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#### CAERNARVONSHIRE COUNTY COUNCIL

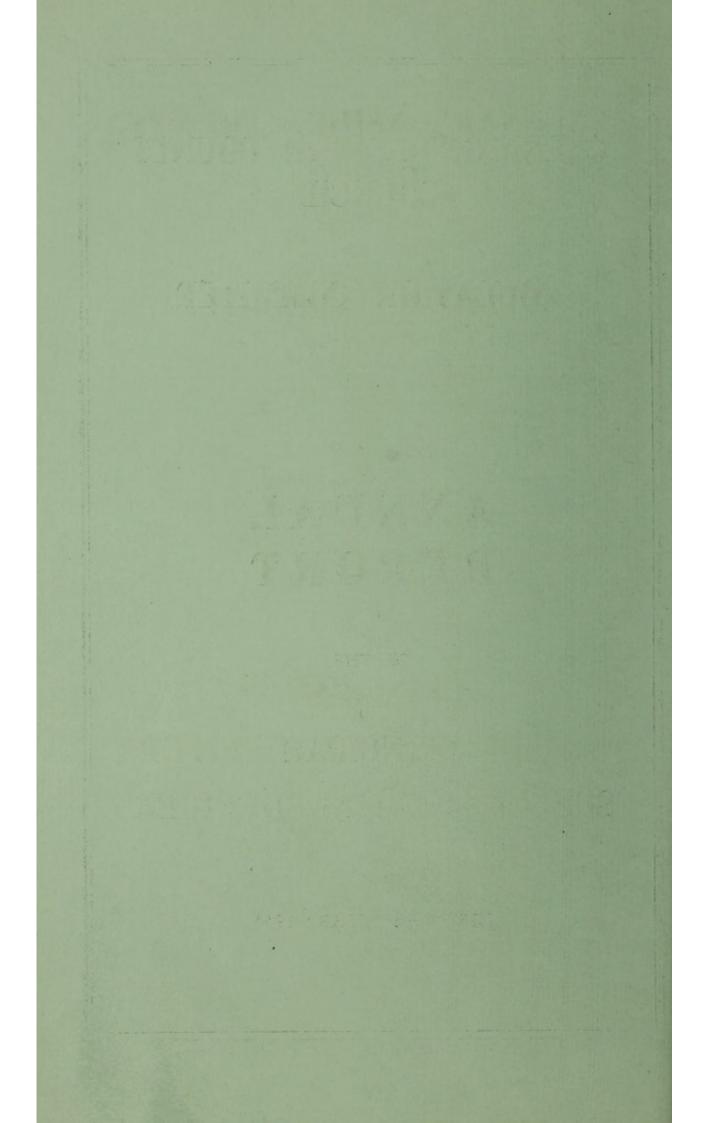
#### **EDUCATION COMMITEE**

#### ANNUAL REPORT

OF THE

# PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1955



# CAERNARVONSHIRE COUNTY COUNCIL

#### **EDUCATION COMMITEE**

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# PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1955

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#### CAERNARVONSHIRE COUNTY COUNCIL

To the Chairman and Members of the School Services and Welfare Committee. Ladies and Gentlemen,

The general health of our school children has been well maintained during the year. It is most gratifying and encouraging to note that fewer than 1 per cent. of the children show evidence of poor nutrition. All such children are given special care and attention; they also receive free meals, vitamin capsules, and iron tablets in school.

This percentage is in sharp contrast with that in 1933 when 16 per cent. of school children examined were reported to have poor nutrition.

It must be remembered that different Medical Officers were making the assessment of nutrition in 1933 and 1955. But the figures are a significant indication of the extraordinary improvement which is readily apparent to teachers and other staff who were associated with the School Health Service in 1933. The year 1933 is taken as a base because the Committee in that year introduced a "milk-in-schools" scheme which was eventually extended throughout the county before the National Scheme was introduced in 1945. A fairly comprehensive school meals scheme was also developed some years before the introduction of the National Scheme in 1945.

The Committee may well feel proud of the contribution it has made towards improving the general health of the school children under its care. Other factors have, of course, influenced this improvement.

#### IMMUNISATION WITH B.C.G.

During the summer term an extensive programme of immunisation against tuberculosis was introduced for children of school-leaving age. A personal letter was sent to the parents of all children concerned. General practitioners and Head Teachers were informed of the programme. A preliminary skin test was performed on each child and the result read two days later. On that day children who showed no reaction to the test, were immunised with B.C.G. Those children who showed a reaction which indicated contact with the tubercle bacillus were examined by the Mass Radiography Unit. Their parents and other relatives were also invited to attend the Unit. Approximately six weeks later each child immunised was again tested to ascertain if the immunisation had been satisfactory. The parents of each child were informed of all the results.

I anticipated that some parents would be apprehensive and therefore I considered it essential to give all parents advance information to avoid unnecessary worry. Specimen letters to parents are recorded.

It will therefore be realised that the programme required and received, very careful and meticulous attention by all concerned. In addition to testing and immunising a new group of children in 1956, it will be necessary to test again those remaining in school who were immunised in 1955. The number of children tested was 2,033, which represents a percentage of 73. Protective B.C.G. was given to 1,370 children and they were subsequently tested in six weeks' time with satisfactory results.

The Committee will recollect that I personally was convinced of the value of B.C.G. immunisation after my visit to Denmark and Sweden in 1952, and that I had no hesitation whatsoever in recommending its application in this county when the Ministry of Health decided to offer it. In a

recent issue of the British Medical Journal there appeared a report by the Medical Research Council confirming the undoubted value of B.C.G., as a protective measure against tuberculosis. It is vital, of course, to continue the other public health measures against disease which have been described in previous reports. Details concerning B.C.G. protection will be found on pages 15 to 20.

As a direct result of testing and examination by radiography, three new cases of tuberculosis were discovered and given appropriate care and treatment.

#### DYSENTERY.

Several cases of bacillary dysentery were reported during the year in some schools. The disease is, fortunately, of a mild character in young children and is usually of short duration. It is, however, a most difficult disease to control because of the nature of its transmission. More than thirteen hundred specimens of faeces were collected by the Health Visiting staff for examination in the Laboratory, and many attendances were made by them and Medical Officers to homes and schools. It is a pleasure to record again the close co-operation and invaluable assistance given by Dr. Kingsley Smith and his staff in the Public Health Laboratory in Conway. Full details will be seen on pages 35 and 36.

#### COUNTY HEALTH OFFICER.

The County Health Officer left the Department in September, 1955. A precis of his activities for part of the year in the County Health Department is given on pages 39 and 40

#### AUDIOLOGY CLINIC (HEARING).

Attention is drawn to details on pages 13-14, concerning the new Audiology Clinic established in Bangor on May 3rd, 1955. It is the first Clinic of its kind to be established in Wales and the third, I believe, in England outside London and Manchester. I have described its purpose in my previous report. Shortage of Health Visiting staff for testing accurately the hearing of children of all ages is imposing a severe restriction on its development. Until the staff is increased, it will unfortunately not be possible to apply audiometric tests to school children. Such tests are applied by other progressive Authorities. I emphasise again the need for increasing the staff to give adequate attention to all children.

I again record my appreciation of the close and constant good relations which exist between the teachers and the Department. The Director of Education and his staff are always most helpful.

Voluntary organisations such as the National Society for the Prevention of Cruelty to Children, The British Red Cross Society, St. John's Ambulance Brigade and the Women's Voluntary Service give much valuable assistance to the service.

Again it is my privilege to acknowledge the unfailing support and encouragement of the Chairman and the Committee.

To members of my staff I offer my sincere thanks for their diligent and careful attention to their various duties during a year which has in many ways been somewhat harassing. The path of progress can never be smooth, but those who travel along the path may derive lasting satisfaction.

#### SCHOOL HEALTH SERVICES STAFF

Principal School Medical Officer . . D. E. Parry-Pritchard, M.D., D.P.H., M.B., Ch.B. Deputy Principal School Medical Officer. H. Mervyn Thomas, M.B., Ch.B., D.P.H., D.C.H. (Resigned August, 1955). Senior School Medical Officer . . M. Slater, M.B., Ch.B., C.P.H., D.C.H. School Medical Officers . . . . T. Evans Hughes, M.R.C.S., L.R.C.P. M. J. O'Brien, B.A., M.B., B.Ch. One vacancy. All staff are also Assistant County Medical Officers of Health. Dental Staff: Principal School Dental Officer . D. McIntyre, L.D.S. School Dental Officers: Northern Area. . . Vacant. North Central . . G. H. Wilson, L.D.S. South Central . . J. B. Crowther, L.D.S. (Resigned March 1955). Southern Area . . . H. Parry, L.D.S. Dental Attendants . . Two. Psychiatric Officer . . . Vacant. Nursing Staff: County Superintendent and Superintendent Health . . . Miss M. Richards, S.R.N., S.C.M., Q.N.S., Visitor M.T.D., H.V. Health Visitors and School Nurses (December, 1955) 20 full-time and 3 part-time were employed. Infectious Diseases and Clinic Nurse . . . Miss M. Williams, S.R.N., S.C.M.\* \*Also acts as part-time Health Visitor and School Nurse. Physiotherapist . . Miss M. F. Williams, S.S.P. Speech Therapist. . Miss D. Joan Sharp, L.C.S.T. (Resigned December, 1955). Orthoptist . Miss G. Powell, D.B.O. Clinic and School Officer H. P. Griffith (Retired September, 1955). Chief Clerk . . . Cledwyn Parry.

#### CONSULTANTS

Orthopaedic . . . B. L. McFarland, F.R.C.S., M.Ch. (Orth.).
G. I. Roberts, F.R.C.S., M.Ch. (Orth.).

Ophthalmic . . . T. G. Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S.

G. C. Laszlo, M.D., L.R.C.P., L.R.F.P.S., D.O.

Ear, Nose and Throat . . John Roberts, M.D., F.R.C.S.

Paediatric . . . Gwyn Griffith, M.D., F.R.C.P., D.P.H.

Child Guidance . . E. Simmons, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.

Plastic Surgery . . . R. P. Osborne, B.Sc., M.B., Ch.B., F.R.C.S.

Anaesthetist . . . Henry Edwards, M.R.C.S., L.R.C.P., F.F.A.

Chest Physician . . J. Glyn Jones, M.A., M.D., B.Chir.

DIRECTOR OF EDUCATION:
Mansel Williams, M.A., B.Sc.

# SCHOOL HEALTH SERVICES—CLINICS

# TABLE 1

			1				
Attended by	Physiotherapist do. do. do.		School Dentist Dental Attendant do.	do.	do.	do.	
Time	10.00 a.m. to 4.00 p.m. 9.00 a.m. to 5.00 p.m. 10.00 a.m. to 4.00 p.m. 10.00 a.m. to 4.00 p.m. 9.30 a.m. to 4.00 p.m.	geon.	9.30 a.m. to 12 noon 9.30 a.m. to 12 noon	9.30 a.m. to 12 noon	9.30 a.m. to 12 noon	9.30 a.m. to 12 noon	
Days Held	Every Monday  Every Tuesday  Every Wednesday  Every Thursday  Every Friday	Attended by Orthopaedic Surgeon.	*Every Saturday Every Saturday	Every Saturday 1st Saturday monthly	2nd, 3rd and 4th Saturdays monthly.	Every Saturday	*Periodically held at Dolgarrog.
Place Held	1. War Memorial Centre, Oxford Road, Llandudno. 2. Central Clinic, Shirehall St., Caernarvon. 3. British Legion Hall, Pwllheli A. Snowdon Street Clinic, Portmadoc. 5. School Clinic, Sackville Road, Bangor.	A Survey Cume is neid ea	Dyffryn didno School ( Bangor,	3. Central Clinic, Shirehall Street, Caernarvon. 4. Snowdon Street Clinic,	Fortmadoc. 5. Pwllheli Hospital.	6. Carneddi School, Bethesda.	*
Clinic	Ultra Violet Ray *		Dental (held in addition to other regular clinics)				

Table 1 (continued)

Attended by	E.N.T. Consultant E.N.T. Consultant	Ophthalmic Consultant Clinic Officer School Nurse.	Orthoptist do. do.
Time	1.30 p.m. 1.15 p.m.		9.30 a.m. to 12.30 p.m. 1.30 p.m. to 5.00 p.m. 10.30 a.m. to 1.00 p.m. 10.30 a.m. to 12.30 p.m. 1.30 p.m. to 5.00 p.m. 1.30 p.m. to 5.00 p.m. 1.30 p.m. to 5.00 p.m. 9.30 a.m. to 12.30 p.m.
Days Held	Every Monday Every Tuesday	Held according to the number of cases requiring treatment.	Wednesdays Alternate Thursdays Alternate Tuesdays Fridays Mondays
Place Held	C. & A. Hospital, Bangor. Llandudno General Hospital, Llandudno.	War Memorial Centre, Oxford Road, Llandudno. Central Clinic, Shirehall Street, Caernarvon. School Clinic, Sackville Road, Bangor. Pwllheli Hospital, Pwllheli.	C. & A. General Hospital, Bangor. Snowdon Street Clinic, Port- madoc. Pwllheli Hospital. Llandudno General Hospital. Central Clinic, Shirehall Street, Caernarvon.
Clinic	Ear, Nose and Throat.	Visual Defects	Orthoptic

TABLE 1 (continued)

Attended by	Health Visitor/School Nurse.	do.	do.	do.	do.	do.	Psychiatrist Psychologist Educational Psychologist	Psychiatric Social Worker
Time	9.00 a.m. to 10.00 a.m. 4.00 p.m. to 5.00 p.m.	9.00 a.m. to 10.00 a.m. 4.00 p.m. to 5.00 p.m.	9.00 a.m. to 10.00 a.m. 4.00 p.m. to 5.00 p.m.	9.00 a.m. to 10.00 a.m.	9.00 a.m. to 10.00 a.m. 9.00 a.m. to 10.00 a.m.	9.00 a.m. to 10.00 a.m. ally by District Nurses.	10.00 a.m. to 1.00 p.m.	wilheli and Portmadoc have had to be discontinued since August, 1948, because of the absence of a Psychiatric Officer.
Days held	Daily	Daily	Daily	Mondays, Wednesdays and Fridays	Daily Monday mornings	all, Penygroes.  In addition to these Clinics Minor Ailments are treated locally by District Nurses.	Every Tuesday	n, Pwllheli and Portmadoc have August, 1948, because of the
Place Held	School Clinic, Sackville Road, Bangor.	Central Clinic, Shirehall Street, Caernarvon.	War Memorial Centre, Oxford Road, Llandudno.	Legion House, Esplanade, Pen- maenmawr.	Hall, Pwllheli. Meurig Park	Drill Hall, Penygroes. In addition to these Clinic	School Clinic, Sackville Road, Every Tuesday Bangor.	Clinics at Llandudno, Caernarvon, Pwllheli and Portmadoc have had to be discontinued since August, 1948, because of the absence of a Psychiatric Officer.
Clinic	Minor Ailments						Child Guidance	

Tabel 1 (continued)

Attended by		p.m. oon School Medical Officer p.m. School Nurse	oon oon oon
Time	0001 00 000	2.00 p.m. to 4.00 p.m. 9.00 a.m. to 12 noon 2.00 p.m. to 4.00 p.m. 1.30 p.m. to 4.00 p.m.	10.0 a.m. to 12 noon 9.30 a.m. to 12 noon 9.30 a.m. to 12 noon 9.30 a.m. to 12 noon
Days Held		1st Saturday in the month 4th Friday in the month Every Saturday 3rd Friday in alternate months 2nd Tuesday in the month	3rd Friday in alternate months Last Tuesday in the month 2nd Tuesday in the month 1st Tuesday in the month
Dlan bold	riace nero	inic, Sackville Road. ut, Meurig Park. linic, Shirehall Street. uildings. norial Centre, Oxford	Road Y.W.C.A. Hall Drill Hall. Snowdon Street Clinic. British Legion Hall.
	General Clinics	Bangor Bethesda Caernarvon Conway Llandudno	Llan. Junction. Penygroes Portmadoc Pwllheli

Table 1 (continued)

	_					
		Attended by	Speech Therapist	9 9	do.	
	T T	Time	9.30 a.m. to 4.00 p.m. 9.15 a.m. to 4.00 p.m.	9.30 a.m. to 4.00 p.m.	9.30 a.m. to 1.00 p.m. 9.15 a.m. to 4.00 p.m.	
	Days Held	1	Every Monday Every Tuesday	x- Every Wednesday Every Friday		
	Place Held	1. British Legion Hall Ball.	2. School Clinic, Sackville Rd., Bangor.	3. War Memorial Centre, Ox- ford Road, Llandudno.	4. Central Clinic, Shirehall St., Caemarvon.	
Clinic	Culling	Speech				

#### SUMMARY OF SERVICE PROVIDED

#### TABLE 2.

SCHOOL POPULATION:	10.000
Number on books at the beginning of the year	18,829
Number on books at the end of the year	18,835
Number of Children Medically Examined:	
(a) at Periodic Inspections	4,307
(b) at Special Inspections	2,908
(c) at Re-Inspections	4,773
Individual Children found at Periodic and Special Inspections to Require Treatment:	
(Excluding uncleanliness and dental diseases)	366
INDIVIDUAL CHILDREN TREATED:	001
Errors of refraction (including squint)	894
Number of spectacles supplied	677
Defects of the Nose and Throat	92
Dental Defects	3,702
Orthopaedic:	45
(a) in hospitals or hospital schools	15
(b) in clinics or out-patients' departments	185
Speech Defects	169
Minor Ailments	922
Number of following-up Attendances by School Nurses:	
(a) at homes	1,836
(b) at schools	433
Number of Attendances by School Nurses for Health Inspections:	
(a) at homes	435
(b) at schools	1,050

#### CONDITIONS OF SCHOOL BUILDINGS AND PLAYGROUNDS

Reports on defective or unsatisfactory conditions found at 129 schools in 1955 were submitted to the Director of Education. These conditions are enumerated in this table.

The percentage is calculated on the number of schools inspected by the Medical Officers.

#### CONDITION OF SCHOOL BUILDINGS AND PLAYGROUNDS

TABLE 3.

YEAR	19	55
NUMBER OF SCHOOLS INSPECTED	1  Number Observed  13 9 40 15 43 11 3 31 38 11 9 2 21 10	54
NATURE OF DEFECT	Number Observed	Percent-
Insufficient or unsatisfactory water supply	13	7.9
Defective of misunicient ventuation	0	5.5
Delective of insumeient heating arrangements	40	24.5
Unsuitable or insufficient lighting Unsuitable or insufficient closet accommodation	15	9.2
Unsuitable of insufficient closet accommodation	43	26.3
Unsuitable or insufficient washing accommodation	11	6.7
Damphess		1.8
Insufficient cloak100m accommodation		19.0
Unsuitable playgrounds	38	23.3
Absence of or unsuitable dining accommodation	11	6.7
Unsuitable or defective blackboards	9	5.5
Premises requiring to be decorated	2	1.2
Desks and/or chairs unsuitable Defective floors	21	12.8
Detective moors	40	6.1
Absence of or unsuitable arrangements for drying clothes	99	60.7
onsultable chilances—absence of quard-rails motor washings atta	2	1.2
Premises generally unsuitable	1	0.6

#### SCHOOL MEDICAL INSPECTIONS

School Medical Inspections were performed in accordance with the Regulations issued in August, 1953.

Caernarvonshire children are examined regularly:-

- (a) as soon as possible after the date of admission to a maintained school for the first time;
- (b) during their last year of attendance at primary schools;
- (c) during their last year of attendance at secondary schools.

As a further safeguard, all Caernarvonshire children under five years of age attending schools are inspected annually; all children found to be suffering from defects are re-inspected annually; and special cases are examined at the request of head teachers and school nurses at schools and clinics.

The Medical Inspection of children attending 164 schools in the county was completed during the year, and a total of 11,988 were examined by the School Medical Officers.

#### CONDITIONS FOUND AT MEDICAL INSPECTIONS

NUTRITION.

Table 4 below shows the classification of the general condition of the pupils examined in the periodic age groups during 1955:—

TABLE 4.

An Court	No. of pupils	(G	A ood)		3 zir)	(Po	
Age Group	Exam- ined	No.	%	No.	%	No.	%
Entrants	1527 1353 1033	545 637 536	35.69 47.08 51.88	974 708 496	63.78 52.32 48.01	8 8 1	0.52 0.59 0.09
Additional Periodic Inspections	394	136	34.51	248	62.94	10	2.53
TOTAL	4307	1854	43.04	2426	56.32	27	0.62

This classification will be superseded in 1956. It is not easy to assess accurately the state of nutrition because there are no easily recognised standards for comparison. Each doctor varies slightly in his assessment. But this table may be accepted as reflecting fairly accurately the nutritional state of our children. I regard the "Fair" column as representing the old "Good" classification. Therefore, it may be stated that fewer than one per cent. of our children demonstrate signs of faulty nutrition.

#### UNCLEANLINESS (NITS AND LICE).

Inspections made by School Nurses during 1955 totalled 60,499. The cleanliness of 324 children was unsatisfactory (1.73 per cent. of the school population). Of these, 119 were children who were unclean in 1954, and 205 were found to be unclean for the first time during the year Only one child was found to be extensively infested, 47 moderately infested, and the remainder only very slightly infested.

#### 261 Cleansing Notices were served during the year.

The condition of most of the 261 children is due to lack of perseverance rather than neglect on the part of the parents. Many of them fail to understand the necessity for continuing treatment after removing the original infestation, until all the nits have been destroyed. It is gratifying, however, to see that the continued emphasis by the Medical and Nursing Staffs on the constant care and perseverance necessary to maintain children in a clean condition is having a positive effect. The number of children found to be unclean has been gradually reduced from 1,039 (5.7 per cent. of the school population) in 1950 to 324 (1.72 of the school population) in 1955. Some adults who neglect their own hair convey lice to their children. It is now rare to observe flea infestation of children.

#### DEFECTS OF THE NOSE AND THROAT.

Of 7,215 children examined in the Periodic and Special Groups, 106 (1.47 per cent.) were found to require treatment.

Errors of Refraction (including Squint).

Of those examined in the periodic and special groups, 210 (2.91 per cent.) were found to require treatment for visual defects. An additional 103 children (1.44 per cent.) required treatment for squint.

DEFECTIVE HEARING AND EAR DISEASES.

Treatment for 47 children (.65 per cent.) was required.

#### THE EARLY ASCERTAINMENT OF DEAFNESS AND THE PREVENTION OF DUMBNESS

AUDIOLOGY SERVICE.

An Audiology Centre was established by the County Council at Bangor in May, 1955, under the guidance of Professor and Mrs. Ewing, Department of Education of the Deaf, The University, Manchester, who have trained five selected Health Visitors and the Senior School Medical Officer to operate the service. The Clinic is primarily intended for the pre-school child. The Health Visitors perform screening tests on all children between the ages of 9 months and 2 years and on selected children over 2 years, e.g., children with retarded speech or a history of otorrhoea.

Two Health Visitors attended a Course at the Department of Education of the Deaf at Manchester and are competent to give auditory training for young deaf children. These cases are supervised by Mrs. Ewing and the Senior School Medical Officer.

It is hoped in 1956 to provide facilities for Audiometric Testing of school children.

There are no peripatetic teachers of the deaf in the county. The five Health Visitors perform Screening Tests in addition to their normal duties.

Cases for treatment are referred to the Consultant Otolaryngolist.

During the year ten children of school age have been examined at the Clinic or in Manchester. As this new service is so closely linked with the School Health Service, I give brief details of all children seen, from its inception. They are given separately for those under and over five years of age.

An analysis of the work performed during the period 3rd May to 31st December, 1955, is given below:—

TABLE 5.

	Under 5 Years	Over 5 Years
Total Number of Children Screened by Health Visitors	469	_
Number of Children who passed Screening Test	442	-
Number of Children to be Re-tested	17	-

#### AUDIOLOGY CLINIC

#### CHILDREN REFERRED FOR TESTING AT AUDIOLOGY CLINIC

Number of Half-Day Sessions attended by Mrs. Ewing	14
Total Number of Attendances by Children	30

#### TABLE 6.

		rvonshire Idren		
Source of Referral	Under 5 Years	Over 5 Years	Anglesey Children	Merioneth Children
Health Department	6	9	- 10	-
Consultants	1	1	1	1
Other Health Departments	-	-	2	-
Total Referred	7	10	3	1
Failed to Attend	1	-	-	7
TOTAL EXAMINED	6	10	3	1

## RESULT OF EXAMINATION OF CAERNARVONSHIRE CHILDREN BY MRS. EWING

#### TABLE 7.

	Under 5 Years	Over 5 Years
Referred for Further Observation Referred for Psychiatric Consultation	2 2 1 —	1 -1 1 1
Advice given re Continued Treatment at Special School For Training Locally	5	3 6

#### TUBERCULOSIS

All school children who are suspected by the School Medical Officers to be suffering from tuberculosis, and all children known to be contacts to tuberculous patients are referred for examination by the Chest Physician at special clinics held at Llandudno, Caernarvon, Bangor and Pwllheli weekly. Before attending each child is visited by the School Nurse, who applies a Tuberculin "patch test" three days before the date of the clinic. The result of this test is read by the Chest Physician and each child showing a positive reaction is clinically and radiologically examined.

During 1955, 284 children were referred for examination by the Chest Physician, and the results of the examinations are given in Table 10.

Twenty-eight children under 15 years were notified as suffering from Tuberculosis during 1955, and details are given in this table:—

Pulm	onary	Non-P	ulmonary	Te	otal	Grand Total
Males	Females	Males	Females	Males	Females	1 otal
9	14	4	1	13	15	28

TABLE 8.

#### B.C.G. IMMUNISATION.

Immunisation of children born to tuberculous mothers and of children in contact with open cases of tuberculosis continued, and details of children protected since the inception of the scheme are given in Table 11.

B.C.G. immunisation was extended to school leavers during 1955, and children who attained their thirteenth birthday on or before January 1st, 1954, were tested.

The response to the invitation sent to parents was, with a few exceptions very good, four schools returning a 100 per cent. "acceptance rate."

An analysis of the results is given in Table 9.

#### SPECIMEN LETTERS SENT TO PARENTS

22nd April, 1955.

Dear Parent,

In order to give to children about to leave school additional protection from tuberculosis, the County Council have decided to offer immunisation with B.C.G. to those children who need it.

The immunisation is performed by injecting a small amount of the B.C.G. preparation into the skin.

Children who have *not* received the immunisation are more liable to contract tuberculosis in later years after leaving school, when they come into closer contact with more of the adult population.

I, therefore, strongly recommend you to accept this additional protection for your child. Will you please sign the form below and return it immediately to the Headmaster of the School at which your child attends?

Yours sincerely,

D.	T	DA	D	DI	TI	DD	IT	CLI	A	DI	1	
1).	T	11	K	K		71		ज्ञान	H	KI	ш.	ä

I wish my child to be tested and to b	e immunised with B.C.G.	aged
	Signed	
	Address	
Date		
		16th May 1955

Dear Parent,

You will remember my recent letter concerning immunisation with B.C.G. Your child has now been tested and I find that the skin test is "positive." Immunisation with B.C.G. is, therefore, not recommended.

The test indicates that your child has been in contact somewhere with the germs causing tuberculosis. I hasten to reassure you that this fact does not necessarily mean that your child has suffered or will suffer from tuberculosis. In order to be absolutely certain that everything is normal, I am arranging for the Mass Radiography Unit now visiting the schools to take an X-ray photograph of your child.

It is, of course, necessary to ascertain where your child came into contact with the germs. As a further precautionary measure in the interest of your family, I strongly recommend you and all other members of the family to have an X-ray photograph.

The Mass Radiography Unit will examine you and your family at the Secondary Modern School, Ala Road, Pwllheli, on Monday, 16th May, between 2.0 p.m. and 5.0 p.m. or Tuesday, 17th May, between 10 a.m. and 12 noon, or in the afternoon between 2.0 p.m. and 5.0 p.m. Please present this letter to the person in charge of the Unit.

I again wish to stress that the action I am recommending is a "Safety First" measure and that there is no need for alarm. If you would like any further information, please do not hesitate to write to me or contact your local health visitor.

Yours sincerely,

D. E. PARRY-PRITCHARD

Dear Parent,

I am very glad to know that you have had your child immunised with B.C.G. You will like to have this information now, so that you and your child may observe the course of the immunisation.

- (a) The B.C.G. fluid injected into the skin does not produce its protective action in the body until about six weeks after the injection. At the end of this period, a skin test similar to the first skin test will be made to ascertain if the protective action is satisfactory.
- (b) Gradually during this period of six weeks, a small lump rather like a pimple, will form in the skin at the point where the injection was given. This might become a small sore which may require covering with a dressing. The sore will be quite painless and should slowly heal without any further treatment.
- (c) A small painless swelling might occur in the armpit, due to a slight enlargement of the glands. This swelling, if it occurs, will also disappear in time.
- (d) The pimple must not be scratched or irritated. If the sore develops, it must be kept clean and dry. The Health Visitor will see your child in school, and you may contact her at the school or clinic.

The reaction which I have described is normal and is an indication of the development of protection within the body. But if at any time you desire to have any further information, please contact your Health Visitor or write to me. I suggest you retain this letter until your child is tested again.

Yours sincerely,

D. E. PARRY-PRITCHARD

4th July, 1955.

Dear Parent,

#### B.C.G. IMMUNISATION

You will remember my recent letter in which I outlined the course of the immunisation.

In order to make absolutely certain that the protection within the body has developed, it is essential to test your child again. A reddish re-action on the skin means that the immunisation has been satisfactory.

If the protection has not developed fully a further dose of B.C.G. will be given.

My Medical Officer will visit the school which your child attends on Monday, the 11th July, to test your child and on Wednesday, the 13th July, to read the result of this test. I would be grateful if you would ensure your child's attendance at school on these dates.

Yours sincerely,

D. E. PARRY-PRITCHARD.

TABLE 9. B.C.G. IMMUNISATION OF SCHOOL CHILDREN, 1955.

Arrangements were made with the Welsh Regional Hospital Board for the examination by the Mass Radiography Unit of all children whose skin test gave a positive reaction. All other members of their families were also invited to attend for examination. These examinations were performed at four centres, viz., Caernarvon, Bangor, Llandudno and Pwllheli, and children from outlying areas were conveyed to the centres by special buses.

Table 12 gives details of the persons examined and the results of the examinations. It is gratifying to note that of 1,365 persons examined only three were found to be suffering from Pulmonary Tuberculosis. Five children and twelve adults were found to require further observation and eighteen children and fifty-seven adults were found to have other abnormalities of the chest. Details of these are given in Table 12.

111 M. Negative Age 26 F. S M. 22 F. 9 For Observation M. 4 F. 2 S M. F. 5-16 M. Age F. Ś M. F. M.

5-16

Age

Failed to Attend

Result of Examination

Non-Pulmonary

Pulmonary

No. Referred

Age

Age

F.

M.

F.

M.

F.

M.

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Positive

TABLE 10.

M.

M.

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140	o uoiti		Negative	egative	egative	egative	egative   1+	egative   1+	1+ 
Reaction	Immunisa		Positive N						
			Total	Total 36	36 116	36 116 147	36 116 147 101	36 116 117 101 309	36 116 147 101 309 276
			15-20	15-20	15-20	15-20	15-20	15-20	15-20
b B.C.G.	po	14.04	CI-01	7	7 26	26 22 22	26 27 12 12 12	22 22 12 52 52	26 7 122 25 33 33 33 33 33 33 33 33 33 33 33 33 33
munised with	Age Period	F 10	01-0	9-10	35	35 34	35 34 34 34	35 34 34 36 96	35 35 34 18 18 75
Children Immunised with B.C.G.		2.	1-7	10	10	10 35 61	33 20 22 23 20 23 20 23 20 20 20 20 20 20 20 20 20 20 20 20 20	35 10 80 80	33.0
0		-		13	13	113	13 18 26 42	113 126 69	269 258 88 88 88 88 88 88 88 88 88 88 88 88 8
- Capri	Tests	Negative Reaction		36	36	36 116 147	36 116 147 101	36 116 147 101 309	36 116 147 101 309 276
Drolimi	Skin Tests	Positive Reaction	-	10	10 41	10 41 22	10 12 22 34	10 22 34 25	10 10 10 10 10 10 10 10 10 10 10 10 10 1
		Year	The second second	1950	1950	1950. 1951. 1952.	1950. 1951. 1952. 1953.	1950 1951 1952 1953 1954	1950 1951 1952 1953 1954

Child had negative reaction after first Post Immunisation Test and was given a second application but the parents refused further examination.

One child left the county before an examination could be made to ascertain the reaction. Twenty children failed to attend for post-immunisation examination. Ten children failed to attend for post-immunisation examination.

TABLE 12.

DETAILS OF MASS RADIOGRAPHY SURVEY CONDUCTED AMONGST CAERNARVONSHIRE SCHOOLS IN MAY/JUNE, 1955, IN CONNECTION WITH B.C.G. IMMUNISATION.

ANALYSIS IN AGE GROUPS.

	Grand	Under 15	r 15	15-24	24	25-34	34	35-44	4	45-59	69	60 and Over	Over	TOTALS	ILS
	Total	M	F	M	F	M	H	M	TT	M	F	M	F	M	F
Total Number Examined	1365 (525)	232	215	236	239	20	28	62	115	81	126	9	5	(204)	728 (321)
Number found to be Abnormal	92 (69)	6	6	9	9	4	۴ .	7	. 6	=	21	4	6	(29)	(40)
Classification of Abnormal Cases:							400								
(a) Pulmonary Tuberculosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
(b) Requiring further Observation	(12)	1	4	3	1	1	1	3	-	-	2	1	-	8	0 E
(c) Other Abnormalities of the Chest	75 (57)	80	5	3	5	4	3	4	80	10	19	4	2	33 (24)	(33)

Figures in parenthesis denote parents and other relatives who attended during the surveys of school children.

# DETAILS OF OTHER PULMONARY ABNORMALITIES FOUND DURING THE SURVEY OF CAERNARVONSHIRE SCHOOLS IN MAY/JUNE, 1955.

TABLE 13.

	Male	Female	Total
Bony Abnormality. Congenital	8 2	13	21
Bacterial and Virus Infection of the Lungs	2	_	21 2 2 5 33
Bronchiectasis	1	1	2
Emphysema	2 15	3	5
Pulmonary Fibrosis (non-tuberculosis)	15	18	33
Pneumoconiosis	1	_	1
Carcinoma of Lungs and Mediastinum	-	1 1	1
Abnormality of Heart: Congenital	-	1	1
Abnormality of Heart: Acquired	1	3	4
Miscellaneous	1	_	1
Healed Primary Pulmonary Tuberculosis	2	2	4
TOTAL	33	42	75

# MASS RADIOGRAPHY SURVEY OF THE GENERAL POPULATION (EXAMINATION OF SCHOOL CHILDREN)

In addition to the special arrangements made for the examinations described above, the Mass Radiography Unit of the Welsh Regional Hospital Board conducted a survey of the general population in an area extending from Bontnewydd in the north to Garndolbenmaen in the south. Details of school children examined in this Survey and the results of the examination are given in Table 14.

DETAILS OF CHILDREN EXAMINED BY THE MASS RADIOGRAPHY UNIT. Female Abnormalities A 3 Number Male 2 Female Number Requiring further Observation 2 3 Male Female Number found to be Tuberculous Male Female 2 2 Number found Abnormal Male 2 Male Female 26 38 21 21 18 38 36 32 18 555 109 48 Number Examined 53 46 18 25 4 36 33 104 62 22  $\infty$ 21 27 581 64 TOTAL ..... Treborth Hall ..... Penygroes Bilateral..... Penfforddelen..... Bontnewydd..... Nazareth ..... Garndolbenmaen..... Nebo ..... Cesarea..... Talysarn ..... Carmel ..... Llanllyfni ..... SCHOOLS Rhosgadfan ..... Groeslon Junior ... Rhostryfan ...... TABLE 14.

#### HANDICAPPED PUPILS

Ascertainment of Handicapped Pupils under Section 34 of the Education Act, 1944, continued during the year, but shortage of medical staff precluded a survey of the children in the county who should now be classified in accordance with the amended classifications contained in the Regulations issued in 1953.

Table 15 gives details of Caernarvonshire children classified as Handicapped Pupils according to the definitions prescribed in the School Health Service and Handicapped Pupils Regulations, 1953.

Difficulty in obtaining admission for some Handicapped Pupils to Special Schools remains acute.

Special educational treatment given during their early lives when they are best able to assimilate it, will not only help these unfortunate children to maintain themselves in later life, but will remove, at least partially, the unhappiness and feeling of helplessness which they otherwise endure. These extracts from reports received on the progress made by a selection of children after admission to Special Schools is of interest. The reports on deaf children again demonstrate the absolute necessity of giving special attention to such children as soon as their deafness is ascertained. If parents follow the advice and supervision given to them in future at the new Audiology Clinic, deaf children will no longer remain dumb or partially dumb.

No. 1. BLIND. Enucleation of both eyes, due to neoplasm.

Date of Birth: 21.4.45.

Admitted to Special School on 30.8.48 when aged 3 years 4 months. Report made December, 1955.

Arithmetic. Satisfactory progress maintained. Accurate.

Reasons well.

History and Geography.

Interested in History and has a good memory for detail. Less interested in Geography but attends well.

Braille. Reading has greatly improved. Uses a Braille

writer and has a good knowledge of Grade 2.

General. She has continued to work hard at her lessons.

In out-of-school activities she has shown signs of leadership. Is easily upset with trifles, but is developing a more balanced outlook now. Always

very well mannered.

No. 2. BLIND. Congenital absence of both eye balls.

Date of Birth: 19.3.52.

Admitted to Special School on 5.10.54 when aged 2 years, 7 months. Report made August, 1955.

General Health. Good apart from acute and nasal catarrh.

Education and Very little progress. She does not like too close Social Development. contact with the children.

General Progress. She can now sit without support, but is very lazy and prefers to lie. She can stand for a short period holding the play-pen, but has no idea of walking. She is not talking.

#### No. 3. Deaf. Date of Birth: 20.1.49.

Admitted to Special School on 19.4.55, when aged 6 years 3 months. Report made December, 1955.

Speech. Fairly good. Always willing to try to use speech as a means of communication. Improving

steadily.

Lip-Reading. Good. Combines it with hearing.

Written Language. Limited to a few words.

Oral Language. Fairly good. Makes good use spontaneously of

his known vocabulary.

Reading. Improving steadily. Can read simple blackboard

commands.

Arithmetic. Has worked well this term. Can do simple

addition and subtraction sums.

Character and He is a cheerful, generous boy. He has a good

Conduct. sense of humour. Works and plays well.

General Remarks. He is a pleasure to teach. He is making steady

progress and shows much promise for the future.

#### No. 4. Deaf. Date of Birth: 24.5.46.

Admitted to a Special School 8.1.52, when aged 5 years, 8 months. Report made August, 1955.

Hearing. Hears loud voice at 4 inches.

Sight. Good.

Speech. Has a natural voice, but speech mostly unintelli-

gible. Lip-reads well and has a fair vocabulary.

Handwork. Writes pretty well but needs much practice in

colouring and drawing.

Character. Friendly, happy but sensitive. She seems to be

an intelligent child and has responded favourably to the time spent in helping her. She is much below the standard of her class, but has only been

in it for one term.

No. 5. Physically Handicapped. Spastic paraplegia and retarded. Date of Birth: 31.3.41.

Admitted to Special School on 3.9.53 when aged 12 years 6 months. Report made July, 1955.

Reading. He can read a few words. Tries hard but finds

it difficult to remember sounds.

Oral Composition. Good as far as ideas are concerned. Speech

improved a little.

History and Geography.

Enjoys listening to the stories and shows an active interest.

Remarks.

Continuing to make slow but steady progress. He is still very backward, and handicapped, but he gives of his best, and his conduct is excellent, so I am very happy to persevere with him.

No. 6. Deaf and Dumb. Reported to be very deaf by Consultant in February, 1948, and recommended for admission to Special School. The parents refused to agree and their consent was finally obtained early in 1953, after several special visits by the Principal School Medical Officer and two visits by the local representatives on the Council. The parents were also taken to inspect a Special School in Southport and the one in Llandrindod Wells before they gave their consent.

Date of Birth: 14.12.43.

Admitted to Special School on 6.1.53 when aged 9 years 2 months.

Report made December, 1954.

Speech. Oral attitude fair, able to imitate, has very little

spontaneous speech owing to lack of vocabulary

and language.

Reading. Very slow progress owing to lack of vocabulary

and language.

Arithmetic. Slow, but shows slight improvement.

Drawing. Little originality but tries hard and makes

progress.

Needlework. Knitting-has learnt to knit quite well.

TABLE 15.

Category	Attend- ing Special Schools	Attend- ing Ordinary Schools	Receiving Home Tuition	At Home	Totals	Requiring places at Special Schools but re- maining unplaced
Blind	4	1	_	1	6	2 2
Partially Sighted	1	8	-	2	11	2
Deaf	6	-	-	_	6	_
Partially Deaf	1	23	-	_	24	2 9
Delicate	2	14	-	-	16	9
Physically Handi-						
capped	7	39	9	4	59	26
Educationally Sub-		2025			- 22.00	
normal	32	243	1	_	276	97
Maladjusted	2 2	7	_	_	9	1
Epileptic	2	_		_	2	_
Speech Defect	-	6	-	-	6	_
TOTALS	57	341	10	7	415	139

Shortage of staff has prevented all children being ascertained and, therefore, this table does not reflect accurately the total number of handicapped school children in the county.

#### SCHOOL DENTAL SERVICES

The Dental Staff was further depleted in 1955 by the resignation of Mr. J. B. Crowther in March. Continual advertising for two assistant Dental Officers to fill vacancies was unsuccessful.

This report on the service was prepared by the Principal School Dental Officer:

" Dear Sir,

I have the honour to present the following account of The County Dental Service for the year 1955.

The total number of Dental Officers working in the county has remained at three throughout the whole year.

Advertising in the Dental Press has not produced any serious applicants for the vacant posts. It would seem that many Dental Officers prefer to work in the larger towns where clinical accommodation can be provided for all treatment, rather than in rural areas, where surgeries may have to be improvised in schools. Many Authorities offer 'houses or accommodation' as an inducement, when advertising their posts.

Despite the fact that only three Dental Officers have been at work during the year, the proportionate volume of work done has increased; the number of fillings inserted in permanent teeth (an aspect of the more constructive side of the service) in 1955—4,028—shows an increase over the previous year's total of 3,883.

The ratio of time spent 'inspecting' to that spent on 'treatment' shows an improvement of from 1 session/9 sessions, 1954, to 1 session/10 sessions 1955. This shows a more practical and thorough approach.

It is quite impossible for three Dental Officers to cover the whole county; instead treatment is confined to such a proportion of children as can be treated in approximately twelve months, and seen again the following year. In this way some continuity and purpose can be given to the work.

Clinics.

An X-ray Unit was fitted in Pwllheli Clinic—Mr. H. Parry has found it to be of great help.

Orthodontic Treatment (Correcting Irregularities of Teeth).

Cases completed during Year	35	
Appliances Adjusted	237	202
Appliances Fitted	102	87
Impressions taken	229	179
	1955	1954
The following work was carried out in this sphe	ere :-	

General Anaesthetics.

Anaesthetist, Dr. H. Edwards, M.R.C.S., L.R.C.P., F.F.A., D.A. 221 general anaesthetics were administered in 1955, compared with 113 in 1954.

The number of 'Gas Sessions' could well be increased and be extended to clinics other than Bangor.

#### Radiography.

184 X-rays were taken in Bangor and Pwllheli Clinics in the course of the year. The X-ray facilities have proved particularly useful as an aid and guide in orthodontic treatment.

#### Cases Referred to Oral Consultant.

Seven cases were referred to Dr. F. G. Hardman, M.B., Ch.B., F.D.S., M.R.C.S., Oral Consultant.

A word of appreciation to all the Dental Staff and thanks to all who have helped us in the course of the year.

#### Yours faithfully,

(Signed) D. McINTYRE."

Table 16

Comparison of Dental Treatment Afforded 1953, 1954 and 1955.

	1953  Three  Dental  Officers	1954 Equivalent of four Dental Officers	1955 Three Dental Officers
Inspected	17,484	11,048	6,650
Found to Require Treatment	9,012	6,847	4,018
Referred for Treatment	8,720	6,759	3,941
Actually Treated	4,793	4,764	3,702
Attendances for Treatment	4,913	7,197	6,481
Permanent Teeth	2,615	3,883	4,028
Temporary Teeth Extractions:	843	1,566	818
Permanent Teeth	310	470	346
Temporary Teeth	3,279	3,556	2,333
Number of X-Ray Photographs Taken	171	197	184

## TABLE 17.

## DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers :	
	(a) Periodic age groups	6,326 324
	Total (1)	6,650
(2) (3) (4) (5) (6)	Number found to require treatment  Number referred for treatment  Number actually treated  Attendances made by pupils for treatment  Half-days devoted to Inspection.	4,018 3,941 3,702 6,481 114
	Treatment	1,256
	Total (6)	1,370
(7)	Fillings:	
	Permanent Teeth	4,028 818
	Total (7)	4,846
(8)	Number of teeth filled:	
	Permanent Teeth	3,900 790
	Total (8)	4,690
(9)	Extractions:	
	Permanent Teeth	346 2,333
	Total (9)	2,679
(10)	Administration of General Anaesthetics for extraction	221
(11)	Other operations:	
	Permanent Teeth Temporary Teeth	2,206 168
	Total (11)	2,374

Table 18.

Routine Inspections.

Age	No. of Children found to require Treatment	No. of Children not requiring Treatment	Total Inspected
2	2	_	2
2 3	13	67	80
4	71	269	340
5	239	360	599
6	340	303	643
7	469	270	739
8 9	574	257	831
	482	208	690
10	460	221	681
11	395	244	639
12	244	164	408
13	188	164	352
14	155	168	323
15	72	120	192
16	42	54	96
17	19	77	96
18	12	16	28 7 2
19	1	6	7
20	2		2
TOTALS	3780	2968	6748

#### MEDICAL AND SURGICAL TREATMENT

#### MINOR AILMENTS.

Health Visitors and District Nurses treated 768 minor ailments during 1955. These comprised 94 skin complaints, 29 eye conditions, 48 conditions of the ear, and 597 miscellaneous conditions. Attendances for treatment amounted to 1,362.

#### VISUAL DEFECTS.

The Ophthalmic Specialists examined 894 children during the year. Spectacles were prescribed for 720 children and another 53 received other forms of treatment. Health Visitors and District Nurses treated 29 children for minor eye conditions at the Clinics.

#### EAR, NOSE AND THROAT.

Of 115 children examined by the Specialist during 1955, 70 were advised to have operative treatment for tonsils and/or adenoids, four were advised to have other operations, and 23 were referred for other forms of treatment. The remaining 18 children required treatment for ear defects.

Details of treatment given to children during the year are given in this Table:—

#### TABLE 19.

Nature of Treatment	Number Treated
Operative treatment for Adenoids and Chronic Tonsillitis	54
Other forms of treatment for Nose and Throat Conditions	
TOTAL TREATED	92

#### SPEECH THERAPY

This service, which had been re-established in February, 1954, was continued throughout 1955. In December, however, the Speech Therapist resigned, having accepted another post nearer her home in Scotland. Unfortunately, the service will again be interrupted until her successor is appointed.

This report on the work done during the year has been submitted :-

"To the Principal School Medical Officer:

Dear Sir,

During the year 169 school children received treatment at the Clinics and 59 were discharged with normal speech. The most prevalent speech defects in this County are stammering and dyslalia. Sixty-three stammerers were treated during the year and 26 were discharged from further attendance.

Children are referred for Speech Therapy by the School Medical Officers, Dr. Gwyn Griffith, Paediatrician, Mr. R. P. Osborne, F.R.C.S., Plastic Surgeon, the Child Guidance Clinic team and Head Teachers, and I wish to record my appreciation for their help and advice on numerous occasions.

The Child Guidance Clinic and the Speech Therapy Clinic at Bangor were held on the same day and close liaison was maintained with the Child Guidance Clinic team. In some instances I had doubts about the efficacy of the treatment given at the Speech Therapy Clinics and all such cases were discussed with the Child Guidance Clinic team and some were referred for consultation.

The attendances made by the children at the four clinics were satisfactory and most parents were very co-operative and interested in the progress made by their children. Home and school visits were made in the cases of non-attendance at the clinic.

I am grateful to you for your advice and help in developing what is comparatively a 'new' service to the community.

Yours faithfully,

Clinic	Defect	Number of individual Children Treated	Total Attendances	Discharged Speech Normal	Still under Treatment	Left School	Ceased to Attend before Treatment Completed
Bangor	Dyslalia Stammer Cleft Palate Sigmatism Dysphonia Aphonia Spastic Hyperhinophonia Partially Deaf Tongue Thrust Hard of Hearing Spalanguage Retardation	1	302 295 72 50 — 10 — — — — —	5 9 - 1 - 1 1	7 7 3 3 - - - - -		6 1
ALTON HELD	TOTAL	44	748	16	20	-	8
CAERNARVON	Dyslalia Stammer Cleft Palate Sigmatism. Dysphonia Aphonia Spastic Hyperhinophonia Partially Deaf Tongue Thrust Hard of Hearing	1	277 272 — 87 3 — 13 40 26 —	8 8 - 2 - - - 1 -	9 11 -4 1	- 1 - 1 - 1 - - -	1
	TOTAL	48	718	19	25	3	1
					the state of	-	
LLANDUDNO	Dyslalia Stammer Cleft Palate Sigmatism Dysphonia Aphonia Spastic Hyperhinophonia Partially Deaf Tongue Thrust Hard of Hearing Spalanguage Retardation Idioglossia Clutter Aphasia	6 1 - 2 - 1 1 1 2 1	434 270 40 117 16 — 63 — 40 33 20 25 7	1	11 5 - 5 - - 2 - 1 1	- - - - - - - - - - - - - - - - - - -	1 1
LLANDUDNO	Stammer Cleft Palate Sigmatism. Dysphonia. Aphonia Spastic Hyperhinophonia Partially Deaf Tongue Thrust Hard of Hearing Spalanguage Retardation Idioglossia. Clutter Aphasia	1 6 1 - 2 - 1 1 1 2 1 1	434 270 40 117 16 — 63 — 40 33 20 25 7 10	6 4 1	11 5 - 5 - - 2 - 1 1 1	- - - - - - - - - - - - - - - - - - -	1 1 - - - - 1
PWLLHELI	Stammer Cleft Palate Sigmatism. Dysphonia. Aphonia Spastic Hyperhinophonia Partially Deaf Tongue Thrust Hard of Hearing Spalanguage Retardation Idioglossia. Clutter	1 6 1 - 2 1 1 1 2 1 1 1 1 3 - - 1 1 1 1 1 1 1 1 1 1 1 1 1	434 270 40 117 16 — 63 — 40 33 20 25 7	6 4 1 - 1 -	11 5 - 5 - - 2 - 1 1	- 2 - - - - - - - - - - - - - - - - - -	1
	Stammer Cleft Palate Sigmatism. Dysphonia Aphonia Spastic Hyperhinophonia Partially Deaf Tongue Thrust Hard of Hearing Spalanguage Retardation Idioglossia Clutter Aphasia  TOTAL  Dyslalia Stammer Cleft Palate Sigmatism. Dysphonia Aphonia Spastic Hyperhinophonia Partially Deaf Tongue Thrust Hard of Hearing Clutter Tongue Thrust Hard of Hearing Clutter	1 6 1 - 2 - 1 1 1 2 1 1 1 1 3 - - - 1 1 1 1 1 1 1 1 1 1 1 1	434 270 40 117 16 — 63 — 40 33 20 25 7 10 1075 229 221 83 — — 31 10 13 — 15	6 4 1 - 1 - - - - - - - - - - - - - - - -	11 5  2  1 1 1   27 6 8 2   1   1        	- - - - - - - 1 - - - - - - - - - - - -	1 -1     1 1 4

#### CHILD GUIDANCE.

This service continued on a much depleted scale again in 1955, the clinics at Llandudno, Caernarvon, Pwllheli and Portmadoc remaining closed because of the impossibility of obtaining a suitably qualified Psychiatric Social Worker.

The service at the Bangor Clinic was continued under the able and energetic direction of Dr. E. Simmons, Consultant Child Psychiatrist.

The Education Committee, in conjunction with the other four North Wales Counties, have agreed to accept financial responsibility for the "Child Guidance Centre." Due to failure to obtain all the additional necessary staff the proposals have not yet been fully implemented. Close collaboration exists also between the Speech Therapist and the Child Guidance team.

Details of the children who received attention and treatment during 1955 are given in Table 21.

Table 21.

Analysis of Cases Examined at Child Guidance Clinic.

		ulta-	Observa- tion		Under Treatment		Total	
Cause of Referral	M.	F.	M.	F.	M.	F.	M.	F.
Assessment of Intelligence Quotient	9	-	-	-	-	-	9	-
Alopecia	3888	-	_	1	-	-	-	1
Backwardness & Behaviour Diffi-	2	-	1	-	-	-	3	-
culties	-	-	-	1	-	-	-	1
Behaviour Difficulties	-	-	2	2	1	-	3	2
Behaviour Disorders		-	2 2 1	-	-	-	2	-
Encopresis	-	-	1	-	-	-	1	-
Enuresis	1	1	3	-	-	-	4	1
Failure at School	1	1	-	1	1	-	2	2
Masturbation		-	1	-	-	-	1	-
Neurotic Traits	-	-	1	-	-	-	1	-
Nightmares		-	1	-	1		2	-
Personality Difficulties		-	-	1	-	-	-	1
Skin Complaint		1	-	-	-	-	-	1
Speech Defect	-	1	-	-	-	-	-	1
Stammer	2	-	3	1	-	-	5	1
Stammer and Behaviour Difficulties		1	1	1	-	-	1	2
Stammer and Failure at School		-	-	-	-	-	2	-
Stealing	2 -	-	3 -	1	-	-	5 -	1
TOTALS	19	5	19	10	3	-	41	15

#### ORTHOPTIC TREATMENT

This is a summary of the work performed during the year :-

1. Number of patients attending at the beginning of the year :

Clinic	No. of Patients
Llandudno	143 102 73 32 189

## 2. Number of new patients seen during the year :

Clinic	No. of Patients
Llandudno	17
Caernarvon	22
Portmadoc	6
Bangor	16

3.	Number of new and old patients occluded	119
4.	Number of new and old patients given orthoptic treatment	105
5.	Patients kept under observation	77
6.	Number of operations performed	30
7.	Number discharged:— (a) Satisfactory	116
	(b) Cosmetically satisfactory	68
	(c) Failed to attend	10
	(d) Unsuitable	9
8.	Patients on waiting list for surgery	70

#### ORTHOPAEDIC TREATMENT

The Orthopaedic Specialist examined 622 children, including 152 children who were seen for the first time at the Survey Clinics held at Caernarvon, Bangor, Pwllheli and Llandudno. The Council's Physiotherapist treated 185 children in the After-Care Clinics. Children treated in hospital totalled 15.

A summary of the treatment performed at these clinics during 1955 is given in these tables :—

TABLE 22. SURVEY CLINICS

		Nun Exa	nber mined	7	reatmen	t Recom	mended		
Place Held	No. of Ses- sions	New Cases	Old Cases	Hosp-	Appli- ances	Mass- age and S.R.E	Ob- ser- vat- ion	Other Treat- ment	No. Dis- char'd
Llandudno	6	37	80	_	61	22	104	3	29
Pwllheli	6	40	143	7	48	17	71	_	29 31
Bangor	6	28	110	-	41	12	59 88	2	22
Caernarvon	6	47	137	3	43	19	88	2	22
TOTALS	24	152	470	10	183	70	322	7	104

TABLE 23.
HOSPITAL TREATMENT.

2
15
15
15
_
2

Table 24.
After-Care Clinics.

Place Held	No. of Sessions	Individual Cases who attended	Total Attendances
Llandudno	39	30	279
Bangor	39 34 45 42	40	241
Caernarvon	45	63	552
Portmadoc	42	21	197
Pwllheli	45	31	300
TOTALS	205	185	1569

TABLE 25.
ULTRA VIOLET RAY CLINICS.

Place Held	No. of Sessions Held	Individual Cases who attended	Total Attendances
Llandudno	43	82	689
Bangor	42 47	54	511
Caernarvon	47	86	1161
Pwllheli	45	8	54
Portmadoc	41	18	220
TOTALS	218	248	2635

## INCIDENCE OF INFECTIOUS DISEASES AMONGST CHILDREN BELOW SCHOOL LEAVING AGE.

#### DYSENTERY.

Many cases of Dysentery in adults and children were reported in the Conway, Caernarvon, Gwyrfai, Llandudno and Ogwen districts during 1955. The schools affected included:—

Maelgwn Infants School, Llandudno Junction.

Council Infants and V.C. Infants' Schools, Caernarvon.

Lloyd Street Infants and Mixed Schools, Llandudno.

Infants and Central Schools, Deiniolen.

Llandinorwic V.C. School.

Council School, Bodfeurig.

Grammar School, Caernarvon.

Most of the cases were mild in character and several were discovered during the routine examination of faeces. This fact created additional difficulties in controlling the outbreak because unsuspected cases transmit the disease. The usual action was taken by the staff of the Health Department in the schools when cases were reported. A great deal of time was required to give instruction to children and parents, and also to collect and label the specimens of faeces, which were examined at the Public Health Laboratory in Conway.

Specimens were obtained from contacts of children and also when considered necessary from teachers and canteen staff.

From 3.10.55 to 31.1.56, 1,359 specimens of faeces were examined. Children known to be infected were excluded from school and were not allowed to return until "negative" reports on faeces were obtained.

I wish to record my appreciation of the assistance given by Head Teachers and their staff to the Department.

The total number of cases known to the Department from the commencement were:—

Children	 180
Others	33

On 31st January, 1956, 1 child was known to be positive.

I prepared the note below for the guidance of Teachers of all schools affected:—

#### SCHOOL HEALTH SERVICE

#### Notes on Dysentery and other Infections of the Intestines

- (1) The germs causing the disease are passed out in the faeces and the disease is spread because the hands become contaminated during the act of defaecation.
- (2) Unless the hands are thoroughly washed and disinfected after defaecation the germs are conveyed either directly on to food or by children usually to the hands or mouths of other children. The germs then multiply rapidly in the intestines and produce the disease in a few days.
- (3) Closet seats may become soiled with faeces containing the germs. The hands of those not suffering from the disease may thereby become contaminated.
- (4) Dysentery and other intestinal infections are not spread by ordinary contact as in diphtheria, scarlet fever and tuberculosis. Flies may convey the germs to food if they feed on infected faeces.

#### PRECAUTIONS

- (1) The hands should, of course, always be washed after every visit to a closet or urinal irrespective of the presence of any disease.
- (2) When dysentery is reported in a school, a bowl of disinfectant solution should be provided for immersing the hands after washing as in 1 above.
- (3) Children should be encouraged to bring their own hand towels to school and take them home daily to be washed. The germs are conveyed to towels unless the hands are thoroughly cleansed.
- (4) School crockery should be washed in a weak disinfectant solution.
- (5) All closet seats should be swabbed with strong disinfectant solution by the school caretaker at the end of the afternoon session every day.
- (6) Strict observance of all these precautions will prevent the disease spreading.

#### POLIOMYELITIS.

Fifteen children were notified as suffering from Poliomyelitis during 1955; of these four were children normally residing outside the county. All the children were admitted to hospital. Ten of the Caernarvonshire children required treatment after discharge from hospital, and six of them received treatment at the Council's Orthopaedic Clinic. The remaining Caernarvonshire child discharged from hospital required no further treatment. I again emphasise the need for providing more treatment sessions for all orthopaedic cases at the Clinic. The Committee's desire to provide it was not granted by the County Council for this coming financial year.

Details of notifications received during 1955 are given in this Table :-

TABLE 26.

Disease	Number Notified
Scarlet Fever	28 201
Whooping Cough	201
Acute Poliomyelitis	15
Measles	1484
Acute Pneumonia	12
Meningococcal Infections	8 212
Dysentery and Food Poisoning	212
Chickenpox	30

#### DIPHTHERIA IMMUNISATION.

The effectiveness of immunisation in controlling Diphtheria is demonstrated in Table 28 on page 38. It is particularly interesting to observe that 1955 was the fourth successive year during which no cases were notified and the tenth successive year during which no child who had been completely immunised suffered or died from the disease.

These encouraging facts could, however, create a false sense of security. Some of our younger parents, because they have no experience of Diphtheria and its dangers, tend to regard immunisation as an unnecessary discomfort to their children. It cannot be too often emphasised that the disease will again become a "killer" and a "maimer" unless parents ensure that their children are immunised against it. The Medical, Health Visiting and Nursing Staffs continue to impress upon all parents the importance of securing for their children free protection against Diphtheria. They emphasise the suffering and danger to which the children may be exposed by their failure to secure this simple means of protection—a first-class insurance.

It is interesting to record that more than forty-four thousand (44,000) children have been protected and approximately 237,089 initial and "boosting" injections given by the Council's staff since 1939.

Children who completed the full course of immunisation during 1955 totalled 1,138. School Medical Officers immunised 643 of these, and General Practitioners immunised 495. During the year 1,051 other children received reinforcing injections.

Details of children immunised are given in Table 27.

TABLE 27.

years 5-14 years	ers Total
752 13385	25100 18137 72.25
	100 17000

#### ANALYSIS OF THE ABOVE TABLE.

Year of Birth	1941- 1945	1946- 1950	1951	1952	1953	1954	1955	Total
No. of Children Immunised	6172	7213	1295	1295	1150	858	154	18137

# DIPHTHERIA—INCIDENCE AND MORTALITY (ADULTS AND CHILDREN)

RATES PER 100,000 POPULATION.

TABLE 28.

	Inc	CIDENCE	Mon	RTALITY
Year	Cases Notified	Attack Rate	Deaths	Death Rate
1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955	175 227 171 164 76 55 82 124 287 223 102 58 67 41 57 81 142 96 93 133 110 61 97 124 330 260 202 175 204 242 159 85 91 19 19 18 2 1 2 ——————————————————————————————	140 182 147 146 73 53 73 107 235 183 85 48 56 34 47 65 115 79 78 111 92 51 81 103 277 211 169 137 143 176 120 67 74 15 15 15 16 16 17 17 18 18 18 18 18 18 18 18 18 18	19 16 13 30 12 6 7 11 23 16 2 1 4 1 4 12 9 5 7 6 4 3 3 6 9 6 8 10 10 8 3 3 3 1 — — — — — — — — — — — — — — — —	15 13 11 27 11 6 6 9 19 13 2 1 3 1 3 9 7 4 5 5 5 3 2 2 2 3 1 

#### MILK IN SCHOOLS SCHEME

The County Health Officer, who is responsible for the supervision of the standard, quality and safety of milk supplied to schools, has submitted this report for the period 1st January to 30th September, 1955:—

### " To the School Medical Officer:

During the year everything possible has been done to secure a good safe supply of milk for all the school children in the county. With the exception of two schools all milk supplied was provided in one-third pint bottles with straws. The other two schools are supplied in bulk and are in the remoter part of the county and too far away for main retailers to supply them. However, the milk supplied to these schools has been otherwise satisfactory.

As can be seen from the table, 163 schools are now supplied with Pasteurised or T.T. Pasteurised Milk. As milk is a ready vehicle for infections it is of vital importance that the safety of milk is ensured. I have endeavoured, therefore, to establish a supply of Pasteurised Milk to as many schools as possible in the county because this milk cannot be responsible for bovine types of infection, too frequently conveyed by raw milk. A total of 157 samples were submitted for bacteriological examination and they were all reported to be satisfactory.

159 samples of raw milk were also examined for tuberculosis infection but no positive results were reported.

A total of 187 samples of milk were submitted for examination for the presence of Brucella Abortus. Two gave a positive result. Neither of the two producers concerned supplied milk to schools.

It has been a year during which the scheme has progressed satisfactorily and the milk has been of very high standard.

The Food and Drugs Officer submitted 18 samples of School Milk for chemical analysis during the year, all of which were genuine. Two complaints of dirty milk bottles were received and successful legal proceedings were instituted against one supplier.

	Λ	Tumber of Sci	bools Supplies	d
Grade of Milk	1952	1953	1954	1955
T.T. Pasteurised	18	8	8	8
Pasteurised	127	153	155	155
Tuberculin Tested	11	4	2	2
Ungraded	12	3	2	2
Dried Milk	_	_	-	-

#### BACTERIOLOGICAL EXAMINATION OF MILK

Grade of Milk	Number Taken	Number Satisfactory	Number Unsatisfactory
Pasteurised	132	132	-
T.T. Pasteurised	13	13	_
Tuberculin Tested	8	8	-
Ungraded	4	4	-
TOTALS	157	157	_

Yours faithfully,

G. RICHARDS, County Health Officer."

#### SCHOOL MEALS

This Service provided meals for approximately 12,000 children during 1955, and the high standard of the meals provided was maintained.

Close co-operation between the School Meals Organiser and the County Health Officer has contributed to maintaining the high standard of cleanliness and safety in the kitchens throughout the county, as will be seen from these observations for the period 1st January to 30th September, 1955, which I have received from the County Health Officer.

"To the Principal School Medical Officer:

Dear Sir,

During the year I found the standards in School Canteens continued to be on a very satisfactory level. Many more schools were provided with adequate means for the storage of vegetables which previously had been kept in parts of the kitchen not suitable for the purpose. Old and defective equipment have been replaced and the canteens have been suitably decorated.

I have visited and inspected shops of traders supplying food to the canteens and found standards generally satisfactory. The importance was stressed upon the traders of storing, preparing and handling food in a clean and safe manner.

During the year six School Canteens qualified for membership of the Caernarvonshire Clean Food Association, making a total membership of 59 school canteens at the end of the year.

The School Meals Organiser and the School Canteen Staffs have been most co-operative and anxious to implement new ideas.

Yours faithfully,

G. RICHARDS,

County Health Officer."

## MINISTRY OF EDUCATION MEDICAL INSPECTION RETURNS

FOR THE YEAR ENDED 31ST DECEMBER, 1955.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools).

#### A. Periodic Medical Inspections.

	152
	135
очр	-
	39
Periodic Inspections	3
	roup

#### B. OTHER INSPECTIONS.

Number of Special Inspections	
Total	768

### C. Pupils found to Require Treatment.

Group	For Defective Vision (excluding squint)	For any of the other conditions recorded in Table*	Total Individual Pupils
Entrants	11	131	138
	59	82	131
	39	32	67
Total (prescribed groups)	109	245	336
Other Periodic Inspections	15	15	30
Grand Total	124	260	366

# Return of Defects found by Medical Inspection in the Year ended 31st December, 1955.

TABLE 1\*

			iodic ections		ecial ections
		No. of	Defects	No. of	Defects
De- fect Code No.	Defect or Disease	Requiring treat- ment	Requiring to be kept under observa- tion but not requiring treatment	Requiring treat- ment	Requiring to be kept under observa- tion but not requiring treatment
4 5	Skin Eyes: (a) Vision	18 124	97 146	33 88	56 36
	(b) Squint	59	51	44	27
	(c) Other	7	56	16	27
6	Ears: (a) Hearing	14	37	15	28
	(b) Otitis Media	5	27	11	23
_	(c) Other	_	7	2	5
7	Nose or Throat	30	598	76	381
8	Speech	17 2	35 180	20 5	32 109
10	Heart and Circulation	9	161	10	82
11	Lungs	17	110	66	100
12	Developmental:	1,0	110	00	100
	(a) Hernia	2	10	2	9
	(b) Other	5	75	2 7	47
13	Orthopaedic:				
	(a) Posture	7	29	2	5
	(b) Flat Foot	22	65	29	33
	(c) Other	39	115	34	87
14	Nervous system:	- 0	10	2	0
	(a) Epilepsy	2	10 14	3 2	9
15	(b) Other	1	14	2	3
15	(a) Development	3	28	14	6
	(b) Stability	3 2	24	20	5
16	Other	9	104	67	34

## TREATMENT TABLES

#### GROUP 1-DISEASES OF THE SKIN.

	Number of cases treated or unde treatment during the year		
	By the Authority	Otherwise	
Ringworm: (i) Scalp	3	_	
	11	_	
Scabies Impetigo	6 64	_	
Other skin diseases	10	15	
Total	94	15	

## GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

The second secon	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refrac- tion and squint	=	53 841
Total		894
Number of pupils for whom spectacles were  (a) prescribed	=	720 677

## Group 3—Diseases and Defects of Ear, Nose and Throat.

MINISTER WITH THE PARTY OF THE	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment:		
(a) for diseases of the ear	=	54
(c) for other nose and throat conditions	_	1
Received other forms of treatment	-	37
Total	_	92

## GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals		15
(b)	Number treated otherwise, e.g., in clinics or out-patient departments	185

## GROUP 5—CHILD GUIDANCE TREATMENT.

	Number of Cases Treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinic	_	56

## GROUP 6-SPEECH THERAPY.

	Number of Cases Treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	169	4.11_11

## GROUP 7-OTHER TREATMENT GIVEN.

	Number of Cases Treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	597	-
1. Eye Diseases		_
2. Ear Diseases	48	-
3. Ultra Violet Light Treatment	248	-
Total	922	_

## INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	60,499
(ii)	Total number of individual pupils found to be infested	324
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	241
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	20



