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CITY AND COUNTY OF THE CITY OF EXETER



EDUCATION COMMITTEE

ANNUAL REPORT

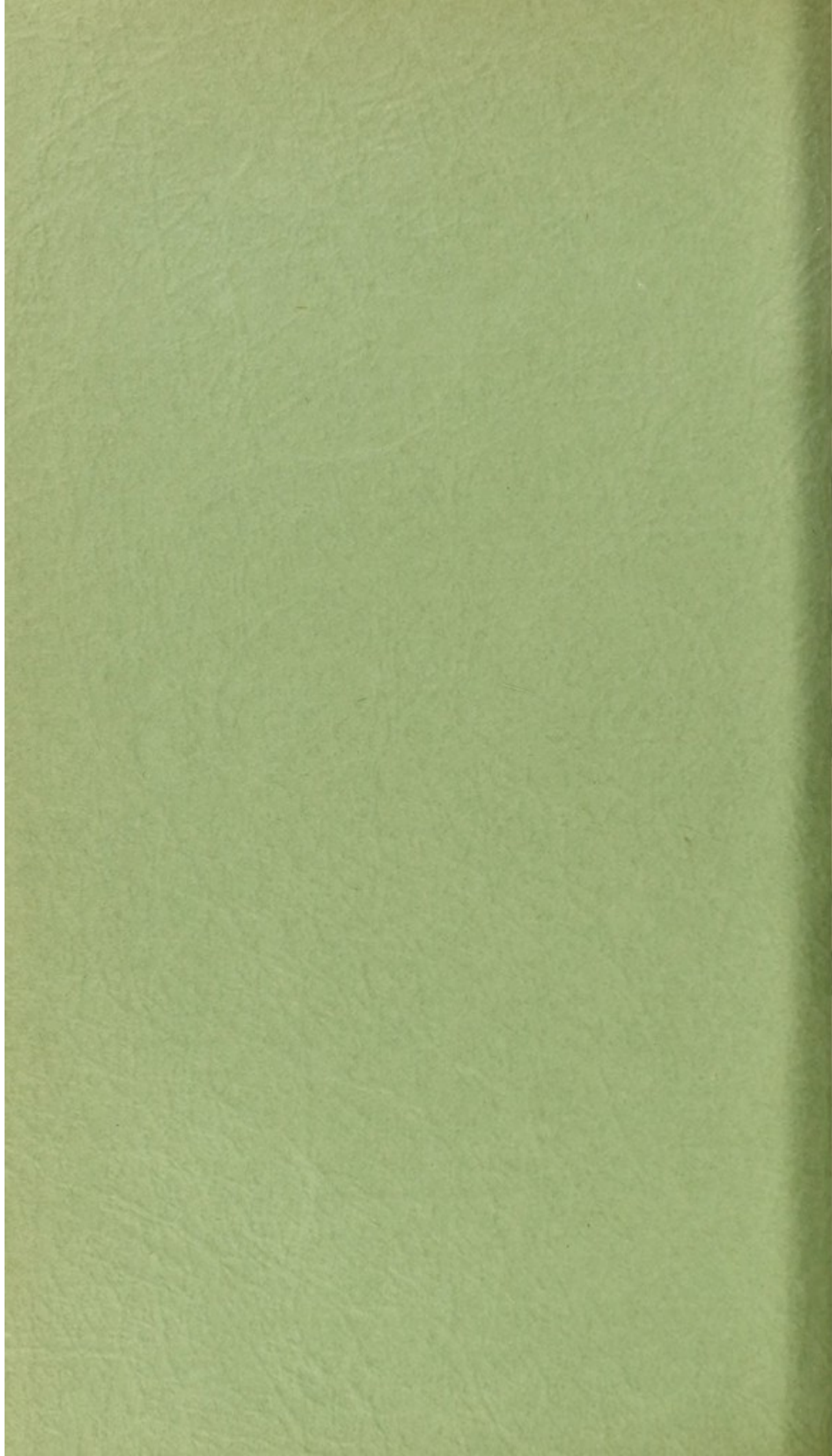
UPON THE

SCHOOL HEALTH SERVICE

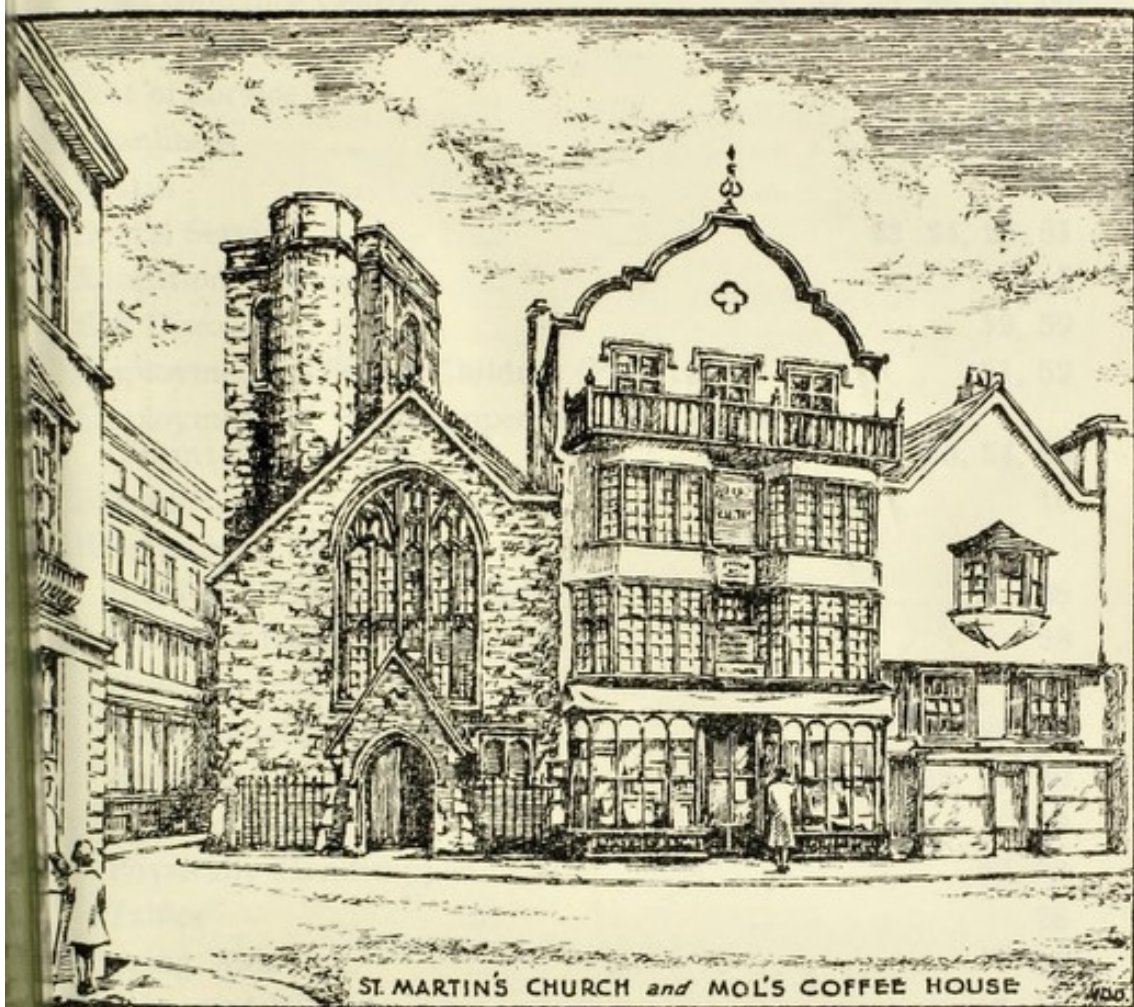
FOR THE

YEAR ENDED 31st DECEMBER, 1959

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
PRINCIPAL
SCHOOL MEDICAL OFFICER



CITY AND COUNTY OF THE CITY OF EXETER



(Above Sketch by H. Doble, 1950)

ANCIENT AND MODERN

St. Martin's Church was dedicated in 1065 probably by Bishop Leofric. Mol's Coffee House is an Elizabethan building (1596) : the Queen's admirals used to meet in the Armada Room.

To the left is a store reconstructed since the war.



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INDEX

	Page
Accidents to school children	47, 48, 49
Adjustment Classes	29
Approved Schools	50, 51
Audiometry	19
B.C.G. Vaccination	42, 43
Child Guidance Centre	33, 34, 35, 36, 37, 60
Colour Vision	22
Cost of Service	55
Cleanliness	25, 26, 57
Deaths	47
Dental Service	23, 24, 25, 61
Education Committee	7
Ear Disease	19, 59
Employment of School Children (Part-time)	51, 52
Employment of Handicapped School Leavers (Forms Y9 & Y10)	53, 54, 55
Enuresis	16
Handicapped Children :	
Blind and Partially Sighted	28
Deaf and Partially Deaf	28
Delicate	28
Educationally Sub-normal	28, 29
Epileptic	28, 29, 30
Maladjusted	28
Physically Handicapped	28, 32
Tables	28
Hearing Aids	19
Heights and Weights	17, 18
Home Tuition	31
Hospital Reports	47
Hospital Tuition	30
Immunisation (Diphtheria)	45
,, (Poliomyelitis)	44, 45
,, (Tuberculosis)	42, 43
,, (Small Pox)	44
Infectious Diseases	39
Introduction	5
Juvenile Court	50
Mass Miniature Radiography	42

Index— <i>continued</i> .	Page
Medical Examinations and Treatment	12, 13, 14, 15, 56, 57, 58
Mid-morning Snacks	45
Minor Ailments	27
Myopia	(see Appendix)
Nose and Throat Defects	23, 57, 58
Nutrition	12, 56
Orthopaedic and Postural Defects	59
Otorrhoea	19
Parents' Attendances	17
Scabies	39
School Buildings	9, 10, 11
School Hygiene	11
School Leaving Reports	53
School Meals and Milk	45, 46
Skin Diseases	57
Speech Therapy	37, 38, 39, 60
Squint	21
Staff	7, 8
Statistics and General Information	9
Tables (for Ministry of Education)	56, 57, 58, 59, 60, 61
Teachers	30
Tonsils and Adenoids	23
Transport	31
Tuberculosis	40, 41
Vision (Including Eight Year Olds & Thirteen Year Olds)	20, 21
Weights and Heights	17, 18

SCHOOL HEALTH DEPARTMENT,
1A, SOUTHERNHAY WEST,
EXETER.

April, 1960.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The health of the school children was well maintained ; their general condition was satisfactory in all but 3 of the children examined at the periodic complete examinations. One in 5 of the children examined at periodic examinations was found to require treatment, other than for dental disease or verminous conditions (i.e. about the same as in 1958). Verminous conditions of the scalp show a very slight worsening—but it is due to the hard core of persistent cases.

Infectious diseases were not prevalent ; scarlet fever was more frequent than in 1958 but it was mild. No cases of poliomyelitis occurred. The poliomyelitis immunisation campaign continued to take a great deal of the time and energy of the department and the response among the children was well maintained ; about 8 in 10 of all the children from 6 months to 16 years of age have had the course of 3 injections.

Of 7 deaths in school children, only 1 could be regarded as preventable.

During the year, we abandoned the 8 year old periodic examination (which, in Exeter, had been carried out annually since 1921) in favour of an informal visit by the school medical officer every term to the junior schools, for the examination of children regarded as apparently needing such examination : the children were selected, either on the basis of their known medical history (shewn in our records), or as a result of reference by parents, school nurses, or teachers. It is early to assess the advantages of the informal approach which we hope to apply to the intermediate group (11 to 12 year olds), replacing the present systematic examination by this more flexible and selective procedure.

There were 9 adjustment classes at the end of the year ; but it was felt that a day special school for educationally subnormal children should be established.

Myopia is the subject of a report by Dr. Ward, and accidents in school are discussed by Dr. McLauchlan. Dr. Baker makes some observations on the employment of handicapped school leavers—a subject of much importance to the school health service.

Dr. Brimblecombe and the other hospital consultants give us much assistance in various ways. Mr. Stamp, administrative assistant, has compiled the figures for my report : to him and to all the staff my sincere thanks are due. The Director of Education and the heads and staffs of schools have been most helpful. The family doctors too assist us greatly : we have had splendid co-operation from the parents.

I tender my thanks to you, Mr. Chairman, and the members of the Education Committee, especially the Chairman of the Special Services Sub-Committee, for your continued support.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE
(as constituted on 31st December, 1959)

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Alderman W. G. DAW

Deputy Chairman—

Councillor W. J. HALLETT, T.D., LL.B.

Committee—

The R.W. The Mayor—

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J. L. HOWARD, M.Sc., A.R.I.C., *Director of Education*

E. D. IRVINE, M.D., M.R.C.S., D.P.H., *Principal School Medical Officer*

STAFF OF THE SCHOOL HEALTH DEPARTMENT

Principal Sch. Med. Officer & Medical Officer of Health	EDWARD D. IRVINE, M.D. (LIV.), M.R.C.S., L.R.C.P., D.P.H.
Dep. Principal Sch. Medical Officer & Dep. Med. Officer of Health.	GEORGE P. McLAUCHLAN, M.B., CH.B., (EDIN.), D.C.H., D.P.H.
School Medical Officers	IRIS V. I. WARD, M.D. (LOND.), M.R.C.S., L.R.C.P., D.C.H.
	CHARLES H. J. BAKER, M.R.C.S., L.R.C.P., D.P.H. (LOND.).

Principal Dental Officer	JAMES C. LAWSON, L.D.S., R.C.S. (ENG.).
Dental Officers	MARTIN RADFORD, B.A. (CANTAB.), L.D.S., R.C.S. (ENG.). ROBERT B. MYCOCK, L.D.S. (BRIS.). KEITH S. CHAMBERS, L.D.S., R.C.S. (ENG.), (Resigned 4.7.59). MISS R. J. MORRISON-GILL, L.D.S. (LIV.), (From 1.9.59).
Child Guidance Centre	HARDY S. GAUSSEN, M.R.C.S. (LOND.), L.R.C.P., Psychiatrist (part-time). MRS. E. D. F. GARVIE, M.A. (EDIN.), B.ED. (EDIN.), Educational Psychologist (part- time). MISS K. HUNT, B.A. (LEEDS), Psychiatric Social Worker, (Resigned 31.10.59). MRS. M. C. JENKIN, B.A. (LOND.), (From 1.11.59). MRS. E. LEWIS, M.A. (OXON.), M.ED. (BIRM.), (Temporary Psychotherapist—part-time).
Speech Therapist	MISS M. PINK, L.C.S.T., (From 19.1.59).
Superintendent Sch. Nurse (Also Supt. Health Visitor)	MISS C. M. WILKINSON, S.R.N., S.C.M., H.V. Cert.
School Nurses (Also Health Visitors)	MISS L. M. BARRETT, S.R.N., S.C.M., (Pt.1), H.V. Cert. MISS G. M. BASTOW, S.R.N., S.C.M., (Pt.1), H.V. Cert. MISS B. A. BRAZIL, S.R.N., S.C.M., H.V. Cert. MISS Y. CASELLI, S.R.N., R.F.N., S.C.M., H.V. Cert. MRS. K. DUNHAM, S.R.N., S.C.M., (Pt.1), H.V. Cert. MISS A. E. EDDS, S.R.N., S.C.M., H.V. Cert. MISS P. P. HORNE, S.R.N., S.C.M., (Pt.1), H.V. Cert. (From 10.8.59). MISS H. M. SHEWAN, S.R.N., S.C.M., (Pt.1), H.V. Cert. MRS. E. STANNARD, S.R.N., S.C.M., H.V. Cert., Public Health Inspector's Cert. MISS L. E. WATHEN, S.R.N., S.C.M., H.V. Cert.
Temporary School Nurses (Part-time)	MRS. K. A. ATKINS, S.R.N. MRS. D. M. WAKELY, S.R.N.
Temporary Clinic Nurses (Part-time)	MRS. T. S. TILLER, S.R.N. MRS. M. A. MACNAMARA, S.R.N. MRS. B. P. TAYLOR, S.R.N., (Resigned 9.5.59). MRS. J. M. MITCHELL, S.R.N., (From 11.5.59).
Dental Attendants	MISS D. G. FREEMAN MISS E. M. PINKHAM MISS J. M. BACON MISS E. E. WHEELER (Resigned 20.6.59). MRS. E. K. NARRIMORE, (Temporary from 14.9.59. Resigned 12.12.59). MISS P. M. BOLT (From 14.12.59).
Clerks	MR. W. H. STAMP (Administrative Assistant). MISS M. E. NOEL (From 1.6.59). MISS J. J. MILLER (Resigned 8.8.59). MISS M. A. COX MRS. C. M. NILES (Resigned 28.3.59). MISS P. M. EVES-DOWN (From 4.8.59). MISS S. M. BROWSE (Transferred to Health Dept., 1.12.59). MISS M. A. FENWICK, (Dental). MRS. P. I. GOSS (Child Guidance Centre).

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1959)	....	....	....	77,400
Population (city) between 5 and 15 years (Mid-Year 1959)	....	....	....	12,000
approx.	....	....	....	11,202
Population of Maintained Schools as at January, 1960	....	....	....	36
Number of Maintained Schools	....	....	....	

PUPILS			SCHOOLS	
Boys	Girls	Total	Department	Number
20	22	42	Nursery	1
1,249	1,224	2,473	Infants	16
1,998	1,954	3,952	Junior	16
1,615	1,580	3,195	Secondary Modern	8
970	555	1,525	Secondary Grammar	2
8	7	15	Hospital Special School (Honeylands)	1
5,860	5,342	11,202	TOTALS	44

Those schools having both infants and juniors have been counted as having two departments. The number of pupils in the maintained schools was 118 more than at the same time in 1959.

During the year 1959, Hele's School moved into new buildings at Southam and was then amalgamated with the Technical Grammar School. Holloway Street Infants' School closed on 17th February, 1959 and the children from that school were mainly transferred to a re-organised Central J.M. & I. School; St. Nicholas J.M. & I. School moved into the Holloway Street School premises on 18th February, 1959.

SCHOOL BUILDINGS

I am indebted to the City Architect (Mr. H. B. Rowe) for the following notes on work carried out by his department in the schools during 1959.

(a) School Meals Service

A dining room and kitchen were completed and brought into use at the new Hele's School at Southam.

The ceilings of the dining room and scullery at St. Thomas' Secondary Modern Girls' School were treated with sprayed 'limpet' asbestos to prevent condensation.

The domestic boiler supplying hot water to the kitchen at Whipton Infants' School was renewed.

Internal redecoration was carried out to accommodation used for school meals purposes, as follows :—

- (i) Cowick Street Infants—dining room and scullery ;
- (ii) Countess Wear Infants—scullery ;
- (iii) The Priory S.M. Girls—office and staff room ;
- (iv) Whipton Infants—stores ;
- (v) Hele's (huttet portion)—stores and entrance corridor ;
- (vi) Montgomery J.G. & Infants—dining room and corridor.

(b) Alterations

Improvements and modernization of the electric lighting installation at Cowick Street Infants' School were carried out.

A new floor of oak blocks was laid in one classroom at St. Thomas Infants' School.

A part of Montgomery J.G. & I. School was re-wired electrically.

The wood block floors of two further classrooms were renewed at John Stocker J.B. School.

The open corridors at Whipton Infants' School and at the three Bradley Rowe schools were enclosed.

A playshed was provided adjoining the playground at Countess Wear Infants' School.

At Bradley Rowe Schools the second central heating boiler was replaced.

Two classrooms which are provided in a hut at Whipton Infants' School were fitted with hot water radiators supplied off the present central heating system in lieu of solid fuel stoves as hitherto. The central heating boiler was replaced at the same time, as it had become defective.

The second central heating boiler at Ladysmith S.M. Boys' School was replaced with a new boiler. An electric fire alarm installation was provided at this school, and the electrical installation to the assembly hall stage was improved.

The washing facilities at the pavilion on the Hele's School playing fields at Southam were improved.

(c) Internal Decorations of a major character were carried out at the following schools :

Montgomery J.G. & I. School
St. Sidwell's J.M. & I. School
Bradley Rowe J.G. School
Summerway J.M. School

The Priory S.M. Girls' School
 The Vincent Thompson S.M. Boys' School
 John Stocker J.B. School
 Bradley Rowe J.B. School
 Heavitree J.M. & I. School
 Stoke Hill J.M. School
 Ladysmith S.M. Boys' School
 Hele's School (Huts)
 Bishop Blackall School.

(d) Minor Redecorations

In addition to the internal redecoration work referred to above, minor work was carried out at 15 other schools or properties controlled by the Education Committee.

SCHOOL HYGIENE

During the course of the year, attention was drawn to the following items in schools :—

Sanitary Conveniences were found to be insufficient in Whipton Barton J.M., Bradley Rowe J.B., Central J.M. & I., and John Stocker J.B. Schools. In the former two schools the need for further units to meet requirements and convenience has been accepted and is to be met ; in the latter two schools contemplated improvements and renovations will bring existing units up to modern standards.

Kitchen Facilities. Nuisance from steam in the kitchens of The Vincent Thompson B.S.M. School and the Technical Grammar School (now Hele's School) have been eliminated by the installation of extractor fans and other measures.

Classroom Corridor Enclosure was effected in the Bradley Rowe Schools and should provide much benefit. A similar improvement is badly needed at Ladysmith Infants' School.

Medical Inspection arrangements allowing one room only for all purposes still exist in a number of schools and are not satisfactory.

Reconstruction and Renovation of St. Sidwell's J.M. & I. and Heavitree J.M. & I. Schools, urgently needed, are, it is understood, to be commenced in the near future.

Paper Towels. 18 primary, 4 secondary modern, both grammar schools and most of the sections of the Exeter Technical College now have paper hand towels. 7 primary and 4 secondary modern schools still use roller towelling. The Nursery School uses individual hand towels.

Medical Examinations

In a total school population of 11,202 the periodic medical inspections numbered 3,898 and other medical examinations 2,896. Parents were present at 2,753 (70%) of the complete examinations (see table on page 17). Parents are not normally invited to be present at the re-examinations but are occasionally invited to the special examinations: these attendances are not, however, recorded for statistical purpose. 699 children (approximately 1 in 5 of those examined at the periodic inspections—about the same proportion as in 1958) were found to require treatment for some defect other than dental disease or verminous conditions.

General Condition of the Children

The general condition of the children continues to be satisfactory, 99.9% having been so classified by the medical officers, the same percentage as last year. Children whose general condition is considered unsatisfactory, are investigated.

In only 3 children (0.1%)—1 junior boy and 2 senior girls—out of 3,898 having complete medical examinations during 1959 was the general condition reported to be unsatisfactory. All three took school milk regularly and one boy and one of the girls took school dinners regularly; the other girl had school dinners occasionally. In only the boy (hemi-atrophy) was there a substantial defect; maternal and housing conditions were satisfactory; in one of the girls the general condition improved and her name was removed from the “unsatisfactory” list in December—the remaining two children are being kept under observation.

The following table sets out the position as at 31.12.59 of all the children regarded as having unsatisfactory general condition since this classification was first introduced by the Ministry in 1956:—

Year Found Unsatisfactory	No. of Cases	Taken off :		Still under Observation
		Satisfactory	Left School	
1956	24	6	8	10
1957	11	3	2	6
1958	4	—	—	4
1959	3	1	—	2
Total 1956-1959	42	10	10	22

EXAMINATIONS OF EIGHT YEAR OLDS

Since 1921, the children in our maintained schools have had this 'eight year old' medical examination in addition to their entrants and leavers examinations. In later years they were also examined during their last year in the junior school, and in 1954, this was changed to the 1st year in the secondary schools, thus securing a complete medical examination every 3 years during school life.

During the year the routine medical examination of eight year old children was abandoned in favour of a more informal medical examination, and arrangements were also made for the medical officers to visit every junior school once a term instead of once a year. If it proved successful, it was intended to introduce this kind of review for the intermediate periodic examination (on entry to the secondary schools).

A meeting was arranged in March with all the head teachers of the junior schools at which these new proposals were set out and discussed; all the heads were in favour, and it was agreed that the new procedure based upon the following reasons should start as from the beginning of the summer term, 1959 :—

- (a) The fact that the National Health Service provides a medical care system from family doctors, not previously available before 1948.
- (b) The view that children who need medical care show this in their day to day activities, behaviour and attitudes and that these are generally readily observable by parents, teachers, nurses, doctors.
- (c) That selective medical examination of individual children is better under the present conditions than systematic block medical examinations.

The period of the two terms is too short to make a reliable assessment of the success or otherwise of the changed procedure, but during this time all the junior schools have been visited, and it is possible to make some deductions to date.

Briefly, children were selected for examination after a consideration of the following :—

- 1. Defects which were already known and recorded on the medical record cards.
- 2. Reference by parents.
- 3. Reference by teachers.
- 4. Observation by medical officers in school, gymnasium and at play.

The medical officers have decided in each case whether the parents should be asked to attend, mainly dependent on the gravity of the suspected condition.

The success of this scheme clearly depends on the keen co-operation of the teaching staff and a close link between the teaching staff and parents. The head teachers and staff have been very helpful—they appreciate the more frequent visits of the medical officer. It should be mentioned that this scheme alters the position only in junior schools and not in combined junior and infant schools where it has always been the practice for the medical officer to visit every term.

The Attitude of Parents.

In no case have parents expressed disappointment with the change in procedure, even when the defect has turned out to be comparatively trivial.

On the other hand, it has been possible to devote more time to children whose health requires more discussion with the parent.

Advantages of the System.

1. Our examination covers, in effect, the whole range of the junior schools, selecting those who really need medical care.

2. The ability as mentioned above to concentrate on persistent and continually recurring defects has proved of advantage : *e.g.* enuresis is troublesome at this age, whilst various chest conditions such as asthma also cause anxiety which may be more fully ventilated by discussion.

3. The elimination of unnecessary routine full medical examination of children the majority of whom at this age are healthy : the doctors feel that the time spent is better rewarded than in the former 8 year-old systematic examination.

4. The approval of teachers, who feel they are having more support with sick children under their care and are taking a more active part in the medical care.

5. Unobtrusive observation of children in their normal school activities is certainly helpful, especially with good co-operation by the teachers.

Administrative Difficulties.

The administrative arrangements are necessarily much more involved, but the difficulties are being reduced as a result of experience.

The table overleaf shews the defects and recommendations made on the 48 children seen for complete examinations and the 133 children seen as special examinations—although this number is smaller than the corresponding 8 year-old group examined in previous years, the total number of periodic full examinations is not very much reduced over the whole year, mainly because many more were made of the very young children.

TABLES SHOWING THE FINDINGS OF CHILDREN EXAMINED UNDER NEW 8-YEAR-OLDS PROCEDURE

A. COMPLETE EXAMINATIONS (all at request of medical officers)

Number Examined	REFERENCE FOR TREATMENT OF			KEPT UNDER OBSERVATION FOR							No Action
	Vision	Squint	Develop-mental	Vision	Nose or Throat	Glands	Lungs	Posture	Ortho-paedic	Psycho-logical	
48	6	2	1	1	4	1	2	2	2	1	26
			9			13					

B. SPECIAL EXAMINATIONS

133 children were medically examined in school by special request; of these, 35 required no action. Of these 133 children, 71 were seen at the request of the medical officers, 57 at the request of the head teachers and 5 at the request of the parents; the table below sets out the findings:—

REFERRED FOR TREATMENT										KEPT UNDER OBSERVATION												
Skin	Vision	Hearing	Nose or Throat	Speech	Lungs	Orthopaedic Conditions	Epilepsy	Poor G.P.C.	Psychological	Vision	Ears	Nose or Throat	Speech	Heart	Lungs	Development	Orthopaedic	Nervous System	Psychological	Abdomen	Enuresis	General Condition
1	8	5	2	2	1	2	1	2	1	10	8	14	3	1	8	2	1	2	7	1	9	5
27										71												

(a) In the year 1958, 785 eight-year-old children were examined systematically; of these, 85 individual children shewed defects; 39 had defects of vision, and 65 had other defects.

(b) In the Lent term 1959, 97 eight-year-old children were examined under our former systematic procedure; of these, 13 shewed defects; 9 had visual defects and 7 had other defects.

NOCTURNAL ENURESIS

During 1959, 72 children (25 girls and 47 boys) with nocturnal enuresis were observed among 3,895 examined at periodic medical examinations.

		<i>Under 5</i>	<i>5 yrs.</i>	<i>6-10 yrs.</i>	<i>11 yrs. and over</i>	<i>Total</i>
No. examined	....	46	895	533	2,421	3,895
Girls	....	4	6	10	5	25
Boys	....	4	18	12	13	47
Total	....	8	24	22	18	72

(In 1958, 76 such cases were observed among 4,096 examined at the periodic medical inspections)

Frequency of bedwetting	<i>Every night</i>	<i>Once a week</i>	<i>Occasional</i>	<i>Periodic</i>
Girls	*11	1	12	1
Boys	28	—	13	6

*Three of these were stated to have had enuresis also in the day time.

Size of family

(The figures in parenthesis are the expected number of the 72 children that would fall into each group if the families followed the normal family size pattern throughout the whole country.) It is interesting to note how much fewer are the actual cases among only children and how many more cases there are in the larger families.

The enuretic child : was the *only* child in 5 families (35.7).
 was one of *two* children in 24 families (27.7).
 was one of *three* children in 20 families (3.6).
 was one of *four* children in 13 families (3.6).
 was one of *five or more* children in 10 families (1.4).

Family history

In 18 cases (3 girls and 15 boys) there was a history of bedwetting in one or more other members in the family.

Intelligence

This was not measured and there was only one child classified as educationally subnormal among them.

Maladjustment

6 children (2 girls and 4 boys) were classified as maladjusted for reasons other than their enuresis which was merely a symptom of an emotional upset ; 5 other children (1 girl and 4 boys) were described as being " highly strung " or nervous ; in 2 others the mother was described as " highly strung."

Speech Defect

3 children (all boys) were attending for speech therapy.

Other Defects

1 (girl) had congenital deformities, 1 (girl aged 11 yrs.) had bladder deformities and 1 (boy) was partially deaf.

Specific Possible Causes

In 8 cases (4 girls and 4 boys) bedwetting started when the child started school and in one case it started after the transfer to a junior school. In one case it started after in-patient treatment for an eye defect and in another it started after the mother had been in hospital. In two cases the parents had separated.

We have recently purchased (1960) 6 electric enuretic alarm apparatus for the treatment of nocturnal enuresis and early results are encouraging.

PARENTS' ATTENDANCES AT COMPLETE EXAMINATIONS

AGE GROUP	No. of Children examined	No. of parents present	Percentage
5 year olds	942	893	95%
11 and 12 year olds	1,066	791	74%
14 year olds	243	92	38%
15 year olds and over	827	288	35%
Other Age Groups	820	689	84%
TOTAL (1959)	3,898	2,753	71%
TOTAL (1958)	4,096	2,899	71%
TOTAL (1957)	4,139	3,122	75%

HEIGHTS AND WEIGHTS.

BOYS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER BOYS					
Age	Height in inches	Age	No. Exam- ined in 1959	Average Height in Inches				
				1959	1958	1957	1956	1955
		4 (4-5) yrs.	—	—	42.5			
5 (4½-5½) yrs.	41.4	5 (5-6) "	451	43.1	42.8	43.6	43.4	43.7
6 (5½-6½) "	43.0	6 (6-7) "	175	44.5	44.2			
7 (6½-7½) "	45.4	7 (7-8) "	29	48.6	46.5			
8 (7½-8½) "	47.8	8 (8-9) "	21	51.1	50.1	50.5	50.7	50.4
9 (8½-9½) "	49.2	9 (9-10) "	23	50.8	51.3			
10 (9½-10½) "	51.3	10 (10-11) "	13	54.2	52.5			
11 (10½-11½) "	52.7	11 (11-12) "	248	56.7	56.5	56.9	56.7	56.5
		12 (12-13) "	414	57.4	57.7	57.6	57.5	57.7
13 (12½-13½) "	56.2	13 (13-14) "	185	58.7	59.3			
14 (13½-14½) "	58.0	14 (14-15) "	145	63.4	63.3	63.7	63.5	63.8
		15 (15-16) "	292	63.9	64.2	67.5	66.6	66.4
		16 (16-17) "	122	66.6	66.7			
		17 (17-18) "	8	68.6	68.0	69.3	69.0	69.2
		18 (18-19) "	27	69.4	69.5			
		19 (19-20) "	2	70.4	68.2			

BOYS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER BOYS						
Age	Weight in pounds	Age	No. Exam- ined in 1959	Average Weight in Pounds				
				1959	1958	1957	1956	1955
5 (4½-5½) yrs.	38.7	4 (4-5) "	15	34.5	36.1			
6 (5½-6½) "	41.3	5 (5-6) "	451	42.7	42.0	43.1	43.1	44.0
7 (6½-7½) "	45.4	6 (6-7) "	175	45.2	44.1			
8 (7½-8½) "	51.0	7 (7-8) "	29	54.5	50.0			
9 (8½-9½) "	54.8	8 (8-9) "	21	62.3	58.1	60.3	60.3	60.7
10 (9½-10½) "	59.6	9 (9-10) "	23	61.7	62.2			
11 (10½-11½) "	64.6	10 (10-11) "	13	71.3	66.8			
		11 (11-12) "	247	81.5	81.0	82.8	83.2	81.9
13 (12½-13½) "	76.5	12 (12-13) "	411	84.5	85.8	88.4	85.2	85.1
14 (13½-14½) "	86.1	13 (13-14) "	185	89.1	93.0			
		14 (14-15) "	145	111.4	112.0	113.9	113.6	115.4
		15 (15-16) "	292	116.3	115.3	130.4	129.9	128.8
		16 (16-17) "	122	132.5	129.6			
		17 (17-18) "	8	143.8	144.1	148.6	144.7	144.5
		18 (18-19) "	27	143.5	150.6			
		19 (19-20) "	2	152.9	156.4			

GIRLS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER GIRLS						
Age	Height in inches	Age	No. Exam- ined in 1959	Average Height in Inches				
				1959	1958	1957	1956	1955
5 (4½-5½) yrs.	41.1	4 (4-5) yrs.	442	42.6	42.8			
6 (5½-6½) "	42.8	5 (5-6) "	177	43.7	42.7	43.0	43.1	43.3
7 (6½-7½) "	45.1	6 (6-7) "	17	47.9	43.7			
8 (7½-8½) "	47.5	7 (7-8) "	14	49.9	45.0			
9 (8½-9½) "	48.9	8 (8-9) "	38	51.9	49.8	50.0	50.0	50.1
10 (9½-10½) "	51.2	9 (9-10) "	15	52.5	50.5			
11 (10½-11½) "	52.8	10 (10-11) "	134	57.1	52.6			
		11 (11-12) "	228	58.3	57.3	57.2	57.5	57.2
13 (12½-13½) "	56.9	12 (12-13) "	101	59.8	58.4	58.6	58.5	58.3
14 (13½-14½) "	58.9	13 (13-14) "	98	63.2	59.6			
		14 (14-15) "	267	62.9	62.7	62.6	62.4	62.1
		15 (15-16) "	76	63.4	62.6	68.0	63.1	63.6
		16 (16-17) "	7	63.3	63.7			
		17 (17-18) "	17	62.9	64.1	63.2	64.4	64.2
		18 (18-19) "			64.9			
		19 (19-20) "			65.6			

GIRLS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)		EXETER GIRLS						
Age	Weight in pounds	Age	No. Exam- ined in 1959	Average Weight in Pounds				
				1959	1958	1957	1956	1955
5 (4½-5½) yrs.	37.5	4 (4-5) yrs.	19	33.7	36.4			
6 (5½-6½) "	40.1	5 (5-6) "	442	41.1	41.0	41.7	41.7	42.5
7 (6½-7½) "	44.4	6 (6-7) "	176	43.5	42.8			
8 (7½-8½) "	49.4	7 (7-8) "	17	51.0	47.0			
9 (8½-9½) "	52.6	8 (8-9) "	14	55.7	58.3	59.4	58.2	59.5
10 (9½-10½) "	59.8	9 (9-10) "	38	65.4	59.7			
11 (10½-11½) "	63.9	10 (10-11) "	15	66.6	63.5			
		11 (11-12) "	134	88.3	83.5	84.5	86.0	85.3
13 (12½-13½) "	79.0	12 (12-13) "	227	89.1	88.4	88.6	91.0	89.4
14 (13½-14½) "	88.2	13 (13-14) "	101	94.5	96.5			
		14 (14-15) "	98	117.0	114.3	114.1	113.5	112.1
		15 (15-16) "	267	115.0	112.7	111.5	123.1	123.2
		16 (16-17) "	76	122.1	127.0			
		17 (17-18) "	7	115.6	120.3	119.0	133.3	130.5
		18 (18-19) "	17	128.8	133.9			
		19 (19-20) "			131.0			

HEARING— AUDIOMETRIC TESTING

During 1959, 54 children (34 boys and 20 girls) were given audiometric tests as a result of either the teacher's request or medical examination (periodic inspections, etc.). All were examined by a school doctor to ascertain if possible any cause for deafness; some children shewed quite a severe hearing loss. The table set out below shews the medical officer's recommendations :

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Referred to Ear, Nose and Throat Specialists	3	4	7
For observation	12	6	18
Not deaf enough to require action	19	10	29
TOTALS	34	20	54

Recommendations of the Ear, Nose and Throat Specialists :—

- (a) 1 (boy)—adenoids removed.
- (b) 1 (girl)—awaiting removal of adenoids.
- (c) 2 (girls)—awaiting removal of tonsils and adenoids.
- (d) 1 (boy)—awaiting examination under anaesthetic.
- (e) 1 (boy)—under observation by the Ear, Nose and Throat Specialist.
- (f) 1 (girl)—no active medical treatment considered necessary.

HEARING AIDS

During 1959, 3 Exeter school children (2 girls aged 8 and 14 and 1 boy aged 5 years) were provided with hearing aids under the National Health Service.

11 other children (5 girls and 6 boys) had been provided with hearing aids in previous years. All these children (14) attend ordinary schools in the city and are managing all right.

We have no special classes or units attached to ordinary schools; children requiring education in a special school for the deaf attend the Royal School for the Deaf, Exeter, mostly as day pupils, a few as boarders. (see page 28). No special teachers of the deaf or partially deaf are employed by the authority.

Otorrhoea : " running ear " was found in 29 children (15 boys and 14 girls) out of 3,898 examined at periodic medical examinations (i.e. 1 in 100 of those examined) compared with 46 so found in 1958 (1 in 89); 18 cases were already having or were referred for treatment, the remaining 11 cases being kept under observation. In addition, 2 children (1 boy and 1 girl) attended the minor ailment clinics, both with recurrent otorrhoea.

47 children (37 from periodic and 10 from special examinations) were referred for treatment of nose and throat defect, whilst a further 234 children are being kept under observation.

VISION

During the year, 744 children were referred by the school medical officers to the West of England Eye Infirmary for refraction. These included 219 (120 boys and 99 girls) referred for the first time and spectacles were prescribed for 85 (47 boys and 38 girls) of these 219 children. There is no delay in securing spectacles for school children but very considerable effort is needed to secure a satisfactory response by the children and parents. A number attend private ophthalmic opticians and it is felt this is not insubstantial among the older children.

VISION EXAMINATION OF SIX YEAR OLD CHILDREN

We have now abandoned this test in favour of a vision test at the entrants medical examination.

A number of plastic rotating 'E' charts are available for use when a child cannot be tested with the usual vision charts; picture and Snellen charts are also used as appears desirable.

VISION EXAMINATION OF EIGHT YEAR OLD CHILDREN

In view of the abandonment of the routine eight year old examination from the end of the Spring term 1959, the school nurses carried out vision tests on 650 eight year old children (361 boys and 289 girls) at 11 schools; of these 16 children (8 boys and 8 girls) apart from children already wearing spectacles were found to have vision of 6/12 in either eye or worse, and referred for further examination by the school medical officers. The table below sets out the action taken :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
For observation by school medical officers	6	4	10
Referred to Eye Infirmary by school medical officers	2	4	6
TOTAL	8	8	16

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
RESULT OF EXAMINATION AT THE EYE INFIRMARY—			
Spectacles prescribed	1	—	1
Spectacles not prescribed	1	3	4
Failed to Attend	—	1	1
TOTAL	2	4	6

VISION EXAMINATION OF THIRTEEN YEAR OLD CHILDREN

908 children (469 boys and 439 girls) in their fourteenth year were examined during the year; of these, 139 (70 boys and 69 girls) already had spectacles. 15 children (6 boys and 9 girls) who had not previously been reported as having defective vision,

were found to have vision of 6/12 in either eye or worse for distant vision. In one child myopia was found for the first time. The tables below set out the action taken re the children with defective vision :—

			Boys	Girls	Total
RESULT OF EXAMINATION BY SCHOOL MEDICAL OFFICER					
For observation at school	....	....	4	7	11
Referred to Eye Infirmary	....	....	2	2	4
TOTAL			6	9	15

RESULT OF EXAMINATION AT THE EYE INFIRMARY :					
Spectacles prescribed	....	....	1	—	1
Spectacles not prescribed	....	....	1	2	3
TOTAL			2	2	4

SQUINT

During 1959, 6 new confirmed cases of squint (4 boys and 2 girls) were found in children attending our schools and infant welfare clinics and were referred to the West of England Eye Infirmary which provides the eye service for this area. In addition, 32 children (21 boys and 11 girls) already attending the Eye Infirmary because of squint, were seen at medical inspections during the year. The following details were obtained :—

New Cases (6)

Alleged cause : difficult birth 1 (boy) ; measles 1 (boy) ; long sight 1 (boy) ; ' nerves ' 1 (girl).

Diagnosis : left convergent 4 (2 boys and 2 girls) ; right convergent 2 (boys).

Treatment : operation and occlusion 1 (boy) ; occlusion and exercises 1 (girl) ; occlusion 2 (boys) ; observation 2 (1 boy and 1 girl).

Age at Onset : 6-12 months, 1 (boy) ; 3-4 years, 1 (boy) ; 4-5 years, 1 (boy) ; 5-10 years, 3 (1 boy and 2 girls).

Age when referred : 6-12 months, 1 (boy) ; 3-4 years, 1 (boy) ; 4-5 years, 1 (boy) ; 5-10 years, 3 (1 boy, 2 girls).

Average time lag between believed onset and reference to Eye Hospital : 3 months. (Range Nil to one year).

In 3 cases (2 boys, 1 girl) there was a familial history.

COLOUR VISION

During 1959, 783 children (all boys), mainly 12 year olds, were tested by the nurses using the Ishihara Colour Vision testing plates and 40 were considered to have defective colour vision. Medical officers using the Giles Archer Lantern test, tested 35

children ; 5 failed to attend (one of these has since left school). As stated in my last report, we no longer examine girls as a matter of routine. 9 of the 12 boys remaining from 1958 were tested in 1959 (7 were found to be safe and 2 unsafe) ; the other 3 boys left school before the examination could be carried out.

The tables below set out the results of the tests :—

COLOUR VISION

ISHIHARA TEST RESULTS (in 1959)						Boys	
No. examined	.....	.....	.....	.....	.....	783	
No. found to have defective colour vision	.....	.....	.....	.....	.....	40	(5.1%)
Completely Red-Green	.....	.....	.....	.....	.....	1	
Completely Green	.....	.....	.....	.....	.....	12	
Incomplete Red-Green	.....	.....	.....	.....	.....	6	
Incomplete Red	.....	.....	.....	.....	.....	1	
Incomplete Green	.....	.....	.....	.....	.....	12	
Complete Blue-Green	.....	.....	.....	.....	.....	2	
Inconsistent	.....	.....	.....	.....	.....	6	
Total						40	

COLOUR VISION — RESULTS OF TESTS USING GILES-ARCHER LANTERN

YEAR	TESTED BY ISHIHARA PLATES		FOUND DEFECTIVE		GILES-ARCHER LANTERN TEST (R.A.F. STANDARD)						TOTAL
					SAFE		UNSAFE		NOT TESTED		
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	
1955	806	455	54	2	22	—	32	2	—	—	56
1956	926	885	53	1	24	—	29	—	—	*1	54
1957	714	433	38	2	22	1	15	1	†1	—	40
1958	570	471	35	3	30	3	2	—	*3	—	38
1959	783	—	40	—	33	—	2	—	5	—	40
TOTAL 1955/59	3,799	2,244	220	8	131	4	80	3	9	1	228

* Left school before test could be carried out.

† Refused to attend.

The proportion of boys with " unsafe " colour vision during the period 1955-1959 (Royal Air Force standard) is 2.1%

It is worth recording that less than half of the boys found colour-vision defective by the Ishihara Tests prove to be unsafe by the Giles-Archer Lantern (R.A.F. standard) test.

The disparity between the proportions of those found colour blind, who are also considered " unsafe " by the Giles Archer Lantern Test, during the years 1955-1957 and during 1958/1959 is evident. We shall investigate this further.

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILITIS

140 children (76 boys and 64 girls) in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1959, i.e. 1.2% of the school population.

Year	No. of Operations	School Population	Operations per 100 Children
1959	140	11,202	1.2
1958	123	11,084	1.1
1957	129	10,700	1.2
1956	91	10,515	0.9
1955	140	10,306	1.4
1954	155	9,986	1.6
1953	121	9,682	1.2
1952	168	9,272	1.8

17 school children (7 boys and 10 girls) were known to the department as awaiting tonsil and/or adenoid operation on 31.1.60.

TONSIL AND/OR ADENOID OPERATIONS, 1959

<i>Age at Operation</i>	<i>Boys</i>	<i>Girls</i>	1959 <i>Total</i>	1958 <i>Total</i>
5 years and under	8	6	14	16
6 „	15	16	31	36
7 „	19	15	34	25
8 „	9	7	16	18
9 „	10	5	15	9
10 „	1	7	8	7
11 „	4	4	8	7
12 „	6	3	9	5
13 „	2	—	2	—
14 „	2	1	3	—
15 „	—	—	—	—
TOTAL	76	64	140	123

YEAR ENDING 31st DECEMBER, 1959 REPORT OF THE PRINCIPAL DENTAL OFFICER

(J. C. Lawson, L.D.S., R.C.S. (Eng.))

The work of the city's dental department has progressed most satisfactorily during the year, and with the exception of the St. Thomas clinic, all surgeries have been fully-staffed for the entire year. Owing to the resignation of Mr. K. S. Chambers, L.D.S. on 31st June, 1959, it was necessary to close the St. Thomas clinic during the months of July and August. We were, however, fortunate in obtaining the services of Miss R. M. Morrison-Gill, L.D.S., who was appointed school dental officer on 1st September, 1959, and from that date onwards all clinics were open full-time.

Miss S. Wheeler resigned from her appointment as dental chairside assistant on 20th June, 1959, this appointment was temporarily filled by Mrs. K. E. Narrimore who very ably helped us out until Miss P. Bolt was appointed on 14th December, 1959.

During May I attended a post-graduate course in dental anaesthetics at the Eastman Dental Hospital, London. I have found the knowledge and experience gained from this course a great help in the smooth running of this side of the department's work, and I now have regular weekly anaesthetic sessions at each clinic as well as offering immediate attention to any child presenting itself with pain. It is my hope that it will be possible to send other members of the dental staff on such post-graduate courses from time to time.

We are glad to have had the continued benefit of the services of Dr. N. G. P. Butler (consultant anaesthetist).

I would like to thank head teachers and their staffs for their co-operation during the year. I feel it is the teachers who can help so much in encouraging the children in maintaining a healthy dentition.

Dental Inspections

The number of children inspected in school was 9,857, an increase of 117. This means that all the children, with the exception of absentees, in the local authority schools were examined. Many of the absentees, however, presented themselves at the clinics for examination at a later date.

As shown in the following table, approximately 40% of all the children examined in school, were found to have a satisfactory dentition.

Age Distribution of Children Inspected and Referred.

Age in years.	Udr.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ...	49	572	879	895	798	789	896	844	1043	1128	879	692	198	125	70	9,857
No. referred for treatment ...	31	344	550	543	493	493	536	514	615	657	493	382	79	50	27	5,807

Treatment

The number of teeth filled again showed an increase this year by 222, from 5,383 in 1958 to 5,605 in 1959.

Among the "other operations" listed in Table V, 158 children had their teeth scaled, 226 x-rays were taken. Included in these figures are several cases benefiting from minor oral surgery.

Orthodontia

This specialised branch of dentistry showed a decrease of new cases during the year. At the beginning of the year, 230 cases were being treated, 33 new cases were added and 49 were completed or discontinued during the year, leaving 214 still under

treatment at the end of 1959. Whilst this is an important branch of dental treatment it usually requires the continued wearing of an appliance over a period of months. Children are therefore only selected after the parents have been interviewed and have undertaken to co-operate in encouraging the constant wearing of the appliances.

Dental Clinics	Attendances		
	1957	1958	1959
Central Clinic, 1a Southernhay West	4,832	5,384	4,800
Whipton Health Clinic	2,365	2,133	2,012
St. Thomas Clinic	1,347	1,682	2,307
TOTALS	8,544	9,199	9,119

SEE ALSO TABLES

CLEANLINESS

The total number of children in the schools at the end of the year (estimated mid-January) was 11,202. The cleanliness examinations numbered 20,324. The number of individual children found to have nits or vermin in the hair at these examinations was 201 (155 girls and 46 boys) giving an overall rate of 1.8% (2.9% among the girls and 0.8% among the boys). These findings again shew a small increase on last year when 175 children (122 girls and 53 boys) out of a school population of 11,084 were found affected.

Of the 201 children, 50 (39 girls and 11 boys) were found infested more than once (after allowing a reasonable interval for cleansing) during the year; (this is 8 fewer than last year).

"Sacker" combs are available on loan and for sale at reduced prices; supplies of preparations, including Lorexane hair lotion and shampoo, containing modern insecticides are provided free of charge. No compulsory cleansing was carried out under Section 54(3) of the Education Act, 1944 and no prosecutions were undertaken.

Special Observations

Although figures show an overall increase of 26 in the actual number of cases found this year (1959—201; 1958—175) there was, in fact, a decrease of 4 in the actual number of new cases, i.e. not previously known to have been affected; the increase in the total numbers is due to the increase of 30 in the number of children found unclean during 1959 who were also unclean in 1958 (i.e. 1959—82; 1958—52). These increases were confined to 10 schools only (1 nursery, 2 mixed junior and infants', 3 juniors and all 4 girls secondary modern schools).

No less than 138 out of the total of 201 unclean heads found during the year occurred at 5 schools in an area of the city which has always had much more than the city average amount of trouble in this respect, and about which special reference was made in my last annual report. Considerable time and effort has been given to this area with only a very limited success at the infant school.

The main reason for this continuation of dirty heads is the hard core of neglectful families, which are concentrated in this area.

Their mothers' attitude of mind may be, that, whilst their children and homes are often clean and nicely kept, they have no shame about a dirty head.

Many of these children are in large families—which are, of course, harder to keep clean.

Children out of control in "problem families" add their quota; changes of address in these families will cause the occurrence of dirty heads in previously clean schools.

Both with the previous application of D.D.T. and more recently of Lorexane, a wait, eight days in the case of the latter, is required before washing the head, and in many instances, the girls especially will not keep to the schedule, even returning straight home to wash.

The advent of the new Lorexane shampoo which is used as an ordinary shampoo, largely overcomes this difficulty and appeals to the girls. It is more costly than former similar preparations but the cost is well repaid.

Despite this relatively small set-back, the number of head inspections was reduced from 3 p.a. to 1 (during the autumn term) at 10 junior schools in the city where the incidence of unclean heads during 1957 and 1958 was not more than 1%. Unfortunately, the number of verminous heads increased during 1959 in two of these schools.

For the future, it is advisable to concentrate on the one remaining more severely affected district, and this is being done.

**TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS
FOUND IN 1959 BY AGE GROUPS.**

AGE (at 31.12.59)	HEADS FOUND UNCLEAN					
	TABLE A.				TABLE B. No. of Children in Table A. also found Unclean in 1958	
	ONCE ONLY		MORE THAN ONCE		Boys	Girls
	Boys	Girls	Boys	Girls		
Under 5 years	5	2	1	—	2	—
5	1	7	1	—	—	1
6	7	14	1	8	4	9
7	7	12	1	3	2	9
8	3	8	2	2	4	4
9	6	12	2	6	3	7
10	3	14	2	7	2	7
11	3	10	1	7	2	5
12	—	11	—	4	—	6
13	—	12	—	1	—	4
14	—	8	—	1	—	5
15 and over	—	6	—	—	—	6
TOTAL	35	116	11	39	19	63

TOTAL 201 (1959) = 1.8% of all school children.

SCHOOL CLINICS

The location of the school clinics and the attendances were as follows :

	<i>Minor Ailments—Attendances</i>		
	1957	1958	1959
Central Clinic, 1a Southernhay West	1,577	1,141	791
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	3,137	2,863	2,429
Northern Clinic, Whipton Infants School	1,086	1,374	1,399
Stoke Hill Clinic	2,691	1,597	925*
TOTALS	8,491	6,975	5,544

*The number of sessions at this clinic was reduced to 3 sessions per week from February, 1959.

The Central School Clinic is open every week-day (excluding public holidays) all the year round : the branch clinics are open every school-day during the school terms. The total attendances again shews quite a large decrease of nearly 1,500.

The Eastern Area Clinic is well justified : the usefulness of the Whipton and Stoke Hill Clinics is declining : of course, the convenience of access is worth something.

In 1949, about 3 of every 10 children in the schools attended an average of 5 times each.

In 1959, about 3 of every 20 children in the schools attended an average of 3 times each.

Improved mothercraft, better housing and living standards, and free treatment from the family doctors, all contribute to the reduction year by year of the number of school children requiring minor ailment treatment in our clinics.

At the Central School Clinic, which "serves" the whole city, the school doctors are available at fixed times for consultation with parents about children and their health : at all the clinics (except Stoke Hill) the doctors see the minor ailment cases on admission, from time to time, and prior to discharge. Examinations re physical fitness for employment permits are carried out at all the clinics and examinations of students re fitness for training as teachers and examinations of employees for fitness to enter the City Council service and superannuation scheme are also made at the Central Clinic.

TABLE SHOWING THE INCIDENCE OF "MINOR AILMENTS" TREATED DURING 1959 IN CLINICS.

DEFECT	Central	Eastern	North- ern	Stoke Hill	GRAND TOTAL 1958	GRAND TOTAL 1959
Ringworm : Scalp	—	—	—	—	—	—
Body	—	—	—	—	—	3
Eye Defects	19	46	57	9	131	146
Ear Defects—(including wax, otorrhea, etc.)	46	53	22	5	126	196
Nose and Throat Defects	6	23	15	2	46	51
Impetigo	8	8	5	—	21	21
Warts : Plantar	13	9	13	3	38	62
Other	15	23	38	36	117	148
Other skin conditions	69	42	40	14	165	209
Minor Injuries	57	130	115	67	369	457
Miscellaneous	120	268	207	105	700	768
Total No. of individual children	353	607	512	241	1,713	2,061
Total No. of attendances	791	2,429	1,399	925	5,544	6,985
Total No. of sessions	304	206	198	123	831	879

When a child has been treated at the one time for more than one defect the more important has been listed.

**TABLE SHEWING THE NUMBER OF HANDICAPPED
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT
22nd JANUARY 1959.**

DISABILITY	Total No. of children classified as handi- capped as at 22-1-60	SPECIAL SCHOOL OR HOME	RESID.		NON RESID.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	2	Royal School of Industry for the Blind, Bristol	2	—	—	—	2	—
PARTIALLY SIGHTED	8	West of England School for the Partially Sighted, Exeter	—	1	3	4	8	—
DEAF	2	Royal West of England School for the Deaf, Exeter	—	—	2	—	2	—
PARTIALLY DEAF	15	Royal West of England School for the Deaf, Exeter	2	1	7	5	15	—
PHYSICALLY HANDICAPPED	40	Heathercombe Brake School, Manaton	1	—	—	—	6	1
		Dame Hannah Rogers Sch. for Spastics, Ivy- bridge	3	—	—	—		
		Headlands Rise, Teign- mouth	—	1	—	—		
		St. Roses, Stroud	—	1	—	—		
EPILEPTIC	31		—	—	—	—	—	—
EDUCA- TIONALLY SUBNORMAL	184	St. Christopher's School, Bristol	1	—	—	—	22	63*
		Bradfield Special School, Devon	1	—	1	—		
		St. Thomas More's School, Devon	1	—	—	—		
		Withycombe Hse. Special Sch., Exmouth, Devon	—	9	—	—		
		Heathercombe Brake School, Manaton	1	—	—	—		
		Pitt House, Chudleigh	3	—	—	—		
		Pitt House, Torquay	4	—	—	—		
		Widdicombe Hse., Kings- bridge, Devon	1	—	—	—		
DELICATE	67	Heathercombe Brake Sch., Manaton, Devon	2	—	—	—	2	—
MALADJUSTED	62	Frensham Heights, Surrey	1	—	—	—	4	—
		The Gables Hostel, Willand, Devon	1	1	—	—		
		Royal Alexandra and Albert School, Surrey	—	1	—	—		
DEFECTIVE SPEECH	95		—	—	—	—	—	—
TOTAL	506		24	15	13	9	61	64

*62 of these children recommended admission to a Day Special School.

HANDICAPPED PUPILS

Educationally Sub-normal Pupils

During the year 49 children (25 boys and 24 girls) were examined by the school medical officers in regard to educational subnormality and mental development. Many of them had already been examined by the educational psychologist. The following recommendations were made :

RECOMMENDATION	BOYS			GIRLS			TOTAL	REMARKS
	Inf.	Jnr.	Snr.	Inf.	Jnr.	Snr.		
SECTION 34 : Special education in an ordinary school.	1	1	—	—	1	1	4	1 (boy) attends adjustment class.
Education in a special day school.	1	3	—	1	1	—	6	Remained in own school. (1 (boy) attends adjustment class).
Education in a special residential school.	—	2	1	—	3	—	6	5 (2 boys and 3 girls) placed in special schools; 1 (boy) parents refused consent.
SECTION 57 (3) : Permanently excluded from school.	—	—	—	—	—	—	—	
SECTION 57 (4) : Education in ordinary school inexpedient.	—	—	—	—	—	—	—	
SECTION 57 (5) : Notified to Health Services Committee for statutory supervision on leaving school.	—	—	4	—	—	9	13	All placed under statutory supervision.
Not considered to require statutory supervision on leaving school.	—	—	12	—	—	8	20	
	2	6	17	1	5	18	49	
	25			24				

Adjustment Classes

The adjustment class at one of the junior schools was closed at the end of the summer term, and transferred to the adjoining senior boys school in September ; this has taken the form of a special ' project ' class. There are now 9 adjustment classes in the junior schools.

These classes have proved invaluable both to the children and the teachers ; but arrangements are now under consideration for the provision of a day special school for the more severely intellectually handicapped children.

EPILEPTICS

We have 31 children classified as suffering from epilepsy compared with 35 in 1958. 29 (14 boys and 15 girls) attend ordinary schools in the city ; we have no children attending a special school on account of epilepsy, but there are 2 children who

are known epileptics attending residential special schools on account of other defects—1 (boy) aged 11 years—cerebral palsy, and 1 (girl) aged 10 years—educationally sub-normal. 2 new cases (1 boy and 1 girl) were reported during the year. Minimum restrictions are placed on the activities of all these children : high gymnastic work and swimming in school parties are, however, barred.

Sex	Total	AGE				EPILEPSY			Have had Hospital Investigation	Satisfactory Medication
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major		
Boys	15	—	7	7	1	6	8	1	15	15
Girls	16	2	7	6	1	8	8	—	16	16

INTELLIGENCE QUOTIENT					
	50-60	61-70	71-85	86 and over	Apparently not retarded
Boys	—	—	1	2	12
Girls	1	—	2	2	11

Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession — Ministry of Education Circular 249

In accordance with instructions contained in the above Circular, 65 students (33 women and 32 men) and 7 teachers (2 women and 5 men) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession.

TUITION IN HOSPITALS

The Local Education Authority provides educational facilities in the two main general hospitals in the city. During 1959, 120 children received education whilst in-patients at these hospitals ; including 36 Exeter children, 83 Devon County children and 1 child (attending the Residential School for the Partially Sighted in the City) whose home was in Cornwall. One Exeter school child (girl aged 14 years) was receiving education in hospital on or about 22nd January, 1960.

Additionally there are Hospital Special Schools in the Princess Elizabeth Orthopaedic Hospital and Angela Home staffed by The Devonian Orthopaedic Association (7 Exeter children attending) and also Honeylands Children's Sanatorium staffed by this authority (14 Exeter children).

HOME TUITION

During the year, 5 new cases and 6 cases continuing from last year received home tuition arranged by the authority under Section 56 of the Education Act, 1944.

New Cases :

- Rheumatic Carditis (3 boys and 1 girl).
- Congenital Heart Disease (1 girl).

2 of these children were able to resume normal schooling after a period of home tuition and 1 child left the district.

Old Cases :

- Congenital Hydrocephalus—(1 boy also started part-time schooling towards the end of the year).
- Multiple Congenital Defects—(1 girl—resumed at ordinary school, March, 1959).
- Congenital Heart Disease—(1 boy—died February, 1959).
- Bronchiectasis—(1 boy—resumed at ordinary school, March 1959).
- Acute Nephritis—(1 girl resumed at ordinary school, March 1959).
- Spina Bifida—(1 girl—home tuition continued throughout the year).

The total cost of this service for the financial year ended 31.3.59 was £745.

TRANSPORT

Transport for ambulant handicapped children attending schools in the city continued during 1959. It was provided for 12 new cases (7 boys and 5 girls) during the year ; 10 of these children required this special transport for short periods only, but it is continuing for the remaining 2 children (both girls—congenital defects (1) defective hip joint (1)). In addition, 10 children (4 boys and 6 girls) from 1958 continued to have special transport during 1959; for 2 (both boys) it ceased during 1959 but it is still continuing for the remaining 8 children—spastics (3), poliomyelitis sequelae (4) and congenital heart (1).

PHYSICALLY HANDICAPPED CHILDREN.

There are 42 physically handicapped children known to the department : (there were 41 in 1958). There were 4 new cases during the year—2 (boys) with cerebral palsy—1 was admitted to the Dame Hannah Roger's School during the year, the other has been admitted early in 1960; (1 boy) suffering from the sequelae of poliomyelitis, and 1 (girl) congenital deformities of right arm and leg. The age grouping, sex distribution, mode of education, ability to play games and take part in ordinary physical exercises of these handicapped children are set out in the table :—

HANDICAP	SEX		AGE GROUP				EDUCATION							Able to take P.T. and Games		
	Boys	Girls	Under School Age	Infants.	Jrs.	Srns.	Under School Age	Not at School	In Special School	In Training College	In Hospital	Ordinary School	Home Tuition	Mod.	Nil.	Full
1. Cerebral Palsy	9	4	1	1	4	7	1	—	7	—	—	5	—	8	5	—
2. Heart : Congenital	2	3	—	1	2	2	—	—	—	—	—	5	—	2	3	—
Rheumatic	1	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—
3. T.B. Joints	—	2	—	—	—	2	—	—	—	—	—	2	—	2	—	—
4. Poliomyelitis Sequelae	1	5	—	1	2	3	—	—	—	—	1	5	—	2	4	—
5. Other Congenital Defects	4	6	—	1	3	6	—	—	—	3	—	5	2	6	3	1
6. Miscellaneous	2	3	—	—	2	3	—	—	1	—	—	4	—	2	3	—
TOTAL	19	23	1	4	14	23	1	—	8	3	1	26	3	22	19	1

CHILD GUIDANCE REPORT FOR 1959

(Report by Dr. H. S. Gaussen, Psychiatrist-in-charge).

During the year, Miss K. E. Hunt, our Psychiatric Social Worker for twelve years, resigned to take another appointment in Shrewsbury, nearer her home. The Child Guidance team, the parents, and the children, felt a deep sense of loss. Miss Hunt had endeared herself and made real friends among them. Many parents came and thanked her for all she had done for them and their families. Mrs. Mary Jenkin, who had been working part-time in the Public Health Department, has joined the clinic team as full-time psychiatric social worker. Her wide knowledge of the city and her contact with its health visitors are proving most valuable.

Child Guidance in Exeter has never sought the limelight. Much of its work is educative and preventive, rather than dramatically curative. It seeks to improve relationships and may have neglected its own in the process. Yet, child guidance is the first line of defence in the prevention of mental illness, and the principles of mental hygiene are laid down in childhood. Those families who flout them are just as certain to suffer as those who breathe foul air or drink foul water. Now that it falls to Local Authorities, under the Mental Health Act, to plan for the prevention of mental disorder, as well as for the care and after care of persons suffering from mental disorder, it is important that child guidance be part of the whole effort to secure mental health.

Broadly speaking, the relationships of the child guidance team are with all those who have the care and teaching of children, particularly those in a position to notice children who are not growing-up aright or who are showing symptoms of mental disorder. The first signs may show very early in life and can be noticed at the Maternity and Child Welfare Centres. It is important that health visitors should be aware of how much can be done by parent-guidance and be ready to avail themselves of our services in difficult cases. We have been particularly pleased to get referrals of children under five and to discuss them with their health visitor. We are related, however, in most of our cases to the School Health Service with its regular inspections and close contact with the schools. Head teachers and teachers refer their pupils to School Health or directly to the Centre. Mrs. Garvie, educational psychologist, visits the schools in the course of her work and discusses many cases of children in difficulties, directly with their teachers. The general practitioners of the city are accustomed to using the hospital when they need another opinion about a child and only a few of them use our service at first hand. This is because they all wish to exclude organic disease, initially, when dealing with a childhood problem. Working effectively with the hospital services present problems, but I am sure they can be solved. Both the Ministry of Health and of Education are very concerned that all work with children should be co-ordinated and that the flow of cases and information should be to and fro between hospitals and local authorities.

Then comes the relationship of the Child Guidance Clinic to parents. "Parents" covers foster parents, adoptive parents, and the Children's Officer. There will always be cases in which it is important for parents to have direct access to the Centre both because the need may be urgent and immediate, and also because the child's problem may be private or only within the family. Furthermore, if parents can contact us direct, we get a first hand impression, and they feel our interest and help to be on the spot. Sometimes a problem quickly tackled does not have time to grow into a tangle.

Lastly the Juvenile Courts look to Child Guidance for some light in the extremely intractable problems that come before them. We can put information and suggestions before the magistrates, who, of course, have to relate our report to the whole picture. Sometimes we ask if we may treat the case and see what can be done, sometimes we have to tell of impossible home conditions, sometimes we must say we do not know, but always we must speak in understandable everyday terms. So, the relationships of Child Guidance are many and diverse. In all of them our aim is the promotion of healthy attitudes and full development in the children of the city.

Further Observations

No significant change in the type of case referred is evident, behaviour problems and broken-home problems predominating. Although my impression has been that cases are referred earlier than formerly, this is not confirmed by the figures.

Like other clinics, we find school phobia a common presenting symptom in disturbed children. It suggests separation, anxiety and parental inadequacy rather than anything wrong with the school. There is a great deal of work being done on this symptom, which, like all symptoms, varies from slight and transitory to severe and intractable.

Parents accompany their children to the centre on each visit ; we like to see both parents. The educational psychologist keeps in touch with the teachers ; she works 3 sessions a week in the centre and one in the schools with children who attend the centre.

The present psychiatric-social-worker had, when in the Health Department, close contact with the health visitors. Since her transfer to Child Guidance this contact has been widening and deepening and we may expect earlier reference of young children ; she does as much home visiting as she can find time for.

The psychotherapist attends 2 sessions a week. Psychotherapy is the basis of much of our individual treatment here, especially with older children. It is a very wide term and covers treatment by persuasion or suggestion as well as techniques designed to give insight.

Direct contact with general practitioners is proving valuable.

Having the speech therapist working in the same building is a great help as our knowledge of disturbed families can be pooled and there is an interchange of information and sometimes of cases.

I have been in contact with Dr. Brimblecombe and seen several cases for him in the City Hospital.

School leaving is often an appropriate moment to bring treatment to an end; if this is not possible they are referred on for further help. The Mental Health Section of the Health Department is always ready to take on a case from us and our paths cross a good deal.

CHILD GUIDANCE CENTRE— STATISTICAL RETURN FOR 1959

TABLE A

1. Number of cases on the books on 31st December, 1958	115
2. Number of cases awaiting investigation on 31st December, 1958	11
3. Number of cases investigated but awaiting treatment on 31st December, 1958	17
4. Number of new cases referred during 1959	77
<i>Source of Reference :</i>	
(a) Juvenile Court and Probation Officers	4
(b) School Medical Officers	10
(c) Private Doctors	16
(d) Head Teachers	22
(e) Parents	9
(f) Others	16
5. Number of old cases re-opened during 1959	1
This case was referred by the Magistrates.	
6. Number of new cases investigated during 1959	63
7. Number of other cases investigated during 1959	4
<i>Summary of recommendations :</i>	
Diagnosis and advice only needed	9
Periodic survey and superficial treatment	27
Residential placement advised	—
Immediate long term treatment by Psychiatrist	11
Immediate long term treatment by Psychologist	9
Immediate long term treatment by Psychotherapist	5
Immediate long term treatment by Psychiatric Social Worker	2
Placed on treatment waiting list	4
8. Number of cases treated for the first time during 1959	61
9. Total number of children seen during 1959	181

10.	Total number of attendances during 1959	....	....	1,111
11.	Total number of cases discharged during the year	....	....	104
	<i>Reason for Discharge :</i>			
	(a) Treatment completed (see below)	....	....	72
	Much Improved	....	....	58
	Satisfactory	....	....	—
	Improved	....	....	13
	No change	....	....	1
	Worse	....	....	—
	(b) Unsuitable for treatment	....	....	2
	(c) Defaulted	....	....	3
	(d) Left city	....	....	10
	(e) Other reasons	....	....	17
12.	Number of cases remaining on the books on 31/12/59	....	....	89
13.	Number of new cases awaiting investigation on 31/12/59	....	....	10
14.	Number of new cases investigated but awaiting treatment on 31/12/59	....	....	10

N.B.— 9 cases were closed after investigation or whilst awaiting treatment.
12 cases were closed before investigation was completed.

TABLE B

Total number of sessions :

Psychiatrist	....	....	....	(4 per week)
Psychologist	....	....	....	(4 per week)
Psycho-therapist	....	....	....	(2 per week)
Psychiatric Social Worker	....	....	....	(full time)
Psychiatric Social Worker (to 31.10.59)	....	....	....	(2 per week)

INTERVIEWS :

PSYCHIATRIC.

(i) Diagnostic	....	....	....	....	65
(ii) Parents and others	....	....	....	....	298
(iii) Remedial treatment	....	....	....	....	412
(iv) Home Visits	....	....	....	....	1
(v) Other Visits	....	....	....	....	10

PSYCHOLOGIST.

(i) Diagnostic and testing	....	....	....	....	69
(ii) Parents and others	....	....	....	....	203
(iii) Remedial treatment	....	....	....	....	213
(iv) Visits	....	....	....	....	45
(a) To school visits (re C.G. cases only)	....	....	....	....	45
(b) Home Visits	....	....	....	....	—
(c) Other Visits	....	....	....	....	—

It is customary for the Psychologist when visiting any school for educational purposes, to enquire briefly after all Child Guidance cases in the school.

PSYCHO-THERAPIST.

(i) Parents and others	....	....	....	....	40
(ii) Remedial treatment	....	....	....	....	258

PSYCHIATRIC SOCIAL WORKER.

(i)	Therapeutic interviews at Centre	912
(ii)	Remedial treatment	164
(iii)	Visits	118
	(a) School Visits	5
	(b) First Visits to homes	52
	(c) Subsequent Visits to homes	61
(iv)	Other Visits	20
(v)	Interviews with other Social Workers	71

CHILDREN UNDER TREATMENT ON 31/12/59.

Regular treatment by Psychiatrist	16
Regular treatment by Psychologist	11
Regular treatment by Psycho-therapist	9
Regular treatment by Psychiatric Social Worker	2
Treatment waiting list	4
Superficial treatment by Psychiatrist	13
Superficial treatment by Psychologist	4
Superficial treatment by Psycho-therapist	2
Survey whilst residentially placed	4
Kept open, but no active treatment at present	4

SPEECH THERAPY REPORT

(Miss M. G. Pink, L.C.S.T.)

66 children were admitted for Speech Therapy this year. There is no significant waiting list at any of the clinics. The pleasant and well equipped room reserved for speech therapy at Pilton House continues to serve as a centre for parental consultation as well as for treatment of the individual child.

It is evident that the improvement in the speech of children under treatment, from the Eastern area is slower and less complete than in those in the corresponding northern housing area. In spite of some poor environmental factors, the main reason is, I think, the lack of contact between parent and therapist. As the speech therapy clinic is held in the infants' school the parents associate the treatment with the school curriculum—and thus even at home regard speech as a lesson. They have no responsibility for bringing the child to the clinic, the interested mothers feel something is being done by someone else; the less interested are glad "to let her get on with it." The teachers of the school make up for much of this deficit. In one case a dull handicapped child has shown great improvement solely through the continued interest of her class teacher. However parental co-operation is undoubtedly the crux of truly successful speech therapy.

It has been interesting to work with three children from the Occupation Centre, aged between 7 and 12 years and with I.Qs. considered between 37 and 47. They attend individually once weekly. One is severely dyslalic, another has no language at all, the other child has a combination of the two in lesser degrees.

Progress has been made in varying degrees—it is of course comparatively very slow indeed. It is noticeable in this admittedly small number that the level of personality growth correlates strongly with that of speech and language development. It is of course a question of which comes first?

As stammering is such an individual and elusive problem it has been decided to establish a permanent record at Pilton House of each child that has been referred for non-fluency in Exeter. Essential particulars of each child together with notes of treatment received and condition on discharge are stated. It is hoped then to recall each patient approximately 5 years after discharge and 3 years after leaving school. The follow-up of those discharged between 1950-1955 is in progress. This year's statistics show that over half the stammering children receiving treatment come from secondary schools. This is unfortunate—it would be better if they were referred as soon as the parents have recognised the non-fluency as a stammer. Discussion with the parent and a sympathetic school environment will in very many cases make direct treatment unnecessary. Every effort is made to let the child progress normally at home, and to avoid drawing attention to any "differences" in the clinic. In view of the questions the problem poses the therapist is naturally interested to observe any child showing stammering symptoms as early as possible.

The advice that is sometimes—perhaps only too often—given to mothers of stammering children, "leave it alone, he'll grow out of it" is *not* good advice. The child is referred perhaps 2 or 3 years later with a well established stammer and a mother completely ignorant of how to cope.

Two children were referred to the Child Guidance Centre—one for treatment, the other for assessment and advice.

The speech therapist was grateful for the opportunity to attend the 11th International Congress on speech therapy, etc. during August.

Analysis of the cases treated during the year and their progress:

DEFECT	Having treat- ment 1.1.59	Admitted	Waiting List at 1.1.59	Total No. Treated	DISCHARGED		STILL ON LIST				Remain- ing under care 31-12-59	Waiting List at 31.12.59
					Cured	Left before treatment complete	Under observation	Regular Attendance	Improved	No change		
Stammering	12	13	2	25	2	—	9	14	22	1	23	—
Simple Dyslalia	3	16	7	19	8	—	6	5	11	—	11	2
Multiple Dyslalia	17	25	9	42	14	1	15	12	27	—	27	5
General Dyslalia	19	8	—	27	7	2	14	4	17	1	18	—
Language Defects	1	1	—	2	—	—	1	1	1	1	2	—
Dysphonia	—	—	—	—	—	—	—	—	—	—	—	—
Dysarthria	4	1	—	5	2	1	—	2	2	—	2	—
Cleft Palate	3	2	—	5	1	—	3	1	3	1	4	—
Hyper-rhinophonia	2	—	—	2	1	—	1	—	—	1	1	—
Lip Reading	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	61	66	18	127	35	4	49	39	83	5	88	7

Analysis of the cases treated during the year (Grouped by age, sex and defect).

DEFECT	Total treated.	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		Severely handicapped children not at school	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	25	1	—	3	1	4	1	13	2	—	—
Simple Dyslalia	19	1	1	4	4	5	2	1	1	—	—
Multiple Dyslalia	42	1	2	20	9	8	—	1	1	—	—
General Dyslalia	27	6	1	15	3	2	—	—	—	—	—
Language Defects	2	—	—	1	—	—	1	—	—	—	—
Dysphonia	—	—	—	—	—	—	—	—	—	—	—
Dysarthria	5	1	—	2	—	—	—	1	1	—	—
Cleft Palate	5	1	—	1	1	1	—	—	1	—	—
Hyper-rhinophonia	2	—	—	—	1	1	—	—	—	—	—
Lip Reading	—	—	—	—	—	—	—	—	—	—	—
TOTALS	127	11	4	46	19	21	4	16	6	—	—

In Dyslalia one sound is substituted for another.

In Dysarthria there is difficulty in articulation.

In Dysphonia the pitch of the voice is affected.

In Hyper-rhinophonia the speech is excessively nasal.

INFECTIOUS DISEASES

Incidence of certain Infectious Diseases other than Tuberculosis in 1959 in children (Exeter Residents) 5-15 years of age.
(Corrected for change of diagnosis).

DISEASE	BOYS	GIRLS
Scarlet Fever	47	57
Whooping Cough	9	9
Measles	142	144
Pneumonia	1	4
*Gastro-enteritis	4	1
Dysentery	1	2
Food Poisoning	1	2
Poliomyelitis (Paralytic)	—	—
(Non-Paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—

There were no deaths; scarlet fever though not infrequent was mild; no poliomyelitis cases were notified.

*Not notifiable: cases are known to the department by informal notification.

SCABIES

YEARLY INCIDENCE OF SCABIES, 1952 - 1959.

Year.	Families.	Cases.	School Population.
1959	3	6	11,202
1958	1	2	11,084
1957	—	—	10,700
1956	1	2	10,515
1955	4	8	10,306
1954	—	—	9,986
1953	1	2	9,682
1952	4	6	9,272

TUBERCULOSIS

School Children (5-15 years of age) suffering from Tuberculosis
whether in Maintained or Independent Schools.

On Register as at 1st January, 1959.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools	35	17	—	4	3	2	1	—	—	1	39	24
Attending special schools	—	1	—	—	—	—	—	—	—	—	—	1
Attending independent schools	—	—	—	—	—	—	—	—	—	1	—	1
TOTALS	35	18	—	4	3	2	1	—	—	2	39	26

Changes during 1959.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1959	—	2	—	—	1	—	—	—	—	—	1	2
Inward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Notified children reach- ing school age during the year	—	1	—	—	—	—	—	—	—	—	—	1
TOTALS ...	—	3	—	—	1	—	—	—	—	—	1	3
Cases leaving school dur- ing the year	6	1	—	—	—	1	—	—	—	—	6	2
Outward transfer	1	—	—	—	—	—	—	—	—	—	1	—
Cases removed from reg- ister	—	1	—	—	1	—	—	—	—	—	1	1
TOTALS	7	2	—	—	1	1	—	—	—	—	8	3

On Register at 31st December, 1959.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools	26	16	—	4	2	1	—	—	—	1	28	22
Attending special schools	2	3	—	—	1	—	—	—	—	—	3	3
Attending independent schools	—	—	—	—	—	—	1	—	—	1	1	1
TOTALS ...	28	19	—	4	3	1	1	—	—	2	32	26

I am indebted to Dr. R. P. Boyd, Chest Physician, for the following notes on notifications and contact tracing :

New Notifications—Respiratory

During 1959, as in 1958, there were only three new cases of tuberculosis found amongst children, and each of these came from a family where there was a known active case amongst the adults. Two of the children were discovered at routine contact examination of the families involved : one had a tracheo-bronchial adenitis, and was admitted to Honeylands and the other had an early pulmonary infection which was treated for a time at the Isolation Hospital before the child was transferred to Honeylands. The third was found at the Royal Devon and Exeter Hospital, when tubercle bacilli were demonstrated in a specimen taken from an infected gland of the neck. Subsequent examination of the members of the child's family revealed that a grandparent living in the same house was an infectious case of pulmonary tuberculosis. This child was later transferred to Honeylands to continue treatment, and the grandparent was admitted to the T.B. Unit at Whipton Isolation Hospital.

Non-Respiratory

There were no new non-respiratory notifications amongst school children during 1959.

Deaths

There were no deaths of school children from tuberculosis during 1959.

Contact Tracing, etc.

No special surveys of schools were made, as none of the new adult cases were associated with the school staffs. The three newly notified children were not themselves infectious, and were known to be contacts of infectious relatives.

As in previous years the homes of those who had been found during the annual survey of the 13 year olds re B.C.G. vaccination to shew strongly positive tuberculin reactions were visited by the tuberculosis health visitor. The parents and other members of the family (if not recently x-rayed) were invited to attend for x-ray examination. 22 of the 24 children were visited or already known, and 16 of these had a history of contact with an active case.

The Exeter Mass Radiography Campaign of 1959 gave another opportunity for contact tracing and protective vaccination with B.C.G. Not only the families of newly notified cases, but also those of persons who had evidence of inactive disease, were offered investigation. Only 1 additional active case (already referred to) was discovered in this way, but 10 positive tuberculin reactors were found. These children have all been examined by the Chest Physician, and will be kept under supervision.

MASS MINIATURE RADIOGRAPHY

As the National Service requirements for young men (usually with chest x-ray examination) are no longer operative, we offered the older school leavers (girls as well as boys) in the grammar schools (maintained and independent) mass miniature x-ray examinations, and 25 boys and 25 girls aged 17 years and over attended for M.M.R. ; no cases of tuberculosis were found.

1959 B.C.G. VACCINATION PROGRAMME

As usual, this programme was carried out in September and October. In accordance with Ministry of Health Circular 7/59 (30th April, 1959), our tuberculin testing and B.C.G. vaccination programme was extended this year to include children of 14 years of age and upwards who had not previously taken advantage of the tests ; as Hele's (boys) grammar school was moving to Southam in September, it was surveyed etc. early in May and this extension of age range was practicable in this school.

This year, at the request of the school heads, to simplify procedure, we offered the tests to the children born between 1.9.45 and 31.8.46 instead of from 1.1.46 to 31.12.46 as would have been the case had we followed our usual practice. This grouping, by the school year rather than the calendar year, is much simpler for the schools. In 1960, children born between 1.9.46 and 31.8.47 will be offered the tests ; additionally, of course, children aged 14 years and upwards will be included.

823 children, including 45 aged 14 years and over (80% of the eligibles) were tuberculin tested ; of these, 64 (7.8%) were tuberculin positive (6 of whom were children over 14). This year, to comply with the recommendations of the Adrian report, we offered x-ray examination by large film, only to those 64 children who were tuberculin positive : 57—(27 boys, 30 girls) were x-rayed. No cases of tuberculosis were found ; there were no complications to the vaccinations—the percentage of tuberculin positive children again declined and is now very low (7.8%).

In 1958, we abandoned the immediate post-vaccinal tuberculin test (i.e. 7—8 weeks after B.C.G. vaccination) and instead, the vaccination appearance was " read," but we have continued applying the tuberculin test one year after B.C.G. vaccination ; 88% of those so tested were tuberculin positive. The proportion of negatives one year after vaccination is increasing. So far we have not used any of the freeze-dried B.C.G. vaccine. The following tables sets out the detailed results of our 1959 tuberculin testing and B.C.G. programme.

TABLE A.
SUMMARY OF SURVEY OF TUBERCULOSIS ON CHILDREN BORN DURING 1946 AND EARLIER ATTENDING EXETER SCHOOLS.
Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test and P.P.D. Tuberculin.

SCHOOLS	No. of Consent Forms sent out	No. accepted All the tests	Referred to Chest Physician	Absent for Test	Actual No. given diagnostic Tuber. Test	Result of Tuberculin Test		B.C.G. Vaccination		Immediate result of B.C.G. vaccination*			Ulcers Over 10 mm.	M.M.R. X-Ray Tuberculin Positive Cases Only			
						Positive	Negative	Inoc.	Absent	Satis.	Not Satis.	Absent		Satis.	Not Satis.	Absent	Obs.
L.E.A. : Girls	338	268 (79%)	13	6	249 (93%)	25 (10%)	224 (90%)	221	3	217	—	4	—	24	—	1	—
Boys	493	403 (82%)	11	14	378 (94%)	27 (7%)	351 (93%)	348	3	337	—	11	6	22	—	5	—
TOTAL L.E.A. SCHOOL CHILDREN	831	671 (81%)	24	20	627 (92%)	52 (8%)	575 (92%)	569	6	554	—	15	6	46	—	6	—
INDEPENDENT : Girls	166	132 (80%)	1	4	127 (96%)	7 (6%)	120 (94%)	119	1	118	—	1	3	6	—	1	—
Boys	95	72 (76%)	1	2	69 (96%)	5 (7%)	64 (93%)	63	1	62	—	1	1	5	—	—	—
TOTAL INDEPENDENT SCHOOL CHILDREN	261	204 (78%)	2	6	196 (96%)	12 (6%)	184 (94%)	182	2	180	—	2	4	11	—	1	—
GRAND TOTAL, 1959	1,092	875 (80%)	26	26	823 (94%)	64 (7.8%)	759 (92.2%)	751	8	734	—	17	10	57	—	7	—
GRAND TOTAL, 1958	1,223	976 (80%)	29	15	932 (95%)	79 (8.5%)	853 (91.5%)	848	5	823	1	24	—	873	—	65	2
											Post Vaccination Tuberculin Test						
											Positive	Negative	Absent				
GRAND TOTAL, 1957	1,371	1,101 (80%)	16	56	1,029 (93%)	133 (13%)	896 (87%)	891	5	861	1	29	—	860	—	231	3
GRAND TOTAL, 1956	1,167	912 (78%)	33	28	851 (93%)	158 (19%)	693 (81%)	684	9	664	1	19	1 (0.1%)	842	2	18	—
GRAND TOTAL, 1955	1,091	866 (79%)	23	25	818 (94%)	94 (11%)	724 (89%)	722	2	697	—	25	3 (0.4%)	801	1	41	—
GRAND TOTAL, 1954	1,034	917 (89%)	36	19	862 (94%)	153 (18%)	709 (82%)	701	8	682	1	18	2 (0.3%)	844	6	15	—

*Since 1958 immediate post vaccinal tuberculin testing has not been carried out: normal ulceration and scarring being regarded as evidence of a satisfactory result which is then recorded.

TABLE B.
SUMMARY OF TUBERCULOSIS SURVEY OF THOSE CHILDREN (BORN 1945) WHO
WERE GIVEN B.C.G. VACCINATION IN 1958.
Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or
Mantoux Test and P.P.D. Tuberculin.

SCHOOLS	Given B.C.G. in 1958	1959 Accepted Re-Test	Absent for Test	Actually Tested	Tuberculin Test	
					Positive	Negative
L.E.A. :	Girls	281 (93%)	1	280	248	32
	Boys	307 (92%)	9	298	262	36
TOTAL L.E.A.	638	588 (92%)	10	578	510	68
INDEPENDENT :	Girls	120 (92%)	1	119	108	11
	Boys	67 (85%)	2	65	56	9
TOTAL INDEPENDENT	210	187 (89%)	3	184	164	20
GRAND TOTAL, 1959	848	775 (91%)	13	762	674 (88%)	88

VACCINATION AGAINST SMALLPOX.
VACCINATION STATE AS OBSERVED DURING COMPLETE
EXAMINATIONS IN 1959.

<i>Year of Birth</i>	<i>Vaccinated</i>	<i>Not Vaccinated</i>	<i>Not Known</i>	<i>Total</i>
1955 and under	19	24	3	46
1954	456	284	156	896
1953	197	91	66	354
1952	27	11	15	53
1951	22	3	11	36
1950	39	15	7	61
1949	20	7	2	29
1948	220	145	42	407
1947	435	187	37	659
1946	180	75	32	287
1945	135	93	15	243
1944	323	190	50	563
1943 and earlier	164	68	32	264
GRAND TOTAL	2,237	1,193	468	3,898

57% of all school children examined by complete medical examinations during the year were found to have been vaccinated ; 5% more than last year. A child is recorded as vaccinated only when a satisfactory scar is observed or the parents declare the child has been vaccinated against smallpox.

POLIOMYELITIS VACCINATION

The poliomyelitis vaccination programme continued to have top priority during 1959 and great efforts were made by all concerned to maintain a high rate of registration and vaccination. Although in some groups, particularly the 'Young Persons,' it is still well below what I would like to see, I think we can justifiably be proud of the overall response to our efforts. The parents, family doctors, nurses, teachers, employers, in fact everyone, continued to give us their invaluable assistance during the year. During 1959, 6,441 persons were given two injections and 13,800 their third injections. Since vaccination was first offered in 1956, the total number in all groups given two injections up to 31.12.59 was 25,758, of whom, 21,581 have also had their third injections.

Details of the Groups Vaccinated During 1959
 (Salk or Salk-type Vaccine)

	<i>Given 2nd injection.</i>	<i>Given 3rd injection.</i>
Children	2,150	8,432
Young Adults	3,424	4,377
Expectant Mothers	668	671
Other Priority Groups (Family doctors, ambulance staffs, etc.)	199	320
TOTALS	6,441	13,800

Out of approximately 19,680 children aged 6 mths. to 16 years eligible for poliomyelitis vaccination (i.e. born between 1.1.59 and 30.6.59 and 1.1.58 to 31.12.43), 17,393 (88%) have in fact registered ; and of these, 16,849 (98%) have had two injections and 16,167 have had all three injections.

The summer of 1959 was, as we all know quite a remarkable one and long, hot summers, similar to that experienced, have in the more recent past, been associated with outbreaks of poliomyelitis, but we did not have a single case recorded ; it is probable that the vaccination of a high percentage of Exeter's children and young persons has contributed to the complete absence of polio. in the city during 1959 ; it is very encouraging.

DIPHTHERIA IMMUNISATION IN SCHOOLS

During 1959, 496 children were given diphtheria immunisation ' booster ' doses in school, subject to parental consent at the time.

AGE GROUPS								
5-7 years		8-10 years		11 years and over		Total		Grand Total
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
37	33	1	—	193	232	231	265	496

MID-MORNING SNACKS

The dental profession has become anxious about the effect of mid-morning snacks in schools, particularly when these include biscuits and other soft carbohydrate foods, small particles of which tend to stick to the teeth and cause acid conditions in the mouth predisposing to dental decay. Since the tooth brush or mouth wash is but rarely employed at these times, the risk is not an imaginary one. Raw apple (but not " green " apples) would be entirely suitable as a mid-morning snack—if indeed such is really necessary for the child : sometimes it replaces the breakfast, but it is not a good habit.

SCHOOL MEALS AND MILK REPORT, 1959

I am indebted to the Director of Education and the School Meals Organiser for this information :—

During 1959 there has been an increase in the number of children taking meals and milk. The statistical return required by the Ministry of Education, shown below, indicates the number of children taking milk and meals on a selected date.

DATE	MILK		MEALS		
	Number of Children taking Milk	Percentage	Number of children taking Paid Meals	Number of children taking Free Meals	Percentage
11.10.59	9,553	91.89	3,212	436	35.09

During the major holidays, meals were provided for necessitous children at three centres—Bradley Rowe Schools, Montgomery School and Whipton Infants' School.

Attendances were as shown below :

HOLIDAY	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	554	239	43.14
Summer	580	216	37.24
Christmas	573	203	35.43

The charge for meals was 1/-, the same as for the last two years. Part payment meals (6d.) and free meals were granted according to the parental income. Approximately 60 children per day were served with part-payment meals and approximately 500 children per day with free meals.

Self-contained canteens operated at 11 schools :

1. Chestnut Avenue Nursery.
2. Bradley Rowe J.B., J.G. and Infants'.
3. Whipton Infants' and Whipton Barton J.M.
4. Summerway J.M.
5. Countess Weir J.M. & I.
6. Stoke Hill J.M. & I.
7. The Priory Girls S.M.
8. The Vincent Thompson Boys S.M.
9. Bishop Blackall.
10. Hele's.
- *11. The Technical Grammar.

All other schools were served by Montgomery Area Kitchen or Ladysmith Area Kitchen. In addition, meals were supplied to the Technical College, the College of Art Printing Department and to the Local Health Authority's Day Nursery and Occupation Centre.

In the preparation of meals, menus have been well balanced and of satisfactory nutritional value. In order to ensure variety, the cooks have been encouraged to plan the meals for a month at a time.

*Part of Hele's School since September, 1959.

Typical Menus showing the Nutritional Value and Cost

Menu	Protein from Meat or Meat Substitute	Total First Class Protein	Fat	Calories	Cost in Pence
Ministry of Education Recommended Target :	10 grams approx.	20 grams	25 to 30 grams	650 to 1,000	
Beef Olives, Peas, Potatoes Manchester Tart	10.8	17.7	28.01	798	8.62
Liver, Bacon, Cauliflower, Mashed Potatoes Steamed Apple Pudding, White Sauce.	10.8	20.6	23.8	776	11.18
Roast Beef, Yorkshire Pudding, Cabbage, Baked Potatoes Coconut Sponge, Mock Cream.	12.1	19.7	38.7	875	12.1
Corned Beef, Salad, Mashed Potatoes Bakewell Tart, Custard.	11.2	16.9	25.1	845	9.06
Hot Pot, Carrots Chocolate Crisp, Custard.	10.1	15.2	37.00	980	9.90

HOSPITAL REPORTS

During 1959, 497 reports were received from the local hospital consultants, (385 from the Royal Devon & Exeter Hospital, 91 from the Princess Elizabeth Orthopaedic Hospital and 21 from the City Hospital) about children referred to them through the school medical officers or direct by the child's own doctor. This information is much appreciated.

DEATHS

I am sorry to have to report that 7 Exeter children of school age (5—15 years) died in 1959 compared with 3 in 1958 and in 1957; a rate of 0.6 per thousand; the rate in the country as a whole was 0.36 per thousand in this group (1958).

The causes of death were :—

Accidental (1)—drowned in the canal—boy aged 9 years.

Congenital Heart Disease (2)—boys aged 7 and 13 years.

*Pneumonia (3)—girls aged 10, 11 and 12 years.

Tumour of Brain (1)—boy aged 14 years.

*None of these girls attended school owing to severe mental retardation (section 57 (3) Education Act, 1944).

ACCIDENTS TO CHILDREN IN SCHOOL

(By Dr. G. P. McLauchlan).

125 accidents were reported as having occurred in school or during school activities; 66 were boys and 59 girls.

Senior Schools

74 of the accidents occurred in senior schools; 36 to boys and 38 to girls. Although two schools only reported one accident each, no school reported an undue number; the largest being 13 in a school of more than 400 boys.

Place of accident		
School Playground (except during organised games)	.....	26
School Playing Fields	.....	18
School Premises (except during P.T.)	.....	22
During P.T.	.....	7
At Swimming Baths	.....	1
On the playing fields the games involved were :		
Athletics	.....	7
Netball	.....	4
Football and Cricket	.....	2 each
Rugby, Hockey and Rounders	.....	1 each
During P.T. 5 of the accidents were with apparatus.		
In school premises the accidents were :		
During school lessons	.....	7
In changing rooms	.....	6
Playing indoors	.....	6
Falls on stairs	.....	3

Nature of accident	Falls from height	10
	Falls on level	24
	Collision (with object or another child)	18
	Hit by flying object	6
	Cut by sharp instrument	7
	Crush injury	3
	Others	6
Injury sustained	Fractures	10
	Sprains	16
	Bruises	8
	Wounds	34
	Burns and Scalds	2
	Eye injuries	1
	Others	3

Junior Schools

34 of the accidents occurred in junior schools and again no particular school predominated. 23 occurred to boys against only 11 to girls.

Place of accident	School Playground (except organised games and P.T.)	22
	School Playing Fields—all football	3
	During P.T.—(1 with apparatus)	4
	School Premises	5
Nature of accident	Falls from height	6
	Falls on level	16
	Collision	8
	Hit by flying object	3
	Other	1
Injury sustained	Fractures	11
	Dislocation	2
	Sprains	2
	Bruising	2
	Wounds	14
	Head injuries	2
	Other	1

Infant Schools

17 accidents occurred in infant schools ; 7 to boys and 10 to girls. No particular school predominated.

Place of accident	School Playground	7
	School Premises	6
	During P.T. lesson (3 with apparatus)	4
Nature of accident	Falls from height	7
	Falls on level	6
	Collision	2
	Crush injury	2
Injury sustained	Fractures	8
	Bruising	2
	Wounds	6
	Head injury	1

Prevention of Accidents

It is not possible to prevent all accidents. Children will fall and hurt themselves during normal play, they will have accidents during organised games, and some will hurt themselves while doing ordinary physical training especially when apparatus is being used. With this in mind the cause of each accident has been classified as being, not preventable, as possibly preventable, and preventable.

	<i>Not Preventable.</i>	<i>Possibly Preventable.</i>	<i>Preventable.</i>
Senior Schools	55	8	11
Junior Schools	27	5	2
Infant Schools	9	6	2

Those "possibly preventable" were due to varied causes but can be classified into 4 types.

6 were due to falls from P.T. apparatus, 5 in infants and 1 junior. Supervision and training in correct methods must be more strict when apparatus is used in infant schools than would be necessary among senior pupils. The case in the junior school resulted from the child using an incorrect method.

11 resulted from conduct against school rules or in excess of normal "fooling" at play but where there is normally no supervision. This type of accident with perfect school discipline would be preventable, but unfortunately children being human, this ideal cannot always be achieved.

One accident was on a spiral staircase leading to the library in one of the junior schools. This staircase is a potentially dangerous one and it says a lot for the school discipline that more accidents do not occur on it.

The last one was a fall on an ice covered playground which the strewing of ashes would have prevented.

The "preventable" accidents are not so easily grouped together.

3 were due to defects in school buildings—the first was a crush injury due to a French window not being fastened in a high wind, the second due to a door jamming and then opening suddenly; the third from a lavatory door with a defective lock being jammed on a child's finger.

3 occurred during woodwork or metalwork lessons and were due to the careless handling of tools. One occurred during a housecraft lecture when a girl was scalded through running with a jug of starch. One was in a chemistry laboratory when an explosive mixture caught fire.

2 accidents occurred while wearing spiked running shoes. These can be dangerous if not used properly. One was due to a stiletto heel worn by one girl puncturing the leg of another. Stiletto heels in school should be absolutely banned.

The remaining 4 preventable accidents were all different—the first accident occurred when a child tripped over a wire in the playground. There should be no potentially dangerous objects in the children's play area. In the second, some infants pushed a slide while another child was in it resulting in his falling off. Proper supervision should have stopped the accident. The next was caused by a boy throwing a knife and injuring his own foot. The last of these 4 accidents was caused by a girl knocking over a bottle of iodine while clearing a cupboard and resulted in an eye injury. Iodine and other antiseptics and medicines should be kept in a first aid cabinet provided exclusively for this purpose.

JUVENILE COURT

During 1959, 118 children (98 boys and 20 girls) attending schools under the Exeter Education Committee appeared before the Juvenile Court. Of these, 7 children (4 boys and 3 girls) were sent to Approved Schools. The table below sets out the sex, age group and offences committed.

Juvenile Court Cases

OFFENCE COMMITTED	BOYS					GIRLS				
	AGE GROUP				Total	AGE GROUP				Total
	5-7	8-10	11-14	Over 14		5-7	8-10	11-14	Over 14	
Larceny	—	2	23	1	26	—	—	5	—	5
Breaking and Entering	—	1	11	—	12	—	—	—	—	—
Wilful or Malicious Damage	—	4	19	2	25	—	—	—	—	—
Cycle	—	—	8	5	13	—	—	2	—	2
Larceny and Receiving	—	—	6	—	6	—	—	—	—	—
Larceny and Breaking in	—	—	4	—	4	—	—	2	—	2
Beyond Control	—	—	1	—	1	—	—	3	1	4
Being in need of care and protection	—	—	—	1	1	—	—	2	—	2
Indecent Assault	—	—	4	—	4	—	—	2	—	2
Miscellaneous	—	1	8	1	10	—	—	3	—	3
TOTAL	—	8	80	10	98	—	—	19	1	20

During 1959 5 boys and 2 girls appeared more than once before the Juvenile Court for the same offence ; 3 boys and 2 girls appeared more than once but for different offences and 1 girl appeared three times—twice for the same type of offence. There were apparently fewer cases of larceny, but more of malicious damage than in 1958.

Approved Schools

During 1959, 7 children (4 boys and 3 girls) were sent by the Court to approved schools ; they were all aged between 10 and 15 years. In 1958, 10 children (9 boys and 1 girl) were sent to approved schools.

The classified offences were :—

Larceny	5
Wilful Damage and Larceny	1
Breach of Probation Order	1

As last year, social problems were manifest in most cases.

- (a) 2 were known to be maladjusted.
- (b) 1 was known to be educationally subnormal.
- (c) 2 were known to be maladjusted and educationally subnormal.
- (d) 2 had lost a parent—1 by death, 1 by divorce—both now have step-fathers.
- (e) 3 were regarded as coming from homes below average.
- (f) 2 came from homes of problem families.
- (g) In one instance the mother worked outside the home.
- (h) In all cases except one the children came from the larger families with 4 or more children.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

During the year 250 children (181 boys and 69 girls) were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-Laws. In only one child (a boy) was part-time employment considered inadvisable (loss of weight and poor general physical condition). 115 children (102 boys and 13 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed. Only 6 children from independent schools sought the issue of a licence.

The relevant Bye-Laws remained unchanged and were detailed in my 1954 report. The Director of Education's department is responsible for ensuring that no children are employed without licences and that the terms of the licences are observed.

TYPE OF EMPLOYMENT (New Cases)	Boys	Girls
Delivery of newspapers	142	28
Delivery of groceries	7	—
Delivery of meat	6	—
Delivery of milk	10	—
Hairdressing	—	21
Shop assistants (mostly at multiple stores)	9	9
Office work	—	6
Miscellaneous	7	5
TOTAL	181	69

The total number of school children engaged in part-time work during 1959 was 443 (356 boys, 87 girls); this was approx. 28% of the children over 13 years of age in the maintained secondary modern schools; children in the grammar schools are not allowed to take up part-time employment.

It may be of interest here to record that 40 years ago (1919) in the "good old days," the school medical officer (Dr. P. Stirk) reported that 508 school children between the ages of 8 and 14 years (nearly 9% of the corresponding totals in attendance) were engaged in part-time employment, the hours worked ranging from 2 to 35 hours per week during school terms; 131 worked on Sundays for periods ranging from 2-5 hours; 500 were employed during the school holidays—50 of them for over 8 hours per day. The distribution of occupations followed was apparently very different from what it is now, (though "errands" may be a designation covering many kinds of work).

Percentage Distribution of Occupations Followed

	<i>Milk</i>	<i>Papers</i>	<i>Bread, Meat, Groceries</i>	<i>Errands</i>	<i>House Work</i>	<i>Laundry Boy</i>	<i>Shop Assist- ant</i>	<i>Ladies Hair- dresser</i>	<i>Other Employ- ment</i>
1919	19%	14%	5%	42%	8%	5%	—	—	9%
1959	4%	72%	10%	†3%	—	—	4%	5%	2%

(†Chemist's errands)

The present Bye-Laws for regulating the employment of children (effective since May, 1949) do not permit employment of school children under the age of 13 years and regulates the maximum number of hours of employment as follows :—

School days	Only <i>one hour</i> —either 7 to 8 a.m. for delivery of milk or papers or for light housework or one hour between 5 and 7.30 p.m.
Saturdays and Holidays	Not more than five hours' employment permitted between 7 a.m. and 7.30 p.m., but not for more than four hours continuously and with an interval of one hour between any two consecutive periods, and subject to a limit of 25 hours in any week.
Sundays	Not more than two hours, namely, between 8 and 10 a.m.

It is also interesting to record that in 1919, children who had attained the age of 13 years and had complied with certain requirements as to attendances, and to physical fitness for the employment suggested, were allowed to leave school. 343 left in that year under these circumstances at 13 years of age.

SCHOOL LEAVING REPORTS

During 1959, 53 reports were sent to family doctors on children leaving school who were handicapped or had defects of any important medical history.

49 children were reported to the Youth Employment Officer regarding suitable employment for the handicapped child during the year.

FULL TIME EMPLOYMENT OF CHILDREN WITH SOME OCCUPATIONAL HANDICAP ON LEAVING SCHOOL

(By Dr. C. H. J. Baker).

These school leavers are mainly from secondary modern schools, but includes a small number of special school leavers.

Reported on Form Y.9 :

This form is a school leaving medical report showing handicaps and indicating inappropriate employments.

MAIN DEFECT	Boys	Girls	Total
(a) Educationally subnormal	12	5	17
(b) Defective vision	5	1	6
(c) Abnormal chest conditions	3	—	3
(d) Speech defect	2	—	2
(e) Educationally subnormal and Mal-adjusted	1	1	2
(f) Severe burns	—	1	1
(g) Epilepsy	2	1	3
(h) Kidney trouble	—	1	1
TOTAL	25	10	35

(Included in the above table are 6 boys and 2 girls not leaving school until April, 1960).

Reported on Form Y.10 :

This school leaving medical report shows the more severe handicaps to the extent that application may be made for registration under the Disabled Persons (Employment) Act 1944, if considered necessary.

MAIN DEFECT	Boys	Girls	Total
(a) Educationally subnormal	2	8	10
(b) Severe defective vision	1	1	2
(c) Rheumatic carditis	—	1	1
(d) Multiple defects	1	—	1
TOTAL	4	10	14

(Included in the above table are 1 boy and 2 girls not leaving school until April, 1960).

Of the 14 " Y.10 children," 4 were subsequently registered as disabled persons.

Placement by the Youth Employment Bureau :

Special attention was paid to the placing of both categories of school leavers. As regards "Y.10 children," consideration was given to non-medical factors, such as personality, character and school information, as well as medical factors given to their registration as disabled persons. The unregistered children out of the 11 leavers were treated in the same way as Y.9 children.

In placing these children, several submissions had to be made before engagement on employment.

						<i>Total</i>	<i>Boys</i>	<i>Girls</i>
No. placed by Y.E.B. after	1st submission	....	....	5	3	2		
" " " " " 2nd "	"	....	....	7	4	3		
" " " " " 3rd "	"	....	....	4	4	—		
" " " " " 4th "	"	....	....	3	3	—		
" " " " " 5th/6th/7th submission		....	....	2	1	1		

The average number of total submissions were 3 per person which is much the same as in normal school leavers. In 1958, the average number of submissions was 5 per person.

As before, the majority of these children were placed as van boys or errand boys, and a few in industrial work, or casual labour, or as shop assistants.

It is to be admitted that all these forms of occupation would be directly affected by trade regression which would cause a "drift" of employment among these children; this has not been evident during the past year, and all those employed are in their first or second jobs, which is a good record.

Adjustment to Employment

Questionnaires and invitations to call at the Youth Employment Bureau were sent out to the 27 in employment and eleven replied. All except 3 said they were happy in their employment; one presser said it was too hot, one packer did not like the other girls and one sales assistant said his manager became disgruntled if he did not press a sale.

A follow-up through the employers revealed that 19 were satisfactory, though one or two were regarded as sound and honest, but slow. 3 have left the last employer recorded and moved to other employment.

Children who are likely to prove in the short-term, unemployable, would doubtless benefit from some training and occupation in centres as a temporary measure until suitable employment can be found.

On reference to records, there does appear to be a certain amount of unrest and difficulties among these children in the first year of leaving school, but the figures of those in their second and third year of employment bear out the view that eventually they become more adjusted and difficulties lessen. This may also be because the range of employment widens on reaching 18 years.

Turn-over in Employment

Of the 38 school leavers, (22 boys and 16 girls), for whom 27 Y.9 forms were issued and 11 Y.10s :—

The total number *now* (April, 1960) in employment is 27 (17 boys and 10 girls) of whom 6 children found work on their own accord.

The total number *not* now in employment is 11 (4 boys and 7 girls).

Those not in employment at present include :—

- 1 Boy, Y.10 (Partially sighted) is training for clerical work at St. Loyes College.
- 1 Girl, Y.10 (Partially sighted) is not yet employed.
- 1 Girl, Y.9 (Severe burns) has left her job to re-enter hospital for further skin grafting.
- 1 Boy, Y.9 (Defective vision) left the city on leaving school.
- 1 Girl, Y.9 (E.S.N. and epileptic) has had four jobs and is now attending Tin Lane Centre until old enough for an Industrial Rehabilitation Unit assessment.
- 1 Boy, Y.9 (E.S.N. and maladjusted) admitted to Approved School before leaving school.
- 1 Girl, Y.9 (E.S.N. and probably psychotic) has never been employed and is attending Tin Lane Training Centre.
- 1 Boy, Y.10 (E.S.N. and psychotic) is attending Bull Meadow Training Centre for simple routine work.
- 1 Girl, Y.10 (E.S.N. and with mouth disability) is at St. Loyes College for training in dressmaking.
- 1 Girl, Y.10 (E.S.N. with poor manual co-ordination) is at present on the unemployed register.
- 1 Girl, Y.10 (E.S.N.) has had two jobs and is registering for employment.

From these details, it will be seen that 6 of the unemployed are in the Y.10 group.

Mr. J. V. F. Smyth (Youth Employment Officer) has been very co-operative and helpful in discussions on this subject.

Financial Year ended 31st March, 1959

(The City Treasurer has kindly supplied me with the following information)

(a)	Total cost of School Health (including Dental) Service	....	£24,505
(b)	Estimated proportion of Government Grant	....	£14,972
(c)	Actual cost to the rates	....	£9,533
(d)	Cost in terms of penny rate	....	1.55d.
(e)	Cost per child to the Exeter Education Committee (based on a school population of 11,202)	....	17/2d.

RETURNS TO MINISTRY OF EDUCATION

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	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	46	46	100	—	—
1954	896	895	99.9	1	0.1
1953	354	354	100	—	—
1952	53	53	100	—	—
1951	36	36	100	—	—
1950	61	61	100	—	—
1949	29	29	100	—	—
1948	407	407	100	—	—
1947	659	658	99.8	1	0.2
1946	287	286	99.6	1	0.4
1945	243	243	100	—	—
1944 and earlier	827	827	100	—	—
TOTAL	3,898	3,895	99.9	3	0.1

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin)

AGE GROUPS INSPECTED (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual pupils
(1)	(2)	(3)	(4)
1955 and later	—	8	8
1954	30	127	121
1953	7	42	42
1952	6	2	7
1951	4	2	5
1950	5	5	8
1949	4	1	5
1948	38	43	78
1947	31	80	103
1946	25	34	58
1945	19	45	63
1944 and earlier	84	137	201
TOTAL	253	526	699

TABLE C—OTHER INSPECTIONS

Number of special inspections	832
Number of re-inspections	2,064
TOTAL	2,896

TABLE D—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	20,324
(b)	Total number of individual pupils found to be infested	201
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	4
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil.

PART II.

Return of Defects found by Medical Inspection during the Year
Ended 31st December, 1959

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T.	O.	T.	O.	T.	O.	T.	O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	28	10	71	20	62	48	161	78
5	Eyes : a. Vision	30	75	84	110	139	193	253	378
	b. Squint	12	9	—	1	15	17	27	27
	c. Other	9	1	10	1	7	9	26	11
6	Ears : a. Hearing	6	12	2	5	13	24	21	41
	b. Otitis Media	7	18	—	8	1	18	8	44
	c. Other	16	14	20	7	65	30	101	51
7	Nose and Throat	14	95	3	10	20	117	37	222
8	Speech	9	27	—	1	9	27	18	55
9	Lymphatic Glands	1	34	—	2	—	20	1	56
10	Heart	2	7	—	5	1	13	3	25
11	Lungs	6	20	—	18	8	39	14	77
12	Developmental :								
	a. Hernia	2	5	—	—	2	7	4	12
	b. Other	1	11	3	8	11	26	15	45
13	Orthopaedic :								
	a. Posture	3	6	11	12	14	31	28	49
	b. Feet	3	15	3	7	3	56	9	78
	c. Other	8	68	9	20	11	99	28	187
14	Nervous System :								
	a. Epilepsy	—	4	—	1	—	6	—	11
	b. Other	—	—	—	—	2	6	2	6
15	Psychological :								
	a. Development	—	5	3	9	1	26	4	40
	b. Stability	4	21	—	3	8	50	12	74
16	Abdomen	1	8	1	1	—	9	2	18
17	Other	3	15	1	—	1	7	5	22

T means requiring Treatment.

O means requiring Observation.

TABLE B—SPECIAL INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	36	7
5	Eyes : <i>a.</i> Vision	65	44
	<i>b.</i> Squint	2	10
	<i>c.</i> Other	10	3
6	Ears : <i>a.</i> Hearing	9	5
	<i>b.</i> Otitis Media	5	2
	<i>c.</i> Other	11	6
7	Nose and Throat	10	12
8	Speech	3	7
9	Lymphatic Glands	1	2
10	Heart	—	1
11	Lungs	6	3
12	Developmental :		
	<i>a.</i> Hernia	—	—
	<i>b.</i> Other	2	7
13	Orthopaedic :		
	<i>a.</i> Posture	2	4
	<i>b.</i> Feet	1	3
	<i>c.</i> Other	7	22
14	Nervous System :		
	<i>a.</i> Epilepsy	1	—
	<i>b.</i> Other	—	2
15	Psychological :		
	<i>a.</i> Development'	—	11
	<i>b.</i> Stability	—	10
16	Abdomen	—	—
17	Other	21	1

PART III.

Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	198
Errors of refraction (including squint)	761
TOTAL	959
Number of pupils for whom spectacles were prescribed	639

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	5
(b) for adenoids and chronic tonsillitis	140
(c) for other nose and throat conditions	26
Received other forms of treatment	369
TOTAL	540
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1959	3
(b) in previous years	11

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	29
b) Pupils treated at school for postural defects	7
TOTAL	36

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	1
Scabies	6
Impetigo	37
Other skin diseases	345
TOTAL	389

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	181

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	127

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	1,129
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	751
(d) Other than (a), (b) and (c) above. Please specify :	
Heart conditions (incl. Rheumatism and Chorea)	4
Lungs (incl. Tuberculosis and Non-Tuberculosis conditions, Bronchitis, etc.)	100
Epilepsy and other nervous conditions	3
Miscellaneous — Glands, Abdomen, Appendicitis, Influenza, Fractures, Urinary conditions, etc.	184
TOTAL (a) — (d)	2,171

PART IV.

DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :--				
	(a)	At Periodic Inspections	....	....	9,857
	(b)	As Specials	....	....	976
				TOTAL (1)	10,833
(2)	Number found to require treatment				6,637
(3)	Number offered treatment				6,325
(4)	Number actually treated				3,480
(5)	Number of attendances made by pupils for treatment including those recorded at heading 11 (h)				9,119
(6)	Half days devoted to :				
		Periodic (School) Inspection	....		83
		Treatment	....		1,562
				TOTAL (6)	1,645
(7)	Fillings :				
		Permanent Teeth	....		5,398
		Temporary Teeth	....		755
				TOTAL (7)	6,153
(8)	Number of teeth filled :				
		Permanent Teeth	....		4,878
		Temporary Teeth	....		727
				TOTAL (8)	5,605
(9)	Extractions :				
		Permanent Teeth	....		1,566
		Temporary Teeth	....		3,193
				TOTAL (9)	4,759
(10)	Administration of general anaesthetics for extraction				1,686
(11)	Orthodontics :				
	(a)	Cases commenced during the year	....		33
	(b)	Cases carried forward from previous year	....		230
	(c)	Cases completed during the year	....		41
	(d)	Cases discontinued during the year	....		8
	(e)	Pupils treated with appliances	....		42
	(f)	Removable appliances fitted	....		75
	(g)	Fixed appliances fitted	....		—
	(h)	Total attendances	....		1,659
(12)	Number of pupils supplied with artificial dentures				40
(13)	Other operations :				
		Permanent Teeth	....		1,208
		Temporary Teeth	....		62
				TOTAL (13)	1,270

MYOPIA

(By Dr. I. V. I. Ward)

During the annual inspection of Bishop Blackall Grammar School for Girls in 1958, my attention was drawn to the large number of myopic children among those with defects of vision. Further investigation of all the cards of the 543 girls in the school were made, vision was checked by reference to Eye Infirmary records or the National Health Service Ophthalmic centres (attended by consultant ophthalmologists) or by direct requests to opticians. As a result, the figures for that year showed that 17.3% of all girls in the school were myopic.

The following year similar investigations were carried out but in addition an attempt was made to elicit any family history of myopia. Of the 539 girls in the school at that time, 18.3% were myopic and 61% of these myopic girls had other relatives (parents or sibs) who were myopic.

All the new entrants in the first three forms were recorded separately. Out of an intake of 90 girls aged 11+ years, 18 were myopic at entry—i.e. 20% of the total new entrants—and a family history of myopia was recorded in 15 of these 18; perhaps this high proportion was recorded because the majority of these new girls were accompanied by parents, and a fuller family history could be obtained on the spot.

Among the girls seen during the previous year, three had become myopic during the year and in all three cases there was a strong family history of myopia.

The girls' secondary modern schools were investigated in a similar way. Here the percentage of children with myopia in the school population was much less. I set out below these percentages as well as the percentages of visual defect other than myopia :

School	MYOPIA		Other vision defects	
	1958	1959	1958	1959
Bishop Blackall Grammar School	17.3%	18.3%	10.0%	8.0%
St. James G.S.M.	8.0%	8.0%	12.0%	11.0%
Episcopal	6.0%	6.5%	9.0%	10.0%
The Priory	6.5%	5.0%	4.0%	3.0%
St. Thomas	not examd.	5.8%	not examd.	8.0

Dr. Jeavons (Senior Assistant School Medical Officer for Wolverhampton) recorded a similar investigation in Wolverhampton C.B. early in 1957.* He took the myopic children as a percentage of the total eye defects and found that in grammar schools there were more cases of myopia than hypermetropia, squint,

*MED. OFFICER, 97, 53 (1957).

astigmatism etc. and that in secondary modern schools the reverse was true, e.g. 70% of eye defects in grammar schools were myopia and 30% "other eye defects," whereas in secondary modern schools 26% only were myopic and 74% were "other eye defects."

The same analysis was therefore made in respect of the Exeter girls and the same result is shown, but to a lesser degree, with the exception of one school where results are highly interesting (The Priory G.S.M.) :—

Myopes as a Percentage of Total Eye Defects

	1958	1959
Bishop Blackall Girls' Grammar School	63.2%	67.0%
St. James G.S.M.	39.2%	40.2%
Episcopal ..	40.5%	39.1%
The Priory ..	60.0%	54.5%
St. Thomas ..	not examined	44.0%

The results at the Priory G.S.M. are interesting and as yet not understood. The number of girls in 1958 was 369 and in 1959—501 ; the number of girls with any eye defects at all was very low—10.8% in 1958, and only 8.8% in 1959 ; yet of the eye defects examined, 60% in 1958 and 54.5% in 1959 were myopia—some of them very high myopia. Why in this secondary modern school there should be so few defects of vision and why the majority of them are myopia has yet to be investigated.

The family history of myopia was investigated throughout 1958 and 1959. The figures are on the low side for, unless definite information was available, "no family history" was recorded and, in the case of adoptions, illegitimate children, or other reasons, a full history was not possible. A family history of myopia was found in one or more relatives and sibs in roughly 60% of all cases. Details are :—

Bishop Blackall	61.0%	} of the myopic children gave a family history of myopia
St. James G.S.M.	66.6%	
Episcopal ..	61.0%	
The Priory ..	65.4%	
St. Thomas ..	55.5%	

This figure is interesting since it applies to both grammar school girls and girls of secondary modern schools. A large number of the myopic girls at the grammar school were great readers, but it was rare to find any of the myopic girls in the girls secondary modern schools specially addicted to reading.

Light

The part played by light in schools and its relation to visual defects has also been kept in mind during these investigations. It is interesting to note in this connection that the two schools with the highest percentage of myopia in the total eye defects were :—

- (1) a school built originally in 1890 where the windows are fairly high up in the classroom walls ;
- (2) a modern school built in 1952 where window space extends almost from floor to ceiling.

Myopia in an Occupation Centre

As a contrast, a study was made of the children in an Occupation Centre for severely backward children (1959).

There were 3 myopic children in the Occupation Centre out of a total of 37 children. There were 8 defects of vision in these 37 children, the remainder being cases of squint and hypermetropia.

Total children	....	....	....	....	37
Total eye defects	....	....	....	....	8 (Myopes 3)
Total of eye defects as % of total children	21.6%				
Myopes as % of eye defects	....	....	....	....	37.5%
Myopes as % of total children	....	....	....	....	8.1%
Family history	....	....	....	....	Not taken

Other Observations

The question of feeding has not been gone into since it was felt the standard of feeding generally was now on a reasonably high level. Whether close work produces the myope or whether the myope chooses to do close work is an old problem. Within the last year I have met two high myopes whose sight was definitely rendered worse for a time during which concentrated study or close fine work had to be undertaken. One was a music student, who found that her vision deteriorated considerably after a period of prolonged close work when studying for examinations. At first she had her eyes re-tested and stronger lenses were ordered which she was unable to use after a period of rest in the ensuing holidays. Gaining by this experience she found that if she had patience and put up with this condition of deteriorated vision for about three weeks, her sight improved and there was no need to alter her lenses. Another myopic woman working as a clerk who did a lot of fine drawing also encountered a similar experience after periods of very close application over this fine drawing.

The *youngest child* with myopia on our books is a child of seven months who was picked up at one of our Infant Welfare Centres on account of a pronounced squint.

An interesting Family Record

As regards family history we have one record of myopia as follows :— maternal great grandmother, maternal grandmother, and maternal aunt and the mother, were all myopic. The children, the eldest now 6 yrs. old, will be examined at intervals to detect the onset of myopia which in this family seems to have occurred at about 7 years of age.

MYOPIA INVESTIGATION AT SENIOR GIRLS' SCHOOLS
DURING 1958 AND 1959

AMMAR SCHOOL		SECONDARY MODERN SCHOOLS							
BISHOP BLACKALL		ST. JAMES		EPISCOPAL		THE PRIORY		ST. THOMAS	
1958	1959	1958	1959	1958	1959	1958	1959	1958	1959
543	539	386	412	245	278	369	501	—	311
17.3% 10%		8% 12%		6% 9%		6.5% 4%		5.8% 8%	
18.3% 8%		11% 11%		10% 10%		5% 3%		Not Examined	

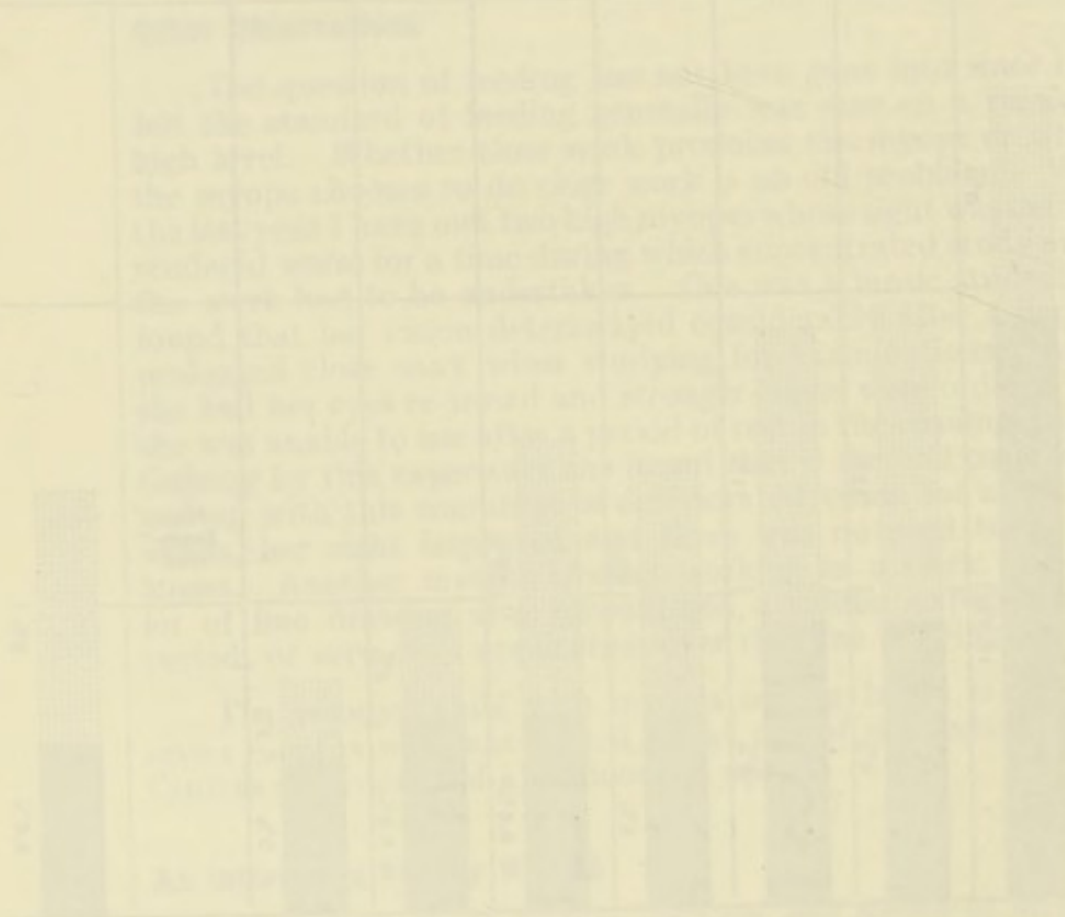
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	5
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OTHER EYE DEFECTS : PERCENTAGE OF GIRLS IN SCHOOL

MYOPES : PERCENTAGE OF GIRLS IN SCHOOL

MYOPIA INVESTIGATION AT SENIOR GIRLS' SCHOOLS DURING 1952 AND 1953

PRIMARY SCHOOL		SECONDARY MODERN SCHOOLS	
1952	1953	1952	1953
100	100	100	100
20	20	20	20
30	30	30	30
40	40	40	40
50	50	50	50
60	60	60	60
70	70	70	70
80	80	80	80
90	90	90	90
100	100	100	100



Percentage of myopia in senior girls' schools during 1952 and 1953. The chart shows a general decrease in the percentage of myopia from 1952 to 1953 across all categories.