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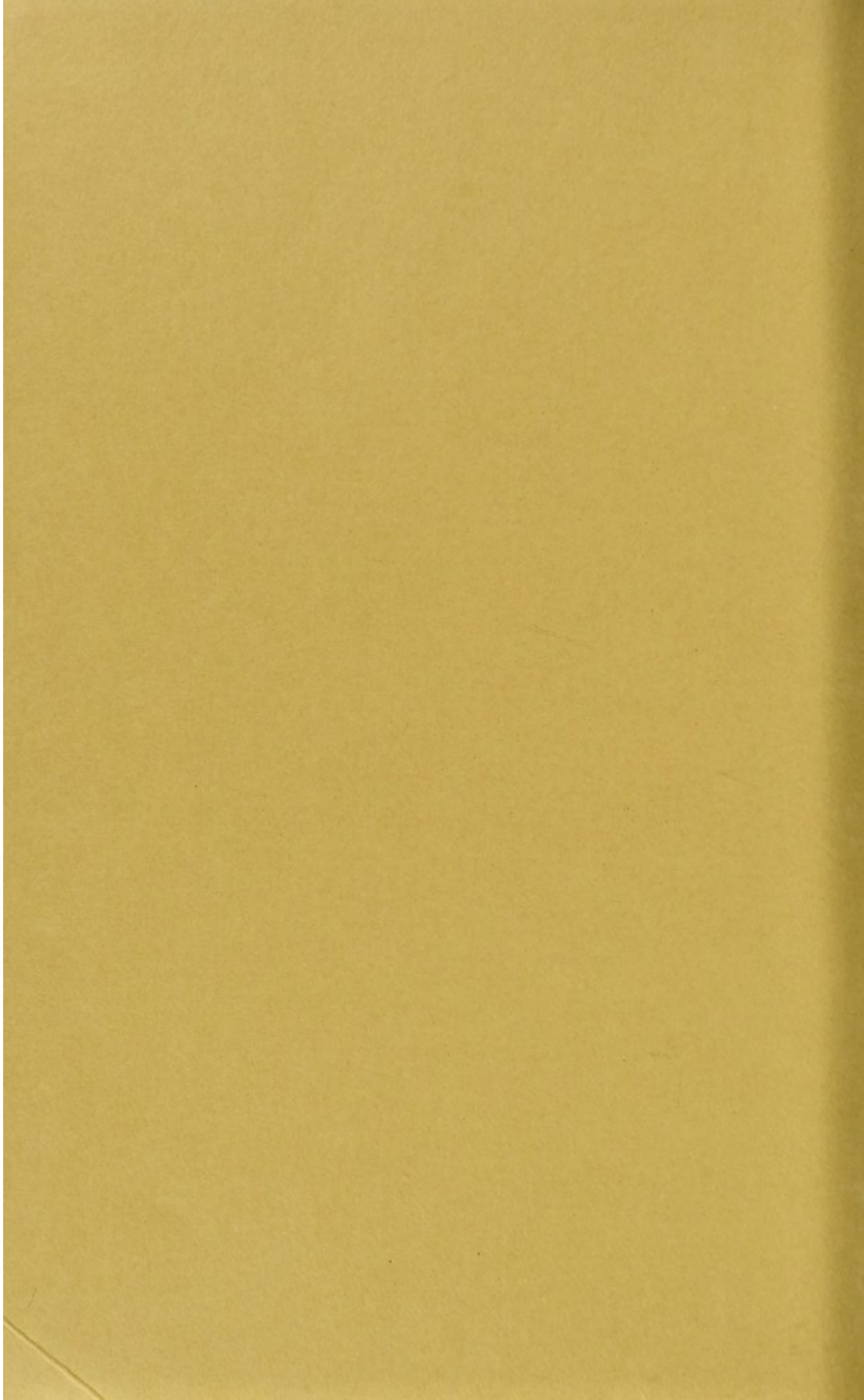
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CITY OF EXETER



SCHOOL HEALTH SERVICE

ANNUAL REPORT
1973



CITY AND COUNTY OF THE CITY OF EXETER



EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1973

G. P. McLAUCHLAN, M.B., CH.B., (EDIN.), D.P.H., D.C.H., M.F.C.M.

PRINCIPAL SCHOOL MEDICAL OFFICER

CITY AND COUNTY OF THE CITY OF EXETER



EDUCATION COMMITTEE

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PRINCIPAL SCHOOL MEDICAL OFFICER

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

March, 1974.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

In my report for 1972 I traced the history of the School Health Service since it was started in 1908 and showed how it had been adapted to meet the changing needs. This will be my last report to the City of Exeter Education Committee as from 1st April, 1974, Area Health Authorities will provide the medical services to the new Devon County Education Committee.

Although facilities for diagnosis and treatment are available to all through the National Health Service, there will be a continuing need for specially experienced doctors and nurses who can relate a child's health to his education and to ensure that he is able to take full advantage of the educational facilities provided and, if not, to advise on the provision of special facilities. The change from regular routine medical examination of school children to the selective examination has enabled more time to be devoted to children with any condition, whether physical or emotional or social, that is likely to affect their educational progress.

It is important that each child is assessed as an individual and they are not dealt with simply according to the category of their disability. Whenever possible these children should be integrated into an ordinary school, if necessary, by making special arrangements, or, in some cases by having small teaching groups within ordinary schools so that they can secure special education but still be able to spend part of their day in ordinary school activities. Some children because of the nature or severity of their handicap cannot benefit from education in an ordinary school and for them a special school is necessary. When this is necessary it is preferable that these children should attend school as day pupils whenever possible, so avoiding a break with home and family, although in some cases, because of social or emotional factors, it becomes desirable that a child goes to a residential school even though a day school place is available. The committee has developed

specialised facilities for assessment and treatment where it would seem to be an advantage that this should be done by the School Health Service.

AUDIOLOGY

A progressive audiology centre has been developed at Bull Meadow Road where detailed assessment of both pre-school and school children can be carried out. It looked at one time as though road work would necessitate the demolition of this centre, but fortunately this will not now happen.

SPEECH THERAPY

A speech therapy centre was opened adjacent to the audiology centre a few years ago. This centre provides facilities for assessment and treatment of children with speech difficulties, as well as administration of the speech therapy service in the various clinics throughout the City. As strong emphasis is now being placed on the early diagnosis and treatment of very young children with signs of speech difficulties, a therapeutic play group has been started in the Bull Meadow Child Health Clinic to help in this work. For the last two Summers a therapeutic holiday at Double Lock Cottage, Topsham, has been arranged for older children with speech difficulties. This has proved very successful and has helped several children very considerably; it is a tribute to the interest of the speech therapy staff as this is arranged during the school Summer holidays.

ENURESIS

We have found in Exeter that about 6% of each school entry is still bed wetting with twice as many boys affected than girls. Most will clear up as they get older even if nothing is done; however, in some the bed wetting will persist and as they get older this becomes more embarrassing to the child apart from creating problems in going away for holidays and in the washing of wet bed-clothes. An enuresis clinic was set up within the school health service many years ago to help in the treatment of these children and electric enuresis alarms are supplied to those children considered suitable to use them. The results of the treatment has been good and in many cases is completely successful; in others, after initial success, there is a breakdown but in most a second period of treatment is successful. Only in a few cases in spite of all efforts is there no improvement.

OBESITY

Obesity is the commonest form of malnutrition among school children today and the obesity clinic run by the school health service in Exeter is making some contribution to dealing with the problem. There is no norm however measured above which a child is fat and below which he is slim. Many children go through life with what some may regard as an excess layer of subcutaneous fat, but yet still retaining a good figure. I am of the opinion that if the condition is static and the fat layer is not increasing, this should be regarded as "acceptable obesity" and does not call for drastic treatment. When the figure is distorted with fat, then there can be no doubt that treatment is indicated.

In treating obesity it always gives satisfaction when you start with a fat child and end with a slim one; however, it must be accepted that because of the nature of obesity, it is only in a small proportion of children that this degree of success will be achieved. I consider that if treatment succeeds in getting rid of some of the excess fat, or, in some cases, even in preventing the child growing any fatter, that at least something has been achieved.

SCHOOL ABSENTEEISM

Although involving only a small proportion of the school population—absenteeism in High Schools presents a problem that calls for further information. I arranged a meeting of representatives from the many disciplines likely to be concerned with this and from this a small working party was formed to look in detail at the problem and with the co-operation of the head teachers lists of those children absent more than 3-5 times either consecutively or repeatedly during the Autumn term was drawn up. These lists were checked by the school doctor and it was possible immediately to eliminate many who had known illnesses. In Dr. C. J. Wardle's preliminary report it is interesting to note that less than half of the children were classified as being physically ill, or suffering from a physical handicap. It is obvious that further investigation of this problem is indicated.

ACKNOWLEDG- MENTS

I would like to take this opportunity to express my thanks to the Chairman and members of the Education Committee, to the Director of Education and his staff and to the Head teachers and their staff for their support and understanding during my period as Principal School Medical Officer. I would also like to thank the staff of the School Health Department, especially Mr. Stamp, administrator for many years, upon whose shoulders much of the responsibility for administering the department has rested.

I look forward as District Community Physician for the Exeter Health Care District from 1st April, 1974, to continuing close association with the Head teachers not only of Exeter but of East Devon's schools. I hope to be able to provide as good, if not a better service.

Yours truly,

G. P. McLAUCHLAN,

Principal School Medical Officer.

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EXETER EDUCATION COMMITTEE

(as constituted on 31st December, 1973)

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(Alderman E. C. TOZER)

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(Chairman)

Councillor R. J. VAN OPPEN
(Deputy Chairman)

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Mr. A. E. Harris	Miss F. K. Morford, B.A., DIP.ED.
Mr. S. T. Knowles, B.A.	

A. R. GODDARD, B.SC., F.I.M.A., *Acting Director of Education*

G. P. McLAUCHLAN, M.B., CH.B., D.P.H., D.C.H., M.R.C.M.

Principal School Medical Officer

STAFF OF THE SCHOOL HEALTH DEPARTMENT

Principal Sch. Med. Officer & Medical Officer of Health	GEORGE P. McLAUCHLAN, M.B., CH.B. (EDIN.), D.P.H., D.C.H., M.F.C.M.
Dep. Principal Sch. Medical Officer & Dep. Med. Officer of Health.	DOROTHY CULLEN, M.B., B.S. (LOND.), L.R.C.P., M.R.C.S., D.P.H., M.F.C.M.
Senior Medical Officers	MARY ALLEN, M.B., CH.B., B.A.O. (BELFAST), D.OBST.R.C.O.G., D.P.H., M.F.C.M. CHRISTOPHER P. HALLETT, M.B., CH.B. (BRISTOL), D.P.H., M.F.C.M.
School Medical Officer & Departmental Medical Officer.	GERALD F. C. HAWKINS, B.A., B.M., B.CH. (OXON.), M.R.C.S., L.R.C.P. BEVERLEY D. STEPHENS, M.B., CH.B. (Resigned 14.9.73). HILDA M. LEVIS, M.R.C.S., M.B., B.S. (LOND.), D.P.H. (Appointed 22.10.73).
Principal Dental Officer	EDWARD G. READER, F.D.S.R.C.S., D.ORTH.
Dental Officers	ROBERT B. MYCOCK, L.D.S. (BRIS.). TALBOT N. PRAAT, L.D.S., R.C.S. (ENG.). WALTER A. STEINER, B.D.S. (LOND.).
Child Guidance Centre : Medical Director and Consultant in Child Psychiatry	*CHRISTOPHER J. WARDLE, M.D. (LOND.), D.P.M. (Part-time).
Consultant in Child Psychiatry	*PAUL M. JACKSON, M.B., B.CH., D.P.M. (Part-time).
Educational Psychologist	MRS. M. F. WHINNOM, B.SC. (SPEC. HONS.) (LOND.). MRS. P. KEEN, B.A. (Appointed 15.1.73. Part-time).
Psychiatric Social Workers	MRS. M. V. JENKIN, B.A. (HONS.) (LOND.), A.A.P.S.W. MRS. M. BRANCH, B.SC. (HONS. ECON.) (LOND.), A.A.P.S.W. (Part-time).
Senior Speech Therapist	MISS C. A. NEWLOVE, L.C.S.T. (Resigned 10.3.73). MRS. H. J. CURLE, L.C.S.T. (Appointed 12.3.73).
Speech Therapists	MISS R. MORGAN, L.C.S.T. MISS E. M. ODGERS, L.C.S.T. (Appointed 8.10.73).
Speech Therapists (Part-time)	MRS. M. PEEL, L.C.S.T. (Retired 19.10.73). MRS. M. A. REES, L.C.S.T. MRS. P. LEEDING, L.C.S.T. MRS. H. J. CURLE, L.C.S.T. (To 10.3.73).
Director of Nursing Services	MISS P. WHITE, S.R.N., S.C.M., Q.N., M.T.D. (Resigned 31.8.73). MRS. D. BURGE, S.R.N., S.C.M., H.V. CERT., N.D.N. CERT. (Appointed 20.8.73).
Nursing Officer (H/Vs)	MRS. K. DUNHAM, S.R.N., S.C.M. (Pt. I), H.V. CERT.

* Regional Hospital Board appointment.

Group Adviser (H/V)	....	MISS Y. CASELLI, R.F.C., S.R.N., S.C.N., H.V. CERT. (Left 2.9.73).
Senior Health Visitor	....	MISS G. M. BASTOW, S.R.N., S.C.M., H.V. CERT.
School Nurses (also Health Visitors)	14	
Health Nurses	....	7
School/Clinic Nurses	....	3
Audiometricians (Part-time)		MRS. M. B. CHUBB, S.E.N. MRS. P. E. ROBERTS, S.R.N.
Physiotherapists (Part-time)		MRS. D. WOODMAN, M.C.S.P. MRS. P. W. BIRD, M.C.S.P.
Dental Surgery Assistants		MISS P. M. BOLT MRS. Y. EASTLICK MISS D. G. FREEMAN MRS. M. SANDERS
Administrative Assistant	....	MR. W. H. STAMP
Clerks	....	MRS. S. A. HOOPER MRS. D. P. GORMAN MISS S. R. MAYNE. (Resigned 11.8.73). MISS J. SHEARSBY MISS J. P. E. DEMPSEY. MISS J. E. MITCHELMORE. (Appointed 13.8.73). MRS. J. M. CANN (School Dental Service). MRS. H. A. PAGE (Part-time) (School Dental Service). MISS M. A. FENWICK (Child Guidance Clinic). MRS. G. WYKES (Child Guidance Clinic). (Part-time). (Resigned 31.5.73). MRS. D. L. WALROND. (Audiology—Speech Therapy). (Part-time).

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1972)	....	....	93,800
Population (city) over 5 and under 15 years (Mid-Year 1971) (Registrar-General's estimate)	....	....	13,000
Population of Maintained Schools in January 1974	....		14,947
Number of Maintained Schools	....	....	41

PUPILS			SCHOOLS	
Boys	Girls	Total	Department	Number
30	32	62*	Nursery	1
39	40	79	Infants	1
34	25	59	Junior	1
2,341	2,293	4,634	First	20
2,684	2,530	5,214	Middle	17
2,417	2,239	4,656	Comprehensive	6
2	2	4	Hospital Special School	1
130	109	239	Day Special School	2
7,677	7,270	14,947	1974 TOTAL	49
7,381	6,938	14,319	1973 TOTAL	51

* Includes 30 part-time.

MEDICAL EXAMINATIONS

In a total-maintained school population of 11,947 the periodic medical examinations numbered 1,457 (all 6-year-olds included) and "other medical examinations" 2,309. No children were classified as "unsatisfactory" because of their general physical condition. Parents were present at 1,416 (97%) of the children's periodic examinations. 55 children (i.e. approx. 1 in 26 of those examined at the periodic examination) were found to require treatment for some defect other than dental disease or venous condition.

NO CHILDREN WERE REFERRED TO HOSPITALS

MEDICAL EXAMINATIONS 1973

Statistics

Total Number of Children Examined

Year	1971	1972	1973	Total
Periodic Examinations	1,457	1,457	1,457	4,371
Other Medical Examinations	2,309	2,309	2,309	6,927
Total	3,766	3,766	3,766	11,300

MEDICAL CARE

A special examination is one that is carried out at the request of a parent, doctor, nurse, teacher or other person; the term includes also employment examinations and "inward transfers". A re-examination is an examination arising out of one of the period of special medical examinations.

Number of Children Referred to Hospital

Year	1971	1972	1973	Total
Orthopaedic	15	15	15	45
Other	15	15	15	45
Total	30	30	30	90

Of the 62 "other cases" referred in 1973 to hospital consultants, 15 were for orthopaedic conditions.

During the year 1,942 reports were received from local hospital consultants (879 from the Royal Devon & Exeter Hospital, 1,063 from the Princess Elizabeth Orthopaedic Hospital) about children referred to them through the school health service, or by the child's family doctor; these reports are much appreciated.

MEDICAL EXAMINATIONS

In a total maintained school population of 14,947 the periodic medical examinations numbered 1,453 (all 5-year-old entrants) and "other medical examinations" 3,269. No children were classified as "unsatisfactory" because of their general physical condition. Parents were present at 1,416 (97%) of the entrants' periodic examinations. 56 children (i.e. approx. 1 in 26 of those examined at the periodic examination) were found to require treatment for some defect other than dental disease or verminous conditions.

MEDICAL EXAMINATIONS 1973

Statistics

Total Number of Children Examined

Year:	1968	1969	1970	1971	1972	1973
Re-Examinations	3,245	2,313	2,264	2,260	2,074	2,267
Special Examinations	1,130	1,171	912	885	906	1,149
	4,375	3,484	3,176	3,145	2,980	3,416
Periodic Medical Examinations....	1,862	2,236	1,972	2,513	1,837	1,453
TOTAL	6,237	5,720	5,448	5,658	4,817	4,869

A special examination is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person; the term includes also employment examinations and "inward transfers". A re-examination is an examination arising out of one of the periodic or special medical examinations.

Number of Children Referred to Hospital

	1968	1969	1970	1971	1972	1973
Ear, Nose and Throat cases	114	121	74	77	60	52
Other cases	79	75	73	82	59	62
TOTAL	193	196	147	159	119	114

Of the 62 "other cases" referred in 1973 to hospital consultants, 13 were for orthopaedic conditions.

During the year 1,042 reports were received from local hospital consultants (879 from the Royal Devon & Exeter Hospitals, 163 from the Princess Elizabeth Orthopaedic Hospital) about children referred to them through the school health service, or, by the child's family doctor; these reports are much appreciated.

Special Selective Examinations

(a) **Complete Medical Examinations** were carried out on 1,099 children, all at the request of school doctors and were basically children coming into the city from outside areas and fitness for employment examinations.

DEFECTS FOUND.

REFERENCE FOR TREATMENT OF DEFECTS OF :

Skin	16	Orthopaedic, feet	4
Vision	84	Orthopaedic, other	3
Squint	5	Nervous system—	
Hearing	11	Epilepsy	2
Otitis	3	Educational and Psycho-	
Other	3	logical Development	14
Nose and Throat	3	Stability	15
Heart and Circulation	1	Bowel control	2
Developmental—		Bladder control	3
Other	5	Other	3
Lungs	4		
Speech	4		
Orthopaedic, posture	3		
		TOTAL	188

KEPT UNDER OBSERVATION FOR DEFECTS OF :

Skin	17	Developmental—	
Vision	47	Hernia	1
Squint	6	Other	25
Other	1	Orthopaedic, posture	7
Hearing	18	Orthopaedic, feet	13
Otitis	16	Orthopaedic, other	1
Ears, other	7	Psychological stability	22
Nose or throat	44	Psychological development	11
Speech	16	Abdomen	5
Lymphatic glands	3	Bladder control	11
Heart and circulation	7	Other	3
Lungs	21		
Nervous system—			
Epilepsy	3		
Other	3	TOTAL	308

(b) **Special Selective Examination** (not complete), i.e. not involving for example, cardio-vascular system, or respiratory system, etc.

50 children were medically examined in school by special request of school doctors (11), of head teachers (31), and of parents (8).

DEFECTS FOUND.

REFERRED FOR TREATMENT FOR DEFECT OF :

Vision	....	....	....	1	Speech	....	....	....	12
Hearing	....	....	....	1	Psychological development				2
Other	....	....	....	1					
Nose or Throat	....	....	....	1					
					Total	....			18

KEPT UNDER OBSERVATION FOR DEFECT OF :

Vision	....	....	....	3	Psychological development				3
Hearing	....	....	....	20	Stability	....	....	....	2
Nose or Throat	....	....	....	1	Abdomen	....	....	....	1
Speech	....	....	....	1	Bladder control	....	....	....	4
Lungs	....	....	....	2	General condition	....	....	....	1
Developmental, other	....	....	....	1					
					TOTAL	....			39

MEDICAL QUESTIONNAIRES

During 1973 the use of medical questionnaires and subsequent selection of those to be examined in place of the "13/14 year-old periodic medical examinations" was extended to cover all these children attending High Schools (7) and Independent Schools (3).

In all 1,275 questionnaires were sent out; 1,220 were returned duly completed by the parents.

The information showed that 434 (217 boys; 217 girls) had some medical condition causing anxiety to their parents; of these, 263 were known to us and were already under observation by the school doctors; the 171 "new" cases were examined, result:— 20 referred for treatment, 67 to be kept under observation, and in 84 no action was indicated.

INDEPENDENT SCHOOLS

Selective medical examination, hearing and vision testing, were continued at St. Margaret's and Mount St. Mary's Schools during the year and started in September at St. Wilfrid's School. At St. Margaret's School 49 girls had complete medical examinations; of these, 8 showed some condition requiring treatment and

12 are being kept under observation. In addition, 49 girls were re-examined. At Mount St. Mary School 37 girls had complete medical examinations; of these, 7 showed some condition requiring treatment and 6 are being kept under observation. In addition, 58 girls were re-examined. At St. Wilfrid's School 15 (8 girls; 7 boys) had complete medical examinations; of these, 5 are being kept under observation.

VISION

The school eye service is provided by the West of England Eye Infirmary, one session a fortnight being reserved for our school children.

400 children were referred by the school medical officers during the year, 249 of them for the first time; spectacles were prescribed for 54 of these (33 boys; 21 girls).

All children have their vision tested at school by the school nurses at 5, 8, 10, 12, 13, 14 and 16 years of age. During the year 5,477 tests were carried out; children found for the first time to have defective vision are advised to attend the Eye Infirmary.

SQUINT

During the year 4 new cases of squint (all boys) were found in the age range of 5 to 12 years. All the children were referred to the Eye Infirmary; in one child the diagnosis of squint was confirmed.

MASTER VISION SCREENER

16 children were examined by this method during 1973; 10 were found to have defective vision and referred to Eye Infirmary; in 5 children no further action was indicated; the remaining child is being kept under observation.

COLOUR VISION

During the year school nurses using Ishihara plates tested 955 ten year old and 226 older boys. 51 (41 10 year olds and 10 older boys) were considered to be defective and were tested by Dr. G. F. C. Hawkins, using the Giles Archer Lantern; (3 were found to be normal; 19 were found to be "safe" and 11 "unsafe"); the remaining 18 boys failed to keep appointments. We have not tested the girls since 1958, as defective colour vision is rare among them.

(Safe—means that there should be no mistake made in regard to the naming of the deeper shades or red and green. Lighter

shades may be incorrectly named. Unsafe—means that red is described as green or vice versa, or red or green is described as black or no light.

CLEANLINESS

17,567 head inspections were carried out during the year compared with 16,703 in 1972. 227 children (74 boys; 153 girls) were found to have nits or lice compared with 297 in 1972.

The following table shows the individual cases of unclean (verminous) heads found in 1973 by age groups.

AGE (at 31.12.73)	CHILDREN WITH HEADS FOUND UNCLEAN			
	ONCE ONLY		MORE THAN ONCE	
	Boys	Girls	Boys	Girls
Aged 5 years (and under)	14	14	1	—
" 6 years	10	21	1	8
" 7 "	8	16	3	3
" 8 "	5	11	—	2
" 9 "	7	12	—	3
" 10 "	7	22	2	5
" 11 "	6	14	2	5
" 12 "	1	6	1	2
" 13 "	2	4	—	2
" 14 years (and over)	3	2	1	1
TOTAL	63	122	11	31

TOTAL IN 1973: 227=1.5% of schoolchildren.

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 any medical examination.

New Cases

During the year 471 children (1972—251 children) applied for the first time in accordance with the Bye-Laws (1949) for part-time employment certificate, licences were issued in respect of all the children after medical examinations.

Old Cases

During the year 136 (67 boys; 69 girls) were reviewed after working 3-6 months; 42 of these children were medically examined (no medical check-up during the previous 12 months); the

remaining 94 were certified on their history as fit to continue part-time employment without having further medical examination.

TYPE OF EMPLOYMENT	Boys	Girls	TOTAL 1973	TOTAL 1972
Delivery of newspapers	108	48	156	137
Delivery of groceries	35	—	35	7
Delivery of meat	3	—	3	1
Delivery of milk	3	—	3	5
Hairdressing	—	12	12	5
Shop assistants	—	148	148	47
Waitress	—	21	21	7
Miscellaneous	68	25	93	42
TOTAL	217	254	471	251

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

Ministry of Education Circular 249

178 students (96 women; 82 men) and 9 teachers (3 women; 6 men) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession.

remaining 37 were enrolled on their last day as in the course
part-time employment without having further medical training
don.

Type of Employment	1972	1973	Total
Delivery of newspapers	102	102	204
Delivery of groceries	37	37	74
Delivery of mail	3	3	6
Delivery of milk	0	0	0
Handwriting	12	12	24
Shop assistance	148	148	296
Waitress	21	21	42
Miscellaneous	24	24	48
Total	317	317	634

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

Ministry of Education Circular 240

178 students (85 women; 93 men) and 9 teachers (5 women;
4 men) had complete medical examinations with radiographic
examinations during the year in regard to their fitness for the
teaching profession.

EXAMINING LOCUS TO TEACHING AND TO THE TEACHING

After an extensive medical history and physical examination
the following results were obtained for the 178 students and
9 teachers: 169 students and 8 teachers were found to be fit for
teaching and 9 students and 1 teacher were found to be unfit for
teaching because of medical reasons.

Summary

During the year 1972-1973, 178 students and 9 teachers
were examined and the following results were obtained: 169
students and 8 teachers were found to be fit for teaching and
9 students and 1 teacher were found to be unfit for teaching
because of medical reasons.

Appendix

The following table shows the results of the medical
examinations of the students and teachers who were
examined during the year 1972-1973.

TABLE SHOWING THE NUMBER OF KEYS HANDICAPPED
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT
1ST JANUARY, 1914

State	Special Schools	Homes	Total
Alabama	1	1	2
Arizona	1	1	2
Arkansas	1	1	2
California	1	1	2
Colorado	1	1	2
Connecticut	1	1	2
Delaware	1	1	2
District of Columbia	1	1	2
Florida	1	1	2
Georgia	1	1	2
Idaho	1	1	2
Illinois	1	1	2
Indiana	1	1	2
Iowa	1	1	2
Kansas	1	1	2
Kentucky	1	1	2
Louisiana	1	1	2
Maine	1	1	2
Maryland	1	1	2
Massachusetts	1	1	2
Michigan	1	1	2
Minnesota	1	1	2
Mississippi	1	1	2
Missouri	1	1	2
Montana	1	1	2
Nebraska	1	1	2
Nevada	1	1	2
New Hampshire	1	1	2
New Jersey	1	1	2
New Mexico	1	1	2
New York	1	1	2
North Carolina	1	1	2
North Dakota	1	1	2
Ohio	1	1	2
Oklahoma	1	1	2
Oregon	1	1	2
Pennsylvania	1	1	2
Rhode Island	1	1	2
South Carolina	1	1	2
South Dakota	1	1	2
Tennessee	1	1	2
Texas	1	1	2
Vermont	1	1	2
Virginia	1	1	2
Washington	1	1	2
West Virginia	1	1	2
Wisconsin	1	1	2
Wyoming	1	1	2

HANDICAPPED CHILDREN

* All of these children are receiving instruction in a Special School.

**TABLE SHEWING THE NUMBER OF EXETER HANDICAPPED
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT
17th JANUARY, 1974**

DISABILITY	Total No. of children classified as handi- capped as at 17-1-74	SPECIAL SCHOOL OR HOME	RESID.		NON RESID.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	2	Condovery Hall, Shrews- bury Linden Lodge, London	— 1	1 —	— —	— —	2	} —
PARTIALLY SIGHTED	14	West of England School for the Partially Sighted, Exeter	1	—	8	5	14	
DEAF	21	Larchmore, Bucks. Royal School for the Deaf, Exeter Mary Hare, Berks.	— 1 —	1 — 2	— 12 —	— 5 —	21	} —
PARTIALLY HEARING	54	Royal School for the Deaf, Exeter	—	—	4	11	15	
PHYSICALLY HANDICAPPED	63	Vranch House School, Exeter Heathercombe Brake, Devon	— — 1	— — —	10 — —	7 — —	19	} —
AUTISTIC	1	Gulworthy, Devon	1	—	—	—	—	
EPILEPTIC	78	Lingfield, Surrey	1	—	—	—	1	—
EDUCA- TIONALLY SUBNORMAL	249	Withycombe Hse. School, Exmouth Bradfield School, Devon Rocklands, Chudleigh Pitt House, Torquay Lampard Vachel, Devon Southbrook Sch., Exeter Ellen Tinkham, Exeter Courtenay Sch., Exmouth Oaklands Park, Dawlish Dennington College, Devon Chelfam Mill, Barnstaple	— 2 2 7 1 — — 3 1 1 1	3 — — — — — 2 — — — — —	— — — — — 73 32 — — — —	— — — — — 58 30 — — — — —	216	} 33*
DELICATE	32	Heathercombe Brake, Devon	10	1	—	—	11	
MALADJUSTED	51	Heathercombe Brake, Manaton, Devon Pitt House, Torquay The Gables Hostel, Devon Crichel Hostel, Devon Lupton House School, Brixham, Devon Childscourt, Wincanton, Somerset Bicknell School, Bournemouth	1 1 2 1 1 1 — 1	— — 4 — — — 1 —	— — — — — — — —	— — — — — — — —	12	} —
SPEECH	4		—	—	4	—	4	
TOTAL	569		41	15	143	116	315	33

* All of these children are awaiting Admission to a Day Special School.

SOUTHBROOK SCHOOL

(Observations by Headmaster, Mr. D. S. Kerr)

The past year has proved to be one of consolidation in a pattern established during the previous two years. It has seen the development of remedial teaching within a school situation which is itself remedial. A slightly more generous staffing ratio has enabled groups of children with learning problems beyond the norm even for a special school to be given more specific help in small groups for a few hours each week. This is much in line with a recent memorandum from the D.E.S. suggesting, and advising, that the now recognised multi-handicapped role of the Special E.S.N. School requires smaller and more flexible teaching units.

Due to the introduction of R.S.L.A. this year, the school leavers faced less competition for work placement. Consequently all those pupils capable of open employment were found jobs before leaving or soon after. The figures for 1973 were thus:—

Pupils to open employment	....	....	....	....	21
College of Further Education (2-year course)	....	....	....	....	2
Adult Training Centre	....	....	....	....	3
Nil Employment (unsuitable)	....	....	....	....	3
					—
				TOTAL	29
					==

(In addition to these figures 3 younger children were returned to ordinary schools).

Every effort is made to persuade parents of pupils who are incapable of open employment to accept preliminary placement at an Adult Training Centre—it is unfortunate that three such parents saw fit to refuse such placement.

Much of the credit for the success of the school's efforts in placing its pupils into employment is due to the close co-operation between the careers officers and the school staff concerned with careers and after care. Considerable care is taken to place the young adolescent into the right kind of job—possibly with the right kind of employer or staff officer.

The supportive role of the leavers club enables the school staff to exercise pastoral care beyond the leaving date and to advise in cases of employment difficulty or irresponsibility after the initial placement. The popularity of this club is reflected in its growing attendance and the consistency of its membership. During the course of a year approximately 90% of past pupils utilise the club to some extent, some regularly, some spasmodically, but certainly it serves to maintain contact with the great majority of ex pupils.

Pressure for places in the school continues to present the perennial problem of the proverbial pint and half pint pot. One would like to give high priority to younger children for whom,

logically, there are greater expectations of benefit from special education, but this priority invariably founders when faced with the needs of older children for whom school has become an experience filled with dread.

There is undoubtedly a need for an assessment/diagnostic class or unit to serve the school's catchment area. With such a facility it would be possible to eliminate much of the "on trial" nature of some of the present admissions. Once a child is admitted to the school it is impossible to arrive at an accurate assessment (in some cases) within a reasonable time, and parents come to accept the placement as confirmed when in fact the pupil's progress and educational needs are still under review.

ELLEN TINKHAM SCHOOL

(Observations by Headmistress, Miss F. Crook)

The year has been one of steady progress—a year in which all the staff have co-operated to provide an educational and happy atmosphere of encouragement, in which our children spend a great part of their lives.

The number of children attending Ellen Tinkham School during 1973 was 68, ages ranging from two to sixteen years. As there are going to be a large number of school leavers in 1974, a greater emphasis of training is going to be placed on the Nursery end of the school, because the children coming in will be those with multiple handicaps, therefore making the teacher's job more specialised. This means the services of the Speech Therapist and Physiotherapist are going to be in even more demand.

I would also like to welcome more "experts" into the school, who have a full understanding of our children and realise their limitations. Because a child responds well on a one to one basis, does not follow they are good all rounders in a group situation which covers all aspects.

The Ellen Tinkham School continues to run mainly on the play, look and learn method, with great emphasis on social training and introducing our children, to the everyday situations they are likely to face in later life. **But** any child who has the potential for reading, writing and number work, is encouraged to develop this to the fullest.

One of my fears when the transfer of these schools, from the Department of Health to the Department of Education took place in April, 1971, was that parents would presume education in the popular sense of the word would now take over. However, schools of our structure are not necessarily functional for the child who is able to sit down at a desk and tackle the "3 Rs". If I ever have a child who is capable of this, they are very soon moved on to other educational establishments. Activities are geared to change every ten minutes of the day on the school timetable, because concentration is very soon lost. So when it comes to reading, this does not mean picking up a book, etc., but being

able to recognise signs seen outside, different letters on a bus for when they have to use public transport, again, recognising labels on tins or bottles in the home or shops. As regards writing, a few can "copy write reams"—some have no pencil control whatsoever; nevertheless, the teacher's highest hope is that the majority will be able to write their names and addresses before they leave. Even in their adult life, they do not escape the chore of signing forms. A good deal of time is given to teaching numbers. Day to day situations are used to help acquire number concept. Telling the time is all important, recognising numbers on houses, etc. Shopping situations for learning decimal currency. To stimulate the latter the Intermediate Class have opened a tuck shop three mornings a week in which all other classes are invited to shop. The children bring their own money from home and one of the Intermediate children act as shop-keeper.

Hence E.S.N. (S) schools are geared to training our children for the future and all they are going to have to face. Education in our case starts in the very early stages. Teaching the children the social graces, e.g. how to wash properly, toilet training, doing up shoe laces and buttons and so on. Things that come so easy to the non brain damaged child, but, so very, very hard to our children. These abilities are necessary if they are to take their rightful place in society.

At this closing point, I would like to take the opportunity of welcoming the members of the newly-formed Board of Governors at Ellen Tinkham School. To express my gratitude to all the members of staff for their co-operation and efforts during the past year.

SPECIAL EDUCATION

(Report by Dr. Mary Allen)

There has been a great deal of emphasis in the past years about the early provision of education for all children and since the implementation of the 1944 Education Act special education has been provided for all children with a particular handicap from the age of two years. This education has been given mostly to the child with sensory and physical defects. There is also provision given to the increasing importance of the early years in learning and the early identification and assessment of the handicap, both in assessment centres, hospitals, or, in the community. In 1971 the responsibility for severely mentally handicapped children became that of the Department of Education and Science.

The classification of handicap is changing in the assessment from the medical one to the education one, because many of the children with different medical handicaps have the same educational needs. There still remains, however, a need for comprehensive assessment of the children for medical, social, and educational needs, and in the new integrated Child Health Service this must be maintained, otherwise it would be a retrograde step

to consider any of these needs in isolation of the others. The Area Health Authority will have a duty to make services available to the Local Education Authority to continue responsibilities made under the Education Act, 1944, Sections 33 and 34. Child orientation in assessment is needed as well as in the classroom. It can be one of the pitfalls in the new administration to have fragmentation at the periphery unless there is close co-operation with other disciplines, not only in the committee room, but on the "ground floor".

There is a growing tendency for more children with handicaps to remain in ordinary schools either in special classes or units or in remedial departments. This is increasing in popularity and has many advantages, but if this is to be the policy then more assistance should be given to the ordinary school to help them to play a greater part in special education.

The special school will in the future have to become more special and provide more than can be given in the ordinary school, but I believe there is always going to be a need for the special school, because there will always be the child who has too many "things" against him to allow him to remain in an ordinary school, even with the special help, there is also the child who is hypersensitive to stress, and who reacts to his situation by this means. It is the child who shows signs of anxiety and stress who is the candidate for special education. This is the type of child who is catered for more and more at Southbrook School and this is why the children are getting older on admission to the school; something should be done to prevent this. There should be more awareness of the child who is under stress and attempts made to remove some of his anxieties early.

Many of the children, however, require special education in the early years and are then able to return to ordinary school; other children, very often because of stress, require special education in their later years.

The disadvantaged child has come into prominence and many schemes have been carried out to help these children. There is, however, a great deal more to be accomplished before the cycle has been stopped. More help for mothers at an early age through helping the mothers to help their children; more nursery education and community schools.

Social adaptation is a very important factor in the child's ability to learn.

Summary of special education needs for the future:—

1. Handicapped children from birth to be given special education.
2. More on going comprehensive assessment for special educational needs.
3. More assistance in the ordinary schools to help them to become a part of special education.
4. Special schools to become more special.
5. Children to have special education relative to their educational needs rather than medical ones.
6. More research about stress in children to prevent the need for special education.

THE PRE-SCHOOL CHILD

(Report by Dr. Mary Allen)

The School Health Service in the past few years has concentrated on the assessment of the pre-school child with the educational psychological services.

The child who has shown developmental delay, environmental stress or a management problem, as well as the child who has a recognised handicap.

There has been close co-operation between all sections of the medical profession to co-ordinate their knowledge of the child and family in order to make the assessment as full as possible, and then to link this with educational assessment and the future needs of the child. The Social Services will, I hope, be able in the future to help in assessment and to also assist in the home situation. There is a great need to link the home and early school placement so that continuity of development is maintained.

Many of the children seen have been placed in the nursery section of special schools appropriate to their needs, but there are many children who have to attend play groups, who would benefit from a more structured environment where professional help would be more readily available.

The publication of the white paper on nursery education expansion will, I hope, give new opportunities to many of these children. The climate of opinion to have these placed in primary schools is very good, but there are some children who will not be able to fit into this environment any more than they can to the school environment.

There is a need for a special nursery section for the child who falls into any of the following groups:—

- (1) The severe management problem because the child may show the following symptoms:—aggressiveness, temper tantrums, whining or miserable. These children are stressful to the family and any group where they are placed.
- (2) The highly anxious child who will need to be separated slowly from mother.
- (3) Speech problems associated with emotional problems. These children very often have problems in relationships.
- (4) The child with the autistic symptoms who needs help early.
- (5) The child with primary retardation and the need for early help and observation. The child with developmental problems such as soiling and feeding.
- (6) The battered baby who is very much at risk in the home situation, that parents of these children need help and support.

The special Unit at Newtown School caters for some of these children of school age, but a nursery section attached to this unit would be of great value for the pre-school child. The children in this Unit have developed many problems before they are admitted and very often it is only when they have been under observation in the Unit that other problems are revealed, and these may be the dominant ones in the child's educational progress. In many instances, the child would have been relieved of many of these stresses and his developmental progress enhanced, his attitude to learning increased, and a better personal and social relationship established, if this could have been diagnosed and treated at an early age.

There is a great deal more research needed on the effect of the personality and later career and pattern of living to these early stresses.

All research findings strengthen the case that pre-school and early school years are crucial to later development of potential, and stress prevents development. The stress can be more harmful in the early years can be a fair conclusion, and yet, less is done to relieve stress in pre-school years than at any time in the life of the individual.

A nursery section for this type of child would not only relieve stress and enhance development, but it is also **sound economic sense** in terms of personal services and future education.

I hope that the future Child Health Service under the National Health Service will give the same priority to relieving children from stress in the future, as the School Health Service of the past did in the prevention of nutritional deficiencies and environmental hazards.

TUITION IN HOSPITAL

The local education authority continue to provide educational facilities in the Royal Devon & Exeter Hospitals. Additionally, there are hospital special schools in the Princess Elizabeth Orthopaedic Hospital, Exe Vale Hospital, Franklyn Hospital and Honeylands Children's Hospital.

Home Tuition

5 new cases, viz.: duodenal ulcer (1), severe maladjustment (2), glandular fever (1), heart disease (1). Three were still receiving home tuition at the year end.

The sum of £20,143 was spent during the year ended 31.3.73 on arrangements made under section 56 of the Education Act, 1944, for the education of handicapped children otherwise than at school.

Transport

Transport (by taxi) to and from school was provided during the year for 31 new cases and continued for 58 "old" cases: the new cases were: fractures (11), orthopaedic condition (13), partially hearing (2), partially sighted (1), spastic (2), miscellaneous other (2). 63 children still had transport at the year end.

Special transport, not included here, is also provided for a large number of children attending special schools/classes in the city.

EPILEPTIC SCHOOL CHILDREN

We had 73 children classified as suffering from epilepsy at the beginning of the year. During the year 9 new cases were reported and 4 cases were removed from the register: left school 2, declassified 2, leaving 78 on the register at the year end.

The age range of the NEW CASES was:—

5 year old school entrants—5 (3 boys; 2 girls).

8 to 10 years old—3 (all boys).

12 years and over—1 (a girl).

67 (29 boys; 38 girls) attend ordinary schools; 10 (9 boys; 1 girl) attend special school for educationally subnormal children; 1 boy attends Lingfield Hospital School, Surrey.

PHYSICALLY HANDICAPPED CHILDREN

At the end of the year, there were 63 children classified as physically handicapped. We had 20 new cases reported during 1973. The age ranges and defects of these 63 children are:—

HANDICAP	AGE GROUP		
	5-8 years	8-12 years	13 and over
Cerebral Palsy	6	11	2
Heart: Congenital	8	—	1
Other Congenital Defects	10	—	1
Perthes Disease	3	—	—
Hydrocephalus/Spina Bifida	4	1	—
Meringo Myelocoele	—	2	4
Miscellaneous	7	1	2
TOTAL	38	15	10
			63

EMPLOYMENT OF SCHOOL LEAVERS WITH HANDICAP

Reports on Form Y.9 during 1973

Close liaison is maintained by our school medical officers with the principal careers officer with regard to handicapped school leavers and regular meetings are held to consider the most suitable form of employment for them. In addition to memoranda on individual children, 74 Forms Y.9 and 14 Forms Y.10 were sent to the careers department during 1973.

Forms Y.9:—defective colour vision (40 boys), defective vision (11 boys ; 5 girls), defective hearing (2 boys; 4 girls), epilepsy (1 boy; 1 girl) and miscellaneous defects (7 boys; 3 girls).

Form Y.10:—educationally subnormal (5 boys; 3 girls), defective hearing (1 boy; 2 girls), asthma (1 boy), epilepsy (1 boy) and heart disease (1 boy).

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

EXETER AUDIOLOGY CLINIC: HEARING IMPAIRMENT

(Report by L. P. Herbert M.A., D.Ph., M.I.R.)

In the last Annual Report of the Bristol School Medical Officer, I referred to an investigation of seven and subsequent hearing test failure by reason and place of failure.

Table I gives the overall average failure rate 1970-1973 in reference to Table IV on page 21 of last year's report gave the number of children followed up during 1973. I am now able to give more information about those particular children.

TABLE I: Hearing test failure rates by age group

Age Group	1970	1971	1972	1973
5-6 years	1.2%	1.5%	1.8%	2.1%
7-8 years	1.0%	1.2%	1.4%	1.6%
9-10 years	0.8%	1.0%	1.2%	1.4%
11-12 years	0.6%	0.8%	1.0%	1.2%
13-14 years	0.4%	0.6%	0.8%	1.0%
15-16 years	0.2%	0.4%	0.6%	0.8%

SPECIAL CLINICS

Children failing their hearing tests come from three main geographical areas. For location of grid reference please refer to the Scale Map of the City of Exeter (see index to the map). Children are included who live within 1/2 of a grid boundary.

TABLE II: Special Clinics

and continued to be followed up to 1973. Table II shows a revised list of children who have been referred to special clinics.

Child's Name	Grid Reference	Age at Referral	Age at Test	Failure Rate
A. B. C.	10	5	6	1.2%
D. E. F.	11	7	8	1.5%
G. H. I.	12	9	10	1.8%
J. K. L.	13	11	12	2.1%
M. N. O.	14	13	14	2.4%
P. Q. R.	15	15	16	2.7%
S. T. U.	16	17	18	3.0%
V. W. X.	17	19	20	3.3%
Y. Z. A.	18	21	22	3.6%
B. C. D.	19	23	24	3.9%
E. F. G.	20	25	26	4.2%
H. I. J.	21	27	28	4.5%
K. L. M.	22	29	30	4.8%
N. O. P.	23	31	32	5.1%
Q. R. S.	24	33	34	5.4%
T. U. V.	25	35	36	5.7%
W. X. Y.	26	37	38	6.0%
Z. A. B.	27	39	40	6.3%
C. D. E.	28	41	42	6.6%
F. G. H.	29	43	44	6.9%
I. J. K.	30	45	46	7.2%
L. M. N.	31	47	48	7.5%
O. P. Q.	32	49	50	7.8%
R. S. T.	33	51	52	8.1%
U. V. W.	34	53	54	8.4%
X. Y. Z.	35	55	56	8.7%
A. B. C.	36	57	58	9.0%
D. E. F.	37	59	60	9.3%
G. H. I.	38	61	62	9.6%
J. K. L.	39	63	64	9.9%
M. N. O.	40	65	66	10.2%
P. Q. R.	41	67	68	10.5%
S. T. U.	42	69	70	10.8%
V. W. X.	43	71	72	11.1%
Y. Z. A.	44	73	74	11.4%
B. C. D.	45	75	76	11.7%
E. F. G.	46	77	78	12.0%
H. I. J.	47	79	80	12.3%
K. L. M.	48	81	82	12.6%
N. O. P.	49	83	84	12.9%
Q. R. S.	50	85	86	13.2%
T. U. V.	51	87	88	13.5%
W. X. Y.	52	89	90	13.8%
Z. A. B.	53	91	92	14.1%
C. D. E.	54	93	94	14.4%
F. G. H.	55	95	96	14.7%
I. J. K.	56	97	98	15.0%
L. M. N.	57	99	100	15.3%
O. P. Q.	58	101	102	15.6%
R. S. T.	59	103	104	15.9%
U. V. W.	60	105	106	16.2%
X. Y. Z.	61	107	108	16.5%
A. B. C.	62	109	110	16.8%
D. E. F.	63	111	112	17.1%
G. H. I.	64	113	114	17.4%
J. K. L.	65	115	116	17.7%
M. N. O.	66	117	118	18.0%
P. Q. R.	67	119	120	18.3%
S. T. U.	68	121	122	18.6%
V. W. X.	69	123	124	18.9%
Y. Z. A.	70	125	126	19.2%
B. C. D.	71	127	128	19.5%
E. F. G.	72	129	130	19.8%
H. I. J.	73	131	132	20.1%
K. L. M.	74	133	134	20.4%
N. O. P.	75	135	136	20.7%
Q. R. S.	76	137	138	21.0%
T. U. V.	77	139	140	21.3%
W. X. Y.	78	141	142	21.6%
Z. A. B.	79	143	144	21.9%
C. D. E.	80	145	146	22.2%
F. G. H.	81	147	148	22.5%
I. J. K.	82	149	150	22.8%
L. M. N.	83	151	152	23.1%
O. P. Q.	84	153	154	23.4%
R. S. T.	85	155	156	23.7%
U. V. W.	86	157	158	24.0%
X. Y. Z.	87	159	160	24.3%
A. B. C.	88	161	162	24.6%
D. E. F.	89	163	164	24.9%
G. H. I.	90	165	166	25.2%
J. K. L.	91	167	168	25.5%
M. N. O.	92	169	170	25.8%
P. Q. R.	93	171	172	26.1%
S. T. U.	94	173	174	26.4%
V. W. X.	95	175	176	26.7%
Y. Z. A.	96	177	178	27.0%
B. C. D.	97	179	180	27.3%
E. F. G.	98	181	182	27.6%
H. I. J.	99	183	184	27.9%
K. L. M.	100	185	186	28.2%
N. O. P.	101	187	188	28.5%
Q. R. S.	102	189	190	28.8%
T. U. V.	103	191	192	29.1%
W. X. Y.	104	193	194	29.4%
Z. A. B.	105	195	196	29.7%
C. D. E.	106	197	198	30.0%
F. G. H.	107	199	200	30.3%
I. J. K.	108	201	202	30.6%
L. M. N.	109	203	204	30.9%
O. P. Q.	110	205	206	31.2%
R. S. T.	111	207	208	31.5%
U. V. W.	112	209	210	31.8%
X. Y. Z.	113	211	212	32.1%
A. B. C.	114	213	214	32.4%
D. E. F.	115	215	216	32.7%
G. H. I.	116	217	218	33.0%
J. K. L.	117	219	220	33.3%
M. N. O.	118	221	222	33.6%
P. Q. R.	119	223	224	33.9%
S. T. U.	120	225	226	34.2%
V. W. X.	121	227	228	34.5%
Y. Z. A.	122	229	230	34.8%
B. C. D.	123	231	232	35.1%
E. F. G.	124	233	234	35.4%
H. I. J.	125	235	236	35.7%
K. L. M.	126	237	238	36.0%
N. O. P.	127	239	240	36.3%
Q. R. S.	128	241	242	36.6%
T. U. V.	129	243	244	36.9%
W. X. Y.	130	245	246	37.2%
Z. A. B.	131	247	248	37.5%
C. D. E.	132	249	250	37.8%
F. G. H.	133	251	252	38.1%
I. J. K.	134	253	254	38.4%
L. M. N.	135	255	256	38.7%
O. P. Q.	136	257	258	39.0%
R. S. T.	137	259	260	39.3%
U. V. W.	138	261	262	39.6%
X. Y. Z.	139	263	264	39.9%
A. B. C.	140	265	266	40.2%
D. E. F.	141	267	268	40.5%
G. H. I.	142	269	270	40.8%
J. K. L.	143	271	272	41.1%
M. N. O.	144	273	274	41.4%
P. Q. R.	145	275	276	41.7%
S. T. U.	146	277	278	42.0%
V. W. X.	147	279	280	42.3%
Y. Z. A.	148	281	282	42.6%
B. C. D.	149	283	284	42.9%
E. F. G.	150	285	286	43.2%
H. I. J.	151	287	288	43.5%
K. L. M.	152	289	290	43.8%
N. O. P.	153	291	292	44.1%
Q. R. S.	154	293	294	44.4%
T. U. V.	155	295	296	44.7%
W. X. Y.	156	297	298	45.0%
Z. A. B.	157	299	300	45.3%
C. D. E.	158	301	302	45.6%
F. G. H.	159	303	304	45.9%
I. J. K.	160	305	306	46.2%
L. M. N.	161	307	308	46.5%
O. P. Q.	162	309	310	46.8%
R. S. T.	163	311	312	47.1%
U. V. W.	164	313	314	47.4%
X. Y. Z.	165	315	316	47.7%
A. B. C.	166	317	318	48.0%
D. E. F.	167	319	320	48.3%
G. H. I.	168	321	322	48.6%
J. K. L.	169	323	324	48.9%
M. N. O.	170	325	326	49.2%
P. Q. R.	171	327	328	49.5%
S. T. U.	172	329	330	49.8%
V. W. X.	173	331	332	50.1%
Y. Z. A.	174	333	334	50.4%
B. C. D.	175	335	336	50.7%
E. F. G.	176	337	338	51.0%
H. I. J.	177	339	340	51.3%
K. L. M.	178	341	342	51.6%
N. O. P.	179	343	344	51.9%
Q. R. S.	180	345	346	52.2%
T. U. V.	181	347	348	52.5%
W. X. Y.	182	349	350	52.8%
Z. A. B.	183	351	352	53.1%
C. D. E.	184	353	354	53.4%
F. G. H.	185	355	356	53.7%
I. J. K.	186	357	358	54.0%
L. M. N.	187	359	360	54.3%
O. P. Q.	188	361	362	54.6%
R. S. T.	189	363	364	54.9%
U. V. W.	190	365	366	55.2%
X. Y. Z.	191	367	368	55.5%
A. B. C.	192	369	370	55.8%
D. E. F.	193	371	372	56.1%
G. H. I.	194	373	374	56.4%
J. K. L.	195	375	376	56.7%
M. N. O.	196	377	378	57.0%
P. Q. R.	197	379	380	57.3%
S. T. U.	198	381	382	57.6%
V. W. X.	199	383	384	57.9%
Y. Z. A.	200	385	386	58.2%
B. C. D.	201	387	388	58.5%
E. F. G.	202	389	390	58.8%
H. I. J.	203	391	392	59.1%
K. L. M.	204	393	394	59.4%
N. O. P.	205	395	396	59.7%
Q. R. S.	206	397	398	60.0%
T. U. V.	207	399	400	60.3%
W. X. Y.	208	401	402	60.6%
Z. A. B.	209	403	404	60.9%
C. D. E.	210	405	406	61.2%
F. G. H.	211	407	408	61.5%
I. J. K.	212	409	410	61.8%
L. M. N.	213	411	412	62.1%
O. P. Q.	214	413	414	62.4%
R. S. T.	215	415	416	62.7%
U. V. W.	216	417	418	63.0%
X. Y. Z.	217	419	420	63.3%
A. B. C.	218	421	422	63.6%
D. E. F.	219	423	424	63.9%
G. H. I.	220	425	426	64.2%
J. K. L.	221	427	428	64.5%
M. N. O.	222	429	430	64.8%
P. Q. R.				

EXETER AUDIOLOGY CLINIC—HEARING IMPAIRMENT

(Report by C. P. Hallett, M.B., CH.B., D.P.H., M.F.C.M.)

In the last Annual Report of the Principal School Medical Officer, I referred to an investigation of sweep and subsequent hearing test failure by season and place of failure.

Table I gives the overall sweep failure rate 1970-1973 inc. Reference to Table IV on page 41 of last year's report gave the number of children followed up during 1973. I am now able to give more information about those particular children.

TABLE I

YEAR	No. Tested	No. Failed	% Fail Rate
1970	1,229	123	10.0
1971	1,306	140	10.7
1972	1,328	151	11.3
1973	1,429	160	11.3

Children failing their hearing tests came from three main geographical areas. For location of grid reference please refer to the Scale Map of the City of Exeter (six inches to the mile). Children are included who live within 1" of a grid boundary.

TABLE II

Grid Reference	Children
D, E, F, 2, 3	10
F, G, 5	8
B, C, 5, 6	12
C, 8	3
J, 10	2
TOTAL	35

These findings may reflect population concentration, type of house, relative altitudes and family size.

Table III refers to size of family amongst hearing failures.

TABLE III

No. of children in family	No. of children failed Hearing Tests
1 child	8
2 children	22
3 children	11
4 children	4
5 or more children	2
TOTAL	47

These figures probably reflect relative national family size rather than increased proneness to conductive hearing losses. Further investigation is suggested to compare these children with others with normal hearing but matched for sex, habitat and family size. In general hearing losses seemed to be balanced equally between girls and boys (Table IV).

TABLE IV

Children	Failing Hearing Tests
Girls	22
Boys	25
TOTAL	47

Cause of Deafness

The cause of deafness was predominantly conductive, one child having a monaural perceptive hearing loss and another child a psychogenic deafness. Many of these children were cleared subsequently and Table V summarises the results.

TABLE V

Month from time of test	Cleared
0-3/12	12
4-6/12	7
7-12/12	4
13-18/12	8
Not yet cleared	16

34% children remain on our books for further follow up during 1974.

It is often postulated that fluctuating hearing loss, especially in the early school years, can cause maldevelopment of language and speech. Among this specially selected group of children whose hearing had been at risk, were seven children with speech impairment as well as other handicaps. The hearing of five of these is still abnormal despite specialist referral being taken to alleviate the deafness.

For information regarding the provision and supervision of hearing aids, I refer to Table VI and the summary of statistical data on the following pages.

TABLE VI

Make of Hearing-Aid	1972	1973
N.H.S.	2	
Phillips	16	
Maico	1	
Danavox	4	
Audium	3	
Multitone	1	
Oticon	3	
TOTAL	30	

In conclusion, this has been a frustrating and unhappy year for all audiology clinic members. The future of the clinic and its staff remains in doubt even at the time of writing this report, and whereas from time to time one hears rumours, there is no substitute for proper consultation between those who work in the field and those who are preparing to organise it in future.

Fortunately the relationship which has been built up between ourselves and our hospital and general practitioner colleagues remains a happy and co-operative one and I firmly believe that we possess in Exeter the nucleus of a Regional Hearing Assessment Centre for both children and adults. One can only hope that a similar thought has occurred to others able to foster such an understanding. The next two years of national belt-tightening may give us an opportunity of looking closely at all aspects of present audiology services to produce a carefully argued, co-ordinated, and integrated service with less of the shortcomings and weaknesses of the past. I am quite sure that my colleagues and I would welcome an opportunity to join community and specialist colleagues as soon as possible to forge out a new service for the benefit of young and old alike.

HEARING IMPAIRED CHILDREN

The statistical details about partially hearing Exeter school children are set out below.

	At year end	1973	1972
School Population		14,947	14,319
1. Attending Schools for the Deaf			
(a) Royal School for the Deaf, Exeter		32	29
(b) Mary Hare and Larchmoor Schools		2	2
(c) Larchmoor School and others		2	—
2. Wearing hearing-aids and attending ordinary schools, including (6) newly discovered and provided with hearing-aids		39	32

Children wearing hearing aids :

	FIRST	MIDDLE	HIGH	TOTAL
Boys	5	6	8	19
Girls	2	7	11	20
TOTAL	7	13	19	39

3. Wearing hearing-aids and attending residential special schools because of handicaps other than deafness	1	3
4. Wearing hearing-aids and attending special day school because of handicaps other than deafness (2 of these are County children)	4	6
5. Children with hearing-aids who have left school	2	6
6. Hearing-aids withdrawn during 1973—no longer required	1	1
7. Number of school children under observation at end of year with varying degrees of hearing loss	1,070	959

The 1,070 remaining under observation attended:

	FIRST	MIDDLE	HIGH	TOTAL
Boys	229	222	140	591
Girls	203	152	124	479
TOTAL	432	374	264	1,070

43 of these 1,070 children were referred to consultants at the Royal Devon & Exeter Hospital; others were referred to general practitioners or the Audiology Clinic. The remainder remain on our books for further review.

SWEEP TESTS

	1973	1972
No. of 5 year olds given sweep test	1,429	1,328
No. of these children who " failed " sweep test	160	151
Further investigation of these 160 children showed :		
Left Exeter and not tested further	9	5
After full audiometric test :		
Hearing within normal limits	41	34
Referred to ear, nose and throat consultants	7	9
Remaining under observation	103	103

553 inward transfer children (1973) were given sweep tests; in 73 children the result was unsatisfactory and they remain under observation, 45 children were from private schools; of these, 4 children had a hearing impairment and continue under observation.

**CHILDREN HAVING PURE TONE
AUDIOMETRIC TESTS**

	1973	1972
(a) Having " failed " in sweep test (5 year olds)	160	151
(b) Wearing hearing aids	39	32
*(c) Referred for other reasons (re-tests, etc.)	2,219	2,061
Total number of individual children	†2,418	2,244
(d) Total number of all tests and re-tests	2,571	3,343

* (920 of the 2,219 children were found to be within normal limits of hearing).

† In addition 47 children either failed to attend or left Exeter before the tests could be made.

**REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
FOR 1973**

(Edward G. Reader, F.D.S.R.C.S., D.ORTH.)

In his annual report for 1911, the School Medical Officer for Exeter wrote: "As the work of the Medical Inspection progresses I am sure my estimate of eighteen months ago that six thousand of the children were in need of dental treatment was no over estimate" (School population was then just over seven thousand).

This matter was considered by the Hygiene Sub-Committee and in 1912 a five year lease was taken on 46, Longbrook Street as a dental clinic. The total cost of adaptation of premises, furniture and instruments was £86. The first School Dentist appointed was James Raymont, who worked under the general supervision and control of the School Medical Officer. The Board of Education laid down the enlightened guide lines that the work

should be of a preventive and conservative character. However, due to a need for priorities it was decided initially to restrict the service to those between 6 and 8 years. (95.7% of the girls and 96.4% of the boys examined needed treatment).

By 1913 the age groups treated had been extended to 6 and 10 years and each school involved was inspected twice yearly. In 1914 Mr. Raymont resigned to take up a similar appointment with Devon County Council and was succeeded by Clifford Haydon. In 1917 the School Medical Officer could write: "In the Dental Department, the dentist has far more work than he can cope with."

Following the decease of the School Dentist, Ethyl Watson was appointed in 1922 and George Smallwood succeeded her in 1924. Mr. Smallwood continued as School Dentist (subsequently Senior Dental Surgeon) until June, 1945, his period of service having been extended by the Authority considerably beyond the usual retiring age owing to the circumstances of the war.

The present Central School Clinic was opened at No. 1a, Southernhay West on 31st October, 1935. In 1936 in response to a circular of the Board of Education, the Education Committee decided to appoint a part-time Assistant Dental Surgeon as a prelude to the re-organisation of the dental service in 1937. Thus my father became the Authority's first Assistant Dental Surgeon. The Education Committee decided to take over the dental work conducted by the Maternity and Child Welfare Committee, and also the Children's Home and Honeylands; and to extend the service to the whole elementary school population. To cope with this work the post of Assistant Dental Surgeon was made full-time and Clifford Reynolds was appointed.

War-time conditions and the increase in population due to Evacuees, necessitated the establishment of a temporary Assistant Dental Surgeon's post, and a further temporary was appointed when Mr. Reynolds joined the forces.

On Mr. Smallwood's retirement John Smythe was appointed temporary Senior Dental Surgeon in July, 1945 and in his report he mentions the advantages of having branch clinics to treat the outlying schools. Mr. Reynolds was appointed Senior Dental Surgeon on his return from active service in 1946. The inauguration of the National Health Service in 1948 produced staffing problems which were to last for over ten years. The appointment of a third dental officer took three years to accomplish and the Whipton Dental Clinic was finally opened in 1952. William Crofts Arkle succeeded as Principal Dental Officer in 1953 and the following year saw the new Whipton Health Clinic opened by the Minister of Health (Iain Macleod). He died in 1956 and John Clark, the next Principal Dental Officer, was concerned with the new dental clinic at Tin Lane, St. Thomas, but although the establishment was now four dental officers, for some time only two were on the staff. James Lawson succeeded Mr. Clark in 1958 and resigned in February, 1961. Alvin Pryor, appointed in

July, 1961, saw fewer staff problems and the standard of equipment was gradually improved. The City extended its boundaries in April, 1966 and the schools at Topsham, Alphington and Pinhoe were incorporated. A new branch clinic (for part-time use) was opened at Countess Wear in that year. St. Thomas Health Centre, with a dental suite to replace the Tin Lane Clinic, was opened in October, 1969 and has proved very successful. For some years now the facilities for dental inspection and treatment have been offered to the independent schools in Exeter; up to date three have accepted.

I succeeded Mr. Pryor as Principal School Dental Officer in December, 1972. It is clear that the process of rebuilding the schools peripherally renders the two surgery unit at 1a, Southernhay West inconveniently placed for many, and it is hoped to have a dental suite in the proposed Heavitree Health Centre. The improved atmosphere of a Health Centre over the old-type clinic has been well established at St. Thomas. The more outlying schools can probably be best served by Mobile Clinics. We have introduced twice yearly dental inspections for all First schools, and I must record my thanks to the Headteachers concerned for their help. An attempt is being made to reduce the number of extractions and increase the amount of conservative work done, and this policy is now reinforced following a visit of a dental officer of the Department of Education and Science towards the end of the year. Talks on prevention by the dental officers continue and thanks are also due to Miss Robertson (Health Education Officer). The arrangements for sterilisation of instruments have been improved and we are re-equipping with autoclaves in accordance with acceptable modern standards. An orthodontic welder has been purchased, enabling fixed appliance work to be done. Co-operation has been established with Devon County Council and patients are seen when and where needed. On an informal basis I have started treating "County" orthodontic patients who prefer to travel to Exeter.

I have been on a management course in London organised by the Department of Health and Social Security and am shortly off on another at Lyngford House (Regional Hospital Board). Mr. Mycock has attended a course on Children's Dentistry at Bristol University. Much time has been spent on work concerned with National Health Service re-organisation and I have served on the Working Party to consider the Dental Services, of the Devon Joint Liaison Committee.

Future. In April, 1974 the City and the County of the City of Exeter will be no more. The School Dental Service will be nationalised and be responsible to a largely nominated Area Health Authority. Care must be taken not to lose local interest and co-operation, however great possibilities exist for development and improvement of the service, particularly as part of a larger unit—but time alone will tell.

CHILD GUIDANCE SERVICE

(Report of the Medical Director, Dr. Christopher J. Wardle)

The psychiatric services for children and young people aged 0-18 are jointly provided by the local authority and the Regional Hospital Board. Outpatient clinics are held at 97 Heavitree Road and less frequently, at the Royal Devon & Exeter Hospital (Southernhay). The consultants in child psychiatry are Dr. Christopher J. Wardle, M.D., D.P.M., and Dr. Paul M. Jackson, M.B., D.P.M., who are supported by the team of psychiatric social workers and psychologists, the latter providing the link with the school psychological service and the education service for the community. In 1973, 160 patients were referred to the outpatient service at 97 Heavitree Road, 8 of these being under school age, and 31 patients from Exeter to the clinic at the Royal Devon & Exeter Hospital (Southernhay). In addition to their work in the outpatient setting, the doctors and social workers also provide an inpatient service, the Dryden Clinic. The Dryden Clinic has 18 beds for children up to 14 and a 12-bedded unit for teenagers. There are also 10 day places for children who need special treatment but can sleep at home. A school specially geared to the needs of children with behaviour difficulties and emotional disturbances is provided by the local education authority in the hospital premises. The age range for inpatients is from 5-18. During 1973 16 patients were admitted to the children's unit of the Dryden Clinic and 14 patients to the adolescent unit from the Exeter district.

All ages are seen in the outpatient departments. Referral may be initiated by anyone with a professional concern for children and by the parents themselves, but it is of course, important that the co-operation of the parents is obtained before referral is made, and equally important that the general practitioner who is concerned with the health of the family is consulted. All children who are referred will have a full assessment, after which a plan for treatment may be made if this is indicated. Treatment may include activity group therapy or individual therapy, occasionally medication may be indicated or the use of the alarm bell for bedwetting. Special educational treatment may be needed for children who are retarded or have a specific handicap in learning. Special schooling may sometimes be necessary and occasionally it may be helpful for the child to be placed in a boarding school or hostel. Two hostels are available in Devon, one at Totnes for secondary boys (all the boys in this hostel attend the Totnes Comprehensive School) and a hostel for junior school boys and girls of all ages, at Willand. The children at this hostel attend either the local junior school or secondary modern schools, or the grammar school at Tiverton. During 1973, 3 patients from Exeter made use of the hostel at Totnes and 6 patients the hostel at Willand. Admission to the Dryden Clinic may be indicated by the severity of the child's illness or by the need for fuller assessment than is possible as an outpatient. In

the Dryden Clinic the child can be seen in all types of settings—living, playing and school, and in relationship with other children and adults.

It should be emphasized here that admission to the hostels or to the hospital is no reflection on the child admitted or his parents. All kinds of problems can be solved by admission. Many of the children from very sheltered homes have developed crippling fears or worries which prevent them from leading a proper life, others require adjustment to medication, while others from very good homes have somehow or other got into difficulties in their relationships either with adults or with other children, so that they need to make a fresh start in a new group to learn a more successful way of relating. Others still, while perfectly happy and well adjusted at home, have got into difficulties at school, either educationally or in relationship with other children or teachers. While on the opposite side of the coin, children who are very well adjusted at school and succeed well there, may have become upset at home. Nowadays even children can fall prey to the stresses of life and become depressed or over-anxious, or develop psychosomatic disorders.

The pattern of work during 1973 has followed that of previous years. We welcome the growing trend for children to be referred younger and before their problems are too well established. Many problems stem from an overall family difficulty and we are trying to see the whole family wherever possible. Fewer children with problems of delinquency are being referred, but far more with family relationship difficulties. Difficulties in family relationships and emotional disturbances in children are those problems we can help most effectively, but it is worth noting by those who refer children, that we can do little without the co-operation and goodwill of the parents. The Social Services Department is better geared for helping the problem family who will often not be willing to co-operate, and even if willing, the material and social situation is so bad that little can be done by individual psychiatric treatment. We feel it important that all those concerned should recognise the need for early referral of certain problems which can be treated easily if seen near their beginning and may become impossible to treat once well established. Among these the most important are:—

- (1) The child who is beginning to be anxious about attending school, having odd days off with tummyaches or sickness or headaches, or is actually beginning to become frightened of going to school at all. (We would like to see these children within a week of the beginning of their condition—early treatment can often prevent the establishing of school phobia.)
- (2) The child who is beginning to clash with his parents; often a teenager beginning to rebel and show off.
- (3) The child whose school work is suddenly deteriorating out of the blue. Often this is the first sign of a depressive

illness or severe disturbance in family relationships. If nipped in the bud, the child may recover, otherwise the usual course is progressive deterioration, leading to situations from which it is impossible for the child to pull out.

Too often these problems are not referred until the problem is so entrenched that treatment is made difficult or impossible. It is better to see a few cases not in need of treatment than miss some who are. Some children are still being referred without proper consultation with the parents and others concerned; it is essential that an explanation is given to the parents as to why the referring agent wants them to see a specialist, before the referral is made. It is also important that the family doctor should know of the need for referral, occasionally it will be found that he has already made some arrangements for specialist advice, and in any case it is important that he should be aware of what is going on so that he can play his part in subsequent treatment.

On April 1st, 1974, the health services provided by the local authorities and the hospital services will be integrated under the Area Health Authority. It is hoped that this will improve the already well established integration of the child psychiatric services in Exeter. The outpatient services will continue to be held mainly in the Iddesleigh House Clinic, 97 Heavitree Road, but an additional weekly outpatient session will be held at the new Royal Devon & Exeter Hospital (Wonford). This will increase the links between the child psychiatric and other departments of the hospital, in particular neurology and paediatrics.

Over the year some parents and older patients, particularly adolescents, have objected to the name "Child Guidance Clinic". It is reasonable to point out that we help families and adolescents and not only younger children. The word "guidance", too, is also misleading because the treatment we offer includes the full range of medical and psychological approaches to treatment, while the word "guidance" implies that all we offer is advice. We have not found a satisfactory short description for our activities and are therefore suggesting that we call the clinic the "Iddesleigh House Clinic", since the house in which it is situated, was originally so named.

CHILD GUIDANCE CLINIC

STATISTICAL RETURN FOR 1973

1	Number of cases on the books on 31st December, 1972	110
2.	Number of cases awaiting investigation on 31st December, 1972	2
3.	Number of cases investigated but awaiting treatment on 31st December, 1972	10
4.	Number of cases referred during 1973	160
	<i>Source of Reference :</i>	
	(a) Juvenile Court and Probation Officers	4
	(b) School Medical Officers	43
	(c) Hospitals	7
	(d) Other Doctors	58
	(e) Head Teachers	29
	(f) Parents	10
	(g) Others	9
5.	Number of cases re-opened during 1973	11
6.	Number of cases investigated during 1973	137
7.	Number of cases treated for the first time during 1973	102
8.	Total number of children seen during 1973	277
9.	Total number of attendances during 1973	1,731
10.	Total number of cases discharged during 1973	179
	<i>Reason for Discharge :</i>	
	(a) Treatment complete (see below)	123
	Symptom free	21
	Much Improved	41
	Satisfactory	23
	Improved	29
	No change	9
	(b) Diagnosis with advice only	19
	(c) Unsuitable for treatment	2
	(d) Left city	3
	(e) Defaulted	8
	(f) Other reasons	24
11.	Number of cases remaining on the books on 31/12/73	102
12.	Number of cases awaiting investigation on 31/12/73	1
13.	Number of cases investigated but awaiting treatment on 31/12/73	13

N.B.—24 cases included in 10 above were closed whilst awaiting or before investigation was completed.

SPEECH THERAPY—1973

(Report by Mrs. H. J. Curle, L.C.S.T.,
Senior Speech Therapist)

During 1973 we have had several staff changes, losing two part-time therapists, Mrs. M. Pell and Mrs. H. Beardsall, but welcoming a full-time addition to the staff in Miss M. Odgers, who joined us in October.

With the opening of Mount Pleasant Health Centre in June, we were able to extend our Clinic facilities in that area of the City with two sessions a week for the children of Stoke Hill. In November this was increased to 3 sessions per week, to include a pre-school play therapy group.

In November it was found necessary to devote one of the St. Thomas Health Centre sessions to Foxhayes First School, as parents found it difficult to bring their children to the Clinic. As a result of this there is now a waiting list for admission at St. Thomas, as the two sessions still worked are full.

Much work has been done on the problems of the Mentally Handicapped children attending Ellen Tinkham School. There are 51 children there requiring Speech Therapy and the three sessions that the speech therapist attends is not adequate considering the numbers and severity of their handicaps. However, with the full co-operation of the teaching staff, Mrs. Rees has designed and is implementing a Language Acquisition Programme for use by teachers and speech therapists, to prevent speech language difficulties arising in the younger children, and to fill in the gaps in the development of the older boys and girls. Parent counselling remains an important feature in the work with the mentally handicapped.

Bradley Rowe First School continues to be an area of special need, as a large proportion of the children need special help with speech and language when they start school. The local play-group is co-operating with us over this problem and one session of Speech Therapy a week is conducted in the play-group at Shakespeare Road; this is a start, but it will by no means cover all the children who will later come into the first school, and the school itself will continue to need the minimum of two sessions a week.

In the Summer holidays we were again able to take advantage of the loan of Topsham Lock Cottage from Southbrook School for a week residential holiday, with intensive therapy for seven speech and language handicapped children. I would like to express my thanks to the other therapists, students and voluntary helpers who made it not only possible, but a great success. Five out of the seven children were subsequently discharged and the other two have made marked improvement. It is hoped that we can make this an annual event, as on both occasions where there has been a residential "holiday" it has proved to be outstandingly successful.

The Special Unit for Children with Communication Disorders

has now moved to Newtown First School, which is to be its permanent home. I should like to thank Mr. D. Milford the Headmaster for the wholehearted way he has encouraged their integration into the life of school. There are at present a number of children on the waiting list for places when they start school; it is hoped that the Unit will continue to provide a successful stepping stone by which these children may reach the normal Infant Class.

The pre-school play therapy group continues successfully two mornings a week at Bull Meadow Clinic; it also has a waiting list for admission. It is planned that a third session should be started in the near future to take up the waiting list and utilise to the full the equipment available.

Although there has been a satisfactory turnover of cases during the past nine months, there was considerable time devoted to routine clerical and administrative work, which could have been more profitably spent on Therapy. It is to be hoped that in the very near future adequate clerical assistance will be made available for the Speech Therapy Service.

SPEECH CLINICS				Sessions per Week
Bull Meadow	....	....	....	8
St. Thomas Health Centre	....	....	....	2
Whipton Clinic	....	....	....	3
Mount Pleasant	....	....	....	3
Burnthouse Lane	....	....	....	1
SCHOOLS VISITED				
Special Schools	Southbrook School	....	....	2
	Ellen Tinkham School	....	....	3
	Vranch House	....	....	2
First Schools	Bradley Rowe	....	....	2
	Newtown and Special Unit	....	....	2
	Foxhayes	....	....	1
	Ladysmith	....	....	$\frac{1}{2}$
Nursery Schools	Chestnut Avenue Nursery	....	....	2
	Administration	....	....	2 $\frac{1}{2}$
Children on the register 1.4.73				395
New referrals 1.4.73-31.12.73				79
School Children				110
Pre-School				
Total number of children seen in 1973				584
Total number of children discharged				223
Children remaining for observation and treatment				361
Total number attendances at all schools and clinics				5,301

NOCTURNAL ENURESIS

(Bed Wetting)

New Cases (104, all ages)

During the year 84 (6%) "new cases" of nocturnal enuresis (56 boys—28 girls) were noted by the school doctors among the 1,453 children examined at the periodic medical examination at school entry. Additionally 6 new cases (4 boys—2 girls) were found among 2,267 of various ages re-examined and 14 (7 boys—7 girls) among 1,002 of various ages having special examinations.

Treatment with Electric Alarms during 1973

Cases were selected on the same general lines as described in previous reports.

82 children (53 boys—29 girls) were recommended an alarm, 54 by school medical officers, 11 by their family doctors, 3 by health visitors, 12 at the request of their parents, and a further 2 were referred by the child guidance clinic.

43 children were issued with an alarm during 1973. 7 were still using it at the year end; an alarm was not issued to 39 for the following reasons: 11 were still on the waiting list, 6 were considered after further assessment not to be suitable to have an alarm, 15 failed to keep two appointments to collect the alarm, and 7 were dry when called for alarms.

The result of the treatment with the alarm of the 36 children is set out below:—

	Dry				No Improvement				Not yet due for Review		TOTAL
	Boys		GIRLS		Boys		GIRLS		Boys	GIRLS	
	New cases	Old cases	New cases	Old cases	New cases	Old cases	New cases	Old cases			
Results on return of the Alarm	9	7	7	—	7	3	3	—	—	—	36
Further reports of the children:— Results after School Nurse's 1-monthly visit	9	6	5	—	6	2	3	—	3	2	36
Results after School Nurse's 6-monthly visit	6	3	3	—	5	2	5	—	10	2	36

The subsequent follow-up reports on the children shewn in the above table, as having returned the alarm, do not give a true indication of the final results because some of them were not due either for the one month and/or the six month follow-up review at the year end.

OBESITY CLINIC

The obesity clinic has continued during the year with a short waiting list of children to attend. In spite of this, the clinic only deals with a small proportion of the children who could benefit from attendance; in treating obesity one would like in every case to finish up with a slim child, but it must be accepted that only

in a small proportion will this be achieved, and one must be prepared to regard a certain reduction in a child's obesity to bring it to an accepted level, as being for that child a satisfactory result. No child is discharged from the clinic until he or she has reached a weight level that can be maintained over a period of at least nine months. For these reasons the small number of children for whom treatment has been satisfactorily completed does not reflect the true ratio of the clinic.

Details of children attended during 1973:—

Treatment satisfactorily completed	....	6
Failed to attend	....	25
Case closed on leaving school	....	7
No longer wishes to attend	....	7
Children still attending	....	113

SCHOOL CLINICS

The Central Clinic was open every Thursday morning throughout the year, mainly as a clinic for consultation with the school doctor; a considerable number of special cases, including enuretic children, fitness for employment cases and prospective student teachers attend; these are not included in the figures below. The Eastern Clinic was open only on Wednesday mornings during term time.

Of the 537 children attending the minor ailment clinics there were:—plantar warts (337), warts (42), skin conditions (63), minor injuries (40), nose and throat defects (25) and miscellaneous (30).

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

		<i>Minor Ailment— Clinic Attendances</i>		
		1971	1972	1973
Central Clinic, 1a Southernhay West	....	555	499	506
Eastern Clinic, Shakespeare Road	....	858	920	294
TOTALS	....	1,413	1,419	800

INFECTIOUS DISEASES

Incidence (notification of certain infectious diseases other than tuberculosis) in 1975 in children (5-14 years) of whom 10 were known to have had B.C.G. in early life as contacts. No significant difference was found between the incidence in the two groups. The incidence in the contacts group was 1.0 per 1000 and in the non-contacts group 1.2 per 1000.

(Continued on page 49)

Meningitis (1975)	
Whispering Cough	10
Other	10
TOTAL	20

At the end of December, 1975, a girl aged 12 years was notified as a new case of Respiratory Tuberculosis. No children were taken to the B. Registrar for any reason during the year. This number was 10 in 1974 and 10 in 1975.

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70 children showed positive reactions:-	
Grade I	35
Grade II	28
Grade III	7

At the end of December, 1975, a girl aged 12 years was notified as a new case of Respiratory Tuberculosis. No children were taken to the B. Registrar for any reason during the year. This number was 10 in 1974 and 10 in 1975.

INFECTIOUS DISEASES

Incidence (notifications) of certain infectious diseases, other than tuberculosis, in 1973 in children (Exeter residents) 5-16 years of age is shown in the table below. There were no notified cases of diphtheria, infective jaundice, tetanus, acute meningitis, acute encephalitis, poliomyelitis, typhoid and paratyphoid fevers.

DISEASE (Corrected for change of diagnosis)	BOYS	GIRLS
Measles	27	20
Whooping Cough	5	3
Scarlet Fever	13	6
Dysentery	1	—
Food Poisoning	3	1
Rubella	—	2
Gastro-enteritis (informal notifications)	—	—

TUBERCULOSIS

(Report by Dr. G. E. Adkins, Consultant Chest Physician)

At the end of December, 1973, a girl aged 13 years was notified as a new case of Respiratory Tuberculosis. No children were taken off the T.B. Register for any reason during the year. This means there are now 5 boys and 4 girls (all respiratory) and 1 boy (non-respiratory) on the register as at the end of 1973. Contact tracing procedure on the new case of Tuberculosis will be carried out during 1974.

20 strongly positive schoolchildren were referred for follow-up of whom 10 were known to have had B.C.G. in early life as contacts. No abnormalities were found, but they will be X-rayed annually during their teenage years.

1973 TUBERCULIN TESTING/B.C.G. VACCINATION

Parental consent was received in respect of 1,312 (84%) of the 1,563 thirteen-year-old children in maintained and independent schools in the city eligible for the tests. 1,270 (96·8%) children were tuberculin tested; of these, 35 were absent for the reading of their tests.

70 children showed positive reactions:—

Grade I	....	33
Grade II	....	28
Grade III	....	9
Grade IV	....	—

Grades I and II are now regarded as being non-specific reactions and are recorded as negative. These children are

given B.C.G. vaccination if considered necessary (e.g. B.C.G. not given previously).

Thus we had 1,226 children whom we regarded as negative reactors; of these, 61 are shown above as Grades I and II. 63 children had sometime previously had B.C.G. vaccination.

9 children had strong positive reactions (Grade II), of whom 4 had had B.C.G. previously. All 9 children are being referred to the chest physician for chest X-ray and medical examination (in 1974).

A total of 1,189 children were given B.C.G. vaccination.

VACCINATIONS FOR SCHOOL PARTIES GOING ABROAD

Smallpox, cholera and typhoid vaccination was offered, subject to parental consent, to parties of school children attending the Council's maintained schools, who were going on an education cruise to the Eastern Mediterranean. In the six schools concerned, 147 children were vaccinated against smallpox, 155 against cholera and 153 against typhoid.

A further 69 children, all from the same school, who were going to Spain and France in organised parties, were vaccinated against typhoid.

RUBELLA (GERMAN MEASLES) VACCINATION

During the year 539 girls, in the relevant age group (i.e. 11 to 16 years), were vaccinated against rubella. Of these, 486 were vaccinated at 11 and 12 years of age.

SMALLPOX VACCINATION

VACCINATION STATE AS NOTED DURING SCHOOL ENTRANTS' MEDICAL EXAMINATION IN 1973

Year of Birth	Vaccinated	Not Vaccinated	Not Known	TOTAL
1969 and later	16	12	9	37
1968 „ „	396	145	99	640
1967 „ „	525	168	82	775
GRAND TOTAL	937	325	190	1,452

Vaccination is recorded by the school nurses from information given to them by the parents. 64% of the school entrants examined at complete periodic medical examinations during the year were stated to have been vaccinated.

given B.C.G. vaccination if considered necessary by B.C.G. not given previously.

There were 1,728 children whom we reviewed as negative reactors of B.C.G. at the school above at Grades 1 and 11. Of these, 1,728 had been previously vaccinated with B.C.G. and 1,728 had strong positive reactions (Grade 11) of whom 1 had had B.C.G. previously. All 3 children are being referred to the child physician for chest X-ray and medical examination in 1917.

A total of 1,728 children were given B.C.G. vaccination.

VACCINATIONS FOR SCHOOL PARTIES GOING ABROAD

Smallpox, cholera and typhoid vaccination was offered subject to parental consent to parties of school children attending the Council's maintained schools who were going on an expedition cruise to the Eastern Mediterranean. In the six schools concerned, 147 children were vaccinated against smallpox, 155 against cholera and 155 against typhoid.

A further 50 children, all from the same school who were going to Spain and friends in organized parties, were vaccinated against typhoid.

During the year 539 children in the relevant age group (11 to 15 years) were vaccinated against measles. Of these, 488 were vaccinated at 11 and 12 years of age.

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VACCINATION STATE AS NOTED DURING SCHOOL EXAMINATIONS

During the year 539 children in the relevant age group (11 to 15 years) were vaccinated against measles. Of these, 488 were vaccinated at 11 and 12 years of age.

Year	Measles	Smallpox	Cholera	Typhoid
1907	1,728	1,728	1,728	1,728
1908	1,728	1,728	1,728	1,728
1909	1,728	1,728	1,728	1,728
1910	1,728	1,728	1,728	1,728
1911	1,728	1,728	1,728	1,728
1912	1,728	1,728	1,728	1,728
1913	1,728	1,728	1,728	1,728
1914	1,728	1,728	1,728	1,728
1915	1,728	1,728	1,728	1,728
1916	1,728	1,728	1,728	1,728
1917	1,728	1,728	1,728	1,728

Vaccination is recorded by the school from information given to them by the parents. At the school, the children are examined at regular intervals and the results are recorded. The children were found to have been vaccinated.

MISCELLANEOUS

NATIONAL CHILD DEVELOPMENT STUDY

(Report by Dr. G. F. C. Hawkins)

The School Health Department was again asked to co-operate in examining school children who are included in this piece of research. It is a longitudinal survey of the progress of some 16,000 children born in one week of March, 1958. They are examined at intervals under arrangements made by the National Children's Bureau, the last occasion being 1969.

Interesting reports, with the promise of progress through improved knowledge of child care, are already beginning to appear in the medical and sociological literature as a result of this Study. Examination now consists of recent health history, physical examination, some performance tests and an educational test.

26 Exeter school children were eligible for re-examination, and of these 24 were fully examined. Parental co-operation was on the whole good, as in 1969, but a new factor has appeared, in that two of the children refused to participate because they could not be convinced of the usefulness of the Study.

SCHOOL ABSENTEEISM

(Report by Dr. C. J. Wardle, Consultant in Child Psychiatry)

During 1973 a multidisciplinary group of people concerned with children, investigated the problem of school absenteeism. The group included Dr. D. Cullen, Deputy Medical Officer of Health, Mrs. M. Whinnom, Educational Psychologist, Mr. J. Stanton, Social Services, Mr. Heard, Education Welfare Officer, and myself. A special study was made of children who had been absent from school more than 35 times during the Autumn term.

It was noticed that school absenteeism was a problem more commonly found in children aged 13 and 14 years. It is of considerable significance that less than half of these children (38%) were identified as being physically ill or physically handicapped. A high percentage were noted to have emotional or behavioural difficulties, 24% were known to have a psychiatric or emotional problem, 14% were known to be delinquent or show other anti-social behaviour and 17% were found to be very much duller or more backward than the average school population. In more than half the families of secondary school absentees (56%), difficulties in the family had been noted by one or other of the agencies concerned, indicating that social and emotional factors in the family play a very important part in absenteeism from school.

This study is seen as a pointer to further investigation and the formation of a plan of action; the first aim has been achieved, that is, co-ordination of the different agencies involved with children who absent themselves from school.

SCHOOL ACCIDENTS

233 accidents to children in school (131 boys; 102 girls) have been reported this year. This is the largest number of accidents reported in any one year since they have been recorded.

High Schools

125 accidents were reported in High Schools (69 boys; 56 girls).

Middle Schools

66 accidents were reported in Middle Schools (36 boys; 30 girls).

First Schools

42 accidents were reported in First Schools or Infant Departments of Combined Schools (26 boys; 16 girls).

HEALTH EDUCATION

(Observations by Health Education Officer, Miss E. H. Roberston, S.R.N., S.C.M., R.N.T.)

This year the Health Education Officer reports that she has been invited to visit increasingly more schools to talk on topics for which the school has expressed a need.

Courses in Health Education and Personal Relationships have been arranged for senior pupils at St. James, St. Thomas's and Vincent Thompson Schools and for junior trainees at the Nichols Centre. A special pilot scheme Safety Course with specialised speakers concerned with the different aspects of safety, was arranged at St. James School in the Autumn Term; this was popular with the first group of senior pupils spending an extra year in school. All entrants at this school have had a complete term's course in the more important aspects of Health Education.

The very successful Child Care Course at St. Thomas School goes from strength to strength, with this year a special continuation course for girls wishing to take the National Association for Maternity and Child Welfare Society's Senior Child Care Certificate; a Health Visitor who is assisting with part of this course, has the special responsibility of Child Care Courses in other

Secondary Modern Schools—in all cases visual aids are made available by the Health Education Section.

The target topic campaign method does seem the most effective means of explaining matters of most vital importance to health, to the widest numbers of young people of a specific age range. The Health Education Officer almost feels a member of the staff of the schools she visits and wishes to thank teachers for the welcome and support they give her. The pupils also she considers treat her almost as if she belonged to their school, but the fact that a special topic is the reason for her visit lends it significant importance for their consideration.

Target topic campaigns seem more effective for pupils in the younger more impressionable age ranges. They have been offered to all schools in the City, including the special and independent schools, and include:—

The Rules of Health—discussed with 10–11 year old children highlighting the more essential factors which have a direct bearing on healthy living—such as enough sleep—with a window open, elementary nutrition and the special importance of breakfast, why face flannels and this year also platform shoes are dangerous to health.

Smoking and the Harm it does to Health—has been a topic discussed with eleven year olds of whom about two-thirds have already experimented with cigarettes, while probably half the rest have been thinking about them. The proportion at this age with an already firmly established conviction that they do not wish to smoke is really comparatively small; so it is important to make an attempt to influence the general attitude of the greater numbers before it is too late.

Dental Health—was treated this year for the first time as a “target”—the comparative “animal anatomy” approach with special transparencies produced by the Dental Council has proved extremely popular in Junior Schools—these talks have been arranged for any age range chosen by the school.

The Health Education of Menstruation—these talks centred on personal understanding and care in relation to personal hygiene—a topic not so readily approached in the school situation and fulfilling an important need for girls approaching puberty. These talks are now being arranged for pupils of approximately 10–11 years of age.

Personal Relationships and the Venereal Diseases—these discussions are now treated as a special target topic for senior schools where they seem increasingly acceptable. A group psychology approach to the understanding of human relationships in modern society lends to insight into its problems and the personal responsibilities and risks involved.

Talks regarding the Health hazards of Smoking and also concerning Drugs and Society have been given when requested in

Senior Schools. These have not been treated as special target campaigns, as all senior boys and girls are already aware of the risks they may wish to take and it is realised that any counter emphasis may only have the opposite of the desired effect.

The Health Education Officer has been invited to speak to groups at the University, the College of Further Education, at St. Lyses and St. Luke's Colleges. Students have frequently come to observe the ongoing work of Health Education, and also to collect material and advice for projects of their own. It has been a pleasure to foster the enthusiasm of these young people whose efforts do much to further the influence of Health Education in the City and beyond.

EXETER EDUCATION COMMITTEE

SCHOOL MEALS AND MILK REPORT, 1973

The statistical return required by the Department of Education and Science, shown below, gives the number of children taking milk and meals on selected dates during the last three years.

Date	Number of children taking Free Milk	Percentage	Number of children taking Meals	Number of children taking Free Meals	Percentage
4.10.73	3,931	91.25	8,916	1,775	65.56
5.10.72	4,009	95.73	8,457	1,935	62.32
23.9.71	3,548	96.25	7,634	2,030	55.03

During the major holidays, meals were provided for children eligible to have free meals. The attendance was as follows :—

HOLIDAY	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	2,290	244	10.65
Summer	2,360	184	7.80
Christmas	2,220	107	4.82

MOVEMENT OF SCHOOL CHILDREN IN AND OUT OF OUR SCHOOLS DURING 1973

The statistics show that the overall movement of school children in and out of the city schools during the year was 1,143 (616 inward transfers and 527 outward transfers), representing 7% of the total school population. At the year end, we still had the medical records of 237 children from 159 families who had moved away from the city and we were still waiting for the records of 145 children from 87 families who had moved into the city's schools.

NUMBER OF MEDICAL RECORDS TRANSFERRED TO OTHER AUTHORITIES

Set out according to the number of Children in the Family who
previously attended Exeter Education Committee Schools

MONTH	SIZE AND NUMBER OF FAMILIES				NUMBER OF CHILDREN INVOLVED	
	One Child	Two	Three	Four or more	Records sent	Not sent
Jan.	25	12	1	1	32	24
Feb.	25	6	4	—	18	31
March	16	5	2	—	29	10
April	29	3	3	1	26	22
May	20	6	3	—	17	24
June	9	5	2	—	14	11
July	47	9	5	—	53	23
Aug.	—	—	—	—	—	—
Sept.	19	10	—	—	44	4
Oct.	21	9	2	—	24	20
Nov.	30	14	2	—	27	41
Dec.	11	11	—	1	6	27
TOTAL	252	90	24	3	290	237
	369				527	

NUMBER OF MEDICAL RECORDS RECEIVED FROM OTHER AUTHORITIES

Set out according to the number of Children in the Family who
were admitted to Exeter Education Committee Schools

MONTH	SIZE AND NUMBER OF FAMILIES				NUMBER OF CHILDREN INVOLVED	
	One Child	Two	Three	Four or more	Records Received	Not Received
Jan.	27	5	2	2	51	—
Feb.	23	4	4	—	26	17
March	12	55	1	—	17	3
April	19	8	2	1	24	21
May	23	6	4	—	25	20
June	22	13	4	—	37	27
July	9	2	—	—	11	2
Aug.	—	—	—	—	—	—
Sept.	140	16	5	—	153	32
Oct.	24	13	5	1	63	10
Nov.	25	15	4	—	58	9
Dec.	3	1	—	1	5	4
TOTAL	327	138	31	5	470	145
	501				615	

DEATHS

I regret to have to report the deaths during 1973 of three Exeter school children: 1 (girl) influenzal pneumonia, 1 (boy) degenerative cerebral disease, and 1 (girl) whilst on holiday in Spain.

Financial Year ended 31st March, 1973

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

(a)	Total cost of School Medical and Dental Services	....	....	£94,444
(b)	Cost in terms of penny rate	....	....	1.59p
(c)	Cost per child to the Exeter Education Committee (based on a school population of 14,319)	....	....	6.59p

RETURNS TO THE DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1973

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1974 :

(i)	Form 7 Schools	....	....	14,642
(ii)	Form 7M	....	....	243
(iii)	Form 11 Schools	....	....	62
TOTAL				14,947

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 who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination
		Satisfactory	Unsatisfactory	
		Number	Number	
(1)	(2)	(3)	(4)	(5)
1969 and later	50	50	—	—
1968	641	641	—	4
1967	782	782	—	6
1966	—	—	—	6
1965	—	—	—	2
1964	—	—	—	5
1963	—	—	—	1
1962	—	—	—	1
1961	—	—	—	—
1960	—	—	—	—
1959	193	193	—	—
1958	244	244	—	—
1957 and earlier	75	75	—	—
TOTAL	1,453	1,453	NIL	25

TABLE B—OTHER INSPECTIONS

NOTES : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections ....	....	....	1,149
Number of re-inspections ....	....	....	2,267
TOTAL			3,416

TABLE C—INFESTATION WITH VERMIN

NOTES : All cases of infestation, however slight, should be included in Table C

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	....	....	....	....	17,567
(b)	Total number of individual pupils found to be infested	....	....	....	....	227
(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 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	12
Errors of refraction (including squint)	537
TOTAL	549
Number of pupils for whom spectacles were prescribed	213

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	49
(b) for adenoids and chronic tonsillitis	140
(c) for other nose and throat conditions	9
Received other forms of treatment	82
TOTAL	280
Total number of pupils still on the register of schools at 31st December, 1971, known to have been provided with hearing aids :	
(a) during the calendar year 1972	6
(b) in previous years	33

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	113
(b) Pupils treated at school for postural defects	—
TOTAL	113

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part 1)

	Number of cases known to have been treated
Ringworm : (i) Scalp	—
(ii) Body	2
Scabies	3
Impetigo	11
Other skin diseases	453
TOTAL	469

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	277

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	584

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	50
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,189
TOTAL (a) — (d)	1,239

SCREENING TESTS OF VISION AND HEARING

Where boxes are provided for the answers please place ticks in the appropriate box or enter the ages, where requested, in Arabic numerals).

- 1 (a) Is the vision of entrants tested as a routine within their first year at school?

YES	NO
✓	

- (b) If not, at what age is the first routine test carried out?

- 2 At what age(s) is vision testing repeated during a child's school life?

6	7	8	9	10	11	12	13	14	15	16
		✓			✓		✓	✓	✓	

3 (a)	Is colour vision testing undertaken ?	....	....	YES	NO
				✓	

(b) If so, at what age ? 10 years

3 (c)	Are both boys and girls tested ?	....	....	BOYS	GIRLS
				✓	—

4 (a) By whom is vision testing carried out ? School Nurses

(b) By whom is colour vision testing carried out ? Ishihara screening by School Nurses ; " failures " tested by School Medical Officer using Giles Archer Lantern.

5 (a)	Is routine audiometric testing of entrants carried out within their first year at school ?	....	....	YES	NO
				✓	

(b) If not, at what age is the first routine audiometric test carried out ?

(c) By whom is audiometric testing carried out ? Audiometricians.

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Inspections

(a)	First inspection at school—Number of pupils	....	....	13,800
(b)	First inspection at clinic—Number of pupils	....	....	1,108
(c)	Pupils re-inspected at school or clinic	....	....	4,068
TOTALS				18,976

Visits

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 & over	<i>Total</i>
First visit	1,727	1,519	485	3,731
Subsequent visits	1,246	3,051	1,066	5,363
Total visits	2,973	4,570	1,551	9,094

Courses of Treatment

Additional courses commenced	437	272	84	793
Total courses commenced	2,164	1,791	569	4,524
Courses completed	—	—	—	3,630

Treatment					Total
	Ages 5 to 9	Ages 10 to 14	Ages 15 & over		
Fillings in permanent teeth	354	2,444	1,282		4,080
Fillings in deciduous teeth	923	139	—		1,062
Permanent teeth filled	321	2,248	1,214		3,783
Deciduous teeth filled	885	129	—		1,014
Permanent teeth extracted	139	571	136		846
Deciduous teeth extracted	1,192	388	—		1,580
Number of general anaesthetics	733	492	80		1,305
Number of emergencies	—	—	—		—
Number of pupils x-rayed					331
Prophylaxis					560
Teeth otherwise conserved					1,087
Teeth root filled					19
Inlays					—
Crowns					37

Orthodontics

New cases commenced during the year					61
Cases completed during the year					39
Cases discontinued during the year					10
Number of removable appliances fitted					97
Number of fixed appliances fitted					—
Number of pupils referred to Hospital Consultants					2

Dentures

Number of pupils fitted with dentures
for the first time :—

(a) with full denture	—	—	—	—
(b) with other dentures	1	12	3	16
Total	1	12	3	16

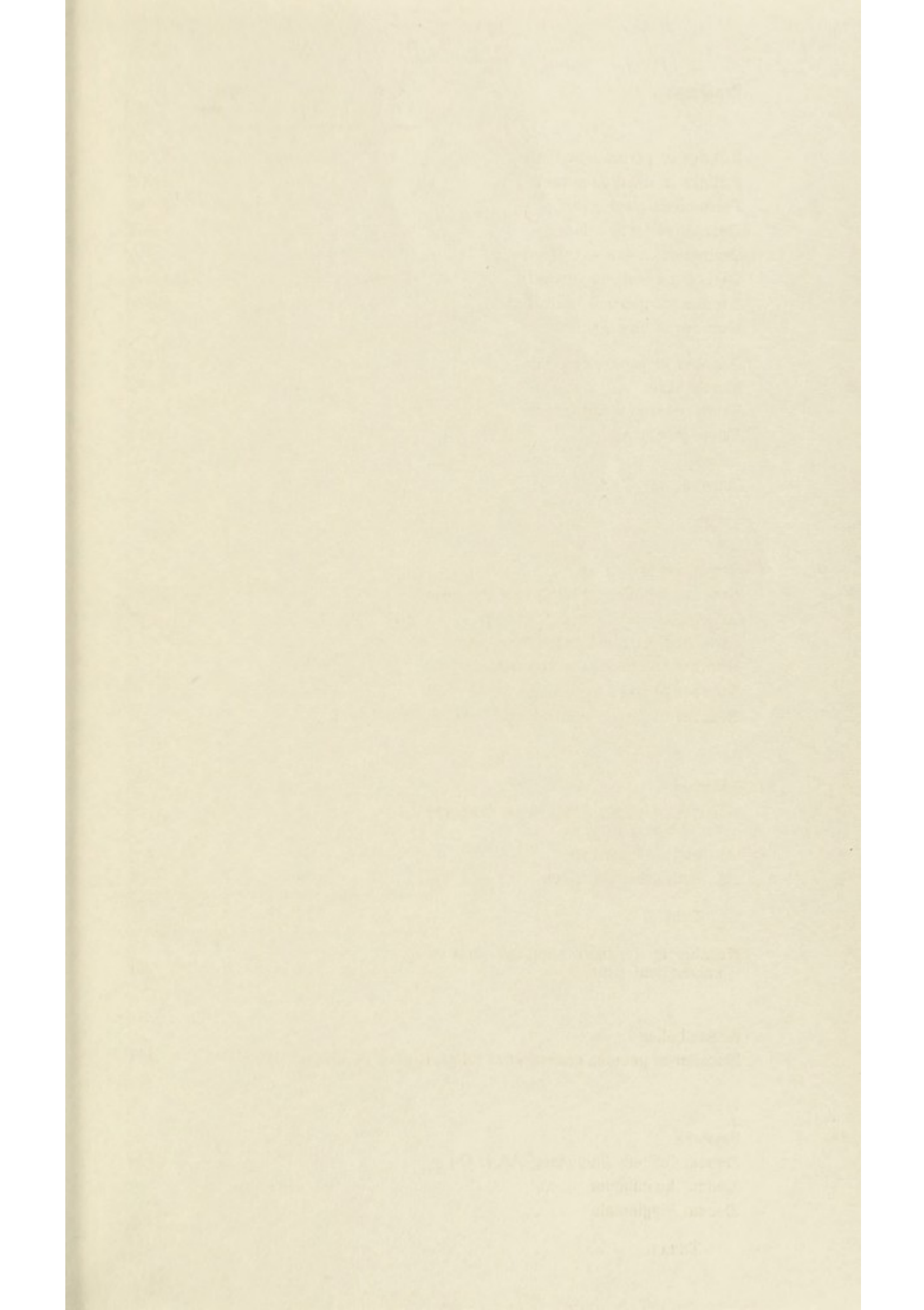
Number of dentures supplied (first or subsequent time)	1	15	6	22
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Anaesthetics

Number of general anaesthetics administered by Dental Officers	907
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Sessions

Dental Officers (including P.S.D.O.)	1,810
Dental Auxiliaries	—
Dental Hygienists	—
TOTAL	1,810



Treatment	Apr 1 to 5	Apr 10 to 14	Apr 15 to 20	Total
Fillings in permanent teeth	201	7,665	1,225	8,891
Fillings in deciduous teeth	207	139	—	346
Permanent teeth filed	521	2,342	1,214	4,077
Deciduous teeth filed	255	139	—	394
Permanent teeth extracted	726	371	126	1,223
Deciduous teeth extracted	1,125	388	—	1,513
Number of general examinations	732	292	50	1,074
Number of emergency	—	—	—	—
Number of people treated	—	—	—	351
Examinations	—	—	—	284
Teeth otherwise examined	—	—	—	1,027
Teeth not filed	—	—	—	12
Exams	—	—	—	—
Copies	—	—	—	27

Orthodontics

New cases commenced during the year	—	—	—	61
Cases completed during the year	—	—	—	39
Cases discontinued during the year	—	—	—	10
Number of removable appliances used	—	—	—	95
Number of fixed appliances fitted	—	—	—	—
Number of people referred to Hospital Consultants	—	—	—	2

Dentures

Number of people fitted with dentures	—	—	—	—
for the first time	—	—	—	—
22 with full dentures	—	—	—	—
22 with other dentures	1	10	2	13
Total	1	10	2	13

Number of dentures supplied (22 or subsequent years)	1	10	2	13
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Administration

Number of general examinations administered by Dental Officers	207
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Staff

Dental Officers (including F.S.M.S.)	1,412
Dental Auxiliaries	—
Dental Hygienists	—
Total	1,412

