after an interval of two years, was welcome, and Miss Pitman started to hold clinics in this area in February.

The arrangements for Ophthalmic Clinics in the area continued to be generally satisfactory.

#### School Buildings :

At Bude Primary School, a hatted building was provided during the summer holidays, containing a pleasant and adequate room for

medical purposes, in addition to administrative and staff sanitary accommodation.

The modernisation of the lavatories at Launceston V.P. School was completed early in the year.

The provision of hot water over the basins in school cloakrooms is gradually being extended in the course of modernisation schemes. This is a welcome advance, and should be extended to all schools with the minimum of delay. With cold water only, efforts to inculcate habits of cleanliness after the use of the W.C. and before meals tend to be frustrated.

A new servery was provided for Jacobstow C.P. School during the year.

The deficient artificial lighting in most schools continues. This is a matter which is given active attention in offices, factories, industrial buildings etc., and it is of no less importance in schools. New school buildings no doubt conform to the minimum standard prescribed by the regulations, but it appears very unlikely that older buildings reach this standard, and in these, by reason of small windows set high in the walls, natural lighting is usually deficient also. In any event, a minimum standard tends to be unsatisfactory, because it is accepted as the only standard. The standard laid down should always be the optimum. In my view, a survey of the lighting of all schools in the county by a reputable firm of consultants in this field should be commissioned without delay.

The general high standard of cleanliness of School buildings was maintained, and also the standard of hygiene in school canteens."

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

"It gives me pleasure to report the opening of yet another new school in the Helston area. This new building for infants provides a great contrast to the old premises. It has been designed on the open plan system in which a classroom is a complete unit with its own cloakroom, toilet and washing facilities. The amount of space and the freedom from noise is much appreciated by the Staff who feel much less tired and strained at the end of the day.

Vision testing is being carried out on all pupils yearly. It will be interesting to know at what age the maximum number of defects arise. It is also easier to follow-up cases of visual defect, especially those who regularly leave their glasses at home—"to watch T.V."

A problem which seems to be increasing is that of obesity. In one secondary school where several parents and children expressed anxiety I suggested a visit to the family doctor for advice about dieting and told the parent to obtain a weight record card. The Headmaster agreed to supervise monthly weighing at school of any child producing a weight card. It remains to be seen what advantage has been taken of this arrangement.

Immunisation against diphtheria and tetanus has been carried out at all schools in the area. The problem of ascertaining quickly and accurately as to whether a child involved in an accident has had protection against tetanus remains unsolved.

The voluntary scheme of giving boys domestic science training continues at Penryn Secondary Modern School. I feel it could be made a useful part of the school curriculum in this part of the country where the tourist trade is so important and unemployment not uncommon.

Since the departure of the Helston area Health Visitor last July I have not had the benefit of her successor's presence at school medical inspections. This I consider to be a retrograde step as the Health Visitor provides continuity between home and school and the doctor is deprived of the valuable knowledge which she has gained during the earlier years of a child's life.

Finally I would like to thank all staff for their co-operation throughout the year."

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

"I have no startling findings to report on the medical inspections of school children during 1962 in Area V. The general condition of pupils was regarded as satisfactory, only a very small number being classified as unsatisfactory. The discovered defects were of the same character as previous years, visual ones predominating. The annual vision tests has the advantage of finding such defects sooner than would otherwise have been the case, though the number of children referred for opinion has not necessarily increased. The absence of information following referral to the Eye Specialist was a considerable disadvantage.

Visiting the Secondary and Grammar Schools at weekly or fortnightly intervals to carry out routine examinations continued satisfactorily. It was possible to give opinions on many minor medical problems which frequently arise in schools during the ordinary course

of events, i.e. fitness for P.E. and showers, skin complaints, minor injuries and illnesses, which would otherwise not have been seen. The vaccination of children against tuberculosis has now been brought forward to the age of secondary school entrance. It will be possible to absorb this work into the usual routine visit rather than making a special issue of it. One further source of school interruption will thus be removed.

At present there are so many experiments being tried out to change the present cumbersome system of medical examination, that it seems inevitable that some changes may be expected in the next few years. The general pattern appears to eliminate the "second age group" examination and to concentrate, by selection, on those children who appear to need medical supervision. If this form of examination were in fact to become accepted, then I think conditions for conducting such examinations would have to be greatly improved. The new schools in my area are the only ones in which a reasonable standard has been achieved. However the supervision of the health of the school child is only ancillary to the process of education and one could hardly expect improved medical facilities in the old schools, where general facilities remain so poor. As I have said before, the excellent provisions in the new schools make the deficiencies in the old painfully obvious.

To my mind the examination of the "leaver group" appears to have the least justification for inclusion in the school health service, with the exception of course, of children not leaving school, i.e. Grammar and Technical pupils. It is to be hoped that any defect likely to have affected a child's educational progress would have been discovered long before the last school year is reached. Similarly any new defect discovered is hardly likely to affect severely the child's future educational progress.

I should like to conclude my report with an appreciation to Dr. Curnow, for his kindness in permitting me so much freedom in carrying out the work in this area, and to the School staffs for their continued tolerance and help."

#### **Dr. P. R. Wilson — St. Austell Area**

"Since my last report, two new Secondary Schools have opened in the area, one at St. Stephen and the other at Tregony which means no more all-age schools in this part.

Improvements have also taken place in many of the schools. A dressing room has been made available at St. Austell County

Secondary School. The toilets at Tregrehan C.P. School have been modernised. Electric heating has been installed in the canteen at St. Ewe C.P. School. In March 1962 school meals commenced at Charlestown C.P. School and about 45% of the pupils now have dinner there.

The introduction of the annual vision test has proved very successful in that many more defects have been found. It also gives one an opportunity to glance through each child's medical record.

Immunisation at the schools has once again consumed quite a lot of time and the drive against Tetanus has meant more visits to the schools.

Towards the end of the year there was a marked decline in school attendance due to the very many cases of measles in the area.

The training centre at the Health Area Office is held on Thursdays and Fridays. The adult centre is due to open at Blantyre next September and we are hoping that the St. Blazey Centre which will accommodate sixty children will be opened in the not too distant future.

#### Education Week :

The open days at the Primary and Secondary Schools in this area attracted a large number of parents to the schools. The Exhibition at the Capitol Ballroom was most impressive despite the lack of space and one-way traffic. The displays at Penrice County Secondary School were very good and watched by a very large audience.

In conclusion, I wish to convey my thanks to everybody who has been so helpful to me during the year—the Health Visitors and nurses, the staff at the Health Area Office, and the Education Office and also the Head Teachers and their staff."

## DENTAL CLINICS

The following is a list of the clinics together with the frequency with which they were visited at the 31st December, 1962, 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
Camborne	Health Clinic	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:—

“ There were two changes in the dental officer staff during the year: in July the part-time dental officer who had kept the Saltash clinic going, resigned in order to give full-time to his practice; on the last day of the year the full-time dental officer appointed to the Saltash—Torpoint—Callington area, took up his post, filling a vacancy which had existed since December 31st, 1959.

A dental auxiliary started duty in September. This welcome addition to the staff was unexpected in that we had been advised that none of the first group to complete their training would be available for Cornwall.

In September the new dental clinic at Camborne came into operation replacing the rented rooms which, unsuitable though they had been, had served to keep the service going there. The new clinic is part of the building which houses also the Health Area Office and other medical services. There are two surgeries with a recovery room between, a workroom-cum-darkroom, and it has a separate dental waiting space. One surgery is fully equipped with unit, air rota and X-ray apparatus; the second is more simply equipped, suitable for an ancillary worker or for orthodontic or gas clinics.

The new building in Truro which will house the Truro clinic and dental headquarters offices and laboratory, is nearing completion and will be in operation in 1963.

The room used for dental treatment at Camelford has been given up and that at Delabole has not been used during the year. No treatment has been given at Penryn or Callington and the dental caravan has been off the road. Of these, the caravan has been most missed and so I am pleased to report that it should be resuming its round of the outlying areas in April, 1963, when the dental officer who has been appointed to St. Austell takes up his post, so releasing the caravan's operator. Callington clinic too will come into use again as soon as a new floor has been put in.

It is surprising that the Bude—Launceston area should not have attracted a dental officer long ago, but still this vacancy on the staff exists and so unfortunately it has been possible to allocate no more than one day to each a week during term-time.

## INSPECTION AND TREATMENT

The statistics of dental inspection and treatment carried out in the year are as shown in Part IV (page 65). Approximately 55% of the number of children in the schools were inspected during the year compared with 40% in the previous year. The proportion of children found to require treatment is 71%—not a significant difference from previous years.

Almost all children of secondary school age are found to have had or need treatment of permanent teeth; the exceptions are about only one in every hundred examined. Similarly perfect temporary

dentitions are rare in children even by the time they are old enough to go to school.

This state of affairs can be remedied by rendering teeth more resistant to decay by ensuring that fluorine is present in their structure. But fluorine cannot be rubbed into the teeth after they are formed. It must be available in the tissues at the time the teeth are forming and the only practicable way this can be achieved is through the water supply.

Following the approval by the Ministry of Health, to the fluoridation of water supplies, it is now left to the local authorities and water boards to decide whether or not deficiencies in the natural fluoride content of their water supplies below the optimum of one part per million are rectified. Those that do so will ensure that perfect mouths both of temporary and permanent dentitions are commonplace in future generations; — and the reverse holds good too.

Of the 20,008 children found to require treatment, 16,000 were referred. Those who were not referred come mainly under one of three categories: those who are under active treatment by private practitioners; those whose defects are in temporary teeth; and those whose parents had persistently refused treatment. Those in the last group who start their false teeth troubles early will have none but their parents to blame in not accepting treatment that has been offered.

Forty per cent of the number of children found to require treatment, were treated. Of the other 60%, while some were awaiting treatment at the clinics, others when informed that treatment is necessary, are stimulated to seek treatment under the general dental service. There is a sizable remainder however who do not take advantage of either of the dental services until some irreparable damage has occurred, quite frequently leading to the loss of four permanent molars. When this happens the parents for the most part are genuinely concerned. The two most frequent explanations for not accepting treatment earlier are that they could not see anything wrong, or that they 'thought they were milk teeth that would fall out on their own'!

The treatment figures show little variation from those of the preceding year with similar sessional output, with perhaps a little more emphasis on the conservation of temporary teeth, both by fillings and silver nitrate treatment. Of permanent teeth filled, 1,779, approximately one in six, were front teeth—incisors or canines. Besides the 1,594 temporary teeth filled a further 2,466 were conserved by stoning and silver nitrate treatment which constitutes the largest proportion of the "other operations" in temporary teeth.



Of the permanent teeth extracted, approximately one in five were extracted for orthodontic purposes. When this is taken into account it is found that for every tooth extracted because of decay, five were filled.

Dentures were made for 84 children during the year, 69 of the children being new denture patients; 19 children had two dentures supplied. There were 4 full dentures fitted and 9 children had upper and lower dentures.

Other operations in permanent teeth include 7 crowns and inlays and 864 scalings. X-rays were taken for 441 children, mainly in connection with orthodontic treatment and in all 767 exposures were made.

The dental auxiliary has been on the staff only since September and this is too short a period to assess fully the usefulness of this class of dental ancillary in our school service in Cornwall. I can say however that she has been well accepted by children and parents and that the quality of her work in the mouth is excellent, coming well up to the high standard I had expected as a result of the training at the New Cross school. There has been only one slight difficulty experienced, of supervision. Each child treated by an auxiliary is examined by a dental officer, firstly to prescribe treatment and again on completion of treatment. Up to this point no problem is presented, but the strict supervision called for requires a dental officer to be always at hand while she is carrying out treatment. Normally this is just a matter of programme arrangement, but if the dental officer is absent unexpectedly — and this has happened several times — the dental auxiliary's as well as the dental officer's patients have to be sent away untreated — although usually after a talk about the care of their teeth. Chairside work has been the extent of her work so far and it remains to be seen what is her potential in that other realm to which dental auxiliaries are trained, of dental health education.

There have been talks to parent-teacher associations and poster displays in schools by the dental staff, notably in the Penzance and Liskeard areas.

I frequently hear from children of the dental health education that is put over in schools by the teaching staffs and pay tribute to their efforts and hope that more will join in this good work. I thank too the health visitors who help so much in the care of the teeth by talks in schools and to the various groups with whom they come into contact.

I believe it is largely a result of these concerted efforts that there has been a noticeable improvement in oral hygiene over the last few years in that the really dirty mouth which used to be so frequently seen at school inspections, is now something of a rarity. Tooth-brushing is becoming a regular habit even though it may be sometimes no more frequent in its regularity than the weekly bath! Most children now use a tooth-brush—that is the encouraging aspect, but there can be no easing up in preaching oral hygiene until a daily—better still twice daily—tooth brushing habit is the fashion.

Posters and pamphlets are available to schools or other interested groups through the local dental clinic or from the County Dental Headquarters.

### ORTHODONTIC TREATMENT

Orthodontic treatment has continued steadily during the year in central and western areas of the county. The demand I am sure is as great in the eastern area but unfortunately so very limited has been the treatment time available there that treatment with appliances has been almost nil.

Attendances numbered 2,132, averaging just above 8 per session; these include besides working appointments, attendances for examination of potential orthodontic cases who are being kept under review.

In all, 264 children were treated with appliances, 103 of them new cases commenced in the year and 161 carried forward from the previous year. Cases completed and discontinued totalled 102, leaving 162 still under treatment at the end of the year of which 74 were of those commenced during 1962.

Besides cases treated with appliances, there were many children for whom overcrowding was treated, in routine treatment, by extractions only.

The orthodontic consultant appointed by the South Western Hospital Board has continued to use the Truro clinic for one session each fortnight and these sessions are always well filled. I would not only express my appreciation to Mr. Burley for his continued help throughout the year in seeing and advising on those children referred by the school dental staff, but also record my special thanks for the time he has given me at the end of his long sessions, often staying on very late, discussing other cases with models.

## COUNTY DENTAL LABORATORY

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

Full dentures	...	...	...	4
Partial dentures	...	...	...	102
Orthodontic appliances	...	...	...	191
Crowns and Inlays	...	...	...	7
Repairs (dentures and appliances)	...	...	...	26
Orthodontic record models	...	...	...	377

Towards the end of the year it was arranged that appliances required by the orthodontic consultant for his Cornish patients should be constructed in the county laboratory."

## 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 :

" When reviewing any one year's work it is sometimes found that difficulties which were apparently insurmountable at the end of the previous year, have been overcome and other activities, running smoothly and attracting increasing numbers, are halted for one reason or another.

The provision of swimming pools in schools, so long and so patiently worked for by the Organisers, the County Swimming Association, individual schools, parents and enlightened members of the public, has suddenly become a possibility. Since 1960 it has been the County Council's policy to grant-aid swimming pool schemes promoted by local authorities. The Education Committee's decision to extend financial aid to approved swimming pool schemes in individual schools and to accept maintenance costs, will provide for a further improvement in facilities for swimming instruction. This is probably the most important decision made during the year in connection with physical education. It will add to the health and status of the county in that more children, with the great heritage of being practically surrounded by water and whose forbears ' went down to the sea in ships and occupied their business in great waters ', will now be able to learn to swim. Apart from its obvious value in emergencies, this ability is useful in connection with the sport of sailing and above all constitutes a health-giving form of exercise which can be enjoyed at almost any age by both sexes.

The Organisers, who are responsible for promoting classes in all types of physical education for teenagers and adults where they are required, have the problem of finding suitable premises. The completion of rural reorganisation in 1962, and the building of 20 new county secondary schools have gone a long way towards a solution and the Education Committee has asked all School Governors and Headmasters to make their facilities available for these activities. In those schools where there is a full programme of evening institute classes, some form of physical education is already provided. One evening a week spent in this way by men and women who otherwise have no opportunity for organised exercise, should be given high priority. The lack of facilities in Cornwall for playing some games or taking part in other physical activities, makes the provision of evening classes even more necessary, especially for the not so young.

### STAFFING

Mrs. B. Spencer joined the organising staff in May, 1962, following the resignation of Miss C. B. George on her marriage in July, 1961. Trained at Bedford College of Physical Education and with fifteen years teaching experience, Mrs. Spencer has provided a valuable replacement to the organising staff.

Otherwise the staff remain as before, promoting and advising on more and more activities each year as interest in different forms of physical activity spreads to a greater number and a wider age range of the community. The limitation on the number of teachers allowed to be employed in the schools in the county and the shortage of women teachers, has added to the difficulty of freeing staff for outside activities such as teachers' courses, camping and athletics and as pianists for dance movement.

On the women's side it is very difficult to fill any vacancy and the number of women on any one staff is very small. Some schools have had vacancies for many months, finally filling in with women who are interested and willing to help but have had no training in physical education.

### FACILITIES

**Playgrounds:** There are still a few schools where a hard surface is urgently needed but could not be laid down in 1962 because of lack of money. Practically all playgrounds in need of resurfacing were done during the year. This was made possible partly because of the comparatively mild winters of the last few years which have not

damaged the existing surfaces and partly because of the new type of surface laid during the last twelve years.

**Equipment:** Primary schools, still in need of playground apparatus but where indoor space has been made available, have met their needs by their own efforts in some cases or with help from the county. Some small schools with a very limited grant are still in need of help but in general the standard is satisfactory.

**Gymnasia:** On the completion of the rural reorganisation programme, three more gymnasia are now in use at new secondary schools. This enables another 1,000 children to enjoy the first class facilities these buildings offer.

With the exception of the bi-lateral school at Camelford, the provision in grammar schools generally lags behind facilities provided for secondary modern school children.

**Playing Fields:** Again, difficulty was experienced by the gang-mower operators in cutting fields frequently enough to enable games playing to continue unhampered. This was due to frequent bouts of wet weather and also to the increasing acreage at new schools. It would seem that yet another gang-mowing unit will be necessary soon to provide the same standard of service in view of the increasing acres.

Generally speaking, surfaces are improving but it is necessary for schools to take advantage of the fertilisers and weedkillers offered by the Local Education Authority and to ensure that spiking and rolling is undertaken at intervals. Still more co-operation is required from head teachers, physical education specialists and groundsmen in this respect. All physical education specialists have been informed of their responsibility in this matter and it is hoped that liaison will improve.

## ATHLETICS

Schools athletics in 1962 confirmed the continued interest and progress in this sport in schools both with boys and girls.

The season began with the annual one-day course held at St. Austell County Grammar School and Par Track and the attendance was as high as ever. This year the National A.A.A. Coach for Wales and the West was in attendance as coaching director.

A whole day was required to accommodate all the participants in the Schools County Championships and the overall arrangements and organisation were good.

Teams of boys and girls were selected to represent the county at the Regional and All England meetings held at Bristol and Newcastle respectively. Only a dozen competitors could be sent to the latter because of expense but all performed well.

A one-day coaching qualifying course was held at Penrice County Secondary School and over 200 boys attended in the three age groups.

## SWIMMING

The National Coach, Mr. A. D. Kinnear, spent three days in the county instructing children in swimming techniques and demonstrating new methods to teachers. Five centres were used, fifty schools sent representatives, 300 swimmers were instructed and nearly 1,000 individuals saw the various demonstrations.

Poor weather and the delayed opening of baths undoubtedly reduced the number of entrants for the county tests. For the first time since this scheme of certificates was introduced there was a drop in the number of successes. 64 schools entered and the results were as follows:

Elementary 662; Intermediate 161; Advanced 32; Distance 186.

For the first time the pool at the Riviera Club, Carlyon Bay, was used and 700 St. Austell children had regular instruction. Enthusiasm in this area increased by leaps and bounds and had a remarkably beneficial effect on the St. Austell and Fowey swimming clubs.

Obviously the only factor holding back progress in this activity is the lack of pools. It is hoped that the Education Committee's policy referred to above will encourage the construction of pools in a number of areas.

For the first time competition trials were held in four centres, viz. Penzance, Newquay, St. Austell and Launceston, and the number competing increased. Selected winners did well at Plymouth in the Divisional finals.

The above statistics reveal a good deal of enthusiasm and participation which was only curbed by the lack of facilities.

## CAMPING

The 1962 season was marred by poor weather. For the first time the safety of the local school and village hall had to be sought (on three different occasions) owing to violent and prolonged storms.

The total number of boys and girls again showed an increase, but it was disappointing that three fewer secondary schools attended than in 1961. The staffing ratio in schools was blamed for this along with the lack of qualified and suitable staff. On the other hand, the response in numbers to a week's training camp course was so poor that it was not considered justifiable to run it.

A number of schools wished to bring more children but capacity was at full stretch throughout and some had to be disappointed. However, it is hoped in the future to accommodate all children wishing to attend by increasing the equipment; thirty children from a school roll of 500 is a small percentage indeed.

On the whole, standards were maintained at the base camp at Manaccan and much canoeing, sailing and expedition work was undertaken in the vicinity. 220 boys carried out an expedition of 24 hours duration or longer. Effort in this direction was most worthwhile.

In all 520 boys, 327 girls and 77 staff attended the camps over a period of twelve weeks.

## SAILING

There are now twenty schools in membership of the Cornwall Schools' Sailing Association who are actively engaged in this pursuit.

The highlight of the season was undoubtedly the two-day event held at Feock during Whitsun week. Twelve schools and approximately fifty boys and girls and a good number of teachers' took part. A number of races were held for single and handicap classes, and some of the helmsmanship was good. Inter-school races were held at Rock and Penzance and a number of regattas were entered by individual schools' representatives.

Growth in this activity is slow and only possible because of the enthusiasm of those teachers responsible for this pursuit. No contribution from county funds has been found possible, either for the initial provision of boats or for maintenance afterwards. A good deal of preliminary work has to be put in to obtain the necessary money in order to start boat construction and this has certainly deterred some schools from making the effort. A contribution from county funds would help enormously to keep things going after an initial effort is made.

## WOMEN AND GIRLS

### COURSES

Day courses, held on Saturdays for women teachers in primary schools in Penzance and Liskeard, were well attended and demonstra-

tions by children in all forms of physical education undoubtedly helped to bring to their notice fresh ideas and new techniques. Following a general course, a Saturday course in dancing was also held in these areas. A day course in hockey coaching for secondary and grammar schools was held on a Saturday in September at St. Austell. Courses were also held in swimming, athletics and judo. There is a real difficulty in organising courses for secondary and grammar schools as the teachers are involved in matches on Saturdays and are too scattered to be able to come in sufficient numbers to evening courses.

The problem can only partially be solved by individual visits to give help but these visits are too few and the teachers cannot be spared from their classes because of the staffing position. A weekend course would also not bring sufficient numbers, as most of the teachers are married with children or have other commitments.

In athletics, in view of the difficulty in staffing and the consequent lack of coaching on the girls' side, it was proposed to hold a series of six coaching sessions for secondary and grammar schools at various centres in the county. The object was to deal with teachers' individual problems and at the same time give the girls concentrated coaching. Applications for the courses came from widely scattered areas and it was only possible to hold one course at Penzance where all the schools concerned were represented. The remaining teachers and children had individual coaching at their schools in the first two weeks of the summer term.

## **EVENING INSTITUTES AND EVENING CLASSES**

The demand for both voluntary classes and those under the evening institutes continued to grow throughout the year. Some of these requests were met where suitable leaders and pianists could be found but several could not be met because of lack of money. This was chiefly in areas where there is no properly constituted evening institute and therefore where adults have no opportunity at all to attend other classes. Thirty-one classes were held altogether.

Where there was an insistent demand for these classes, such as at Mullion and Polperro, tape recordings were made of suitable lessons and the groups borrowed or bought a tape recorder in order not to be outstripped by their more fortunate neighbours in more populous areas. Tape recordings have also been used in youth clubs where leaders were not available, thereby overcoming to a certain extent the lack of women leaders but increasing the work of the organisers who have to record the tapes and also take the first lesson of each series in order to explain the exercises.



## **KEEP FIT**

A Keep Fit Rally was held in March at Penrice County Secondary School, by kind permission of the Headmaster and Governors. This looks like becoming an annual date as 106 members took part. The Secretary of the National Keep Fit Association, Miss Olive Newson, came down and took the members for keep fit work and dancing. A demonstration of recreational movement training was given by the young evening institute class at Penzance.

## **SCOTTISH COUNTRY DANCING**

Evening classes in Scottish Country Dancing were held either under the evening institutes or privately in the following areas: Camborne, Helston, St. Keverne, Truro, Liskeard, Penzance and Falmouth.

## **HOCKEY**

The inter schools' tournaments were held successfully with the following winners: Senior—St. Clare, Penzance; Junior (Under 15): Truro High School.

The fine month of October enabled the hockey season 1962/63 to start well. Over eighty players, representing fifteen schools, took part in preliminary trials held at two centres, Penzance and Liskeard. Final trials were held at Truro and the two teams selected were coached on Saturday, 27th October.

The 1st XI took part in the County Tournament at Weston-super-Mare in November and gained second place with two drawn matches against Devon and Somerset and wins against Herefordshire and the Channel Isles.

After this tournament J. Christopher of West Cornwall School and S. Pearce of Liskeard County Grammar School were selected for the West team and three more of the team were chosen as West reserves.

## **NETBALL**

The standard of play has risen considerably as a result of improved facilities in the new secondary schools and of the fact that the new rules introduced in 1961 have speeded up the game.

The tournaments were very well organised by the joint secretaries, one of whom resigned from her teaching post at Exeter. The Junior Tournament was won by Penryn County Secondary School and the Senior Tournament by Cornwall Technical College who beat Truro Grammar School in the finals.

## TENNIS

The poor standard of tennis in the majority of schools was due in part to the lack of coaching and the comparatively small amount of time given to the game. Where the courts can be used at break and in the dinner hour for individual practice, standards soon rise. In Cornwall, in the new secondary schools and some grammar schools, the tennis courts have to be used as playgrounds and in others public courts are hired and there is nowhere for the children to practice.

The Meares Cup was won by Humphry Davy Grammar School who defeated Truro School in the final. St. Austell County Grammar School for Girls gained the Watkins Cup, defeating Falmouth High School in the final.

Again the County Lawn Tennis Association arranged coaching for promising boys and girls in the county and, with the opening of indoor courts at Carlyon Bay, there will be far more opportunity for young people within reach of St. Austell, both to watch and play tennis. Some schools were able to send parties to see the tournament in November when many well known players took part.

## DANCING

The English Folk Dance Festival organised by a teachers' committee, in conjunction with the District Folk Dance Committee, was held at Treviglas County Secondary School on the last Saturday in June by kind permission of the Headmaster and Governors.

A course in modern educational dance, which is the type of dancing most favoured for teaching in school time, especially in grammar and secondary schools, was held at Penzance in the autumn following requests after the day course in dancing. This form of dance can only be taught by those with some training, a knowledge of music and an aptitude for the subject and therefore few schools can attempt it. Some dancing, however, should be taught in every school to every age group and the music and movement programme for infants, followed by the new B.B.C. programme 'Music, Movement and Mime' for juniors is proving a tremendous help in this respect. The secondary and grammar schools are now the 'cinderellas', and lack of time in the school programme and of suitable places where music can be played without disturbing the rest of the school (even in some of the new schools) have hampered progress in this subject.

## MEN AND BOYS

### COURSES

Courses were held in 1962 for no less than seven different aspects of physical education and recreation, viz. junior physical education for

men in the Penzance area, Youth Leader gymnastics, cricket, athletics, swimming, rugby and judo.

In the athletics, swimming and judo courses the National Coach of each sport was in attendance and great benefit was derived from the coaching. The weekend cricket and the week's rugby courses were residential and proved very successful.

## **EVENING INSTITUTES**

With the increase of new secondary schools equipped with the necessary facilities, the number of evening classes has increased, though a great stride forward is still necessary before full advantage is taken of the potential opportunities these schools offer.

Eighteen classes were held and were well attended on the whole and the enthusiasm shown by the members was commendable. The instruction given was of a wide variety to cater for the diversity of interests of the members. A few classes concentrated on the more specialised fitness and skill requirements of winter games training, while there was little evidence of specialist training in gymnastics for youths of immediate post school age. It is felt that more classes offering specialisation in certain activities is desirable, particularly to youths between 15 and 18 so that interests developed in school may be continued to higher standards. There seems to be a great wastage of potential talent in these years.

In general, numbers participating and standards achieved continue to increase, although slowly.

## **ASSOCIATION FOOTBALL**

In his annual report the Secretary of the County Schools' Football Association stated that results at inter-county level had been the best so far. Competitions at school level were keenly fought out as usual and the number of entries was maintained.

Coaching courses were held for the older boys at St. Austell and Helston, but support was not as good as last year.

East Cornwall beat West Cornwall to win the Area Trophy, but both teams lost to Plymouth in the English Schools Shield Competition.

## **RUGBY**

The progress and development of rugby in the schools was maintained in 1962 and this was shown by the high standard of play

in the under-15 years final trial at Falmouth and in the drawn county game against Devon schools at Salcombe. A county match was played against Bristol schools at Camborne and this too ended in a draw.

The Public and Grammar Schools XV played the annual match against Devon and a home game against Pembrokeshire was played in Falmouth.

For the first time a week's residential course was held at Truro School for players from 14—20 years of age and school and club coaches. Most of the sixty players and coaches who attended were from our secondary and grammar schools and it is intended to make the course an annual event. Its success was to a large extent due to the excellent facilities and co-operation of Truro School.

## CRICKET

A feature in 1962 was the weekend residential cricket course for teachers held at the new Riviera Club, Carlyon Bay. This proved an excellent venue for an indoor course. Twenty-one teachers attended, nine of whom undertook the M.C.C. Group Coaching examination at the end of the course.

The usual area trials were held to select the schools' under 15 year team and two successful games were played against Devon and Somerset.

## BASKET BALL

The annual inter schools basket ball competition was held at Treviglas County Secondary School but fewer schools than expected took part. The reason for this may well be that rugby trials were held on the same morning.

Now that so many schools play basket ball it is evident that area competitions are desirable. This would encourage more schools to participate in inter school tournaments, minimise travelling expenditure and ensure a county finals competition of reasonable duration and of high quality play.

## BOXING

A Cornish school again produced a National Schools A.B.A. Champion and a runner up. Six Cornish boys qualified to box in the National Quarter Finals at Coventry and three boxed in the National Semi-Finals at Wembley. This is a commendable performance by the few schools participating in this sport in Cornwall.

The Schools County Championships were held at Tretherras County Secondary School and seventy-three boxers from eight schools took part. Twenty successful boxers were selected to box against Devon at Treviglas County Secondary School, nine of whom won to qualify for the Regional Semi Finals at Bristol.

Despite the dearth of participants in schools' boxing the quality of teaching and performance is obviously very encouraging.

## CANOEING

A number of schools have as many as six canoes each. The initial cost is far less than that for dinghies and consequently swifter progress has been made. Again this activity is well worth encouragement, since it appeals to the adventurous and responsible boy.

## THE DUKE OF EDINBURGH'S AWARD SCHEME

Since its inception 1,062 boys have entered for the various awards and during 1962, 447 boys were being tested of whom 52 were taking the Gold Award. These figures show a steady increase, although the numbers participating from Youth Clubs is disappointing, only 55 now being tested.

There is still a wastage of approximately 50% due to school leavers and those who fail to persist for long enough to be examined. Despite this, 93 Bronze, 55 Silver and 8 Gold Awards were gained during the year.

At the moment, more boys are taking Awards in grammar than in secondary modern schools. This is because entrants from grammar schools can enter at both Bronze and Silver stages whereas owing to the age limit only the Bronze stage is usually undertaken by the secondary modern boy while still at school. However, it is here that the greatest encouragement should be given. These are the boys who leave school at 15 and should then, as individuals and members of clubs, be encouraged to strive for the higher awards after starting the scheme at schools."

STATISTICAL APPENDIX

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)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later ...	9	9	100.0	—	—
1957 ...	2,079	2,067	99.4	12	0.6
1956 ...	2,723	2,716	99.7	7	0.3
1955 ...	317	316	99.7	1	0.3
1954 ...	120	120	100.0	—	—
1953 ...	56	56	100.0	—	—
1952 ...	58	58	100.0	—	—
1951 ...	3,867	3,819	98.7	48	1.3
1950 ...	592	587	99.2	5	0.8
1949 ...	111	109	98.2	2	1.8
1948 ...	1,434	1,421	99.1	13	0.9
1947 and earlier	3,215	3,197	99.4	18	0.6
TOTAL ...	14,581	14,475	99.3	106	0.7

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
1958 and later ...	—	2	2
1957 ...	96	357	405
1956 ...	158	442	534
1955 ...	14	55	65
1954 ...	8	8	14
1953 ...	2	7	8
1952 ...	9	6	14
1951 ...	437	539	900
1950 ...	61	94	144
1949 ...	13	8	21
1948 ...	198	212	361
1947 and earlier	482	503	882
<b>TOTAL ...</b>	<b>1,478</b>	<b>2,233</b>	<b>3,350</b>

TABLE C — OTHER INSPECTIONS

Number of Special Inspections	...	...	31,558
Number of Re-Inspections	..	...	3,408
<b>TOTAL</b>	...	...	<b>34,966</b>

TABLE D — INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in the schools by the School Nurses or other authorised person	...	...	...	116,389
(ii) Total number of individual pupils found to be infested	...	...	...	260
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	260
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	7
(The incidence of infestation in the County is 0.54%)				

## 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 ...	74	75	129	88	94	49	297	212
5.	Eyes—								
	a. Vision ...	287	252	677	150	514	129	1478	531
	b. Squint ...	113	28	34	19	34	6	181	53
	c. Other ...	18	14	16	19	23	18	57	51
6.	Ears—								
	a. Hearing ...	93	171	30	58	61	71	184	300
	b. Otitis Media ...	31	117	16	52	14	29	61	198
	c. Other ...	15	13	9	4	16	4	40	21
7.	Nose and Throat	196	400	51	71	67	121	314	592
8.	Speech ...	51	169	11	19	18	22	80	210
9.	Lymphatic Glands	12	225	2	17	7	38	21	280
10.	Heart ...	28	67	21	43	13	28	62	138
11.	Lungs ...	58	89	31	40	36	41	125	170
12.	Developmental—								
	a. Hernia ...	9	5	2	7	4	4	15	16
	b. Other ...	15	68	16	44	25	77	56	189
13.	Orthopaedic—								
	a. Posture ...	11	39	24	102	24	114	59	255
	b. Feet ...	112	133	40	148	88	101	240	382
	c. Other ...	100	113	40	67	51	50	191	230
14.	Nervous system—								
	a. Epilepsy ...	10	9	9	2	15	1	34	12
	b. Other ...	4	16	3	6	16	12	23	34
15.	Psychological—								
	a. Development	16	48	25	22	23	53	64	123
	b. Stability ...	21	86	8	23	28	35	57	144
16.	Abdomen ...	23	37	18	19	14	30	55	86
17.	Other ...	27	16	51	18	52	42	130	76

T.—means requiring treatment.

O.—means requiring observation.



TABLE B — SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Requiring treatment	Requiring observation
4.	Skin ... ..	32	17
5.	Eyes—		
	a. Vision ... ..	2,496	772
	b. Squint ... ..	131	18
	c. Other ... ..	21	13
6.	Ears—		
	a. Hearing ... ..	47	36
	b. Otitis Media ... ..	15	25
	c. Other ... ..	8	5
7.	Nose and Throat ... ..	64	76
8.	Speech ... ..	63	49
9.	Lymphatic Glands ... ..	2	26
10.	Heart ... ..	6	16
11.	Lungs ... ..	25	32
12.	Developmental—		
	a. Hernia ... ..	2	—
	b. Other ... ..	10	23
13.	Orthopaedic—		
	a. Posture ... ..	10	26
	b. Feet ... ..	55	21
	c. Other ... ..	38	23
14.	Nervous system—		
	a. Epilepsy ... ..	16	5
	b. Other ... ..	5	5
15.	Psychological—		
	a. Development ... ..	41	113
	b. Stability ... ..	19	42
16.	Abdomen ... ..	11	19
17.	Other ... ..	25	6

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) ...	3,605
Total ...	3,605
Number of pupils for whom spectacles were prescribed ...	2,076

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 ...	304
(c) for other nose and throat conditions ...	—
Received other forms of treatment ...	—
Total ...	304
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1962 ...	10
(b) in previous years ...	77

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	...
(b) Pupils treated at school for postural defects	... Figures not 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	2
Other skin diseases	1
TOTAL	3

TABLE E — CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics ... 217

TABLE F — SPEECH THERAPY

Pupils treated by Speech Therapists ... 322

TABLE G — OTHER TREATMENT GIVEN

(a) Pupils with minor ailments ... 10  
 (b) Pupils who received convalescent treatment under School Health Service arrangements ... —  
 (c) Pupils who received B.C.G. vaccination ... 5,481

## PART IV

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

(a) Dental and Orthodontic work.			
I	Number of pupils inspected by the Authority's Dental officers:—		
i	At Periodic Inspections	26,513	
ii	As Specials	1,476	
		Total I	27,987
II	Number found to require treatment	...	20,008
III	Number offered treatment	...	16,067
IV	Number actually treated	...	6,361
(b) Dental work (other than orthodontics)			
I	Number of attendances made by pupils for treatment, excluding those recorded at (c) i below	... ..	15,407
II	Half days devoted to:		
i	Periodic (School) Inspection	274	
ii	Treatment	2,661	
		Total II	2,935
III	Fillings:		
i	Permanent Teeth	12,287	
ii	Temporary Teeth	1,732	
		Total III	14,019
IV	Number of Teeth Filled:		
i	Permanent Teeth	10,632	
ii	Temporary Teeth	1,594	
		Total IV	12,226
V	Extractions:		
i	Permanent Teeth	2,741	
ii	Temporary Teeth	5,011	
		Total V	7,752
VI	Administration of general anaesthetics for extraction	... ..	2,076
VII	Number of pupils supplied with artificial teeth		84
VIII	Other operations:		
i	Permanent Teeth	6,420	
ii	Temporary Teeth	3,243	
		Total VIII	9,663

(c) Orthodontics

i	Number of attendances made by pupils for orthodontic treatment ... ..	2,132
ii	Half days devoted to orthodontic treatment ...	259
iii	Cases commenced during the year ... ..	103
iv	Cases brought forward from the previous year ...	161
v	Cases completed during the year ... ..	78
vi	Cases discontinued during the year ... ..	24
vii	Number of pupils treated by means of appliances	264
viii	Number of removable appliances fitted ... ..	182
ix	Number of fixed appliances fitted ... ..	1

TABLE I Number of attendances made by pupils for orthodontic treatment, excluding those recorded as follows:—	
II Half days devoted to	I Periods (School) Inspection 274
	II Treatment 2,081
III	I Permanent Teeth 1,987
	II Temporary Teeth 1,732
Total III 14,019	
IV Number of Teeth Fitted	I Permanent Teeth 10,682
	II Temporary Teeth 1,582
Total IV 12,264	
V Extractions	I Permanent Teeth 2,721
	II Temporary Teeth 8,011
Total V 10,732	
VI Administration of general anaesthetics for extraction 2,076	
VII Number of pupils supplied with artificial teeth 547	
VIII Other operations 2,420	
Total VIII 2,420	

PART V

HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(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 1962;											
Handicapped Pupils											
A. Newly placed in Special Schools or Boarding Homes ..	0	2	1	1	7	7	12	19	2	1	52
B. Newly ascertained as requiring education at Special Schools or boarding in Homes	0	0	0	0	6	3	14	72	3	0	98
On 20th January, 1963;											
C. Number of Handicapped pupils:											
(i) Attending Special Schools as:											
(a) Day Pupils ..	0	0	1	2	0	0	0	17	0	0	20
(b) Boarding Pupils	13	5	19	13	24	5	2	58	5	0	144
(ii) Attending independent Schools under arrangements made by the authority ..											
	0	0	3	0	3	8	6	2	0	0	22
(iii) Boarded in Homes and not already included under (i) or (ii) ..											
	0	0	0	0	0	0	18	0	0	0	18
Total (C) ..	13	5	23	15	27	13	26	77	5	0	204
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:											
(a) in hospitals ..	0	0	0	0	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	10	7	2	2	1	0	24
E. Number of Handicapped Pupils requiring places in special schools as:											
(a) day pupils ..	0	0	0	0	0	0	0	1	0	0	1
(b) boarding pupils ..	0	0	0	1	5	0	2	92	0	0	100

HANDICAPPED PUPILS

Total	Number of Pupils									
	1	2	3	4	5	6	7	8	9	10
100	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0	0	0	0
36	0	0	0	0	0	0	0	0	0	0
37	0	0	0	0	0	0	0	0	0	0
38	0	0	0	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0	0	0	0
40	0	0	0	0	0	0	0	0	0	0
41	0	0	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0	0	0	0
44	0	0	0	0	0	0	0	0	0	0
45	0	0	0	0	0	0	0	0	0	0
46	0	0	0	0	0	0	0	0	0	0
47	0	0	0	0	0	0	0	0	0	0
48	0	0	0	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0	0	0	0
51	0	0	0	0	0	0	0	0	0	0
52	0	0	0	0	0	0	0	0	0	0
53	0	0	0	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0	0	0	0
55	0	0	0	0	0	0	0	0	0	0
56	0	0	0	0	0	0	0	0	0	0
57	0	0	0	0	0	0	0	0	0	0
58	0	0	0	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0	0	0	0
60	0	0	0	0	0	0	0	0	0	0
61	0	0	0	0	0	0	0	0	0	0
62	0	0	0	0	0	0	0	0	0	0
63	0	0	0	0	0	0	0	0	0	0
64	0	0	0	0	0	0	0	0	0	0
65	0	0	0	0	0	0	0	0	0	0
66	0	0	0	0	0	0	0	0	0	0
67	0	0	0	0	0	0	0	0	0	0
68	0	0	0	0	0	0	0	0	0	0
69	0	0	0	0	0	0	0	0	0	0
70	0	0	0	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0	0	0	0
72	0	0	0	0	0	0	0	0	0	0
73	0	0	0	0	0	0	0	0	0	0
74	0	0	0	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0	0	0	0
77	0	0	0	0	0	0	0	0	0	0
78	0	0	0	0	0	0	0	0	0	0
79	0	0	0	0	0	0	0	0	0	0
80	0	0	0	0	0	0	0	0	0	0
81	0	0	0	0	0	0	0	0	0	0
82	0	0	0	0	0	0	0	0	0	0
83	0	0	0	0	0	0	0	0	0	0
84	0	0	0	0	0	0	0	0	0	0
85	0	0	0	0	0	0	0	0	0	0
86	0	0	0	0	0	0	0	0	0	0
87	0	0	0	0	0	0	0	0	0	0
88	0	0	0	0	0	0	0	0	0	0
89	0	0	0	0	0	0	0	0	0	0
90	0	0	0	0	0	0	0	0	0	0
91	0	0	0	0	0	0	0	0	0	0
92	0	0	0	0	0	0	0	0	0	0
93	0	0	0	0	0	0	0	0	0	0
94	0	0	0	0	0	0	0	0	0	0
95	0	0	0	0	0	0	0	0	0	0
96	0	0	0	0	0	0	0	0	0	0
97	0	0	0	0	0	0	0	0	0	0
98	0	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0	0
100	0	0	0	0	0	0	0	0	0	0

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