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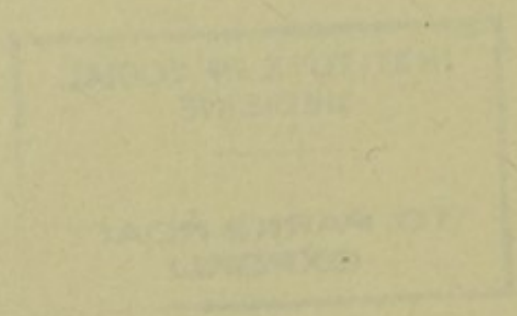
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Alameda County Children



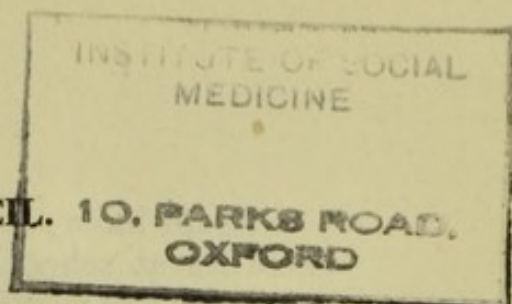
# Annual Report

SCHOOL MEDICAL OFFICER

1947

C. J. BURKE  
SCHOOL MEDICAL OFFICER  
ALAMEDA COUNTY

ANGLESEY COUNTY COUNCIL. 10, PARKS ROAD,  
OXFORD



*To the* CHAIRMAN AND MEMBERS  
OF THE EDUCATION COMMITTEE.

I have the honour to present the Thirty-fifth Annual Report on the School Health Service in the County.

During the year under review much planning and reorganisation has been necessary in order to implement the provisions of the Education Act 1944, and the Handicapped Pupils and School Health Service Regulations.

It will be appreciated that under the Act pupils at maintained schools can now be required to be medically examined at periodic inspections, which are at least to include school entrants and pupils attending primary and secondary schools during their last year of attendance there, and at re-inspections and special inspections which are carried out in addition, as necessary; similarly dental inspection can be insisted upon. Medical and dental treatment is, however, not compulsory although it is the duty of the Authority to secure that comprehensive facilities for free treatment, other than domiciliary treatment, are available either under the Act or otherwise, the latter alternative being a reference to certain provisions for treatment anticipated under the National Health Service Act 1946.

In view of the nearness of the Appointed Day under the latter Act, the Committee have agreed to meet the cost of such in-patient and out-patient hospital treatment as is approved by the School Medical Officer without entering into special financial arrangements with the institutions concerned since it can be argued that this treatment is only sought and provided because of its necessity.

Progress has been made in extending and improving medical facilities for Anglesey pupils by—making available the services of a paediatrician; arrangements for the reference of maladjusted pupils to a Child Guidance Clinic at Bangor; the mass radiography of pupils over the age of eleven years, in co-operation with the Welsh National Memorial Association; a project (approved by the Minister) for the provision of a Mobile Minor Ailments Clinic to operate at rural schools where accommodation is so restricted as to exclude the possibility of a treatment room; and the Committee's approval of the plan to appoint whole-time school nurse-health visitors to undertake school nursing work at present being carried out by district and village nurse midwives.



Steps have also been taken to improve the accommodation and facilities at school clinic centres and efforts made, so far without avail, for the provision of orthoptic treatment and a mobile physiotherapy trailer unit. Some preliminary work has been undertaken in ascertaining the extent of the problem of handicapped pupils (i.e., children requiring special educational treatment on account of certain physical or mental disability). It is important here to point out that this procedure, particularly in the case of the educationally subnormal, is one which requires special experience and consumes much time and, important though it is to secure special educational treatment for the educationally subnormal child, there is a still greater urgency to ascertain and exclude from school those children whose disability of mind is so gross as to render them ineducable.

I wish to express appreciation to the Chairman and Members of the School Children Welfare Committee for their interest and co-operation, to the Director of Education and his Department for their valuable assistance, to the Superintendent and School Nurses for their loyal services and, not least, to my professional colleagues and office staff for the excellence of their work and their help in the preparation of this report.

I am,

Your obedient Servant,

G. J. ROBERTS,  
*School Medical Officer.*

**MEMBERS of the  
SCHOOL CHILDREN WELFARE COMMITTEE**

Chairman : Mr. H. R. Evans.

Capt. Stanley Davies.	Mr. H. Hefin Jones.
Mr. W. Davies.	Mr. Hugh Jones.
Mr. W. Edwards.	Mr. J. Griffith Jones.
Mr. Glynne Elias.	Mr. Llew. W. Jones.
Mr. Caradoc Evans.	Mr. R. D. Jones.
Mr. David Evans.	Mr. T. H. Jones.
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Mr. J. M. Hughes.	Mr. R. O. Pierce.
Sir Wynne Cemlyn-Jones.	Mr. R. Roberts.
Miss Dilys Jones.	Lady Kathleen Stanley.
Mrs. Walter Jones.	Mr. G. Ll. Williams.
	Mr. R. P. Williams.

Director of Education : Mr. E. O. Humphreys, M.A., B.Sc.

**STAFF**

School Medical Officer and County Medical Officer of Health .....	G. J. Roberts, M.D., B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.P.A.
Assistant School Medical Officer .....	O. J. Parry-Edwards, B.A., M.B., B.Ch., B.A.O. (Dublin) to 31.7.47. G. H. Browse Roberts, M.A., M.B., B.Ch., B.A.O., D.P.H., L.M. from 23.6.47.
School Dental Surgeons ....	C. Rolant Thomas, M.R.C.S., L.R.C.P., L.D.S. ; Elwyn Jones, L.D.S.



Consulting Ophthalmic Surgeons .....	†T. G. Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S. ; †G. C. Laszlo, M.D. (Budapest), L.R.C.P. (Edin.), D.O. (Oxford)
Consulting Orthopaedic Surgeon.....	†B. L. McFarland, M.D., M.Ch.Orth. F.R.C.S.
Consulting E.N.T. Surgeon..	†John Roberts, F.R.C.S. (at the C. and A. Infirmary, Bangor).
Physiotherapist .....	†Miss G. N. Holme, M.C.S.P.
Superintendent of School Nurses .....	†Miss M. Prytherch, S.R.N., S.C.M., Q.N.
School Nurses .....	†22 Nurses of the County Nursing Association.
Chief Administrative Assist.	William H. Parry.
Clerks .....	Maldwyn Jones ; Miss D. M. Williams ; Benjamin Birch ; R. J. Jones ; *W. R. Roberts.

\* With H.M. Forces.

† Part time.

*Report of*

## ASSISTANT SCHOOL MEDICAL OFFICER

**Clothing and Footwear**

Whilst it is not easy to compare the position in 1947 with that in previous years, it is felt that with some exceptions the standard is being satisfactorily maintained, rural areas being rather better. Three cases were referred to the N.S.P.C.C.

The Authority have been much exercised with the problem of ensuring that children travel to school suitably protected against the rain and with provision for drying wet garments at school, although this matter is less serious now than formerly in view of improved transport facilities and the better financial position of parents.

**Cleanliness**

In spite of persistent efforts by the school nurses there is still neglect and a regrettable lack of co-operation amongst certain families who seem indifferent to propaganda of all kinds. However, with more vigorous action such as the issuing of printed cleansing instructions, informal and formal cleansing notices and cleansing orders and, in default, the liability to legal proceedings, it is hoped to improve this state of affairs. The future employment of school nurse-health visitors should yield still better results. Where necessary, combs and therapeutic agents are available for issue by the nurses to the parents of verminous children.

**Nutrition**

The assessment of a child's nutritional state is necessarily affected by individual opinion but it is probably correct to state that with increased participation in the school milk and meals scheme the average nutritional level of Anglesey pupils reflects a continued general improvement.

With the continuance of rationing, sensible parents allow their children to partake of meals at school, which are often better than it is possible to provide at home and which form a valuable supplement to the diet. Frequently the parents who fail to take advantage of this provision for their children do so either because they are opposed to a measure which they regard as interference or are over anxious and feel that they can cook a better meal themselves. Halibut liver oil capsules, supplied from the Health Department, are dispensed by the Headteacher on the advice of the medical officer who supplies a list of children who are found at routine medical inspection to require some such provision. Sun-ray treat-



ment is prescribed for delicate children and is provided at the Holyhead clinic, these facilities not yet being available at Amlwch owing to lack of electricity at the clinic premises.

### **Skin Diseases**

Impetigo was commoner than scabies, the former being sometimes secondary to the latter ; the incidence of these two conditions expressed as a percentage of all inspections (routine and special) being impetigo 0.7 and scabies 0.4.

### **Ear, Nose, Throat and Dental Conditions**

A number of children had a history of attacks of bronchial catarrh, many being frequently associated with some upper respiratory infection (possibly the primary condition), and particularly with chronic nasal catarrh, with or without adenoids. It is probable that the difficulties of a proportion of retarded pupils may be partly due to some air passage defect whilst often enlarged tonsils and neck glands owe their origin to dental infection, sometimes considerable. That so many parents of children with decayed teeth refuse to consent to treatment is a matter of serious concern and reference to the dental officers' reports show that over 1,400 children recommended for dental treatment did not obtain it owing to failure to secure parental consent. The effect of chronic dental sepsis on a child's general health is insufficiently appreciated.

### **Vision**

All children who at medical inspection were found to have defective vision, or who were reported at inspection by the teachers to be suspected as having visual defects (but who could not yet read the Test letters), were referred to the School Ophthalmologist. The necessity for the establishment of an Orthoptic Service (referred to by the Eye Specialist in his report for 1946) still remains, but, unfortunately no Orthoptist is yet available to carry out this important service. Eighty-five cases of squint requiring treatment were seen during the year.

Although the percentage of the school population needing glasses may not be high, yet there are far too many children with defective vision who have been found without their spectacles at the time of school medical inspection ; breakage is no excuse if it is left to the nurse to initiate remedial action. Wholtime School Nurse/Health Visitors may perhaps reduce this problem a little but the matter is primarily a parental responsibility. Notices have been sent to headteachers and parents calling for their co-operation in this matter but on the whole the response has been disappointing.



## Heart and Circulation

Eighty pupils have been placed under observation and sixteen have either been excluded from taking physical training or have been referred for a second opinion. No cases of severe anaemia were reported.

## Lungs

The commonest conditions were recurrent bronchial catarrh and chronic bronchitis, with or without upper air-passage defects. There were a few cases of bronchiectasis. All children at school medical inspection reported to be tubercular contacts and who appear debilitated are referred to the Tuberculosis physician as a precautionary measure unless this has already been done by the local doctor.

## Mass Radiography Chest Survey

By arrangement with the Welsh National Memorial Association, a mobile mass radiography unit, with Dr. T. Archer Blyton in charge, visited the County early in 1947.

The investigation of Anglesey school children over the age of 11 years was completed between February 19th and March 7th; 2,595 children were examined and 83 were recalled for large films. Six children who failed to attend for the taking of a large film on account of roads being impassable were referred from this department to the Tuberculosis Officer.

Where any abnormality was discovered the family doctor was in each case informed by the Medical Officer of the Unit by letter, the parents of the children concerned interviewed, and the Tuberculosis Officer supplied with particulars of the cases of active pulmonary tuberculosis discovered and of all patients requiring further observation.

Of the children examined only one case of active pulmonary tuberculosis of adult type was seen but 138 children showed evidence of healed primary disease of the lung with enlargement of the root glands and 209 showed enlarged root glands, indicating that there must be a fair number of cases of active pulmonary tuberculosis amongst the adult population of the County. Nine children with active primary disease or possible adult type of pulmonary tuberculosis and other conditions were referred for further observation. No case of rheumatic heart disease was detected radiologically; forty-seven children showed some degree of spinal curvature, these scholars being referred to the Physiotherapist. Other conditions revealed at the Survey were - one case of congenital cystic disease



of the lung, one of chronic bronchitis, one of bronchiectasis, two of atelectasis (one with dextrocardia), one of enostosis of rib.

Only with good team work could this investigation have been successfully carried out in an area with pupils so widely scattered, and severe weather and technical troubles resulting from the power cut added to the difficulties.

### Orthopaedics

During the year there was a considerable increase in the number of cases dealt with, thus imposing more work on the Orthopaedic Service. The pupils treated or under observation in the last four years were :

	<i>Treatment</i>	<i>Observation</i>
1944 .....	39	59
1945 .....	10	84
1946 .....	26	96
1947 .....	125	106

### Educationally Subnormal Children

It is well to reflect on the statutory definition of educational subnormality under the Education Act of 1944 and to realise that even if there were sufficient educational facilities available on a regional or national basis for dealing with or disposing of such pupils there still remains the other group of subnormal children (i.e. with gross disability of mind) who cannot be so classed under the above-mentioned Act. Many children suspected by their teacher as being subnormal were visited in their homes last summer, two general observations being that often the parent refused to acknowledge any "backwardness" and/or to consider any suggestion of the possible need for special residential education and the comparatively large number of children of borderline or doubtful subnormality whom it was felt that some physical treatment would benefit. A number of these children have been subsequently re-examined and were found to have improved considerably.

### Secondary Schools

Full examinations aggregating 1,358 were made of all pupils at three of the Secondary Schools and examinations at the fourth had been commenced by 31st December.



### Home Visits

During August 144 children, tentatively labelled as handicapped within the meaning of the Act, were visited in their own homes with the object of :

- (1) examining the child and initiating any corrective procedures,
- (2) gaining medical information from the parent,
- (3) assessing their domestic environment.

The majority of these children were found to be in far better condition than was anticipated and in many cases required comparatively minor attention (i.e. ear, nose and throat corrections, refractive treatment etc.) ; a number of these children have since been reported as markedly improved by their teachers.

### Disabled Leavers

Children in their last year at school who have a disablement rendering entry to certain occupations inadvisable are, with the consent of the parent notified to the Juvenile Employment Officer of the Ministry of Labour and National Service with a note on the school leaving medical report as to the nature and probable duration of the disablement. If the parent refuses to consent to this report being sent to the Juvenile Employment Officer, the latter is forwarded a confidential report which merely indicates the occupation(s) considered unsuitable.

### Diphtheria

During the year there were only three confirmed cases of diphtheria and no deaths were reported. Two of these cases were reported as having been previously immunised, although on investigation there was no record of protective inoculation in the one case and in the other preventive treatment, which had not been completed, was remote. It is of course an acknowledged fact that immunisation does not give 100 per cent protection, yet in my own experience in dealing with several hundred admissions to diphtheria wards, it does prevent mortality unless there is some co-existent serious infection.

Where immunisation has been undertaken the protection tends to wear out after about five years unless stimulated by a "boosting" injection. During the year 682 children were immunised for the first time and 3,313 received "boosting" doses.

### General Remarks

The new School Medical card instituted by the Ministry of Education has been brought into use this year and will gradually



replace the former card over a period of years. One advantage of the new card record system is that it involves a subsidiary record card being kept permanently at the school for suitable annotation by the School Nurse and the Headteacher of such medical incidents as are considered significant. If properly kept these record sheets will be of very great benefit.

Parents should realise the importance of attending routine medical inspections in order that their own important contribution might be added to that of the school nurses and of the teachers so as to form a more complete picture of each child's history and background. Incidentally, it is well to stress the importance of many of the facts that a teacher can, and usually does, obtain about a child's out-of-school activities, environment, and the miscellaneous (but often very useful) scraps of information that tend to be despised as "local gossip".

It is greatly to be hoped that the building of the new Secondary School at Amlwch will be allowed to proceed without any setbacks as the present temporary accommodation is unhygienic owing to its unsuitability.

Until every school has a medical room for medical and nursing inspections—integral parts of a child's school life—these examinations must, unfortunately, produce some temporary dislocation of routine.

G. H. BROWSE ROBERTS.

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*Report of*  
SCHOOL OPHTHALMIC SURGEON

During 1947 thirty-two Ophthalmic Clinics were held at which 556 children were seen. Fourteen operations were carried out, eleven being squint operations.

There are a great number of squints among the children at school and in order to treat them satisfactorily, i.e. to achieve full binocular vision it would be highly desirable to acquire the services of an Orthoptist.

The co-operation of the children and parents has been fairly satisfactory with regard to the wearing of the prescribed glasses and attendance at Clinics.

There was no case of infectious eye disease.

G. C. LASZLO.



## EAR, NOSE AND THROAT SERVICE

A gratifying feature of the year's work has been the increase in the number of children referred for consultation.

It is only in this way, and by making full use of the ancillary services in hospital (X-ray examinations, pathological and bacteriological tests etc.) that a really comprehensive E.N.T. service can be provided.

We must realise that the tonsils and adenoid operation (although often invaluable) forms only a part of E.N.T. treatment, and unless we are constantly alive to the prevalence of deafness, sinusitis, respiratory allergy, etc. we lose the opportunity of treating these conditions at a time when cure is possible, and before the patient has suffered incapacitating and irremediable injury to health.

As I often remarked to your late predecessor, the infective types of deafness readily respond to treatment in childhood, but if they are allowed to become established, the hopes of cure are remote once the child has left school.

It is only within recent years that we have come to appreciate the pernicious influence of untreated sinusitis in causing persistent middle ear infection and suppurative lung (bronchial) conditions, and some of our most dramatic results have followed relatively simple intranasal drainage operations on infected sinuses.

It would be a commendable thing to encourage the school teachers to report children who are chronically catarrhal or those whom they suspect of being deaf.

JOHN ROBERTS.



*Report of*  
SCHOOL DENTAL SURGEONS

The work of the School Dental Service carried out in the eastern half of the Island during 1947, comprised the routine examination and treatment of the children in County Primary and Secondary Schools, and in addition a certain amount of orthodontic work was included in the work of the department. There is a continued decrease in the number of unhealthy permanent teeth extracted. Of permanent extractions, some refer to sound teeth removed to remedy overcrowding. It is encouraging to find an increasing willingness to have both permanent and temporary teeth filled, though requests for "no fillings" still come occasionally. But two great problems continue to confront the School Dental Service. The first is lack of oral hygiene, which plays so great a part in the production of dental disease, and the second is the refusal of many requiring treatment to accept it until compelled to do so by the pain and discomfort of toothache.

The conservative treatment of temporary teeth will, it is hoped, prevent the development of many orthodontic defects in the younger generation, and preserve a masticatory mechanism right up to the arrival of the second dentition. Herein lies the importance of treating the pre-school group of children, now also to come within the scope of the School Dental Service.

I again express my thanks to the heads and teaching staffs of the schools, for their help and co-operation, which so much assists the smooth running of the clinics.

C. M. ROLANT-THOMAS.

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I beg to submit a short report on the School Dental Service in the western half of Anglesey.

The general condition of the children's teeth shows but little improvement. Dental treatment seems to be regarded as necessary only for the relief of pain and not for its prevention and for oral hygiene. Much of the decay is caused by lack of cleaning and it is common to be told by a child, on being asked when he cleaned his teeth last—"Last week."

About seventy-five per cent of the children examined require treatment in some form; for which consent to treatment is forthcoming only in half the cases. Fewer parents now object to conservative treatment for their children than was the case a few years ago.

I wish to express my thanks to the members of the Teaching profession for the help afforded me in carrying out the work.

ELWYN JONES.



## ORTHOPAEDIC SCHEME.

As the tide of war has slowly ebbed from Anglesey, the treatment of the physically defective children in the County has become easier and more complete. Communications still remain a difficulty and the regular attendance for treatment and supervision is consequently prejudiced. It is to be hoped that this can be remedied by the institution of a mobile after-care unit or more clinics.

B. L. McFARLAND.

## ORTHOPAEDIC AFTER-CARE

The After-Care Centres continue to treat more children each year. Much of the work being of a prophylactic character.

Hospital cases, other than urgent ones, still have to wait a very long time for admission but it is hoped that the position will improve in 1948.

Holyhead centre is the only one which is at all suitable as an After-Care Clinic. The accommodation is large enough for class-work and to provide screened-off cubicles for individual treatment and ultra-violet treatment, but half the space is wasted, being a passage and therefore only suitable for use as a waiting room. The present means of heating by gas radiators is uneconomical and unsatisfactory. Llangefni, Amlwch and Beaumaris centres, although comfortable for individual treatment and the heating arrangements superior to Holyhead, are too small for active remedial work and quite unsuitable for class-work.

Amlwch centre has no electricity available.

It is clear that when the Assistant School Medical Officer has visited all the schools in the island more suitable centres will be needed as well as extra equipment.

G. N. HOLME.

### Orthopaedic After-Care Annual Report 1947.

Centre	Sessions	Patients	Treat- ments	Classes	Children Home in Class	Home Visits	U.V.R.	
							Treat- ments	Children treated
Holyhead ..	45	68	451	71	28	16	344	38
Llangefni ..	40	15	182	14	3	39	8	1
Amlwch ....	39	25	231	13	5	32	..	..
Beaumaris ..	42	12	142	..	..	55	..	..
Totals ....	166	120	1,006	98	36	142	352	39



*Report of*PHYSICAL EDUCATION IN ANGLESEY  
1947

Definite progress has been made in Physical Education in Anglesey Schools in 1947 ; due largely to the marked interest shown by the teachers and the general improvement in the provision of apparatus.

Headteachers have made an effort to purchase small apparatus for Physical Education, but the stocks and quantities of these materials are still inadequate, e.g. many schools still possess no kind of large ball or football. In some of the smaller schools it has been possible to provide apparatus from the Physical Training Organisers' allowance, but prices make it impossible to provide anything but the absolute minimum as the cheapest Football in the smallest size made now costs £2 2s.

The facilities in Primary Schools vary very considerably. The last three playgrounds re-surfaced are admirable, but many of the others are very rough and unsuitable for many activities in Physical Education. In a few cases the yards are totally unsuitable for Physical Education.

The Modern Secondary Schools have received thier initial supplies of portable apparatus and Games Equipment during the year. Except for St. Cybi Modern Secondary School, Holyhead, there is no indoor accommodation for Physical Education, and because of the rough and uneven surface of the playgrounds in the other Modern Secondary Schools much apparatus work in the lesson has to be excluded. In Menai Bridge Modern Secondary School the playground is now most inadequate because of buildings recently erected there. At Llangefni Modern Secondary School the newly acquired playing fields add greatly to the facilities for Physical Education, but some provision should be made for the laying out and maintenance of such fields in all Schools.

In Amlwch, Beaumaris and Llangefni Grammar Schools, facilities for physical education have shown no improvement during the year and are still most inadequate.

At Holyhead Grammar School the gymnasium is now in full use, all the apparatus having been inspected and repaired and the floor re-conditioned. Great care is now being taken to preserve the good condition of the gymnasium.



About a quarter of the children in the Anglesey Schools have now been supplied with plimsolls, and in the class in which these are used a very marked improvement in the general standard of work and particularly footwork, is evident. On account of the small allocation of coupons from the Ministry of Education for the year 1947, it was not possible to provide all children with plimsolls, but it is hoped that a further purchase will be authorised in 1948.

#### **Teachers Courses**

A course in Senior, Junior and Infant Physical Education was held at Llangefni on the evenings of June 9th, 10th, 11th, 12th and 13th, 1947. About 50 teachers attended this course and took part in all classes. Two demonstration classes from Llangefni Voluntary Primary School and Llangefni County Primary School took part. A similar course was held at Holyhead in September and October when 46 teachers attended. Classes of Juniors and Infants from Church of England School and Cybi Infants and Junior Schools demonstrated various lessons. This was followed at the request of the teachers, by a 12 session course in School Dancing. The teachers who attended these courses were very enthusiastic about the work and a marked improvement has been noticed in many of the schools.

We would like to express our appreciation of the ready assistance given us by the Committee and the Director of Education and we also wish to thank Headteachers and staffs of all the Anglesey Schools for their very willing co-operation during the past year.

B. HARVARD-JONES.

E. LLOYD DAVIES.



## FOLLOWING UP BY THE SCHOOL NURSES, 1947.

No.	District	No. of Schools in district	Total average attendance	No. of Pupils examined	No. of Visits to Homes	No. of Visits to Schools	No. of Health Talks
1	Aberffraw . . . .	3	222	4,044	129	113	111
2	Amlwch . . . . .	3	380	5,644	135	126	179
3	Beaumaris . . . .	1	153	1,548	105	67	7
4	Bodedern . . . . .	3	131	1,791	46	71	..
5	Bodorgan . . . . .	2	150	2,313	44	82	82
6	Gwalchmai . . . .	4	318	3,799	316	155	..
8	Holyhead . . . . .	6	1,267	9,307	488	184	..
9	Llanddona . . . .	1	57	717	212	39	68
10	Llanerchymedd	2	182	3,352	6	102	37
11	Llanfaethlu . . .	4	190	1,993	7	78	62
12	Llanfairpwll . . .	2	138	2,241	88	37	9
13	Llanfechell . . . .	3	172	2,067	44	98	..
14	Llangefni . . . . .	5	420	9,204	132	213	..
15	Llangoed . . . . .	1	94	1,954	111	45	..
16a	Llanidan . . . . .	2	136	914	147	68	21
16b	Newborough . . .	3	209	3,553	122	116	8
17	Marianglas . . . .	4	193	4,857	33	161	5
18	Menai Bridge	2	263	2,625	138	76	41
19	Pentraeth . . . . .	2	107	1,448	1	80	2
20	Rhoscolyn . . . . .	2	111	1,820	34	47	12
21	Rhosybol . . . . .	3	132	4,108	..	117	..
Total . . . . .		58	5,025	69,299	2,338	2,075	644

## MINOR AILMENTS CLINICS, 1947.

## Amlwch :

Disease or Defect	Old Cases	New Cases	Total	Attend- ances	Cured	Im- proved	Under Treat- ment
Other Skin Dis- eases . . . . .	21	63	84	727	26	58	..
Minor injuries	..	231	231	743	231	..	..
Uncleanliness..	..	11	11	30	1	8	2
	21	305	326	1,500	258	66	2

## Beaumaris :

Other Skin Dis- eases . . . . .	9	17	26	115	23	..	3
Minor injuries..	9	205	214	741	202	..	12
Uncleanliness..	12	22	34	187	18	..	16
	30	244	274	1,043	243	..	31

<i>Disease or Defect</i>	<i>Old Cases</i>	<i>New Cases</i>	<i>Total</i>	<i>Attendances</i>	<i>Cured</i>	<i>Improved</i>	<i>Under Treatment</i>
<b>Holyhead :</b>							
Other Skin Diseases .....	39	26	65	244	65	..	..
Minor Eye Disease ..	4	3	7	25	7	..	..
Minor Ear Disease ..		4	4	63	4	..	..
Minor injuries ..	18	13	31	80	27	1	3
Uncleanliness ..	70	114	184	1,643	121	14	49
	<u>131</u>	<u>160</u>	<u>291</u>	<u>2,055</u>	<u>224</u>	<u>15</u>	<u>52</u>
<b>Llangefni :</b>							
Impetigo .....	..	4	4	17	4	..	..
Other Skin Diseases .....	9	19	28	82	23	..	5
Minor injuries ..	1	65	66	152	66	..	..
	<u>10</u>	<u>88</u>	<u>98</u>	<u>251</u>	<u>93</u>	<u>..</u>	<u>5</u>
<b>Menai Bridge :</b>							
Scabies .....	1	..	1	3	1	..	..
Impetigo .....	3	16	19	151	18	..	1
Other Skin Diseases .....	12	21	33	604	20	13	..
Minor injuries ..	48	40	88	1,069	78	10	..
	<u>64</u>	<u>77</u>	<u>141</u>	<u>1,827</u>	<u>117</u>	<u>23</u>	<u>1</u>
<b>Rural :</b>							
Ringworm—body ..		1	1	1	1	..	..
Scabies .....	1	17	18	39	18	..	..
Impetigo .....	10	1	11	15	11	..	..
Other Skin Diseases .....	91	129	220	1,566	132	22	66
Minor Eye Defects .....	13	35	48	399	30	5	13
Minor Ear Defects ..	..	1	1	7	1	..	..
Minor injuries ..	60	654	714	1,704	696	2	16
Uncleanliness ..	8	61	69	897	31	19	19
Miscellaneous ..	..	3	3	25	3	..	..
	<u>183</u>	<u>902</u>	<u>1,085</u>	<u>4,653</u>	<u>923</u>	<u>48</u>	<u>114</u>



## MEDICAL INSPECTION RETURNS

TABLE I

**Medical Inspection of Pupils attending maintained Primary  
and Secondary Schools**

## A—PERIODIC MEDICAL INSPECTIONS :

Number of Inspections in the prescribed Groups :

Entrants.....	768
Second Age Group .....	889
Third Age Group .....	729
Total .....	<u>2,386</u>

Number of other Periodic Inspections .....

816

Grand Total .....

3,202

## B—OTHER INSPECTIONS :

Number of Special Inspections .....

2,856

Number of Re-Inspections .....

1,253

Total .....

4,109

## C—PUPILS FOUND TO REQUIRE TREATMENT :

Number of Individual Pupils found at Periodic Medical Inspection to require  
treatment (excluding Dental Diseases and Infestation with Vermin).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table I I A</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
Entrants.....	2	97	99
Second Age Group.....	64	97	153
Third Age Group .....	19	37	55
Total (prescribed groups) .....	85	231	307
Other Periodic Inspections.....	132	161	285
Grand Total .....	<u>217</u>	<u>392</u>	<u>592</u>

TABLE II

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE  
YEAR ENDED 31ST DECEMBER, 1947 :

<i>Defect Code No.</i>	<i>Defect or Disease</i>	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		<i>Requiring Treatment</i>	<i>Requiring to be kept under observation</i>	<i>Requiring Treatment</i>	<i>Requiring to be kept under Observation</i>
4	Skin (excluding Unclean- liness) .....	5	30	1	2
5	Eyes : (a) Vision .....	291	117	22	8
	(b) Squint .....	83	21	2	..
	(c) Other :				
	(1) Blepharitis ..	9	13	2	1
	(2) Conjunctivitis	3	4	1	..
	(3) Ptosis .....	1	..	..	..
	(4) Cyst on eye..	2	1	..	..
	(5) Nystagmus ..	1	..	..	..
	(6) Dacryocystitis	1	..	..	..
	(7) Cataract ....	2	..	..	..
	(8) Amblyopia ..	1	..	..	..
	(9) Photophobia	1	..	..	..
	(10) Styne .....	1	..	..	..
	(11) Pain over eye	..	1	..	..
		22	19	3	1
6	Ears : (a) Hearing ....	10	10	1	2
	(b) Otitis media	11	14	1	3
	(c) Other :				
	(1) Perf. Tymp!...	3	6	..	..
	(2) Earache ....	4	4	3	1
	(3) Eustachian Catarrh....	1	..	..	..
		8	10	3	1



Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation	Requiring Treatment	Requiring to be kept under Observation
7	Nose and Throat .....	264	401	45	8
8	Speech.....	..	21	1	1
9	Cervical Glands.....	102	69	2	2
10	Heart and Circulation ..	12	75	4	5
11	Lungs .....	14	179	18	9
12	Developmental :				
	(a) Hernia .....	3	12	..	..
	(b) Other :				
	(1) Endocrine dys- function .....	..	..	1	..
	(2) Undes. and enl. testicles .....	..	11	..	..
	(3) Adiposa and dystrophia .....	..	2	..	..
		..	13	1	..
13	Orthopaedic :				
	(a) Posture .....	27	28	47	1
	(b) F. foot .....	10	11	..	..
	(c) Other :				
	(1) Talipes varus ..	7	9	2	1
	(2) Talipes valgus ..	7	1	2	..
	(3) Sabre tibia ....	..	..	2	..
	(4) Oxycephalus ..	..	..	1	..
	(5) Hydrocephalus ..	..	1	..	..
	(6) Pigeon chested ..	..	3	..	..
	(7) Depressed stern- um .....	..	1	..	..
	(8) Flat chested....	1	..	..	..
	(9) Congenital ab- sence of hand ..	1	..	..	..
	(10) Paralysis leg and arm .....	..	2	..	..
	(11) Webbed fingers ..	..	1	..	..
	(12) Chest deformity ..	..	2	..	..
	(13) Cerebral palsy..	..	..	1	..
	(14) Exostosis .....	1	1	..	..
	(15) Prominence R. scapula .....	1	..	..	..
	(16) Cong. dislocated hip .....	4	3	..	..
	(17) Weak R. knee ..	1	..	..	..
	(18) L. calf smaller than R.....	1	..	..	..
	(19) Synovitis .....	1	..	..	..
	(20) Torticollis .....	1	2	..	..
	(21) Cyst popliteal L.	1	..	..	..

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation	Requiring Treatment	Requiring to be kept under Observation
	(22) Rickets.....	..	3	..	..
	(23) Muscular trophy ..	..	1	..	2
	(24) Perthe's disease ..	..	..	..	1
	(25) Spastic gait ....	..	2	..	..
	(26) Artificial leg ..	..	1	..	..
	(27) Deformity of coc- cyx .....	..	1	..	..
	(28) Skin grafting ..	..	4	..	..
	(29) Bunion .....	..	3	..	..
	(30) Osteomyelitis ..	..	1	..	..
	(31) Swelling of foot ..	..	1	..	..
	(32) Fractures &c. ...	5	19	..	..
	(33) Enostosis of rib ..	..	..	1	..
		32	62	9	4
14	Nervous System :				
	(a) Epilepsy .....	1	3	..	..
	(b) Other :				
	(1) Urinary frequen- cy .....	2	..	..	..
	(2) Enuresis .....	..	1	..	..
	(3) Chorea .....	..	4	..	..
	(4) Facial palsy....	..	1	..	..
		2	6	..	..
15	Psychological :				
	(a) Development ....	4	106	..	9
	(b) Stability .....	1	..	..	..
16	Other :				
	(1) T.B. contacts ....	1	61	2	1
	(2) T.B. glands .....	6	..	..	..
	(3) T.B. other .....	2	4	..	..
	(4) Neglect— (N.S.P.C.C.).....	3	..	..	..
	(5) Debility .....	21	..	..	..
	(6) Malnutrition ....	83	633	..	12
	(7) Rheumatism ....	..	..	1	..
	(8) Uncleanliness ....	..	120	..	5
	(9) Diabetes .....	..	1	..	1
	(10) Enlarged abdom- inal glands .....	..	1	..	..
	(11) Thread worms....	..	2	..	..
	(12) Thyroid deficiency ..	..	1	..	..
	(13) Acidosis .....	..	1	..	..
	(14) Cigarette smoker..	..	1	..	..
	(15) Lethargic .....	..	1	..	..



<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Periodic Inspections</i>		<i>Special Inspections</i>	
		<i>No. of Defects</i>		<i>No. of Defects</i>	
		<i>Requiring Treatment</i>	<i>Requiring to be kept under observation</i>	<i>Requiring Treatment</i>	<i>Requiring to be kept under Observation</i>
(16)	Abdominal abscess	..	1	..	..
(17)	Warts .....	..	1	..	..
(18)	Variocoele .....	..	3	..	..
(19)	Intussusception ..	..	1	..	..
(20)	Cyst R. breast ..	..	1	..	..
(21)	Mole .....	..	1	..	..
(22)	R. Nephrectomy..	..	1	..	..
(23)	Distended abdomen	..	1	..	..
(24)	Colic .....	..	..	1	..
		116	836	4	19

B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS  
INSPECTED DURING THE YEAR IN THE AGE GROUPS :

<i>Age Groups</i>	<i>Number of Pupils Inspected</i>	<i>A. (Good)</i>		<i>B. (Fair)</i>		<i>C. (Poor)</i>	
		<i>No.</i>	<i>% of col.2</i>	<i>No.</i>	<i>% of col.2</i>	<i>No.</i>	<i>% of col.2</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .....	768	77	10	503	66	188	24
Second Age Group ..	889	116	13	541	61	232	26
Third Age Group ..	729	169	23	434	60	126	17
Other Periodic In- spections .....	816	219	27	503	62	94	11
Total .....	3,202	581	18	1,981	62	640	20

TABLE III

## Treatment Tables

GROUP I—MINOR AILMENTS (excluding Uncleanliness, for which see Table V):

	<i>Number of Defects treated, or under treatment during the year</i>
Skin :	
Ringworm—Scalp :	
(i) X-ray treatment .....	..
(ii) Other treatment .....	..
Ringworm—Body .....	1
Scabies .....	19
Impetigo .....	34
Other skin diseases .....	456
Eye Disease (external and other, but excluding errors of refraction, squint and cases admitted to hospital) .....	55
Ear Defects .....	5
Miscellaneous (e.g. minor injuries, bruises, scres, chilblains, etc.) ..	1,347
	<hr/>
Total .....	1,917
	<hr/>
(b) Total number of attendances at Authority's minor ailments clinics .....	8,572

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I) :

	<i>No. of defects dealt with</i>
ERRORS OF REFRACTION (including squint) .....	465
Other defect or disease of the eyes (excluding those recorded in Group I).....	28
Total .....	<u>493</u>
No. of Pupils for whom spectacles were (a) Prescribed .....	410
(b) Obtained .....	410

### GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT:

	<i>Total number treated</i>
Received operative treatment :	
(a) For adenoids and chronic tonsillitis . . . . .	143
(b) For other nose and throat conditions . . . . .	1
Received other forms of treatment . . . . .	88
Total . . . . .	<hr/> 232



**GROUP IV—ORTHOPAEDIC AND POSTURAL DEFECTS :**

(a) No. treated as in-patients in hospitals or hospital schools.....	19
(b) No. treated otherwise, e.g. in clinics or out-patient departments	300

**GROUP V—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY :**

No. of pupils treated (a) under Child Guidance arrangements....	5
(b) under Speech Therapy arrangements....	..

**TABLE IV****Dental Inspection and Treatment**

(1) Number of pupils inspected by the Authority's Dental Officers	6,473
(a) Periodic age groups.....	..
(1) Number of pupils inspected by the Authority's Dental Officers :	
(a) Periodic age groups.....	6,473
(b) Specials .....	..
(c) Total (Periodic and Specials) .....	6,473
<hr/>	
(2) Number found to require treatment .....	5,336
(3) Number actually treated .....	3,921
(4) Attendances made by pupils for treatment .....	4,410
(5) Half-days devoted to : (a) Inspection .....	111
(b) Treatment .....	658
Total (a) and (b).....	769
<hr/>	
(6) Fillings : Permanent Teeth .....	2,205
Temporary Teeth .....	..
Total .....	2,205
<hr/>	
(7) Extractions : Permanent Teeth .....	340
Temporary Teeth .....	4,525
Total .....	4,865
<hr/>	
(8) Administration of general anaesthetics for extraction .....	10
(9) Other Operations : (a) Permanent Teeth .....	1,240
(b) Temporary Teeth .....	..
Total (a) and (b) .....	1,240

**TABLE V****Infestation with Vermin**

(i) Total number of examinations in the schools by the school nurses or other authorised persons.....	69,299
(ii) Total number of <i>individual</i> pupils found to be infested ....	..
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)....	..
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)....	..

TABLE VI

## School Medical and Dental Staff

NAMES OF MEDICAL OFFICERS		<i>Proportion of whole time (expressed as a per- centage) devoted to</i>	
		<i>School Health Service</i>	<i>Public Health</i>
S.M.O. :	G. J. Roberts.....	75	25
A.S.M.Os. :	O. J. Parry-Edwards (retired 31.7.47) ..	75	25
	G. H. B. Roberts (commenced 23.6.47)	95	5
NAMES OF DENTAL OFFICERS			
Senior Dental Officer .....		..	..
Assistant Dental Officers :			
	Elwyn Jones .....	100	..
	Dr. C. Rolant-Thomas.....	100	..
NURSES		<i>Aggregate of time given to School Health Service work in terms of whole time Officers</i>	
	<i>Number of officers</i>		
School Nurses .....	21 part-time	Equivalent to the services of from 3 to 4 whole time school nurses	
District Nurses .....	..		
Nursing Assistants ..	..		
Dental Attendants ..	2	100%	



