[Report 1964] / Medical Officer of Health, Exeter City & County.

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CITY AND COUNTY OF THE CITY OF EXETER

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

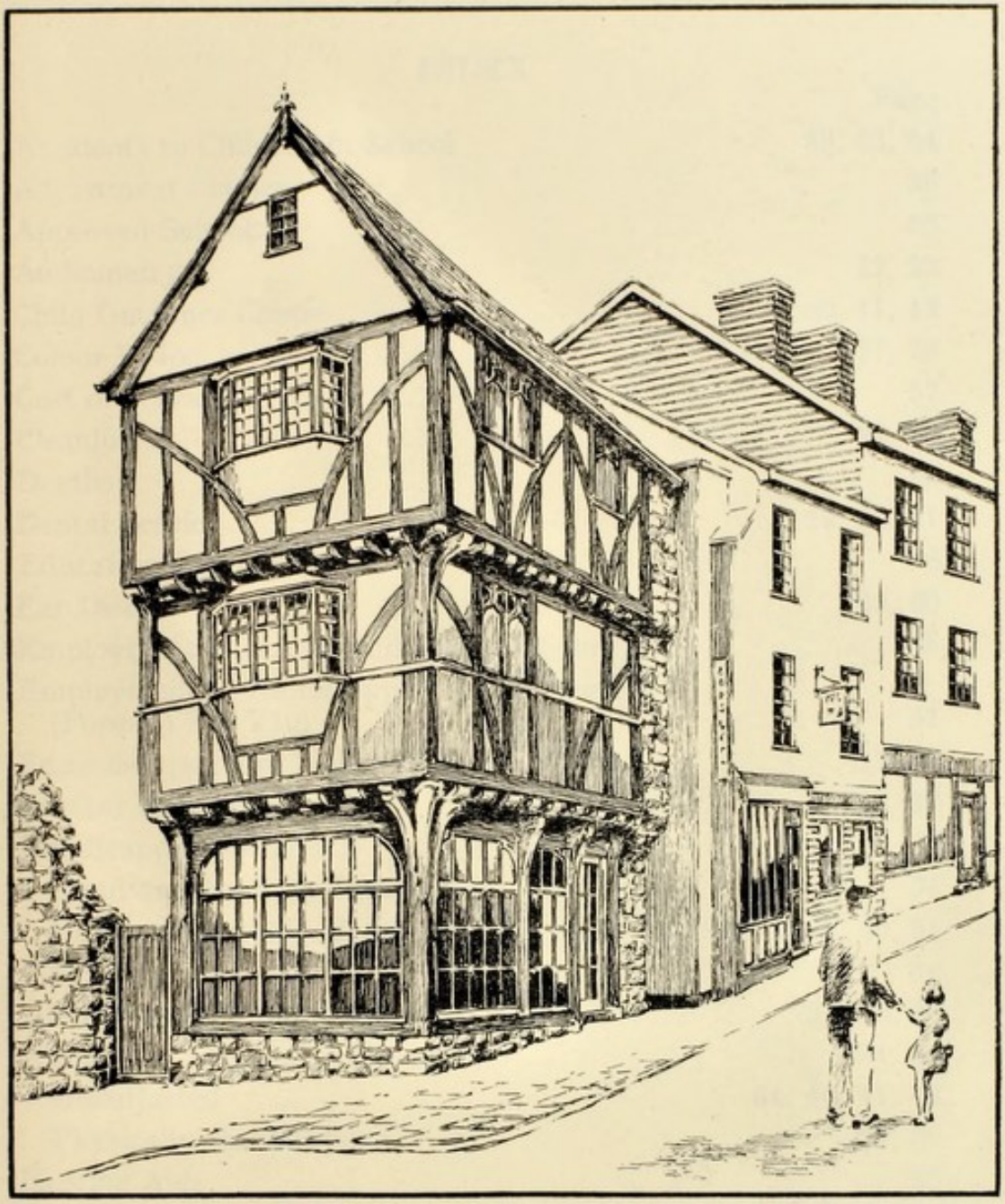
SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1964

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, 1964)

TUDOR HOUSE, WEST STREET

(Formerly 100 yards away at 16 Edmund Street)

This three storeyed house, with a single room on each floor was erected about 1430. It is one of three medieval wooden houses situated close to the former West Gate of Exeter, and near the landing stage and Customs House at a time when the Exe carried ships inland to Exeter. It is a typical example of a merchant's house-cum-shop of the period, and is one of the most important remaining specimens of timber building of the 15th century still retaining most of the original oak framing and structural parts with unusual oak cusped trefoil headed windows on the first and second floors.

The provision of an Inner By-Pass necessitated the removal of the house in 1961 to its new site opposite St. Mary Steps Church and its two companion structures at the foot of Stepcote Hill. It was kept from disintegrating by encasing it in a massive cage of timber, and its removal along two sets of metal grooves by means of winches aroused world wide interest.

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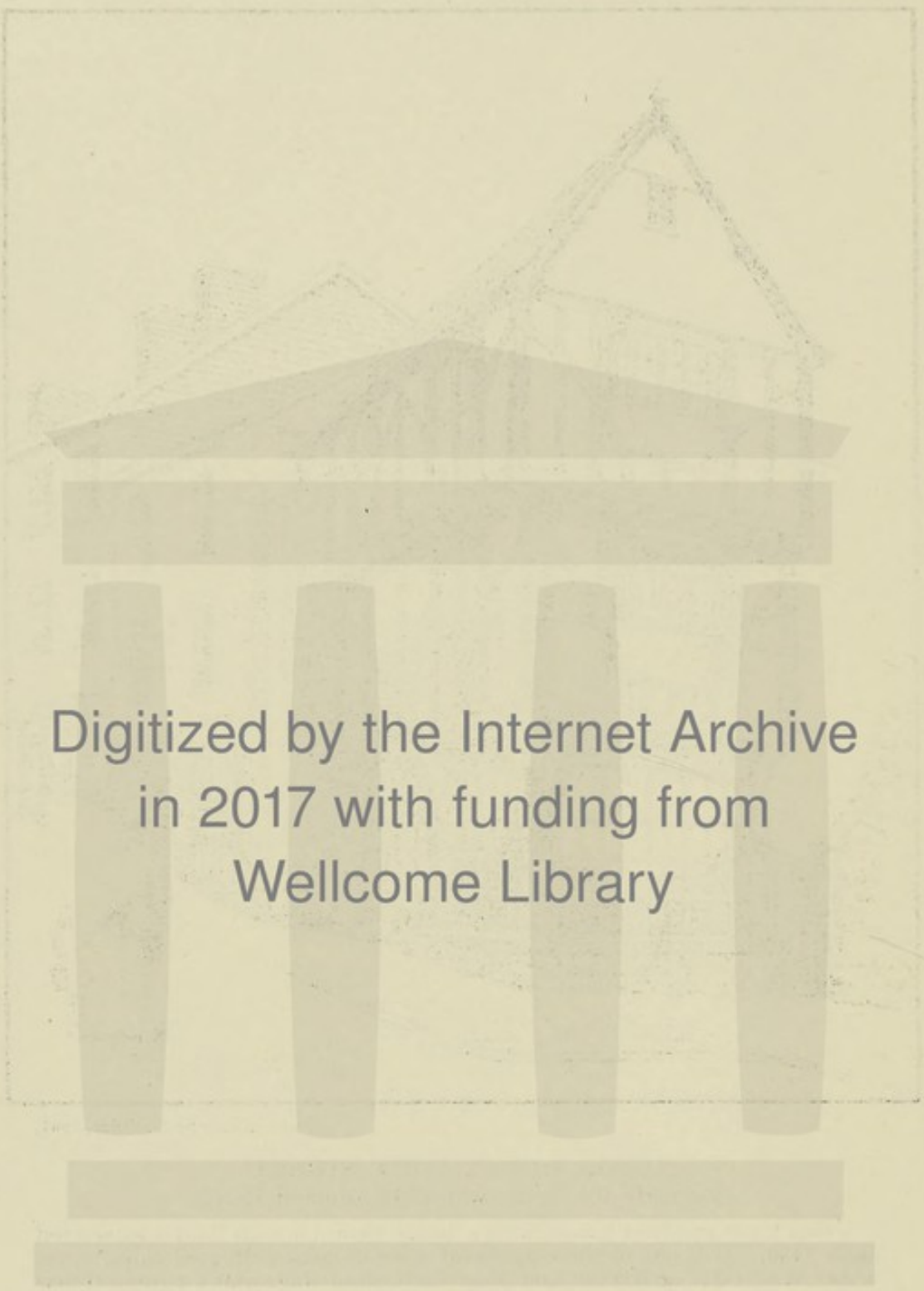

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School Health Department,
1a, Southernhay West,
Exeter.

May, 1965.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I submit my annual report on the health of the school children and the work of the School Health Department for the year 1964. The Registrar General gives Exeter's child population of 5—14 years old as 11,100, exactly the same as in the year before. Last year I suggested this figure was too low ; further information obtained, however, suggests that the number is correct. Of the 11,306 children in Exeter maintained schools, 166 are under 5 years old and 982 are 15 years of age or over ; additionally 280 children of over 11 and under 15 years old, live in the County area outside the city. In the non-maintained (independent) schools, including 2 direct grant schools, there are 2,739 children of whom probably at least half are Exeter children. We have 24 Exeter children in the 2 residential special schools in the city (for the deaf and the partially sighted). Taking all these into account the number of children in the city over 5 and under 15 years of age is probably about 11,100. Since school leaving is now allowed only at the end of the Lent and Summer terms most children are well over 15 by the time they leave school ; an increasing proportion stay on to later ages still. If, as proposed, the city boundary is extended to include parts of Alphington, Topsham and Pinhoe more children will be added to the City's school rolls.

Medical Examinations

The selective system of medical examination continued as before ; systematic periodic examinations were continued in the second term after school entry and also in the third year of attendance at secondary schools. The general condition of the school children was found to be quite satisfactory ; Dr. McLauchlan is now studying obesity among the school children—a condition not rare but often not very easily amenable to treatment.

Infectious Disease

Infectious diseases were not prevalent ; once again I can report that no cases of poliomyelitis or diphtheria were notified ; vaccination against tetanus and tuberculosis are continued energetically in the schools.

Hearing

The service for partially hearing children continued to develop satisfactorily. An audiometrician was appointed in April ; from January, 1965, onwards children are all being tested audiometrically during their second term in the infant

schools. During the year plans were considered for the adaptation of premises belonging to the Health Committee as a hearing assessment unit, at which pre-school and school children will be examined by a team including the consultants from the hospital and our own staff. It is a pleasure to record the friendly co-operation of the Headmaster of the Royal West of England School for the Deaf (Mr. A. W. Kettlewell, O.B.E., J.P.). We wish him well in his retirement scheduled later this year (1965).

ENURESIS

The treatment of enuresis in children, by the use of the electric alarm was continued under Dr. Baker's direction. Dr. Baker and I, with the help of Miss Horne health visitor, made a survey of the later results of such treatment ; the findings are included in an appendix (page 63). Our main conclusion is that if it is going to be effective, it is successful very quickly. Half of the cases treated shewed good results at the time of the survey, at least one or more years after treatment. There has been no evidence of alternative neurosis developing, nor of undue difficulties experienced by the parents in carrying out the treatment. Naturally, in a condition so troublesome as enuresis, which has been treated in so many different ways, we must be cautious in the interpretation of apparently successful results. We have recorded the facts relative to the group surveyed.

CHILD GUIDANCE

The child guidance centre staff was strengthened by the appointment of Dr. C. J. Wardle (Consultant Child Psychiatrist) whose services are provided to the Authority by the Regional Hospital Board. It is hoped that a child psychiatric unit will be established in Wonford Hospital, for severe cases of mental illness in children.

SPEECH THERAPY

The position was more satisfactory than previously ; nevertheless the need to increase still further the therapeutic time available became very evident. The ability to speak well—that is, without difficulties—is more important in the ordinary affairs of life than to be able to speak or write elegantly, because speech is the essential and primary means of communication. An interesting note on speech therapy is included on pages 43 and 44.

INDEPENDENT SCHOOLS

I mentioned last year that I thought more should be offered by the Local Education Authority School Health Service to children attending the independent schools in the city. During 1964, all these schools were asked about the possibility of an arrangement being made for this. Only 3 schools sought the assistance of the Authority, which has decided to offer the full range of school health services for a nominal fee.

DENTAL SERVICE

The school dental service continued much as in the past. For a few months after the resignation of Mrs. R. M. Blood, on leaving the city, we were one dentist short ; Mr. E. G.

Reader was appointed to the vacancy. Dr. A. J. Wynne of the Department of Education and Science visited the dental department in November and reported favourably; he has recommended more dental health education with special attention to the encouragement of mothers to secure dental care for their young children.

Mr. M. Radford, one of our dental officers, retired after 14 years service. We wish him well.

EDUCATIONALLY SUB-NORMAL CHILDREN

The building of the new school for educationally sub-normal children was unfortunately postponed, but it has now been definitely included in the City Council's building programme, to commence later this year (1965).

JUVENILE DELINQUENCY

Juvenile delinquency shewed a welcome decline; and only one child was sent to an approved school.

ACCIDENTS IN SCHOOL

As usual a report on accidents in schools has been prepared and included—a small decline was noted.

SWIMMING

I am glad that swimming instruction of school children is being actively encouraged. The Exeter Home Safety Committee is very interested in this and organised a schools' swimming gala, demonstrating at the same time safety precautions in the water. The limitations on school instruction imposed by having only one public swimming bath are well recognised. Several schools have installed small pools.

CONCLUSION

I thank all my staff, in particular Dr. C. H. J. Baker and Mr. W. H. Stamp, administrative assistant, whose help in the preparation of this report is much valued; the Director of Education (Mr. J. L. Howard), the teaching staffs, the family doctors and consultants have all given me whole-hearted co-operation. The local press is always helpful.

I am very grateful to you, Mr. Chairman, Ladies and Gentlemen, and in particular the Chairman and Members of the Special Services Committee, for the encouragement you have always given my department.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE

(as constituted on 31st December, 1964)

The R.W. The Mayor
(Alderman P. A. SPOERER)

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(*Chairman*)

Councillor W. J. HALLETT, T.D., LL.B.
(*Deputy Chairman*)

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Alderman W. Hunt
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Miss G. M. Steffens
Prof. H. V. Wiseman, M.A., B.SC., LL.B., PH.D.

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.P.H., D.C.H.
School Medical Officers and Assistant Medical Officers of Health.	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. MARGARET D. CAMERON, M.B., CH.B. (ABERDEEN), D.P.H.
Principal Dental Officer	ALVIN PRYOR, L.D.S., R.C.S. (ENG.).
Dental Officers	MARTIN RADFORD, B.A. (OXON.), L.D.S., R.C.S. (ENG.). ROBERT B. MYCOCK, L.D.S. (BRIS.). MISS R. J. MORRISON-GILL, L.D.S. (LIV.). Resigned 28.2.64. EDWARD G. READER, L.D.S., R.C.S. (ENG.). Appointed 13.7.64.
Child Guidance Centre	HARDY S. GAUSSEN, M.R.C.S., L.R.C.P., Medical Director (part-time). *CHRISTOPHER J. WARDLE, M.D., D.P.M., Consultant Psychiatrist. (Part-time) (from 1.10.64). MRS. E. D. F. GARVIE, M.A. (EDIN.), B.ED. (EDIN.), Educational Psychologist (part-time). Resigned 31.3.64. MRS. M. C. JENKIN, B.A. (LOND.), (Psychiatric Social Worker). MRS. E. LEWIS, M.A. (OXON.), M.ED. (BIRM.), (Psychotherapist—part-time).
Speech Therapists	MISS I. W. HASTINGS, L.C.S.T. MRS. M. PEEL, L.C.S.T. (Part-time).
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 B. M. BARNETT, S.R.N., S.C.M., (Pt. 1), H.V. Cert. Appointed 27.7.64. 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. MISS H. C. K. CHAPMAN, S.R.N., S.C.M., (Pt.1), H.V. Cert. MRS. K. DUNHAM, S.R.N., S.C.M., (Pt.1), H.V. Cert. MISS A. H. 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. 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.

* Regional Hospital Board appointment.

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. M. A. MacNamara, s.r.n. Mrs. T. S. Tiller, s.r.n.
Audiometrician (Part-time)	Mrs. M. B. Chubb, s.e.n. (Appointed 27.4.64).
Dental Attendants	Mrs. C. Aplin Miss J. M. Bacon Miss P. M. Bolt Miss D. G. Freeman
Clerks	Mr. W. H. Stamp (Administrative Assistant). Mrs. C. J. Slack (Appointed 18.3.64). Mrs. M. G. Rendell (Appointed 1.1.64). (Resigned 31.12.64). Miss L. Merrett Miss M. Underhay Mrs. J. M. Williams (Resigned 31.3.64). Mrs. C. A. Fitzroy (Resigned 31.1.64). Mrs. P. I. Goss (Child Guidance Clinic). (Resigned 26.4.64). Miss M. A. Fenwick, (Transferred to Child Guidance Clinic, 1.6.64). Miss R. A. Moore (Appointed 25.5.64).

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1964)	81,810
Population (city) between 5 and 15 years (Mid-Year 1964) (Registrar-General's estimate).	11,100
Population of Maintained Schools in January 1965	11,306
Number of Maintained Schools	36

Pupils			Schools	
Boys	Girls	Total	Departments	Number
21	23	44	Nursery	1
1,406	1,263	2,669	Infant	16
2,055	1,998	4,053	Junior	18
1,585	1,489	3,074	Secondary Modern	8
809	645	1,454	Secondary Grammar	2
8	4	12	Hospital Special School	1
5,884	5,422	11,306	Total	46

Those schools having both infants and juniors have been counted as having two departments.

The total number of children attending our schools (January 1965) shows a small increase—126—compared with the previous year. During the year St. Thomas Girls' Secondary Modern School moved to new premises at Cowick Barton ; St. Thomas Infants' School was re-organised to form a Junior Mixed and Infants' School as from September 1964.

SCHOOL PREMISES

The following abstract (by courtesy of the City Architect, Mr. H. B. Rowe, F.R.I.B.A.) shows details of work carried out by his department which directly affects the invironmental and hygiene conditions in the schools. It does not, of course, list all the work undertaken by the City Architect for the Education Committee.

(a) School Meals Service

A dining room and kitchen were completed and brought into use at the new St. Thomas Girls' Secondary Modern School at Cowick Barton.

At some school meals kitchens worn glazed stoneware sinks were replaced by stainless steel sinks with compartments for sterilising utensils, and integral draining boards. Re-decoration of accommodation used for school meals purposes was carried out in 8 schools.

(b) Alterations

The heating installations at Heavitree Primary School and in two classrooms at Newtown J.M. and I. School (mainly gas heaters) were in part modernised.

At Ladysmith Schools (Infants and Juniors) the lavatories and W.Cs. (which are at a distance from the junior school) were improved by roofing over the open area between the W.Cs. and heating was installed to prevent freezing. A closed-in corridor was provided to link the infant lavatories with the school and better washing facilities with hot water were provided.

(c) Internal redecorations of a minor character were carried out at the following schools :

Beacon Heath J.M. and I ; Central J.M. and I ; Exwick J.M. and I ; St. Sidwells J.M. and I ; Whipton Barton J.M. ; John Stocker B.S.M. ; The Priory G.S.M. ; The Vincent Thompson B.S.M. ; Hele's School (main school and annexe) ; Technical College.

(d) Minor redecoration

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

SCHOOL HYGIENE

As in previous years, the medical officers with the head teachers made inspections of school premises and furniture in regard to the maintenance of general hygiene, viz. :— cleanliness, sanitary accommodation, washing facilities, ventilation, lighting and heating, and canteen arrangements. Significant findings were referred to the Director of Education who has informed me that the following items have been dealt with or included in the work to be carried out as soon as practicable.

A new lavatory block at Bradley Rowe Junior Girls' School was completed ; the infant lavatory block at Ladysmith Infants' School was roofed in and a modern indoor passage was provided, connecting them with infant classrooms ; it is hoped that additional hand basins will be added at a later date. The lavatories at Ladysmith Junior Mixed School were roofed in and the question of re-surfacing the playground is under consideration.

The following work has been scheduled for 1965/66 : Screening of the entrance to the infant boys' lavatory and the re-surfacing

of part of the playground at Newtown School ; a new sterilizing sink and other improvements to the canteen kitchen at the Vincent Thompson Boys' Secondary Modern School.

The modernisation and extension of Heavitree Junior Mixed and Infants School has been approved by the Department of Education and Science in the 1966/67 Building Programme.

At St. Sidwell's Junior Mixed and Infants School modernisation of lavatory accommodation is still urgently needed.

MEDICAL EXAMINATIONS

In a total school population of 11,306 the periodic medical inspections (i.e. of entrants and 13 year olds) numbered 1,998 and " other medical examinations " 4,424. Parents were present at 1,587 (80%) of the " periodic " examinations (see table below). Parents are usually invited to be present at the re-examinations and also at the special examinations : these attendances, are not, however, recorded for statistical purposes. 442 children (i.e. approx. 1 in 4 of those examined at the periodic inspection) were found to require treatment for some defect other than dental disease or verminous conditions which latter are very rare.

The accommodation for medical examinations in many schools in the city is, as previously reported, very unsatisfactory. For this reason, at the Ladysmith Boys' Secondary Modern School, it was decided that medical inspections should only be held at this school once a year (viz. during the summer term).

General Condition of the Children

The general condition of the children continues to be satisfactory, 99% having been so classified (100% last year) : the same doctors were concerned in the examinations.

PARENTS' ATTENDANCES AT COMPLETE PERIODIC EXAMINATIONS

Age Group	No. of children examined	No. of parents present	Percentage
5 year olds	1,094	1,071	98%
13 year olds	904	516	57%
Total	1,998	1,587	80%

The attendances of parents were distinctly more than in the year before : this is gratifying.

MEDICAL EXAMINATIONS 1964

The selective method of examination in all schools was continued and developed by all doctors throughout the year with gratifying results. No changes in the procedure described in some detail in my report for 1963 have been made.

Number Examined

During the year 1964, the number of medical examinations increased by 1,386 :

Year :	1956	1960	1961	1962	1963	1964
Special Examinations	1,119	1,278	1,280	1,237	746	983
Re Examinations	1,812	2,212	2,317	2,196	2,586	3,441
	2,931	3,490	3,597	3,433	3,332	4,424
Periodic Medical Inspections	4,793	3,346	3,237	1,904	1,704	1,998
Total	7,724	6,836	6,834	5,337	5,036	6,422

Special examinations and re-examinations are made by the school doctor, after his sifting of information coming to him from various sources and are what are styled " selective examinations." In a school population of 11,306 an overall increase of 1,386 medical examinations is gratifying (an increase of—special examinations (237) ; re-examinations (855) and P.M.Is. (294). During the year several of the larger schools in Exeter showed added interest in sending in the weekly health returns when they realised the greater amount of medical assistance derived through it.

Reference to Hospital

The rise in the number of children referred to hospitals has been maintained since the selective system started in mid 1959 :

	1957	1958	1959	1960	1961	1962	1963	1964
Ear, Nose and Throat cases	14	14	29	52	76	112	96	86
Other cases	17	18	73	74	62	52	53	73
Total	31	32	102	126	138	164	149	159

The large increase in ear, nose and throat cases in 1962 followed from the work of the teacher of the deaf (Mr. Williams) appointed in that year. Of the 73 other cases referred to hospital consultants, 37 were for orthopaedic and 36 for other conditions.

Special Examination at the Request of Teachers

114 children were examined during 1964 at the request of head teachers ; corresponding figures for previous years were 1963 (100), 1962 (182), 1961 (167).

Special Examinations at the Request of Parents

Since 1962 with the co-operation of the head teachers, we have once a year given all junior and secondary school children a letter to take home to their parents. This informed them that a school doctor would shortly be visiting the school, offering them, if they had any worries about their child, opportunity of having a medical examination. The overall response, as mentioned in my report for 1963, has not been good and has not, in my view, justified the enormous amount of work which the distribution, collection and annotating involved. The distribution of these letters was, therefore, discontinued at the end of 1964. The following table shows the result of three years work.

Year	Letters sent out	Replies received from parents	Already under observation but not requiring examination	No. invited for examination	Result of medical examination. Referred for:			Did not attend
					Treatment	Observation	No action	
1962	5,500	245	30	215	70	66	65	14
1963	8,000	221	18	203	72	54	60	17
1964	7,555	229	23	206	64	77	44	21

Special Examination (not complete examinations)

286 children, 114 referred by head teachers; 172 by parents, were medically examined in school by special request; in 59 no action was required.

Referred for Treatment:

Skin	3	Feet	4
Vision	15	Epilepsy	4
Eyes, other	1	Nervous system, other	1
Hearing	32	Psychological stability	5
Ears, otitis	1	Bowel control	1
Nose or throat	9	Bladder control	6
Speech	17	General condition	10
Lymphatic glands	1		
Heart and circulation	1		
Lungs	4	Total	119
Posture	4		

Kept Under Observation:

Skin	4	Epilepsy	1
Vision	6	Nervous system, other	2
Hearing	5	Psychological development	2
Nose or throat	21	Psychological stability	4
Speech	6	Abdomen	1
Heart and circulation	4	Bowel control	1
Lungs	16	Bladder control	6
Development, other	1	General condition	12
Posture	1		
Feet	2	Total	108
Orthopaedic, other	6		

Special Complete Examinations

Out of 514 children examined 269 were found to have defects.

REFERENCE FOR TREATMENT OF :

Skin	6	Posture	2
Vision	71	Feet	6
Hearing	13	Orthopaedic, other	1
Otitis	2	Epilepsy	1
Ears, other	6	Psychological development	15
Nose or throat	2	Psychological stability	10
Speech	1		
Lungs	2		
Hernia	1	TOTAL	141
Developmental, other	2		

KEPT UNDER OBSERVATION FOR :

Skin	18	Feet	5
Vision	22	Orthopaedic, other	8
Eyes, other	1	Epilepsy	1
Hearing	9	Nervous system, other	3
Otitis	2	Psychological development	3
Nose or throat	23	Psychological stability	1
Speech	1	Abdomen	2
Heart and circulation	2	Bladder control	1
Lungs	3		
Developmental, other	20	TOTAL	128
Posture	13		

SOME VIEWS ON THE SELECTIVE EXAMINATION OF CHILDREN IN ALL SCHOOLS

by C. H. J. Baker, M.R.C.S., L.R.C.P., D.P.H.

Some school medical officers have been free in their annual reports in their criticisms of the Selective System but four years experience of the latter convinces me that these criticisms at times are neither factual nor realistic.

Briefly, the argument is that the routine medical inspection is more likely to ensure for every child (whether he appears to need it or not) the benefit of the school health service, whereas the selective system may miss children in need of care. I do not accept this.

It has been said, that in the selective system one never sees a normal junior. Surely this is an overstatement of fact ? ; in his search for disease and handicap, the school doctor sees children of all ages including juniors ; some of them are found to be normal although they have been presented as " special cases." I feel it difficult to justify this preoccupation with normality, when there is such an important immediate and continuing need of ascertainment and follow-up of disease by the school medical officer linking him closely with the rest of the profession. It is the time consumed in inspecting so many normal children which has established in parents a sense of remoteness from the school doctor thereby jeopardizing his effectiveness.

It is argued that most parents do not understand the procedure ; but this is only to be expected after a period of nearly 60 years with the periodic medical inspection method. The school doctor must himself take a hand in " putting across " the changed system to the parents and I explain the procedure to them when I first meet them ; then it will not have to be repeated in respect of any subsequent children in the family. I am certain letters to parents are not so effective as personal discussion.

The point has been made too that all parents do not attend at examinations but surely this was also the case during the long years of periodic medical inspection. In fact higher rates of attendance by parents at the selective examinations are being secured here ; parents will only come if they want to do so, and when they do come, this is encouraged, for it is very helpful.

I have not found any difficulty in getting in touch with the teaching staff to discuss my findings ; and this is not new. The selective method creates greater interest in medicine for teachers, who are responding well.

The routine entrant examination is all-important in the selective system. Here in Exeter, the school entrant periodic medical examination is held during the second term after entry and the information available from teachers over this short period is invaluable : pre-school child welfare records are more certainly available ; and, when the children have got over the difficulties of settling in school, they are much more easy to examine.

It should be made plain that the nurses' surveys, i.e. vision, heights and weights, verminous heads, and so forth are not abandoned in a selective system and secondly that the medical officer's visit to the schools every term leads to better contact with teachers and parents. Provided the varied sources of information (including weekly school absence returns relating to sickness) are used fully for close follow-up, cases of disease and defect occurring subsequently to school entry age have every chance of being detected and the later " periodic " examinations are really no longer necessary.

Selection implies more individual responsibility for all concerned, especially the school doctor and this system will only function well if he works in close co-operation with the rest of the medical profession, with effective transference of information. In my experience, personal contact, in case conferences, by telephone, and letter has greatly increased and the family doctors are making more use of the service on behalf of school children.

It is said that the selective lists are hopelessly overloaded with social and behaviour problems especially in the junior schools. After the first few terms, we found that teachers references were nearly all of real significance but in any event, I believe that social and behaviour problems in young children must be investigated if we are to offer a truly preventive school health service.

Conclusion

After four years working with the selective medical system, it is my firm conviction that it holds many advantages offering close medical supervision of the children and constructive and rewarding medical practice for the doctor.

The far closer contact with the rest of the medical profession has ensured for many family and hospital doctors more understanding and appreciation of the school doctor's work.

The periodic system in the past adequately discovered the " signs " of disease resulting from far lower standards of living, but I believe it is failing now to ascertain children with " symptoms " of disease, more prevalent in a society of higher education and living standards. Selection of cases is the rational alternative.

INDEPENDENT SCHOOLS

All children in the city (whichever the school) ascertained as " handicapped " in the terms of the Education Acts and Regulations, are entitled to the special educational treatment appropriate to their needs. Certain treatments not readily available from other sources are also already provided to all children in the city where the medical need justifies it, e.g. child guidance, speech therapy, hearing assessment, enuresis treatment by alarms, and home tuition.

During the year I circulated all independent schools in the city about the possibility of making available to children attending their schools, the medical services provided by the Exeter Education Committee, (Education Act, 1944, Section 78).

The replies showed that out of 20 schools with a total of 2,954 pupils (including two direct grant schools and two special schools), only three schools with a total of 377 pupils declared that they would like to have this service. Early in 1965 the Exeter Education Committee agreed to make available all the facilities provided under the School Health Service to the pupils at these three schools at a nominal charge of 5/- per child on the rolls per annum ; at the time of writing I do not know whether the schools concerned will accept this offer.

It appears from my enquiries of a number of education authorities that not very much is being done under the Act by way of providing the school health service facilities under the Local Education Authorities' auspices, for children in independent schools. I think this is a pity.

NOCTURNAL ENURESIS
(Bed Wetting)

New Cases (54)

During the year 45 " new " cases of nocturnal enuresis (15 girls—30 boys) were noted by school doctors among 1,094 children examined at the periodic medical inspections at school entry ; no new cases were found among the 904 children examined as 13 year olds. Additionally 7 new cases (5 girls—2 boys) were found among 3,441 of various ages re-examined and 2 (boys) among 983 of various ages having special examinations during the year.

NEW CASES

Frequency of Bedwetting	Every night	Two or Three times a week	Once a week	Occa-sional	Total
Girls	18	—	—	2	20
Boys	23	3	3	5	34

NEW CASES — FAMILY SIZE

Size of Family	No. of Families	Sex of children concerned	
		Girls	Boys
Only child	4	3	1
One of two children	17	4	13
One of three children	14	4	10
One of four children	6	3	3
One of five or more children	13	6	7
TOTAL	54	20	34

Family History

In 17 children (8 girls—9 boys) there was a history of bed-wetting in near relatives.

Intelligence

None was regarded as obviously backward, but detailed investigations of intelligence were not carried out amongst them.

Maladjustment

In one boy, his enuresis was regarded as due to maladjustment attributed to his father having died from an accident.

Other Defects

3 cases (boys) had speech defects ; 1 (girl) had epilepsy and 1 (boy) had otorrhoea.

Specific Causes

9 cases (7 boys—2 girls) were described as highly strung and/or nervous ; in 3 (2 boys—1 girl) it started on entry to school ; another (boy) was a very deep sleeper and 1 (girl) was an adopted child.

Treatment with the Electric Alarm during 1964

53 children (44 boys, including 2 attending independent schools, and 9 girls were issued with an alarm during the year) ; 10 alarms were issued at the request of the family doctors. The results of the treatment were as follows :

Period Elapsed after return of alarm	Dry		Occasionally Wet		No Improvement	
	after 1st course	after 1st relapse	after 1st course	after 1st relapse	out-right	after relapse
Immediate condition on return of alarm	—	2	2	—	4	4
After 1 month	4	—	3	—	3	2
After 6 months	6	2	5	2	10	4
	10	4	10	2	17	10
Total	14 dry		12 occ. wet		27 no improvement	

Unsuccessful treatment (27 cases) : in 5, the alarm was issued for the 2nd time ; in 4, for the 3rd time and in 2, for the 4th time.

There was no apparent reason for lack of success in 5 cases. In 10 cases lack of co-operation of the parents was very evident ; adverse home circumstances were associated with parents' inability to co-operate, securing parental confidence and enthusiasm for the alarm procedure is essential. In 7 cases, the children were too nervous to benefit from the treatment ; in 2, the children developed a rash ; in 2 there was a marked family history of enuresis ; 1 child known to be a failure had left the district.

Of these 27 cases, in 1964, 8 were referred to the Child Guidance Clinic, and in one other referral was advised but the parents were unwilling.

HEIGHTS AND WEIGHTS

(Periodic Medical Examinations)

BOYS' HEIGHTS

Ministry of Education Standard (1928)		Exeter Boys						
Age	Height in inches	Age	No. Examined in 1964	Average Height in Inches				
				1964	1963	1962	1961	1960
		4 (4-5) yrs.	22	38.0	38.4	39.2	39.3	41.6
5 (4½-5½) yrs.	41.4	5 (5-6) ,,	262	43.3	42.9	43.0	42.8	43.2
6 (5½-6½) ,,	43.0	6 (6-7) ,,	290	43.5	44.1	44.2	44.3	43.2
		12 (12-13) ,,	192	60.6	60.4	60.4	58.1	57.8
13 (12½-13½) ,,	56.2	13 (13-14) ,,	205	62.0	62.5	63.2	60.8	59.4
14 (13½-14½) ,,	58.0	14 (14-15) ,,	48	64.4	63.4	64.6	62.5	63.6

BOYS' WEIGHTS

Ministry of Education Standard (1928)		Exeter Boys						
Age	Weight in pounds	Age	No. Examined in 1964	Average Weight in Pounds				
				1964	1963	1962	1961	1960
		4 (4-5) yrs.	22	34.2	36.4	37.5	37.0	38.5
5 (4½-5½) yrs.	38.7	5 (5-6) ,,	262	43.6	42.7	43.3	42.3	42.8
6 (5½-6½) ,,	41.3	6 (6-7) ,,	290	43.8	44.3	44.5	45.5	42.8
		12 (12-13) ,,	193	100.2	96.6	98.4	89.4	86.9
13 (12½-13½) ,,	76.5	13 (13-14) ,,	105	107.0	110.2	110.7	101.0	92.0
14 (13½-14½) ,,	86.1	14 (14-15) ,,	48	117.9	110.7	115.1	106.1	111.8

GIRLS' HEIGHTS

Ministry of Education Standard (1928)		Exeter Girls						
Age	Height in inches	Age	No. Examined in 1964	Average Height in Inches				
				1964	1963	1962	1961	1960
		4 (4-5) yrs.	18	37.4	39.3	39.0	39.6	42.1
5 (4½-5½) yrs.	41.1	5 (5-6) ,,	251	43.1	42.7	42.4	42.4	42.5
6 (5½-6½) ,,	42.8	6 (6-7) ,,	244	42.7	42.7	43.6	43.3	44.0
		12 (12-13) ,,	149	61.0	61.2	61.0	58.0	57.9
13 (12½-13½) ,,	56.9	13 (13-14) ,,	105	62.2	61.8	62.2	60.8	59.4
14 (13½-14½) ,,	58.9	14 (14-15) ,,	37	62.5	62.2	62.1	62.5	62.6

GIRLS' WEIGHTS

Ministry of Education Standard (1928)		Exeter Girls						
Age	Weight in pounds	Age	No. Examined in 1964	Average Weight in Pounds				
				1964	1963	1962	1961	1960
		4 (4-5) yrs.	18	33.8	38.4	35.1	37.6	38.2
5 (4½-5½) yrs.	37.5	5 (5-6) ,,	251	43.2	41.6	41.7	41.4	41.3
6 (5½-6½) ,,	40.1	6 (6-7) ,,	243	43 0	41.3	44.1	43.4	44.1
		12 (12-13) ,,	148	105.3	107.5	102.5	88.2	86.4
13 (12½-13½) ,,	79.0	13 (13-14) ,,	206	112.6	111.6	113.2	102.5	96.7
14 (13½-14½) ,,	88.2	14 (14-15) ,,	37	112.8	113.9	115.1	114.2	115.3

Procedure re Heights and Weights

Heights : All children are measured in their stockinged feet.

Weights : **Boys**—wearing shirt, underclothes, trousers and socks.

Girls—wearing dress or blouse and skirt, underclothes and socks or stockings.

PARTIALLY HEARING CHILDREN

(Report by Dr. C. H. J. Baker)

Pre-School Children

(1) **Ascertainment.** During the year consideration was given to the number of conditions (26) on our " At Risk " list, (which is identical with that used by neighbouring authorities), of conditions in the new born, which may be associated at a later age with hearing loss (and other disorders). We thought it might be reduced, but the neighbouring authorities did not concur with this view.

Since August 1964, 5 health visitors have been concerned with hearing testing ; two had attended the special course at Manchester University, the other three have, by courtesy of the Devon County Medical Officer (Dr. J. Lyons), attended a two-day course in hearing ascertainment given at Torquay by Professor Sir Alexander and Lady Ewing.

The following table shews the number of children under five years of age tested by the health visitors over the past four years ; the sharp increase in 1964 will be noted.

	1961	1962	1963	1964
No. of children tested (0-4 years of age)	104	126	135	430
Tested as " At Risk " babies	68	74	92	288
Tested for other reasons	36	52	43	142
Number shewing some deafness	18	17	19	125
Number of tests and re-tests performed	120	149	182	547

(2) **Further Action.** The health visitors kept 85 under observation and referred 40 to the clinic team consisting of the school medical officer (Dr. C. H. J. Baker), teacher of the deaf, (Mr. R. D. Williams) and two health visitors (Miss G. M. Bastow and Miss Y. Caselli). The team referred 20 cases to family doctors or our own medical officers, 11 to the teacher of the deaf for observation in school after school entry, 9 to the ear, nose and throat specialists, who advised : hearing aid (1), tonsil and/or adenoid operation (5), adenoidectomy and bilateral myringotomy (1), observation (2).

In addition 4 cases remaining under observation from 1963 were referred to the ear, nose and throat specialist during 1964 (including 1 by the family doctor).

(3) **Training and Education.** The teacher of the deaf was unable because of pressure of work to give as much guidance to parents of very young deaf children as he would have wished, but we hope in 1965 to have a further teacher of the deaf appointed to the staff, which will greatly improve all aspects of the service.

School Children

Ascertainment. In April 1964 Mrs. M. B. Chubb, S.E.N., was appointed and trained as an audiometrician by Mr. Williams.

During the year she tested 1,006 children at the schools; and carried out 120 re-tests. The sweep-testing of all school entrants during their second term in school commenced in January 1965.

At the end of 1964 the number of partially hearing Exeter school children known to the department was as follows:

		1963	1964
1.	**Attending Schools for the Deaf**		
	(a) Royal School for the Deaf, Exeter (includes 6 children under 5 years old)	15	18
	(b) Summerfield House School for the Deaf, Worcestershire	1	1
	(c) Mary Hare Grammar School for the Deaf, Berkshire	—	1
2.	**Wearing Hearing-Aids and attending ordinary Schools**	29	38
3.	**Wearing Hearing-Aids and attending residential special schools because of handicaps other than deafness**	2	2
4.	**Number of school children under observation with some degree of hearing loss**	272	586

We have no children regarded as totally deaf.

General practitioners and parents of independent school children, are making more and more use of the service.

62 school children nearly all of whom had been tested audiometrically, were referred by the school medical officers to ear, nose and throat surgeons because of deafness. The ear, nose and throat surgeons recommendations were:

Hearing aids (5); tonsillectomy and/or adenoidectomy (7); myringotomy (7); tonsillectomy and adenoidectomy and myringotomy (9); tympanoplasty (3); treatment with anti-biotics (3); examination under anaesthetic (8); removal of effusion (1); observation (13); no treatment (3); not yet examined (3).

Proposed Provision

Plans for the conversion of a building belonging to the Health Services Committee at the rear of the Alice Vlieland Clinic in a quiet situation into a diagnostic clinic (audiology unit) for children with hearing problems have been prepared by the City Architect, to be implemented in the programme for 1965/66. Mr. T. L. Bradbeer, F.R.C.S., (Consultant Ear, Nose and Throat Surgeon) has kindly assisted us by his advice.

Educational treatment

(Note by Mr. R. D. Williams)

The number of children in Exeter requiring educational help by a teacher of the deaf has risen to the point where the requisite teaching of individual children is under present conditions virtually impossible. It is also impossible to state accurately and fairly how much guidance and advice has been given to each of the 586 children known to have some hearing loss.

On entering a school intending to deal with specific cases I always see the head teacher and invariably I am asked about a number of other children. I give such advice and assistance as is possible. At the end of the day one might have dealt with half a dozen or two dozen children in different ways, some requiring two minutes, some a total of many hours. Three examples of the varying needs and approaches are as follows :

A girl aged 8 years, has a hearing loss considered to be irremediable and necessitating the use of a hearing aid ; educational treatment included ; first, persuading parents that the aid was necessary for her education—this involved several home visits ; secondly, persuading the child not to hide the aid beneath her blouse, but to accept it and use it openly. As with many such children, she suffered emotional disturbance and it took several months before the child could ' accept ' the aid. Her speech showed typical ' deafness defects ' which needed correction. The class teacher was extremely interested and requested much advice and help. Further visits to the home were made regarding frequent school absences, which had been the pattern for a very long time, and also about her emotional problems. She now wears the aid with not a second thought, is progressing reasonably well in school and is attending regularly.

A boy aged three diagnosed at the partial hearing clinic as having a severe hearing loss was placed on the waiting list for surgery. Educational treatment included home visits to teach speech and language in which he was very retarded as well as to advise the parents on how to help their child to develop his speech correctly. This treatment will be necessary even after surgical treatment has been effected until his speech and language development can continue without special help.

A boy aged 15 with severe hearing loss, has had a hearing aid for some years and has progressed to the best of his ability in a grammar school. Educational treatment has covered some speech correction and advice on his use of the hearing aid as well as discussion with his teachers. He would like to take up nursing as a career, and so the Youth Employment Officer and I talked to the boy's careers master. As a result of discussions with the Ear, Nose and Throat Surgeon and the Matron of a local hospital, he has now been accepted for training, subject to examination results.

I have found that taking several hearing aids into the classroom, describing deafness, simply and in a matter-of-fact way, and allowing normal hearing children to try them, often helps. I have also found that giving the child a verbal hearing test in front of

his teacher or parents gives them a clearer indication of the handicap.

It is imperative, with the many and varied calls on the time of the teacher of the deaf that there should be at least one employed full-time on educational treatment and training. I am pleased to note that the Committee have agreed to appoint an extra teacher of the deaf in 1965.

I am very grateful for the assistance always generously given by the head teachers and their staffs in the Exeter Local Authority Schools.

HEARING AIDS

During the year, 11 Exeter school children attending ordinary schools in the city (2 infants, 5 juniors, and 4 seniors) were provided with hearing aids through the hospital service ; 4 children (3 boys—1 girl) attending the Royal School for the Deaf as day pupils were provided by the education committee with commercial hearing aids. At the year end there were in all 38 children (21 boys, 17 girls) with hearing aids attending our schools ; in addition 2 (boys) were attending a residential special school for spastic children and used hearing aids.

We have no special classes or units attached to ordinary schools.

Otorrhoea

" Running ear " was found in 7 children (2 boys ; 5 girls) out of 1,998 children examined at periodic medical examination (i.e. 1 in 285 of those examined) compared with 9 so found in 1963 (1 in 189) ; in addition, 3 were found in 983 special examinations and 2 more in 3,441 re-examinations. 3 of these children were already having treatment and 7 were referred for investigation and/or treatment and the remaining 2 were kept under observation.

29 children (18 from periodic and 11 from special examinations) were referred for treatment of other nose and throat " defects ", whilst a further 348 children were kept under observation for similar reasons.

VISION

The School Eye Service is provided by the West of England Eye Infirmary ; during the year 831 children were referred by the school medical officers. 211 of them (108 boys ; 103 girls) were referred for the first time and spectacles were prescribed for 141 (76 boys ; 65 girls). The usual visual standard for reference

is 6/12 in either eye, unaided. The age groups of the 211 children referred to the Eye Infirmary for the first time is set out below :

Year of birth	Number referred	Number prescribed spectacles
1958/59	24	16
1957	20	14
1956	26	17
1955	16	10
1954	14	11
1953	25	19
1952	18	14
1951	12	7
1950	21	14
1949	25	13
1948	8	5
1947/46	2	1
Total	211	141

In addition to the 620 old cases referred by us, 49 school children attended without appointment. They all had glasses prescribed. Also during the year 131 (72 boys ; 59 girls) were noted for the first time as attending private opticians. These are in addition to the children reported during 1963—(161) and 1962—(263).

It is hoped that a special session will be allocated at the hospital for the refraction of school children, and this is engaging the attention of the hospital authorities.

VISION EXAMINATION OF 5 YEAR OLD CHILDREN

1,047 five year old children had their vision tested during the entrants' medical examination at 16 schools. 241 (103 boys ; 138 girls) were found to have defective vision ; of these, 39 already had spectacles and were having regular treatment at the Eye Infirmary, and 3 were being treated by private opticians. Of the remaining 199 children, 14 (7 boys ; 7 girls) were referred to the Eye Infirmary for further investigation. Spectacles were prescribed for all except 1 boy and 1 girl.

VISION EXAMINATION OF 13 YEAR OLD CHILDREN

Of the 747 children who were tested during the periodic medical examination in their fourteenth year, 100 (44 boys ; 56 girls) already had spectacles. 8 (3 boys ; 5 girls) who had not previously been reported as having defective vision, were found to have vision 6/12 in either eye or worse and therefore were referred to the Eye Infirmary for further investigation. Spectacles were prescribed for 1 boy and 4 girls.

In addition to these two groups the school nurses tested the vision of 3,614 children in the following age groups :

Age	No. Examined	Normal*	For Observation	Referred to Eye Infirmary
7 year olds	911	788	103	20
10 ,, ,, ...	941	768	124	22
12 ,, ,, ...	851	678	155	18
14 ,, ,, ...	803	641	147	15
16 ,, ,, ...	135	81	51	3
Total	3,641	2,956	580	78

* Not worse than 6/9 in either eye.

Result of the 78 children referred to the Eye Infirmary :

Age	Spectacles prescribed		Spectacles not prescribed		Total
	Boys	Girls	Boys	Girls	
7 year olds	9	2	6	3	20
10 ,, ,, ...	6	10	2	4	22
12 ,, ,, ...	5	6	2	5	18
14 ,, ,, ...	5	3	4	3	15
16 ,, ,, ...	1	1	0	1	3
Total	26	22	14	16	78

SQUINT

During 1964, six new confirmed cases of squint (4 boys; 2 girls) were found in childrer attending our schools, and were referred to the Eye Infirmary. 4 were aged 6 years and two aged 4 years.

COLOUR VISION

During 1964, the nurses, using Ishihara plates tested 625 boys, mainly 10 year olds in their last year at junior schools. 40 were considered to be defective and were called to the school health clinic for retesting with Ishihara plates and for testing with the Giles-Archer Lantern. (The 12 remaining untested from 1963

were tested this year ; 6 were found to be unsafe). We have not examined the girls since 1958 as defective colour vision is so rare among them.

The table below set out the results of the tests :

COLOUR VISION

Ishihara Test Results (In 1964)	*Boys*
Number examined	625
Number found to have defective colour vision	40 (6.4%)
Inconsistent	4
Green Defective	11
Partially Green Defective	4
Red Defective	1
Partially Red Defective	1
Red-Green Defective	5
Did not attend	12
Left Exeter	2
Giles-Archer Lantern Test Results : Safe 14 ; Unsafe 12 ; Not Seen 14 ; Total	40

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILLITIS

136 children (73 boys, 63 girls) in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1964, i.e. 1.2% of the school population and practically the same as in the preceding 4 years.

TONSIL AND/OR ADENOID OPERATIONS, 1964

Age at Operation	*Boys*	*Girls*	1964 *Total*	1963 *Total*
Under 6 years	4	5	9	42
6 years	12	11	23	24
7 ,, ...	24	13	37	23
8 ,, ...	8	5	13	14
9 ,, ...	4	5	9	9
10 ,, ...	4	4	8	8
11 ,, ...	2	10	12	8
12 ,, ...	3	4	7	4
13 ,, ...	1	2	3	1
14 ,, ...	6	3	9	—
15 ,, ...	5	1	6	1
Total	73	63	136	134

REPORT OF THE PRINCIPAL DENTAL OFFICER
YEAR ENDING 31st DECEMBER, 1964

(Report by Alvin Pryor, L.D.S., R.C.S., (ENG.))

The School Dental Service in the City continues to show steady progress. There has been a greater demand for emergency treatment, particularly extractions, often by patients who do not normally come to the clinics.

The dental staff at the end of the year remained up to establishment, but suffered a temporary depletion for 4½ months after Mrs. R. M. Blood, dental officer, resigned on 28th February to enter private practice.

Recruitment to the School Dental Service, despite salary increases from time to time, is rarely easy. Even a pleasant city in the West Country seems to have little appeal. Response to advertisements in the Press is meagre, and occasioned us a lengthy wait in this instance.

Mr. E. G. Reader, L.D.S., replaced Mrs. Blood, taking up duty on 13th July.

Mr. M. Radford, dental officer, has intimated his wish to retire and will be leaving early in 1965. Mr. Radford has been in the service of the city for 14 years, and we wish him a long and very happy retirement.

Mr. R. B. Mycock, dental officer, attended a course in children's dentistry in November, finding this of great benefit in his work.

I attended a four-day course for public dental officers in May, dealing mainly with the administrative side of the service. I also attended a conference of chief dental officers in June, to discuss the format of a new record-keeping system to come into effect in 1965.

Dr. N. G. P. Butler, consultant anaesthetist, continued his series of weekly anaesthetic sessions throughout the year. He uses the well-proven 20% oxygen/80% nitrous oxide method of general anaesthesia mentioned in my previous annual reports. The high safety factor, rapid recovery and absence of " after effects " associated with this method are greatly appreciated by all concerned. There is a small but definite swing of medical opinion towards this method, the safety of which cannot be over stressed.

Mr. R. B. Mycock and I have also given a very considerable number of general anaesthetics during the year, using, in my own cases, the 20% oxygen technique throughout.

Mr. Maurice Burley, consultant orthodontist, continued to attend throughout the year to advise us in our more difficult orthodontic cases—his help has been greatly valued by the dental officers.

We have continued our liaison with the Ministry of Health throughout the year, by placing at their disposal from time to time one of our dental surgeries for use by their regional dental officers.

For the first time in Exeter, the Technical College offered an evening course for dental surgery assistants, leading to the certificate examination of their Association. I assisted in the organisation of this course and Mr. E. G. Reader and I gave some of the lectures. One of our dental surgery assistants is taking the course.

All maintained schools in the city received dental inspections during the year. I would like, at this point, to express my thanks to the head teachers and their staffs for their help and co-operation. As well as the annual inspctions, a large proportion of the children received two or even three dental " check-ups " during the year, these additional inspections taking place at the school clinics on a " recall " system. Some parents whose children attend private schools, have requested treatment for their children at the school dental clinics. This has been sanctioned officially, with the proviso that children from maintained schools have priority. The concession has been warmly appreciated by those making the request.

The dental condition of Exeter's children is, on the whole, very good indeed. Despite the ever-increasing consumption of sweets, fancy confectionery and " lollies " of various kinds, the effect of the work put in by the school dental service and the considerable number of dentists practising in Exeter is apparent. We seem to be about holding our own in this battle against dental decay. We might even begin to win it, if we were allowed the well-proven benefits which result from the fluoridation of the domestic water supply to aid our own efforts.

A routine visit of inspection lasting 1½ days was paid by Dr. A. T. Wynne, Dental Officer, Department of Education and Science. All clinics were visited, and he was well satisfied.

In conclusion, I would like to express my cordial thanks to all the dental officers and staff for their work and helpfulness throughout the year. I feel that we form a very effective team.

Dental Inspections (See also table, page 31)

The number of children inspected in school was 10,496. Those recalled for " check-up " and mentioned earlier numbered 264, of whom 156 were found to require treatment. A further 678 presented themselves as " specials ", 636 of these were found

to require treatment. Also (not included in table) 33 children were examined in Ellen Tinkham House, of whom 17 were found to require treatment.

Treatment (See also table, page 62)

The number of teeth filled in 1964 was 5,225.

Among the "other operations" listed in the table, 941 children had their teeth scaled, 2,044 teeth were treated with $AgNo_3$ and 379 x-rays were taken.

Age Distribution of Children Inspected and Referred.

Age in years.	Udr. 5	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
No. inspected in schools ..	43	547	996	1021	951	896	983	1087	1002	887	877	636	284	167	86	33	10,496
No. referred for treatm't	22	300	616	609	581	528	545	531	434	403	350	273	96	54	25	14	5,381

Orthodontia

At the beginning of the year 290 cases were being treated, 43 new cases were commenced during the year and 50 were completed or discontinued during the year, leaving 283 still under treatment at the end of 1964.

	Attendances		
Dental Clinics	1962	1963	1964
Central Clinic, 1a Southernhay West	4,186	4,396	4,137
Whipton Health Clinic	2,026	2,399	2,387
St. Thomas Clinic	3,018	2,902	2,501
TOTALS	9,230	9,697	9,025

CLEANLINESS

The number of head cleanliness inspections during the year was 12,299 (9,330 in 1963). 92 children (23 boys ; 69 girls) were found unclean compared with 89 in 1963 and 76 in 1962. The overall rate for 1964 was 0.81% (0.4% among the boys and 1.3% among the girls) compared with an overall rate of 0.79% in 1963 and 0.69% in 1962.

I am pleased to be able to report a considerable improvement in the number of children found with unclean heads living in that area of the city where the majority of the cases occur ; unfor-

tunately, there has been a slight increase in other schools, and cases have been found in some schools previously reported clear, this is, in some measure, due to children from families with known history of unclean heads transferring to these schools.

TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS FOUND IN 1964, BY AGE GROUPS.

Age (at 31.12.64)	HEADS FOUND UNCLEAN					
	Table A.				Table B. No. of Children in Table A. also found Unclean in 1963	
	Once Only		More than Once			
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
Under 5 years	—	—	—	—	—	—
Aged 5 „	1	—	—	—	—	—
„ 6 „	4	5	—	4	—	3
„ 7 „	1	8	—	4	—	1
„ 8 „	—	5	—	1	—	3
„ 9 „	4	4	1	4	2	3
„ 10 „	7	5	—	3	1	—
„ 11 „	3	7	—	4	—	5
„ 12 „	—	4	—	1	—	1
„ 13 „	1	2	—	1	—	1
„ 14 „	1	3	—	1	—	3
Over 14 „	1	2	—	—	—	1
Total	23	45	1	23	3	21

TOTAL IN 1964 : 92 = 0.81%

SCHOOL CLINICS

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

	Minor Ailments— Attendances		
	1962	1963	1964
Central Clinic, 1a Southernhay West	426	415	452
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	2,780	2,825	2,414
Totals	3,206	3,240	2,866

TABLE SHOWING THE INCIDENCE OF " MINOR AILMENTS " TREATED DURING 1964 IN CLINICS.

Defect	*Central Clinic	Eastern Clinic	Grand Total 1964	Grand Total 1963
Scabies	—	6	6	1
Ringworm : Scalp	—	—	—	1
Body	1	1	2	2
Eye Defects (not visual)	20	87	107	125
Ear Defects—(including wax, otorrhoea, etc.)	37	63	100	62
Nose and Throat Defects	4	37	41	40
Impetigo	9	11	20	14
Warts : Plantar	26	14	40	34
Other	10	37	47	48
Other skin conditions	42	70	112	100
Minor Injuries	45	177	222	216
Miscellaneous	15	208	223	350
Total No. of individual children	209	711	920	993
Total No. of attendances	452	2,414	2,866	3,240
Total No. of sessions	250	206	456	456

* At this clinic many cases are seen as consultation cases, not included here.

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

In addition, school children are seen by the doctor at the Countess Weir Welfare Clinic after school hours on Thursdays, as and when necessary. During the year, 45 children made 53 attendances at the clinic.

TABLE SHEWING THE NUMBER OF HANDICAPPED PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT 21st JANUARY 1965

Disability	Total No. of children classified as handicapped as at 21-1-65	Special School or Home	Resd. B.	Resd. G.	Non Resd. B.	Non Resd. G.	Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
Blind	2	Royal Normal School for the Blind, Shrewsbury	1	—	—	—	2	—
		Royal School of Industry for the Blind, Bristol	1	—	—	—		
Partially Sighted	3	West of England School for the Partially Sighted, Exeter	—	—	2	1	3	—
Partially Hearing	62	Mary Hare Gram. School, Berks.	—	1	—	—	21	—
		Summerfield Hse. Sch., Malvern	1	—	—	—		
		Royal West of England School for the Deaf, Exeter	—	1	10	8		
Physically Handicapped	27	Dame Hannah Rogers Sch. for Spastics, Ivybridge	3	1	—	—	8	1
		Bruce Porter Hse. School, Kent	—	1	—	—		
		Heathercombe Brake School, Manaton	1	—	—	—		
		Ingfield Manor School, Sussex	2	—	—	—		
Epileptic	59		—	—	—	—	—	—
Educationally Subnormal	81	St. Christopher's School, Bristol	1	1	—	—	30	39*
		Withycombe Hse. Special Sch., Exmouth, Devon	—	13	—	—		
		Kingsdon Manor School, Nr. Bristol	2	—	—	—		
		Pitt House, Chudleigh	4	—	—	—		
		Pitt House, Torquay	8	—	—	—		
		Clyffe Hse., Dorchester	1	—	—	—		
Delicate	35	Heathlands Rise, Teignmouth	—	2	—	—	6	—
		Heathercombe Brake Sch., Manaton, Devon	4	—	—	—		
Maladjusted	101	Crichel Hostel, Totnes	1	—	—	—	13	—
		Stella Maris Convent School, Newton Abbot	—	1	—	—		
		Walton Elm, Dorset	2	—	—	—		
		Knowles Hill Sch., Newton Abbot	—	1	—	—		
		Royal Alexandra and Albert School, Surrey	—	1	—	—		
		The Gables Hostel, Willand, Devon	2	2	—	—		
		St. Joseph's Sch., London	—	1	—	—		
		St. Peter's, Norbury, Yorks.	—	1	—	—		
		Heathercombe Brake School, Manaton	1	—	-	—		
Defective Speech	168		—	—	—	—	—	—
TOTAL	538		35	26	12	10	83	40

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

HANDICAPPED PUPILS

Grouping by Intelligence Quotients of the 81 Children classified as Educationally Sub-normal as at 21.1.65

I.Q.	Boys						Girls					
	Under 50	51-60	61-70	71-80	Over 80	Total	Under 50	51-60	61-70	71-80	Over 80	Total
Attend Residential Special Schools	—	2	9	5	—	16	1	9	2	2	—	14
Recommended Day Special Schools but Attend Ordinary Schools	1	2	4	5	1	13	2	3	8	10	—	23
Attend Ordinary Schools	—	—	3	1	—	4	—	—	4	4	—	8
Awaiting admission to Residential School	1	—	1	1	—	3	—	—	—	—	—	—
Total	2	4	17	12	1	36	3	12	14	16	—	45

The five children (two boys, three girls) with I.Q's below 50 are all under active consideration and it is, of course, fully recognised that children with this I.Q. usually fall within the group unsuitable for education at school.

The parents of one of the two boys mentioned above appealed to the Minister following a report to the Local Health Authority. The Minister advised that the decision should be postponed for a year. The other boy is a borderline case and is awaiting admission to a residential special school for a trial period of six months.

Of the three girls, one aged sixteen, has been attending a residential special school since 1959 ; at that time her I.Q. was 67. For some years it appeared that she was improving and making progress but latterly she has deteriorated and on review on approaching school leaving age her I.Q. was found to have fallen to 48.

One girl, aged eight, also has left spastic hemiplegia and it is hoped that she will be suitable for admission either to the National Spastics Society's day centre when it is built and opened in Pinhoe Road or the Council's new day school for E.S.N. children when it is built in Topsham Road.

The third girl, aged ten, came into the city in 1964 ; the parents had previously been offered residential school accommodation but this had not been accepted. She is now attending an ordinary school for junior girls where her progress is under constant observation.

EDUCATIONALLY SUB-NORMAL PUPILS

During the year 35 children (20 boys, 15 girls) were examined by the school medical officers in regard to educational subnormality and mental development. The following recommendations were made :

Recommendation	Boys			Girls			Total	Remarks
	Infs.	Jnr.	Snr.	Infs.	Jnr.	Snr.		
Section 34 : Special education in an ordinary school.	—	—	—	—	—	—	—	
Day special school	1	—	—	1	2	—	4	
Education in a special residential school.	—	1	2	—	2	—	5	All placed in residential special schools.
Section 57 (3) : Permanently excluded from school.	—	3	1	1	1	—	6	All attend the Junior Training Centre.
Section 57 (5) : Reported to Health Services Committee for Care and Guidance on Leaving School.	—	—	4	—	—	4	8	
Not considered to require Care and Guidance on leaving school.	—	—	8	—	—	4	12	
	1	4	15	2	5	8	35	
	20			15				

Adjustment Classes

The adjustment classes continued in 6 schools as in previous years. It is intended that these will not be discontinued when the Council's Day School for Educationally Subnormal pupils is opened.

E.S.N. Day Special School

This school is now included in the Council's programme to commence building in the year 1966.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION — MINISTRY OF EDUCATION CIRCULAR 249

99 students (59 men and 40 women) and 4 teachers (3 men and 1 woman) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession. All reports were satisfactory.

Further Education

Exeter Technical College students attending full-time courses on domestic science, nursing, hairdressing, institution management and building are medically examined by the school doctors as soon

as possible after entry to the college. 46 were examined in 1964. All reports were satisfactory.

Tuition in Hospitals

The Local Education Authority have continued to provide educational facilities in the two main general hospitals in the city. During the year 93 children received education whilst in-patients at these hospitals (including 34 from Exeter, 56 from Devon County and 3 from other areas). 4 Exeter and 6 Devon County children were receiving education in hospital on or about 28th January, 1965.

Additionally there are hospital special schools in the Princess Elizabeth Orthopaedic Hospital and Angela Home staffed by the Devonian Orthopaedic Association (4 Exeter children attending as at 28.1.65) and also Honeylands Children's Hospital staffed by this authority (7 Exeter children attending as at 28.1.65).

Home Tuition. Education Act 1944—Section 56

During the year, 16 new cases (rheumatism (3), congenital heart lesion (2), pleurisy (1), fracture (2), ulcerative colitis (1), urinary infection (1), sarcoma (2), epilepsy (1), slipped femoral epiphysis (2), poliomyelitis sequlae (1), and 6 cases continuing from 1963, viz : spastic (2), spina bifida (1), rheumatism (3), received home tuition arranged by the authority. 6 were still having home tuition at the year end. The others resumed normal schooling.

Transport

Transport to and from school was provided for 9 new cases during the year ; fractures (2), partial deafness (2), others (5) : in addition 12 children " carried over " from 1963 continued to have transport provided during 1964 : 13 children still had it at the year end.

Mass Miniature Radiography

In addition to the 28 children who were X-rayed because they had strong positive reactions to the tuberculin tests (see page 46, table A), 145 children aged 16 years and over attending L.E.A. and independent schools in the city were X-rayed by the Mass Radiography Service as school leavers ; all were satisfactory.

SWIMMING

The Director of Education's Physical Education Organiser (Mr. D. P. Bristow) has kindly provided me with the following information (summarised).

" The recommended swimming-teaching pattern in the city for the last two years has been that children in their fourth year in junior schools and in their first year in secondary schools attend once per week. This ensures two consecutive years of instruction.

However, as there is insufficient accommodation at the City Baths to fit in so many classes, in addition to the independent, Devon and special schools whose children also attend, some schools take only "volunteers" from the chosen year, whilst others select non-swimmers only, and some undertake no swimming instruction at all.

"Conditions at the City Baths are so crowded with independent school children and the public during the summer term that efficient instruction for the children of maintained schools is very difficult and the main time-table now operates during the two winter terms only.

Four primary schools are now equipped with small out-door pools of their own for use during the summer term.

Children who can swim six yards, that is one-half width of the City Baths are counted as swimmers.

1. 37% of all school leavers are non-swimmers (fourth year secondary modern and grammar).
2. 45% of top-year Junior school children are non-swimmers.
3. 39% of first year secondary school children are non-swimmers.

"The percentage of swimmers as defined above vary in the primary schools from 10—64%, and in the secondary schools from 46—87%, Newtown J.M. & I. School and Bishop Blackall Grammar School for Girls heading the tables."

Regular monthly sampling of the water in the City Swimming Baths and the school pools is made by the public health inspectors, the bacteriological examination being kindly conducted by the Public Health Laboratory Service.

EPILEPTIC SCHOOL CHILDREN

We have 56 children classified as suffering from epilepsy, 4 more than in the year before. 52 (29 boys and 23 girls) attend ordinary schools in the city : 3 known epileptic children attend residential special schools on account of other defects. 1 (boy) who normally attends a grammar school has severe epilepsy and his admission to Lingfield was advised but his parents were not willing ; he is at present having home tuition.

Epileptic School Children, 1964

Sex	Total	AGE				EPILEPSY			Have had Hospital Investigation
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major	
Boys	31	2	9	17	3	9	21	1	31
Girls	25	4	10	11	—	9	14	2	25

All but 5 are regarded as of normal intelligence and their I.Q's have not been ascertained. Of these 5, one only was considered seriously retarded (I.Q.55).

PHYSICALLY HANDICAPPED CHILDREN

At the end of the year, there were 27 children classified as physically handicapped (the same as in 1963). 1 new case (boy) with severe congenital heart lesion was notified during the year.

Handicap	Sex		Age Group				Education				Able to take P.T. and Games		
	Boys	Girls	Under School Age	Infs.	Jnrs.	Snrs.	Not at School	In Res. Special School	In Ordinary School	Home Tuition	Nil	Mod.	Full
1. Cerebral Palsy	9	1	—	1	4	5	—	7	3	—	5	5	—
2. Heart : Congenital	1	3	—	2	—	2	—	—	4	—	3	1	—
3. Poliomyelitis ..	2	1	—	—	2	1	—	—	3	—	2	1	—
4. Other Congenital Defects	4	5	—	—	5	4	—	2	6	1	6	2	1
5. Miscellaneous	1	—	—	—	1	—	—	—	1	—	—	1	—
Total	17	10	—	3	12	12	—	9	17	1	16	10	1

CHILD GUIDANCE CLINIC REPORT FOR 1964

(Report by Dr. H. S. Gaussen, Medical Director)

1964 was the first full year in our new premises at Livery Dole, Exeter. The staffs of the two clinics (Exeter City and East Devon) found that they had much in common, but they could pursue their separate ways. The indications are that their complementary usefulness will increase, and to this end a joint staff meeting is held each month. The experience of the year has been that sharing premises has meant a gain for both clinics : the public and other social agencies will come to know where they can seek help with disturbed children.

The number of cases referred has increased from 70 in 1963 to 104 in 1964. Not all need full investigation but others have involved endless time and patience. These cases frequently have very many aspects—psychiatric, educational, sociological, criminal, physical, and all need exploration.

Late in the year, the South Western Regional Hospital Board appointed Dr. Christopher Wardle as Consultant in Child Psychiatry to the Exeter clinical area. He is on the staff of the Royal Devon and Exeter and Exe Vale Hospitals and conducts 2 sessions a week in Child Guidance work for the city and 6 for the County of Devon. His headquarters are in the Child Guidance Clinic, and he thus provides a most valuable two-way link between the hospitals and our clinic. It is hoped that beds under his care will be available soon in Wonford Hospital. It will then be possible to admit very sick children, or those needing in-patient investigation, without sending them out of the area and without our losing touch with them and their parents. It is quite clear that this appointment will lead to further extensions of our work and to a wider field of child guidance experience.

CHILD GUIDANCE CENTRE—
STATISTICAL RETURN FOR 1964

TABLE A

1.	Number of cases on the books on 31st December, 1963	69
2.	Number of cases awaiting investigation on 31st December, 1963	4
3.	Number of cases investigated but awaiting treatment on 31st December, 1963	13

4.	Number of new cases referred during 1964		104
	Source of Reference :		
	(a) Juvenile Court	—	
	(b) Probation Officers	3	
	(c) School Medical Officers	27	
	(d) Doctors	21	
	(e) Head Teachers	24	
	(f) Parents	11	
	(g) Others	18	
5.	Number of old cases re-opened during 1964		3
6.	Number of cases investigated during 1964		86
7.	Number of cases treated for the first time during 1964		52
8.	Total number of individual children seen during 1964....		172
9.	Total number of attendances during 1964		702
10.	Total number of cases discharged during the year		72
	Reason for Discharge :		
	(a) Treatment completed (see below)	45	
	Symptom free	8	
	Much Improved	21	
	Satisfactory	—	
	Improved	12	
	No change	4	
	Worse	—	
	(b) Unsuitable for treatment	5	
	(c) Defaulted	2	
	(d) Left city	6	
	(e) Other reasons	14	
11.	Number of cases remaining on the books on 31/12/64		101
12.	Number of new cases awaiting investigation on 31/12/64		15†
13.	Number of new cases investigated but awaiting treatment on 31/12/64		25*

N.B.—†7 cases included in 10 above were closed whilst awaiting or before investigation was completed.

*22 cases included in 10 above closed after investigation while awaiting treatment.

TABLE B

Total number of sessions :

*Psychiatrist	(4 per week)
†Psychologist	(4 per week)
Psycho-therapist	(2 per week)
Psychiatric Social Worker	(full time)

INTERVIEWS :

(1)	PSYCHIATRIST.	
	(a) Diagnostic	89
	(b) Parents and others	306
	(c) Remedial treatment	234
	(d) Home Visits	—
	(e) Other visits	9
(2)	PSYCHOLOGIST.	
	(a) Diagnostic and testing	18
	(b) Parents and others	26
	(c) Remedial treatment	25
(3)	PSYCHOTHERAPIST.	
	(a) Diagnostic and testing	68
	(b) Parents and others	92
	(c) Remedial treatment	223
(4)	PSYCHIATRIC SOCIAL WORKER.	
	(a) Therapeutic interviews at clinic	596
	(b) Remedial treatment	34
	(c) Visits	173
	(i) First visits to homes	51
	(ii) Subsequent visits to homes	122
	(d) Interviews with other social workers	72
(5)	CHILDREN UNDER TREATMENT ON 31/12/64.	
	Regular treatment by psychiatrist	11
	Regular treatment by psychologist	—
	Regular treatment by psychotherapist	1
	Regular treatment by psychiatric social worker	—
	Treatment waiting list	10
	Superficial treatment by psychiatrist	22
	Superficial treatment by psychologist	—
	Superficial treatment by psychotherapist	—
	Survey whilst residentially placed	10
	Kept open, but no active treatment at present	17

N.B.—*Additional Psychiatrist (2 sessions per week from 1.10.64).
†No Educational Psychologist from 31.3.64.

SPEECH THERAPY REPORT

(By Miss I. W. Hastings, L.C.S.T.)

In September of this year the Committee agreed to increase the number of Mrs. Peel's weekly sessions from 4 to 6 ; this has enabled Mrs. Peel to have an additional session in the St. Thomas area and to give a regular weekly session to the severely retarded children attending the Council's Junior Training Centre, who, she reports, enjoy their treatment and co-operate very well.

Mrs. Peel had hoped to be able to use a clinic not in a school in the eastern area of the city so that the parents might take a more active part in their children's treatment, but this has not been possible to arrange as yet.

All the clinics remain busy and the numbers on the waiting list remain steady ; this is unavoidable since the treatment in most cases is lengthy.

In order to obtain a clearer picture of the needs of those on the waiting list (numbering 100 children at the year end) both therapists are endeavouring to see, as soon as possible, all the children who have been referred. Advice to the parents is given where this is likely to be helpful and this may reduce the length of treatment when their turn comes. There has, in consequence, been very little time for school visiting. This is unfortunate for sometimes there are circumstances arising in the home or in school, or from ill-health, which are very upsetting to children and about which the therapist may be able to help the teacher. It is also helpful if the teacher understand something of the treatment given by the therapist.

Some interesting examples of our work during the year can be given from among Mrs. Peel's and my own cases.

(a) One child was attending for defective speech (dyslalia) due to his very evident hearing loss, his progress being slow and the child tense. Then he had a motor scooter accident which caused a minor fracture of the skull. After the accident, on returning to the nursery, he had evident difficulty in articulation (dysartharia) for three weeks, after which he resumed the pattern of his speech where it had been prior to the accident ; he has lost his tenseness and he is now making better progress.

(b) In one case of pronounced stammer and a speech defect the child's progress is far from satisfactory. Given treatment for his stammer his speech defect asserts itself ; and then given treatment for his speech defect, his stammer gets worse. It has been found necessary to slow his treatment down considerably.

(c) In another case the child found great difficulty in retaining words learnt, and a hearing loss was found. There is also a history of ill health and hospital treatment ; progress appears to be made and then it is retarded again by poor health and adverse home conditions and it is very difficult to assess her ability over a period.

(d) In another little girl referred from the child guidance clinic, the 'christian' name was that of a popular fruit—no prize for the solution—and the child disliked the joking comments that were made about it ("I'd like to eat you", etc.) and this caused insecurity. Among the other manifestations was speech defect (dyslalia). The mother was advised to use the child's second 'christian' name and she willingly did so; special speech therapeutic exercises were given; and the child has now very greatly improved.

In all such cases the speech therapist needs the co-operation of one or more of the team of doctors, teachers, child guidance team, health visitors, the hearing assessment clinic staff—and of course, above all, the parents. We must also ensure that children under treatment who leave the city, continue with treatment in their new home.

These cases all show how important it is that there should be good team work so that these children and others in similar cases may be helped and guided through their difficulties to a fuller enjoyment of life and greater benefit from their education.

Analysis of the cases treated during the year

Defect	Having treatment 1.1.64	Admitted during 1964	Total No. Treated	Discharged		Still on List				Remaining 31-12-64
				Cured	Other	Under observation	Regular Attendance	Improved	No change	
Stammering	23	10	33	1	5	6	21	25	2	27
Simple Dyslalia	8	5	13	4	—	4	5	6	3	9
Multiple Dyslalia	59	19	78	13	4	19	42	53	8	61
General Dyslalia	21	13	34	4	1	9	20	25	4	29
Language Defects	5	1	6	—	1	1	4	3	2	5
Dysarthria	5	9	14	3	—	2	9	10	1	11
Cleft Palate	8	—	8	—	1	2	5	6	1	7
Hyper-rhinophonia	1	—	1	1	—	—	—	—	—	—
Alalia	3	2	5	—	1	1	3	4	—	4
Sigmatism	18	4	22	5	2	7	8	14	1	15
Totals	151	63	214	31	15	51	117	146	22	168

In Dyslalia the child cannot produce the correct sound and therefore substitutes one sound for another; in Dysarthria there is difficulty in articulation; in Hyper-rhinophonia the speech is excessively nasal; Alalia is the complete lack of intelligible speech; Sigmatism is lisping.

Defect	Total treated.	Pre-School		Infants		Junior		Senior		Junior Training Centre	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	27	2	—	2	1	11	4	7	—	—	—
Simple Dyslalia	9	1	2	2	1	1	2	—	—	—	—
Multiple Dyslalia	61	1	6	26	12	9	5	—	1	1	—
General Dyslalia	29	2	—	12	4	7	2	—	—	1	1
Language Defects	5	1	—	1	—	1	—	—	1	1	—
Dysarthria	11	2	2	2	4	—	—	—	—	1	—
Cleft Palate	7	2	1	2	—	—	2	—	—	—	—
Hyper-rhinophonia	—	—	—	—	—	—	—	—	—	—	—
Alalia	4	2	2	—	—	—	—	—	—	—	—
Sigmatism	15	—	—	2	4	6	2	—	1	—	—
Totals	168	13	13	49	26	35	17	7	3	4	1

TUBERCULOSIS

(Dr. R. P. Boyd—Chest Physician)

Register

The number of school children on the tuberculosis register shews a reduction of three respiratory and one non-respiratory cases.

New Notifications

There were no new notifications amongst school children during the year.

Contact Tracing

As there were no new cases of tuberculosis amongst school children there was no necessity for special investigations to be carried out at schools.

Tuberculin Testing Survey

The 28 strongly tuberculin positive children newly found during the annual tuberculin survey, relative to B.C.G. vaccination were all examined and x-rayed—none were found to have active pulmonary tuberculosis but 5 cases are to be seen again at the end of 1965.

TUBERCULOSIS

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

On Register as at 1st January, 1964.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	6	13	—	—	1	1	—	—	—	—	7	14
Attending special schools	—	1	—	—	—	—	—	—	—	—	—	1
Attending independent schools	—	1	—	1	—	—	1	—	—	—	1	2
TOTALS	6	15	—	1	1	1	1	—	—	—	8	17

Changes during 1964.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1964	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfer	2	—	—	—	—	—	—	—	—	—	2	—
Notified children reaching school age during the year	1	1	—	—	—	—	—	—	—	—	1	1
TOTALS	3	1	—	—	—	—	—	—	—	—	3	1
Cases leaving school during the year	1	2	—	—	—	—	—	—	—	—	1	2
Outward transfer	—	1	—	—	—	—	—	—	—	—	—	1
Cases removed from register	—	3	—	—	—	1	—	—	—	—	—	4
TOTALS	1	6	—	—	—	1	—	—	—	—	1	7

On Register at 31st December, 1964.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	8	8	—	—	1	—	—	—	—	—	9	8
Attending special schools	—	1	—	—	—	—	—	—	—	—	—	1
Attending independent schools	—	1	—	1	—	—	1	—	—	—	1	2
TOTALS	8	10	—	1	1	—	1	—	—	—	10	11

1964 B.C.G. VACCINATION
MINISTRY OF HEALTH CIRCULARS 22/53, 7/59 and 6/61

Parental consent was received for 1,263 (83.3%) of the 1,517 thirteen-year-old children in maintained and independent schools in the city eligible for the tuberculin test. 1,224 (96.9%) attended, the remaining 39 twice failed to keep appointments. Of the 1,224 tested, 156 (12.7%) were tuberculin positive ; 1,053 who were tuberculin negative, were given B.C.G. vaccination, using freeze-dried vaccine, the other 13 negatives failed twice to keep appointments.

28 strongly tuberculin-positive children were chest x-rayed by the mass miniature radiography unit and were found to be satisfactory. It will be noted that the proportion of tuberculin positive children is not declining as might be expected, in an area where we believe tuberculosis to be " on the way out ". Since 1962, freeze-dried tuberculin only has been used for tuberculin testing; it was first used here in 1961 but in that year not exclusively.

The following tables set out the details of the tests carried out :

TABLE A.

SUMMARY OF SURVEY OF CHILDREN BORN BETWEEN 1.9.50 AND 31.8.51 ATTENDING EXETER SCHOOLS, 1964.

(and comparison with previous years 1957—1963).

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	M.M.R. X-Ray.† Tuber. Pos. Cases only		
							Pos.	Neg.	Inoc.	Absent	Satis.	Not satis.	Absent	10 mms. Over	Satis.	Not satis.	Absent
L.E.A. :	Girls	593	493	—	19	474	55	419	411	6	395	—	16	2	12	—	—
	Boys	595	503	—	10	493	62	431	425	6	417	—	8	1	9	—	—
Total L.E.A. School Children		1,188	996 (83.8%)	—	29	967 (97.1%)	117 (12.1%)	850 (87.9%)	836	12	812	—	24	3	21	—	—
Independent :	Girls	196	166	—	4	162	24	138	137	1	137	—	—	—	4	—	—
	Boys	133	101	—	6	95	15	80	80	—	78	—	2	—	3	—	—
Total Independent School Children		329	267 (81.2%)	—	10	257 (96.3%)	39 (15.2%)	218 (84.8%)	217	1	215	—	2	—	7	—	—
Grand Total, 1964		1,517	1,263 (83.3%)	—	39	1,224 (96.9%)	156 (12.7%)	1,068 (87.3%)	1,053	13	1,027	—	26	3	28	—	—
Grand Total, 1963		1,280	1,063 (83%)	2	20	1,042 (98%)	116 (11.1%)	926 (88.9%)	920	1	913	1	6	15	39	—	—
Grand Total, 1962		1,464	1,257 (85.8%)	7	47	1,203 (95%)	159 (13.2%)	1,044 (86.8%)	1,030	16	989	3	38	3	63	—	7
Grand Total, 1961		1,174	1,015 (86%)	8	33	974 (96%)	90 (9%)	884 (91%)	882	2	856	2	21	3	86	—	4
Grand Total, 1960		1,669	1,428 (85.5%)	34	36	1,358 (95%)	149 (11%)	1,209 (89%)	1,199	10	1,176	1	22	3	140	—	3
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
											Post v	acc. tube	r. test				
											Pos.	Neg.	Abs.				
Grand Total, 1957		1,371	1,101 (80%)	16	56	1,029 (93%)	133 (13%)	896 (87%)	891	5	861	1	29	—	860	—	231

* 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.

† Since the Autumn Term 1962 only the strongly tuberculin positive cases have been x-rayed.

TABLE B.

SUMMARY OF TUBERCULOSIS SURVEY OF THOSE CHILDREN (BORN 1949/50) WHO WERE GIVEN B.C.G. VACCINATION IN 1963.

Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test and P.P.D. Tuberculin about one year after vaccination.

Schools		Given B.C.G. in 1963	1964 Accepted Re-Test	Absent for Test	Actually Tested	Tuberculin Test (1964)	
						Positive	Negative
L.E.A. :	Girls	458	402	10	392	378	14
	Boys	478	410	12	398	363	35
TOTAL L.E.A.		936	812 (86.8%)	22	790	741	49
INDEPENDENT :	Girls	145	122	2	120	111	9
	Boys	81	73	3	70	67	3
TOTAL INDEPENDENT		226	195 (86.3%)	5	190	178	12
GRAND TOTAL		1,162	1,007 (86.7%)	27	980	919 (93.8%)	61

	Year Given B.C.G. Vaccination	No. Given B.C.G.	Accepted Re-test one year later	Absent for Test	Actually Tested	Tuberculin Test	
						Positive	Negative
PREVIOUS YEARS RESULTS	1962	920	828 (90%)	18	809	775 (95.8%)	31
	1961	882	831 (94%)	15	816	765 (94%)	51
	1960	1,199	1,030 (86%)	16	1,014	964 (95%)	50
	1959	751	677 (90%)	10	667	567 (85%)	100
	1958	848	775 (91%)	13	762	674 (88%)	88
	1957	891	791 (89%)	20	771	700 (91%)	71

DIPHTHERIA (Booster) AND TETANUS IMMUNISATION IN SCHOOLS

During the year, all school children in the third year forms attending junior schools who had not had tetanus protection earlier in life were offered a full course of tetanus protection together with their ' booster ' dose for diphtheria.

First round (May/June 1964) :	444	tetanus prophylactic ;
	22	combined diphtheria ' booster ' / tetanus prophylactic ;
Second round (July 1964) :	38	tetanus prophylactic ;
	391	combined diphtheria ' booster ' / tetanus prophylactic ;
Third round (Feb./Mar. 1965) :	417	tetanus prophylactic ; (i.e. completed the course).

It is known that 35 of the other 49 children who began the tetanus protection courses have had it completed at clinics or by private doctors in 1965.

During the ' second round ' 32 children were given diphtheria ' booster ' dose alone (because their parents had not consented to tetanus protection) and 7 were given diphtheria/tetanus booster dose only because they had already been given a full course, and therefore required only a ' booster ' dose.

POLIOMYELITIS VACCINATION

This is offered through various clinics, but is no longer given in the schools though school children are all eligible for the booster treatment. (1,888 children, nearly all about 5 years of age, have been given their 4th (booster dose—nearly all of oral vaccine) during the year—a noticeable increase on the previous year's figures (1,562).

VACCINATION AGAINST SMALLPOX. VACCINATION STATE AS RECORDED DURING PERIODIC EXAMINATIONS IN 1964.

Year of Birth	Vaccinated	Not Vaccinated	Not Known	Total
1960 and later	20	10	10	40
1959	369	95	51	515
1958	339	162	38	539
1951	193	146	22	361
1950	239	157	22	418
1949 & earlier	78	44	3	125
Grand Total	1,238	614	146	1,998

A child is recorded as vaccinated when a satisfactory scar is observed or when the parents declare the child has been vaccinated against smallpox.

60% (in 1963, 58%) of all school children examined by complete periodic medical examinations during the year were found to have been vaccinated.

INFECTIOUS DISEASES

Incidence of certain infectious diseases other than tuberculosis in 1964 in children (Exeter residents) 5-15 years of age.

(Corrected for change of diagnosis).

Disease	Boys	Girls
Scarlet Fever	9	8
Whooping Cough	7	4
Measles	158	134
Pneumonia	—	1
*Gastro-enteritis	2	1
Dysentery	1	5
Food Poisoning	4	1
Poliomyelitis (Paralytic)	—	—
(Non-Paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—
Erysipelas	—	—

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

This was a quiet year for the notifiable infectious diseases. Once again we were fortunate enough to have no poliomyelitis or diphtheria cases notified.

Dysentery is a very much under-notified disease, and also food poisoning.

Scabies

8 cases from 5 families were reported during the year.

HOSPITAL REPORTS

During the year, 732 reports were received from local hospital consultants, (632 from the Royal Devon and Exeter Hospital, 91 from the Princess Elizabeth Orthopaedic Hospital and 9 from

the City Hospital) about children referred to them through the school medical officers or direct by the child's own doctor ; these reports are much appreciated.

DEATHS

(Children attending L.E.A. schools aged 5 to 15 years.)

I am sorry to have to report the death of 3 boys all aged 14 years ; as the result of a cycle accident (1), sarcoma (2).

SCHOOL MEALS AND MILK REPORT, 1964

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

During the year the daily average number of meals served increased from 5,550 to 6,130. Nine of the Committee's 16 kitchens cooked to 'over capacity.' The statistical return required by the Department of Education and Science, shown below, indicates the number of children taking milk and meals on selected dates during the last three years.

	Milk		Meals		
Date	Number of Children taking Milk	Percentage	Number of children taking Paid Meals	Number of children taking Free Meals	Percentage
17. 9.64	9,157	86.5	4,858	514	50.75
19. 9.63	9,091	87.5	4,404	395	46.22
20. 9.62	9,145	88.6	4,008	438	43.99

During the major holidays, meals were provided for necessitous children at three centres—Bradley Rowe School, Montgomery School and Whipton Infants' School. The attendance was as follows :—

Holiday	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	641	211	32.87
Summer	665	174	26.17
Christmas	676	174	25.74

The charge for the meal remained at 1s. 0d. Free meals were granted according to parental income. Part-payment was for meals (6d.) abolished at the beginning of the Autumn Term, as the approval of all existing arrangements of Local Education Authorities, for the remission of school dinner charges were with-

drawn by the Department of Education and Science. Local schemes were replaced by a national one designed to ensure that entitlement to free school dinners is determined on a uniform basis.

In September a kitchen was opened in the new premises of St. Thomas Girls' S.M. School. Previously container meals had been supplied to this school.

Self-contained canteens operated at 14 schools. The organisation was as follows :—

Kitchen	Capacity	Approx. No. of meals	Schools served
Montgomery School	1,000	1,250	Cowick Street I. St. Thomas J.M. & I. Montgomery J.G. & I. Exwick J.M. & I. St. Nicholas J.M. & I. John Stocker J.B. John Stocker Boys' S.M. Episcopal Girls' S.M. St. David's J.M. & I. Technical College, Union Road. Buddle Lane Nursery
Bradley Rowe School	375	466	Central J.M. & I. Bradley Rowe I., J.B., and J.G.
Ladysmith School	350	500	Ladysmith I., J.B. and Boys' S.M.
Whipton I. School	350	374	Whipton I. Whipton Barton J.M.
Hele's School (two kitchens)	700	600	Hele's
Bishop Blackall School	375	380	Bishop Blackall
Chestnut Avenue Nursery School	48	46	Chestnut Avenue Nursery
Summerway J.M. School	375	490	Summerway J.M. Heavitree J.M. & I. Newtown J.M. & I. St. Sidwell's J.M. & I.
The Priory School	375	310	The Priory Girls' S.M. Technical College (Hele Road)
The Vincent Thompson School	375	270	The Vincent Thompson Boys' S.M. Technical College (Belmont Road)
Stoke Hill J.M. School	200	250	Stoke Hill J.M. & I. Episcopal Boys' S.M.
Countess Weir J.M. School	375	232	Countess Weir J.M. & I.
Beacon Heath J.M. & I. School	250	290	Beacon Heath J.M. & I.
St. James Girls' S.M. School	250	210	St. James Girls' S.M.
St. Thomas Girls' S.M. School	200	220	St. Thomas Girls' S.M.

In September a training scheme for all school meals staff was put into operation at Bradley Rowe Kitchen, the aim being more efficiency and the standardisation of work in all kitchens. A training supervisor was appointed.

Part-time helpers serving container meals have been attending six-day courses since the commencement of the Autumn Term.

ACCIDENTS TO CHILDREN IN SCHOOL

(Report by Dr. G. P. McLauchlan)

140 accidents to children in school (86 boys and 54 girls) were reported this year (last year there were 175). This represents approximately 13 accidents per 1,000 children attending the city schools.

Secondary Schools

There were 72 accidents (44 boys and 28 girls) reported by Secondary schools representing 16 accidents per 1,000 children.

Place of accident (last year's numbers in brackets)		
In Classroom	13	(10)
In passage to and from class	6	(14)
During physical exercises	18	(23)
During organised games	17	(20)
In playground during free play	12	(28)
In work during school activity	3	(0)
The organised games involved were :		
Athletics	6	(4)
Rugby	3	(5)
Netball	3	(5)
Cricket	2	(10)
Rounders, soccer, sprinting (1 each)	3	(0)
During physical exercises the accidents occurred :		
While using apparatus	9	(17)
Trampette 2 (4), Box 4 (7), High Beam 1 (3), Medicine ball 2.		
During free exercises	9	(6)
The lessons during which accidents occurred :		
Woodwork	2	(2)
Metalwork	1	(1)
Science	2	(3)
Dancing	1	(0)
Others	7	(3)

Junior Schools

49 accidents were reported (28 boys and 21 girls) representing 12 per 1,000 children.

Place of accident		
In classroom	6	(4)
In passage to and from class	2	(6)
During physical exercises	7	(6)
During organised games	3	(2)
At swimming baths	3	(2)
In playground during free play	28	(35)
The organised games involved were :		
Cricket, sprinting, netball	(1 each)	
During Physical exercises the accidents occurred :		
While using apparatus	2	(3)
Climbing apparatus	1	
Sloping plank	1	
During free exercises	3	(3)

Infant Schools

19 accidents were reported (14 boys and 5 girls) representing 7 per 1,000 children.

Place of accident

In class or in school premises	6	(6)
In playground during free play	12	(17)
During physical exercise	1	(0)

All Schools

Injuries sustained

Fractures	40	(43)
Dislocations	2	(3)
Sprains	18	(13)
Wounds	50	(72)
Burns	2	(3)
Bruising	14	(27)
Concussion	10	(9)
Tooth injury	2	(1)
Others	2	

Mechanism of Accidents

Collision with other child	16	(26)
Collision with object or structure	18	(13)
Fall on level	28	(67)
Fall from height	28	(37)
Crushes	2	(6)
Hit by object	15	(12)
Cut with sharp instrument	5	(9)
Others	2	(5)

Accidents according to school terms :

Autumn Term	53	(54)
Spring Term	33	(49)
Summer Term	54	(72)

Discussion

When a survey of accidents is made, one hopes that by analysing the causes, it may be possible to find ways of preventing such accidents in the future. This is the seventh year in which a study of the school accidents in Exeter has been made but no definite pattern has been found that would enable me to suggest specific prevention measures.

The causes can be grouped under four broad headings, viz. :

(1) Carelessness and thoughtlessness ;

(2) Lack of skill ;

(3) Breaking of school rules ;

(4) Defects of structure.

(1) *Carelessness and thoughtlessness* are closely linked as causes of accidents and in many cases it is not possible to assess which is the main factor involved. Most of the accidents fall into this group and in most cases the carelessness and thoughtlessness involved is of a degree that one would expect

from the normal child in the course of play or other activity. Only in a few cases can one say that it amounts to stupidity beyond what one would expect. Prevention is almost impossible and the only useful approach is through education of the children in the need to take reasonable care, and to think before acting : and secondly by accepting that in spite of telling them, children will continue to act on occasions without thought or care so that every reasonable precaution must be taken by the school to ensure that their environment is made as free from serious hazards as possible.

(2) *Lack of skill* is responsible for most of the accidents during physical exercises, at organised games and in such class work as woodwork, metalwork and science. Carelessness is in some cases also a contributory cause. During the process of learning a child will often have to take some action before he has acquired a great enough degree of skill to exclude completely the risk of an accident.

One must accept this whether it is in the gymnasium, on the playing field or in the classroom and ensure that every precaution is taken both by suitable training and by reducing any serious risk contributed by the environment. The skill of a child in physical and manual activity is not necessarily related to his ability in academic work and care must be taken that a child is not expected to do things that could lead to injury, until he is ready to do so.

(3) *Breaking of school rules* is not a common cause of accidents—this year it only accounted for eight accidents but all these could have been prevented. It is very difficult to ensure that children will always do the things that they should and not do the things they should not. The children should be made aware that rules are made for their protection and every effort made to ensure that where such a rule is made, it is enforced.

(4) *Defects of structure*, that is defects of buildings, playing fields, playgrounds and of tools and apparatus result in only a small number of accidents—this year they were the cause of 8. However, such accidents should be avoidable. The presence of defects is often not realised until an accident occurs. Regular inspection, good maintenance, the prompt reporting of any defects found and in turn prompt action in doing the necessary repairs should stop these accidents happening. Special precaution should be taken when a defect is discovered until repair can be effected.

Each year a few children are injured by falling while walking or running around the swimming baths. Of course a child should not run when at the baths, but the wet tiled surround gets very slippery even for walking, and one wonders whether a more suitable non-slip surface could not be devised for swimming baths. This is not only a local problem ; there must be many such accidents throughout the country.

JUVENILE DELINQUENCY

During 1964, 113 children (89 boys ; 24 girls) attending schools maintained by the Exeter Education Committee appeared before the Juvenile Court. Of these, 1 girl only was sent to an approved school.

I am pleased to be able to report that the total number of juvenile offenders before the court was lower than in any of the previous three years. 1963—146 children (141 boys ; 5 girls), 1962—173 children (155 boys ; 18 girls), 1961—210 children (186 boys ; 24 girls).

1 girl appeared more than once before the Juvenile Court for the same kind of offence. 3 children (2 boys ; 1 girl) appeared more than once for different offences.

The table below sets out the sex, age group and offences committed :—

Juvenile Court Cases

Offences Proved	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	—	3	28	24	55	—	—	13	3	16
Wilful or Malicious Damage	—	—	7	4	11	—	—	—	—	—
Cycling Offence	—	—	5	4	9	—	—	—	—	—
Receiving	—	—	1	2	3	—	—	3	—	3
Larceny and Breaking in	—	2	—	1	3	—	—	—	—	—
Beyond Control	—	—	—	—	—	—	—	—	1	1
Breach of Probation Order	—	—	2	—	2	—	—	1	1	2
Act of Annoyance	—	—	1	1	2	—	—	—	—	—
Car and Motor Cycle Offences	—	—	—	1	1	—	—	—	—	—
Assault	—	—	—	—	—	—	—	1	2	3
Indecent Assault	—	—	1	2	3	—	—	—	—	—
Miscellaneous	—	—	—	1	1	—	—	—	—	—
Total	—	5	45	40	90	—	—	18	7	25

Approved School Admissions

During 1964, 1 girl only was sent by the Court to an approved school ; she was 15 years old, and appeared before the Court having broken a supervision order. In 1963, 18 children, all boys, were sent to approved school.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

Where a child has had a complete medical examination within the previous 12 months and subject to written confirmation by the parents that the child has had no serious illness or accident since that date, an employment certificate is issued without carrying out another medical examination.

121 new cases (76 boys ; 45 girls) and 174 old cases (127 boys ; 47 girls) were issued with certificates under this procedure.

In addition to these children, 157 school children (164 boys ; 93 girls), including 7 from independent schools, were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-Laws. None was refused.

72 children (51 boys ; 21 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed.

Type of Employment (New Cases)	*Boys*	*Girls*
Delivery of newspapers	204	78
Delivery of groceries	9	—
Delivery of meat	10	—
Delivery of milk	4	—
Hairdressing	—	12
Shop assistants	—	31
Waitress	—	6
Chemist	5	—
Office work	—	1
Miscellaneous	8	10
Total	240	138
	378	

SCHOOL LEAVING REPORTS

During 1964, 50 reports were sent to family doctors about children leaving school who were handicapped or had defects or any important medical history.

48 school leaving children were reported to the Youth Employment Officer regarding suitable employments.

EMPLOYMENT OF SCHOOL LEAVERS WITH HANDICAP

Reported on Form Y.9 during 1964

Form Y.9 is a medical report sent to the Youth Employment Officer indicating the employment(s) considered unsuited to the individual leaver having regard to his handicap as stated and when the handicap is such that registration under the Disabled Persons (Employment) Act, 1944 is not considered necessary.

Main Defect	*Boys*	*Girls*	*Total*
(a) Defective Colour Vision	22	—	22
(b) Educationally Subnormal	4	3	7
(c) Epilepsy	1	—	1
(d) Delicate (asthma)	3	—	3
(e) Heart Condition	—	1	1
(f) Defective Vision	1	—	1
(g) Obesity	1	—	1
(h) Mild Spastic	1	1	2
Total	33	5	38

Reported on Form Y.10 during 1964

(Form Y.10 is a medical report indicating severe handicaps where registration under the Disabled Persons (Employment) Act, 1944 should be considered).

Main Defect	*Boys*	*Girls*	*Total*
(a) Educationally Subnormal	—	3	3
(b) Partially Sighted	1	—	1
(c) Cerebral Palsy	1	—	1
(d) Deaf	1	2	3
(e) Maladjusted	1	—	1
(f) Lung Condition	1	—	1
Total	5	5	10

Financial Year ended 31st March, 1964

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

(a) Total cost of School Health (including Dental) Service £35,593

(b) Cost in terms of penny rate .... 1.9d.

(c) Cost per child to the Exeter Education Committee (based on a school population of 10,992) .... £3.4.7d.

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		No. of Pupils found not to warrant an examination
		Satisfactory	Unsatisfactory	
		Number	Number	
(1)	(2)	(3)	(4)	(5)
1960 and later	40	40	—	—
1959	515	515	—	1
1958	539	539	—	—
1957	—	—	—	4
1956	—	—	—	28
1955	—	—	—	38
1954	—	—	—	36
1953	—	—	—	27
1952	—	—	—	18
1951	361	360	1	23
1950	418	417	1	9
1949 and earlier	125	125	—	7
TOTAL	1,998	1,996	2	191

TABLE A—PERIODIC MEDICAL INSPECTIONS *—continued*

Age Groups Inspected (By year of birth)	Pupils found to Require Treatment (excluding dental disease and infestation with vermin)		
	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(6)	(7)	(8)
1960 and later	—	13	11
1959	27	97	98
1958	21	100	92
1957	—	—	—
1956	—	—	—
1955	—	—	—
1954	—	—	—
1953	—	—	—
1952	—	—	—
1951	40	65	85
1950	69	64	116
1949 and earlier	24	29	40
TOTAL	181	368	442

TABLE B—OTHER INSPECTIONS

Number of special inspections	983
Number of re-inspections	3,441
TOTAL	4,424

TABLE C—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	12,299
(b)	Total number of individual pupils found to be infested	92
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil.
(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, 1964

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Periodic Inspections								Spec. Insp.	
		Entrants		Leavers		Others		Total			
		T.	O.	T.	O.	T.	O.	T.	O.	T.	O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	25	29			46	55	71	84	9	22
5	Eyes: (a) Vision	48	175			133	50	181	225	86	28
	(b) Squint	30	8			6	8	36	16	—	—
	(c) Other	4	3			5	5	9	8	1	1
6	Ears: (a) Hearing	29	56			9	23	38	79	45	14
	(b) Otitis Media	15	38			3	6	18	44	3	2
	(c) Other	17	8			21	2	38	10	6	—
7	Nose and Throat	13	240			5	64	18	304	11	44
8	Speech	20	50			3	4	23	54	18	7
9	Lymphatic Glands	—	64			1	9	1	73	1	—
10	Heart	1	6			—	9	1	15	1	6
11	Lungs	21	36			5	14	26	50	6	19
12	Developmental: (a) Hernia	3	3			—	1	3	4	1	—
	(b) Other	1	20			8	17	9	37	2	11
13	Orthopaedic: (a) Posture	4	12			8	29	12	41	6	14
	(b) Feet	13	20			11	28	24	48	10	7
	(c) Other	10	44			11	32	21	76	1	14
14	Nervous System: (a) Epilepsy	2	1			4	—	6	1	5	2
	(b) Other	2	5			2	1	4	6	1	5
15	Psychological: (a) Development	—	4			8	10	8	14	15	5
	(b) Stability	—	17			8	13	8	30	15	5
16	Abdomen	2	5			—	3	2	8	—	10
17	Other	—	48			1	1	1	49	17	22

T means requiring Treatment. O means requiring Observation.

PART III.

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

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	125
Errors of refraction (including squint)	880
TOTAL	1,005
Number of pupils for whom spectacles were prescribed	451

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	115
(c) for other nose and throat conditions	10
Received other forms of treatment	521
TOTAL	651
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1964	11
(b) in previous years	27

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	46
(b) Pupils treated at school for postural defects	7
TOTAL	53

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

	Number of cases known to have been treated
Ringworm : (i) Scalp	—
(ii) Body	5
Scabies	8
Impetigo	38
Other skin diseases	238
Total	289

Table E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	172

Table F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	230

Table G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a Pupils with minor ailments	551
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,053
(d) Other than (a), (b) and (c) above. Please specify:	
Heart conditions (incl. Rheumatism and Chorea)	7
Lungs (incl. Tuberculosis and Non-Tuberculosis conditions, Bronchitis, etc.)	156
Epilepsy and other nervous conditions	18
Miscellaneous: Glands, Abdomen, Appendicitis, Influenza, Fractures, Urinary conditions	188
Total (a) — (d)	1,973

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(A) Dental and Orthodontic work :		
(1) Number of pupils inspected by the Authority's Dental Officers :—		
(i) At periodic inspections		10,496
(ii) As " Specials "		678
TOTAL (1)		11,174
(2) Number found to require treatment		6,166
(3) Number offered treatment		6,017
(4) Number actually treated		3,535
(B) Dental work (other than Orthodontics) :		
(1) Number of attendances made by pupils for treatment, excluding those recorded at (C) (i) below		7,827
(2) Half days devoted to :		
(i) Periodic (School) Inspection		82
(ii) Treatment		1,284
TOTAL (2)		1,366
(3) Fillings :		
(i) Permanent teeth		5,204
(ii) Temporary teeth		485
TOTAL (3)		5,689
(4) Number of teeth filled :		
(i) Permanent teeth		4,766
(ii) Temporary teeth		459
TOTAL (4)		5,225
(5) Extractions :		
(i) Permanent teeth		668
(ii) Temporary teeth		2,348
TOTAL (5)		3,016
(6) General Anaesthetics :		
(i) Number of general anaesthetics given for extractions		1,237
(ii) Number of half days devoted to the administration of general anaesthetics by :		
(a) Dentists		63
(b) Medical Practitioners		37
TOTAL (6)		100
(7) Number of pupils supplied with artificial teeth		38
(8) Other operations :		
(i) Crowns		—
(ii) Inlays		—
(iii) Other treatment		4,670
TOTAL (8)		4,670
(C) Orthodontics :		
(i) Number of attendances made by pupils for orthodontic treatment		1,198
(ii) Half days devoted to orthodontic treatment		90
(iii) Cases commenced during the year		43
(iv) Cases brought forward from the previous year		290
(v) Cases completed during the year		36
(vi) Cases discontinued during the year		14
(vii) Number of pupils treated by means of appliances		44
(viii) Number of removable appliances fitted		69
(ix) Number of fixed appliances fitted		—
(x) Cases referred to and treated by Hospital Orthodontist		—

APPENDIX

THE RESULTS OF TREATMENT USING THE ELECTRIC ALARM FOR ENURESIS IN EXETER SCHOOL CHILDREN

By E. D. IRVINE, M.D., M.R.C.S., D.P.H., *Principal School Medical Officer* and C. H. J. BAKER, M.R.C.S., L.R.C.P., D.P.H., *School Medical Officer.*

Electric Alarm Treatment

Treatment of enuresis in children by the use of the electric alarm was started here in 1960 by Dr. C. H. J. Baker and is still being used ; details of the method and those points considered important in its application have been discussed in previous reports, notably in that for 1962 which included a special report by Dr. Baker who remains responsible for the clinical work.

Broadly speaking, cases have been chosen as suitable for this treatment on the following basis : (a) age not below 7 ; (b) no urinary abnormality found ; (c) no apparent organic cause for enuresis ; (d) reasonable expectation of parental co-operation.

Dr. Baker meets the mother of each child and discusses the problems in detail before this treatment is offered.

It will be appreciated that the alarm is noisy, and for this reason its use is really only practicable when the child has his own bedroom. As an experiment the alarm was used in a residential special school in the city, but it was quite unsuccessful, being withdrawn after a couple of weeks owing to the disturbance to other boys in the same dormitory ; these 2 cases have not been included in the survey.

In all cases the family doctor is consulted before this treatment is offered. Personal enquiries are made at 1 month and 6 months after the issue of the apparatus as to the immediate results of treatment.

Present Survey

This present survey was designed to ascertain the results of treatment after a considerably longer interval of time.

The parents of children so treated during the years 1960/61/62 were visited and interviewed in 1964 by a health visitor (Miss P. Horne) using the questionnaire set out below, to check on the results of treatment ; these years were selected so as to allow a minimum interval of one year after the conclusion of the course of treatment ; in fact in 2 of the cases discussed the interval was a few weeks short of one year. In this way it was hoped to get a measure of the success of treatment. The survey took about 3 months (February to May) to complete as some homes had to be visited several times.

Children Surveyed

111 school children (74 boys ; 37 girls) were included in the survey. Only one (a boy aged 13) was not traced, having moved from Exeter, but the treatment had been considered as unsuccessful while still within supervision in school, he had been treated at the Child Guidance Clinic as maladjusted and the alarm treatment had had to be discontinued because of an adverse skin reaction. His case is not discussed further. Thus details of 110 children have been obtained.

Classified as maladjusted prior to alarm being issued

	Condition after Treatment				
	Dry	Occasionally wet	Periodically wet	Failure	Total
Boys	10	1	—	8†	19
Girls	5	3*	—	2	10
Total	15	4	—	10	29

* 1 still attending Child Guidance Clinic at time of treatment.
† 2 still attending Child Guidance Clinic at time of treatment.
Remainder had been discharged.

Period since 1st treatment

	Boys (73)			Girls (37)		
	Dry	Some Improvement	Not Improved	Dry	Some Improvement	Not Improved
Under 1 year	—	1	6	—	2	—
1 to 2 years	12	6	7	6	3	3
2 to 3 years	13	4	13	11	1	4
3 to 4 years	9	2	—	4	1	2
Totals	34	13	26	21	7	9

Place in family

	Boys			Girls		
	Cured	Improved	No Improvement	Cured	Improved	No Improvement
Only child (4)	—	—	1	2	1	—
One of 2 (38)	16	6	6	8	1	1
One of 3 (26)	7	2	5	7	3	2
One of 4 (17)	6	1	6	1	2	1
One of 5 or more (25)	5	4	8	3	—	5
Total (110)	34	13	26	21	7	9
	73			37		

Results Ascertained

(1) FAILURES (35)

In 26 boys and 9 girls of the 110 children, there was little or no improvement.

	Boys		Girls	
Age at issue	7—10	11+	7—10	11+
Total failures	20	6	6	3

In 25 cases (16 boys ; 9 girls) the alarm was issued only once. In 9 cases the alarm has been re-issued in 1963 or 1964 or both and in 1 case the alarm was re-issued three times during the period covered by the survey. 2 (1 boy ; 1 girl) were also wet during the day.

Reasons for failure (35 cases)

Adverse skin reaction occurred in 1 case (boy) necessitating discontinuance. 4 were very heavy sleepers and probably lazy. 6 were too frightened of the alarm. In 11, home co-operation was inadequate (in 1 because of the mother's illness). 1 was very young (aged 6) and unable to co-operate satisfactorily. In 6 no reason was ascribed. 10 children (4 included in the above groups) attended the Child Guidance Clinic as maladjusted and 1 of them was still attending, the others having been discharged.

(2) IMPROVED (20)

13 boys and 7 girls showed some definite improvement ; these include 4 children (2 boys ; 2 girls) issued with the alarm twice during the period of the survey ; 1 (boy) also suffered from enuresis during the day.

(3) APPARENT CURES (55)

34 boys and 21 girls were regarded as completely dry ; just over 50% of the total treated ; these include 4 children (1 boy, 3 girls) issued with the alarm twice during the period covered by the survey and 1 boy had it three times ; at the first issue this boy was 9 years old.

Age range

	Boys			Girls		
Age	5—6	7—10	11+	5—6	7—10	11+
Total	2	13	19	1	7	13

Three children who were under 7 years old (which is ordinarily regarded as our minimum age) have done well. One was a girl 6½ years old, from a good home, who had never been dry at night. Within a week or two she was dry, the alarm was returned in a

month and she has remained dry for 4 years. A boy of 5 was maladjusted, wet every night, only had this treatment for 2 months, and has been dry (with one night's exception) for over 1 year. A boy aged 6 has only had one wet night in two years after being wet every night before treatment.

Length of time alarm used

	Up to 1 month	Over 1, less than 3 months	Over 3, less than 6 months	Total
Boys	3	23	8	34
Girls	1	16	5	22

Some other observations

Included in the group of " apparent cures " are one set of unlike twins aged 11 years ; a boy where epilepsy was a concomitant factor, and a girl who used the alarm only a few times because she was frightened but very quickly became dry.

Among the failures have been one girl aged 13 who was really frightened by the alarm and could not use it, although since leaving school in 1962 and settling in a job she has been quite free from the condition, and another girl aged 11, a member of a large family with much domestic difficulty, who had younger brothers also bedwetters has been dry for some months but for the earlier period after treatment in 1962 showed no improvement ; she was under child guidance care at the time.

Conclusion

The one thing that really stands out is that, on the whole, if this treatment is going to be successful, it succeeds at once, i.e. in the first course.

There was no evidence given to us of any alternative neurosis developing in the cases that shewed great improvement. The treatment does seem to have really good results in about half the cases.

Though the long history of treatment of this very troublesome, persistent and common disorder, with many claims for success which in the end have proved illusory, makes us cautious in the interpretation of the findings of the survey, the plain fact is that half of these children have shewn great improvement, some, dramatic improvement, not only immediately but apparently lasting. All treatments of " nervous " disorders are affected by the degree of confidence of all concerned, the doctor, the child and the parents. What we can say is that this survey does shew that in this series the results have well justified the method.

FORM A

ENURESIS SURVEY ON CHILDREN PROVIDED WITH AN ELECTRIC ENURETIC ALARM DURING 1960-61-62

NAME ..... D.O.B. .....

PRESENT ADDRESS ..... Date of transfer ..... Reason .....

PREVIOUS ADDRESS ..... Date of transfer ..... Reason .....

..... " ..... " .....

..... " ..... " .....

PRESENT SCHOOL ..... Adm. ..... Dis. .....

PREVIOUS SCHOOL ..... Adm. ..... Dis. .....

..... Adm. ..... Dis. .....

MALADJUSTMENT :
Has child attended C.G.C. Yes/No..... Still attending Yes/No.....

ALARM ISSUED ON ..... Alarm returned on .....

Approximate frequency of ' wet bed ' before alarm issued. Every night/ occasional/about once a week.

Condition approx. 1 month *after* the alarm returned .....

Condition approx. 6 months *after* the alarm returned .....

This section for completion by H.V./S.N. following a home visit :—

1. Is the child totally ' dry ' ? ..... Yes/No.
2. Does the child have occasional wet or damp beds ? .....

   (state frequency and presumed causes) .....

   .....
3. Has the child relapsed .....
4. If so any apparent cause .....
5. Are the parents co-operating sufficiently ? .....
6. Has treatment with the alarm caused any problems to the family ? If so, what ? .....

   .....
7. Does child show any signs of emotional disturbances ? .....

   .....
8. Other observations .....

   .....

   .....

   .....

Date..... Signed.....
Health Visitor/School Nurse

150/1/64.