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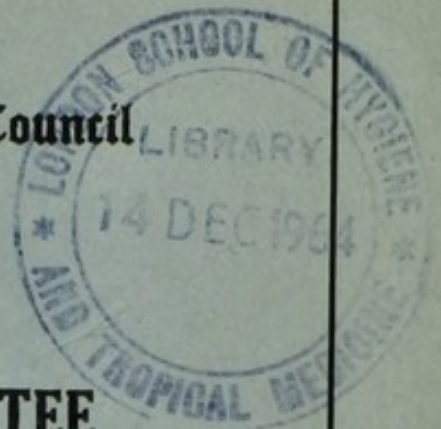
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Carmarthenshire County Council



EDUCATION COMMITTEE

Annual Report

OF THE

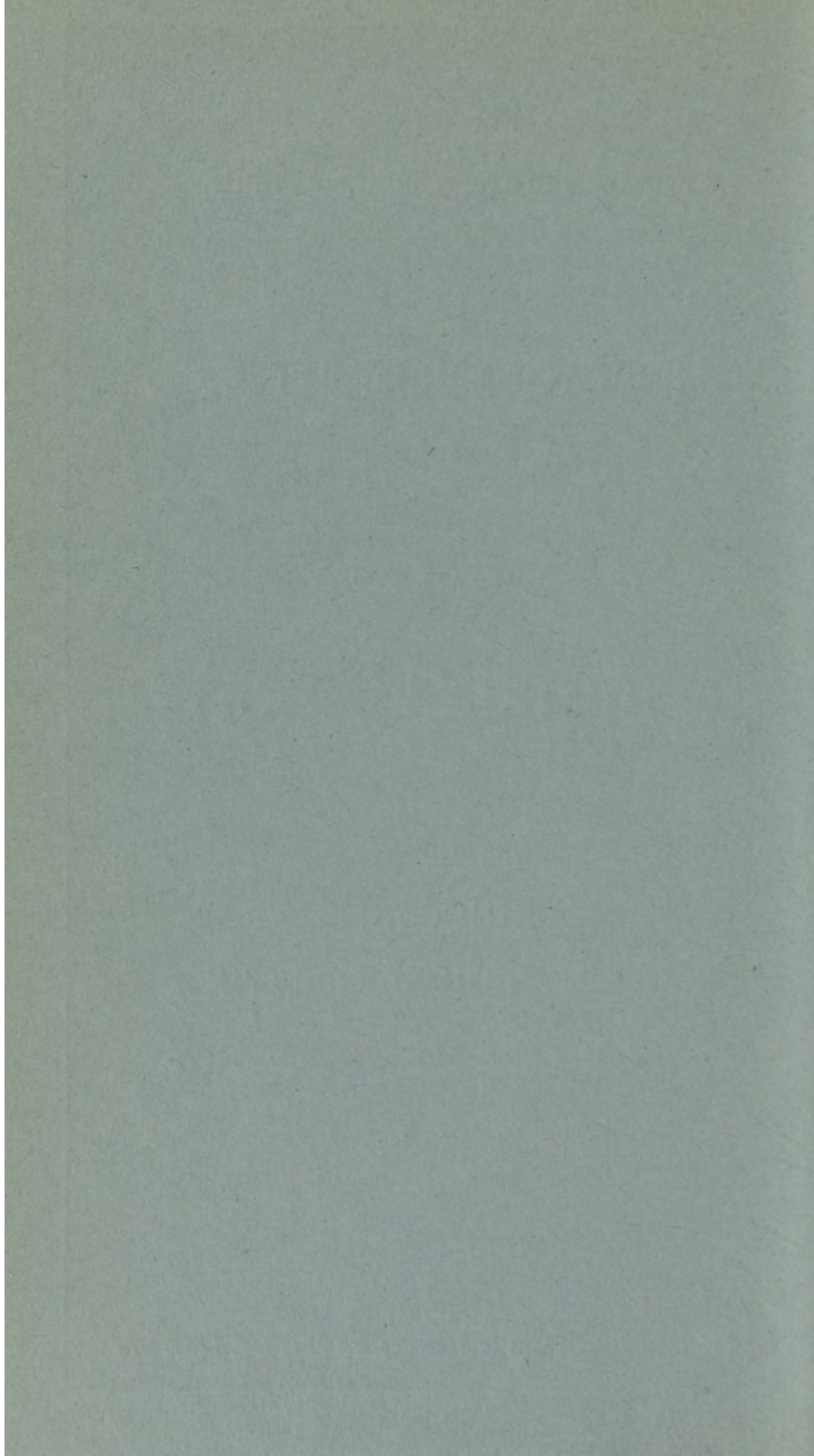
PRINCIPAL

SCHOOL MEDICAL OFFICER

for the Year ended 31st December, 1963

LLANELLY :

Printed by the Llanelly Mercury Printing Co., Ltd.



Carmarthenshire County Council

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LONDON

Printed by the London School Board

CARMARTHENSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR ENDED 31st DECEMBER, 1963.

I have much pleasure in submitting my report on the School Health Service for 1963.

We welcome Dr. Anna Ll. Davies who was appointed to fill the vacancy created by the appointment of Dr. Danaher as Deputy Principal School Medical Officer. We hope that Dr. Davies will have many happy years of service in the County.

The routine medical inspection programme has been carried out and children requiring further investigation have been referred for consultant opinion or to the general medical practitioners.

Early in the year, the poliomyelitis vaccination state of children in the County gave rise to some concern. Owing to changes made from time to time in vaccination policy the true overall position was far from clear; some children had received the full course of salk (injection) or sabin (oral) vaccine, others partly salk, partly sabin, and for various reasons, some had not completed any course satisfactorily, the most common reason being that they had not submitted themselves at the proper intervals for the second and third doses.

It was accordingly decided with the blessing of the Welsh Board of Health to offer parents complete immunisation of all children by sabin vaccine irrespective of their immunisation state. The response was truly magnificent, and at the end of the year 68 per cent. of the school children were immunised. This has given us a sound basis to keep the immunisation state of the children under control.

There has been much talk in many fields with regard to smoking and its consequences. I appreciate the effort made by headmasters and teachers who have given up smoking as I feel that the example they give is a major factor in discouraging school children from smoking. My thanks too to those who although unable to give up the habit, only smoke in the seclusion of their staff rooms. I hope their example will be emulated by others.

In some Grammar Schools, some pupils take the G.C.E. ordinary level examinations at the end of four years. This I feel is too concentrated a course and may have an adverse effect

on the intellectual and mental development of pupils. In addition they have little or no time for sport and extra-curricular activities which are so important in the moulding of character.

During the year a wide survey was made of the sanitary accommodation and kitchens of the schools in the County. Reports have been submitted to the Director of Education and there is no doubt at all that an extensive modernisation programme is needed to bring the whole County up to a reasonable standard of hygiene.

During the severe winter the schools had to be closed due to the lack of water and to the freezing of the toilets. In the future modernisation of any school, toilets ought to be placed within the main school building and centrally heated. This would go a long way to avoiding the closure of any school in similar circumstances.

It is pleasing to record that the Committee have agreed to consider, in future school plans, my suggestions for the provision of school medical rooms and, in secondary schools, rest rooms for girls.

The decision of the Committee to issue paper towels to schools in place of the traditional towels is an important step forward in preventing the spread of infection.

During the year two schools were closed due to outbreaks of ^esonne dysentery and full reports are included under Communicable Diseases.

Reference must also be made to the report of the Consultant Child Psychiatrist on his services to the County. As he states, the waiting list is long. It is obvious that the only solution is the appointment by the Welsh Hospital Board of a Consultant Child Psychiatrist based on St. David's Hospital, Carmarthen, who will have control of all the child guidance services in the County.

The work of the School Dental Service is reported on by the Principal Dental Officer. I need only endorse his comments on the Service.

The close liaison developed with general practitioners is fully maintained.

I am grateful to the Chairman, Vice-Chairman and members of the Education Committee for their help, encouragement and the kind consideration they have shown me, and to the teachers for their continued interest and valuable assistance. I would also record my appreciation of the loyal co-operation of members of the professional, nursing, administrative and clerical staff.

D. G. G. JONES,

Principal School Medical Officer.

STAFF

Principal School Medical Officer :

D. G. G. Jones, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer and Divisional School Medical Officer :

M. G. Danaher, M.B., B.Ch., B.A.O., L.M., D.P.H.

School Medical Officers :

E. T. Davies-Humphreys, M.R.C.S., L.R.C.P.

D. O. Davies, M.R.C.S., L.R.C.P.

J. G. E. Collins, M.R.C.S., L.R.C.P., D.P.H.

C. I. Morgan, M.R.C.S., L.R.C.P.

E. Lynette Davies, B.Sc., M.B., B.Ch., D.R.C.O.G.

Anna Ll. Davies, B.Sc., M.B., B.Ch. (commenced 1st May).

*E. H. Beynon-Hopkins, M.R.C.S., L.R.C.P., D.P.H. (part-time).

*Gladys M. Herbert, M.R.C.S., L.R.C.P., D.P.H. (part-time).

* Divisional Medical Officer of Health.

Principal School Dental Officer :

W. E. T. Llewelyn, L.D.S., R.C.S.

School Dental Officers :

D. L. Walters, L.D.S., R.C.S.

J. L. T. Davies, L.D.S., R.C.S.

T. J. Thomas, L.D.S., R.C.S.

P. M. Llewelyn, B.D.S. (part-time).

Dental Attendants :

Mrs. V. M. Arundel.

Miss E. B. Evans.

Miss A. M. Maliphant.

Miss M. A. Thomas.

Miss J. Jenkins.

Senior Orthopædic Sister :

Miss E. R. Buckley, M.C.S.P.

Assistant Orthopædic Sister :

Mrs. O. Turner Evans, M.C.S.P.

Speech Therapist :

Mrs. R. M. Morgan, L.C.S.T.

Chief Nursing Officer :

Miss I. John, S.R.N., S.C.M., H.V.Cert.

Educational Psychologist :

C. B. E. James, Ph.D., B.A., B.Ed., A.B.Ps.S.

Consultants available for School Health Service :

Orthopædic Surgeons :

G. D. Rowley, M.Ch. (Orthop.), Swansea.

R. L. Rees, F.R.C.S., Carmarthen.

Ophthalmic Surgeons :

G. S. Forrester, M.B., Ch.B., D.O.M.S., Llanelly.

A. Philipp, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.,
Carmarthen.

R. E. Packer, M.B., B.Ch., D.O.M.S., Llanelly.

Ear, Nose and Throat Surgeons :

T. I. Williams, F.R.C.S., Llanelly.

S. Morgan, F.R.C.S., Carmarthen.

Plastic Surgeons :

Eric Peet, F.R.C.S., Oxford.

Emlyn Lewis, F.R.C.S., Chepstow.

Pædiatricians :

R. T. Jenkins, M.R.C.P., D.C.H., Swansea.

K. R. Keay, M.D., M.R.C.P., D.C.H., Carmarthen.

Dermatologist :

D. Leighton Rees, M.D., M.R.C.P., Swansea.

Orthodontist :

R. E. Rix, M.R.C.S., F.D.S., R.C.S., London.

Dental Surgeons :

J. R. Gibson, F.D.S., Chepstow.

E. J. R. Morgan, M.B., F.D.S., R.C.S.

Chest Physicians :

J. T. Jones, B.Sc., M.B., B.Ch.
D. B. Ll. Morgan, M.D.

Assistant Chest Physicians :

J. Williams, B.Sc., M.B., B.Ch.
Bronwen N. Davies, B.Sc., M.B., B.Ch.

Psychiatrists :

J. Farr, M.B., B.S., D.P.M.
E. J. Eurfyl Jones, M.A., B.M., B.Ch., D.P.M.
N. J. C. McGill, M.B., B.S., D.P.M.

Child Psychiatrist :

John McDonald, M.A., M.B., Ch.B., D.P.M.

Pathologist :

D. F. Davies, M.D., M.R.C.P.

Bacteriologist under Medical Research Council :

H. D. S. Morgan, M.R.C.S., L.R.C.P., Dip. Bact.

NURSING

District	Nurse	Qualifications
Amman Valley	M. G. Evans	S.R.N., S.C.M., H.V.Cert.
Ammanford	A. Howells	S.R.N., S.C.M., H.V.Cert.
Burry Port	G. M. Burford	S.R.N., S.C.M., H.V.Cert.
Trimsaran	G. M. Williams	S.R.N., S.C.M., H.V.Cert.
Llangennech	E. Edwards	S.R.N., S.C.M., H.V.Cert.
Carmarthen Borough	G. I. Evans	S.R.N., S.C.M., H.V.Cert.
	D. Murray	S.R.N., S.C.M., H.V.Cert.
St. Clears	M. E. E. Davies	S.R.N., S.C.M., H.V.Cert.
Llanelly Borough	C. Jones	S.R.N., S.C.M., H.V.Cert.
	R. M. Walters	S.R.N., S.C.M., H.V.Cert.
	E. M. Perrott	S.R.N., S.C.M., H.V.Cert.
	M. E. Jones	S.R.N., S.C.M., H.V.Cert.
	D. C. Insley	S.R.N., S.C.M., H.V.Cert.
Felinfoel	E. M. Jones	S.R.N., S.C.M., H.V.Cert.
Tumble	E. J. M. Jones	S.R.N., S.C.M., H.V.Cert.
Llandybie	M. M. Davies	S.R.N., H.V.Cert.
Pencader	D. R. J. Edwards	S.R.N., H.V.Cert.
Bancyfelin	E. N. E. Davies	S.R.N., H.V.Cert.
Llandeilo	C. M. Bailey	S.R.N., S.C.M., H.V.Cert.
Nantgaredig	E. Evans	S.R.N., S.C.M., H.V.Cert.
Llangendeirne	M. E. Thomas	S.R.N., S.C.M., H.V.Cert.
Llandovery	J. Jones	S.R.N., S.C.M., H.V.Cert.
Cynwyl Elfed	N. G. E. Baker	S.R.N., S.C.M., H.V.Cert.
Whitland	M. L. Morris	S.R.N., S.C.M., H.V.Cert.

COMMUNICABLE DISEASES

For many years, communicable diseases mainly affecting children have been confined to measles and whooping cough, but it is pleasing to note that in recent years the incidence of whooping cough in the County has decreased. Immunisation

against the disease has been a major factor in this decrease, and only four cases of whooping cough were notified during 1963; only two were notified in 1962.

Notifications of measles and whooping cough in the last ten years were as follows:—

		Measles.	Whooping Cough.
1954	...	11	222
1955	...	3094	130
1956	...	577	227
1957	...	117	134
1958	...	1731	42
1959	...	308	34
1960	...	985	176
1961	...	1747	100
1962	...	300	2
1963	...	1257	4

Acute Poliomyelitis.—No case of acute poliomyelitis was notified in 1963, as compared with three cases in the previous year.

Vaccination against poliomyelitis was introduced in 1956, and there have been only 10 cases (7 of which were children) of acute poliomyelitis in the County in the following seven years. None of these patients had been vaccinated.

Between 1951 and the introduction of vaccination in 1956, 104 cases of acute poliomyelitis occurred as follows:—

Year	Number of Cases		Total
	Children under 15 years of age	Others	
1951	31	6	37
1952	17	12	29
1953	9	5	14
1954	2	1	3
1955	11	8	19
1956	—	2	2
Total	70	34	104

Changes of policy since 1956 as to the number of doses required for satisfactory vaccination and also changes in the intervals between doses resulted in the picture of the vaccination state in the County gradually becoming confused and uncertain.

It was accordingly decided early in 1963 to offer complete vaccination for all children by means of sabin (oral) vaccine irrespective of their vaccination state. The response was most satisfactory. 18,131 children and young persons born in the years 1943—1960, the great majority of whom were school children, received three doses of oral vaccine during the year. This represents 68 per cent. of the school population. There were no untoward reactions.

Dysentery.—Outbreaks of dysentery during the year resulted in the closure of two Schools, viz., Pembrey C.P. School and Ammanford Infants' C.P. School. Reports on each outbreak are as follows:—

PEMBREY C.P. SCHOOL.

On the 4th July the Headteacher of Pembrey C.P. School reported that a number of children attending the school were suffering from diarrhoea. Absenteeism which had been noted by the staff for some two weeks reached a peak of 50 pupils on the day the Headteacher reported.

There were 164 pupils on the school roll, with a teaching staff of 11 and canteen employees numbering 4.

School meals were prepared in the canteen, and the same kitchen personnel catered for the needs of Burry Port Infants' School.

Investigation.

The Divisional School Medical Officer visited the school on the 4th July. It was ascertained that the infants' school at Burry Port was not involved which suggested that the infection was not food-borne.

All children with symptoms were excluded from school. Specimens of all foods and milk consumed in the previous 24 hours were submitted to the laboratory for investigation, together with samples of water from the storage tank and uprising main. Specimens of faeces were obtained from children with symptoms, and also sent to the laboratory.

Laboratory reports on 7th July were positive in respect of 20 pupils, shigella sonnei being isolated. All samples of food, water and milk yielded negative results, no pathogens being isolated on culture.

It was clear from these results that the infection was not transmitted through the school kitchen, and that the outbreak was one of contact infection.

All children with positive results were excluded as the laboratory reports were received. One member of the canteen staff, who had no symptoms, had a positive Laboratory report and was also excluded from duty. Reports in respect of the teaching staff were negative.

Specimens of fæces were obtained from all pupils attending the school and shigella sonnei had been isolated from 58 specimens by the 11th July. There were 95 pupils absent on that date.

On the 12th July, 32.9 per cent. pupils were present. It was observed that some pupils who had had negative laboratory reports now complained of symptoms.

It was obvious that the continued meeting of children at the school was a means of spreading the infection. This applied to children of pre-school age in addition to pupils.

On the 13th July, a total of 62 positive laboratory reports had been received.

It was reluctantly decided that closure of the school was necessary and the school was closed on the 15th July. It was fortunate that the closure only involved the last ten days of the school term, and consequently did not interfere to any appreciable degree with the education of the pupils.

Holiday Period.

Full liaison was maintained with the general practitioners. Pupils were kept under surveillance and laboratory investigations were continued.

Review at commencement of School Term.

Three consecutive negative reports had been received in respect of the canteen worker who had been excluded from duty.

Two consecutive negative reports had been received for 46 pupils. One negative report had been obtained on specimens from 12 pupils.

Laboratory reports on three pupils were still positive, but they were permitted to return to school as they had no symptoms. Further laboratory investigations were carried out, including sensitivity tests, and negative reports were obtained following a further course of treatment.

Observations.

This outbreak involved 61 pupils. The spread of infection was due to environmental contamination and not to food-borne infection.

AMMANFORD INFANTS' C.P. SCHOOL.

Attention was first drawn to this outbreak on the 28th November when a report was received by the District Medical Officer of Health from a general medical practitioner of an apparent outbreak of sickness and diarrhoea. Faecal specimens from pupils who were his patients proved positive for shigella sonnei in four cases.

Investigation.

Investigations at the school on the 2nd December indicated that 45 children out of a total of 137 pupils were absent—some cases of sickness and diarrhoea and others with respiratory infections. It was ascertained that the former condition had been occurring intermittently for the past four or five weeks affecting only a few children who returned to school after a few days absence.

Specimens from all the children present at the school, the kitchen staff, kitchen assistants and from ten workers at the Central Kitchen were sent for examination. Laboratory reports in respect of all the staff gave negative results although one student teacher contracted the disease at the end of the week and was excluded until proved free from infection.

42 of the children gave positive results, shigella sonnei being isolated, and were excluded from school. Laboratory investigations were continued until three negative results were obtained in respect of each child. A total of 73 patients, including a few adult household contacts, were proved to be infected. The school was closed from the 19th December, i.e., a few days before the Christmas holidays, and re-opened at the beginning of the following term.

Observations.

The premises are new, the sanitary accommodation satisfactory, and there is ample provision of wash basins for the children and staff. However, roller towels at that time used by the children and staff were submitted for bacteriological examination, but no shigella sonnei organisms were isolated.

As the disease had probably been occurring for some weeks prior to this infection it was not possible to trace the source of infection.

MEDICAL INSPECTION AND FINDINGS

All the Primary and Secondary Schools in the County were visited during the year for medical inspection in accordance with the requirements of the Ministry of Education. 7,988 children were examined in the routine age groups and 2,518 special

inspections were made. A summary of the findings of medical inspection is given in Part II. of the Tables at the end of this report. The following are notes on some of the defects found:—

Skin Diseases.—76 cases required treatment and 161 cases were referred for observation.

Eye Defects.—Treatment was advised for 673 children with defective vision and 88 children with squint, while 918 cases of defective vision and 120 cases of squint were referred for observation.

Ear Conditions.—34 cases of defective hearing were referred for treatment and 46 for observation. Treatment was required for 28 cases of Otitis Media (ear discharge) and a further 48 cases were referred for observation. 5 cases of other ear conditions were also referred for treatment and 6 for observation.

Nose and Throat Conditions.—There were 250 cases of nose and throat defects (including enlarged tonsils and adenoids, sinusitis, antral conditions, etc.) requiring treatment, and a further 484 were referred for observation.

Heart Diseases.—141 cases with suspected heart disease were referred for specialist advice and 354 cases referred for observation.

Chest Diseases.—149 cases of various chest diseases were referred for treatment and 240 for observation.

Orthopædic Defects.—Treatment was advised for 567 orthopædic defects, 430 of which were foot defects, and 454 cases, 291 of which were foot defects, were referred for observation.

Diseases of the Nervous System.—33 cases suffering from diseases of the nervous system, 25 of which were epileptics, were referred for specialist advice and 65 cases (41 epileptics) were referred for observation.

Psychological Cases.—Specialist advice was recommended in 91 cases of psychological disorders and 174 cases were referred for observation.

Speech.—Treatment was advised for 178 cases of defective speech and 134 cases were referred for observation.

Physical Condition.—Of the 7,988 children examined at routine medical examination, one was considered to be in an unsatisfactory physical condition.

FOLLOWING-UP

Much of the success of the School Health Service depends on the " field work " undertaken by the School Nurses. They follow up in the homes those cases found to be defective at medical inspection, and also visit the homes of children suffering from communicable diseases, uncleanness, etc. 857 surprise visits to School were made by the School Nurses during the year to make cleanliness surveys. Table C., Part I. of the Tables at the end of this report summarises this work. In addition, the Nurses made 3,080 home visits.

" Following-up " is also carried out by the School Medical Officers by periodic reviews, and many special visits were made to Schools to examine special cases.

Minor Ailments.—The arrangements of the Authority for the treatment of cases of minor ailments at local authority clinics were discontinued during the year as the numbers involved did not justify special arrangements. Treatment is now undertaken either at hospital out-patient departments or at the surgeries of general medical practitioners. 112 cases of skin diseases were known to have been treated during the year.

Vision.—The specialist ophthalmic examination of children was undertaken by the Regional Hospital Board through the Hospital Management Committees. Mr. G. S. Forrester and Mr. A. Philipp held sessions at the Ophthalmic Centre at the West Wales General Hospital, Carmarthen, and Mr. G. S. Forrester and Mr. R. E. Packer held sessions at Llanelly and at the Amman Valley Hospital. Sessions at Llanelly were held at the Brynmair School Clinic, but cases were also seen at the Out-patient Department of the Hospital.

2,082 children were dealt with by the Eye Specialists during the year, viz.:—

	Outpatients	Inpatients	Total
West Wales Hospital	887	177	1064
Brynmair Clinic and Llanelly Hospital	835	24	859
Amman Valley Hospital	147	—	147
Other Hospitals	6	6	12
Totals	1875	207	2082

Glasses were prescribed for 407 children and records held by the School Medical Officer showed that 340 had been provided with glasses at the end of the year.

150 children were on the waiting list for specialist ophthalmic examination on the 31st December, 1963, viz.:—

Carmarthen	...	134
Llanelly	...	14
Amman Valley	...	2
Other Hospitals	...	—
Total		150

Ear, Nose and Throat Defects.—Children with ear, nose and throat defects are referred for specialist examination at the West Wales, Llanelly and Amman Valley Hospitals. With the exception of the Llanelly Hospital, where children are directed by the School Medical Officer to attend for these examinations, the arrangements are made by the Hospital Secretaries. Hospitals of course, also dealt with children referred to them directly by general medical practitioners.

Children found to require inpatient treatment were placed by the specialists on the Hospital waiting lists, and the arrangements for admission were made by the Hospitals. Cases recommended for surgical treatment at Llandovery Hospital are treated at the West Wales General Hospital. The following Table gives information as to the number of children who received operative treatment during the year:—

	Ear Diseases	Adenoids and chronic tonsillitis	Other nose and throat conditions	Total
West Wales Hospital	159	230	110	499
Llanelly Hospital	62	133	40	235
Amman Valley Hospital	—	40	2	42
Other Hospitals	16	14	11	41
Totals	237	417	163	817

Comparison of the waiting lists at the end of 1962 and at the end of 1963 is as follows:—

Hospital	Waiting for Specialist Examination		Waiting for admission to Hospital		Total	
	At 31 Dec., 1962	At 31 Dec., 1963	At 31 Dec., 1962	At 31 Dec., 1963	At 31 Dec., 1962	At 31 Dec., 1963
West Wales and Llandovery	22	20	65	45	87	65
Llanelly	—	—	56	49	56	49
Amman Valley	13	8	21	36	34	44
Other Hospitals	—	8	3	1	3	9
Total	35	36	145	131	180	167

100 miscellaneous cases received non-operative treatment at Hospital Outpatient Departments.

Partially Hearing Children.—48 children were submitted to audiometric tests and six of them were found to be suffering from defective hearing and were fully investigated.

Nine children are known to have been provided with hearing aids during the year, and 24 were known to have been supplied with them in earlier years.

Partially Deaf Unit.—At the end of the year, there were 11 pupils on the register of the Unit for the Partially Deaf at Tumble County Primary School.

Plastic Treatment.—The arrangements for the plastic treatment of children at the Churchill Hospital, Oxford, continued, but cases were also treated at St. Lawrence Hospital, Chepstow. Children for examination were also referred to the West Wales and Morriston Hospitals. During the year:—

Two cases of cleft palate were reviewed at Morriston Hospital.

One case of burn scars examined at West Wales Hospital.

Asthma.—The Asthma Clinics at Llanelly and Carmarthen, under the care of Dr. E. T. Davies-Humphreys, and at Ammanford under the care of Dr. J. G. E. Collins, continued to function successfully. One session per week is held at Llanelly

and Carmarthen and one fortnightly at Ammanford. 867 attendances were made at the Clinics during the year. There were 43 new cases. Further information is given in the following table:—

	Ammanford	Llanelly	Carmarthen	Total
No. of cases on 1st January, 1963	29	216	95	340
No. of new cases	4	23	16	43
No. withdrawn	13	2	—	15
No. of cases on 31st December	20	237	111	368
Total attendances	81	550	236	867
No. of individual cases treated	17	40	35	92

Treatment was on the same lines as for past years and there are no special observations to make.

Orthopædic Treatment.—The Education Committee continued to administer the Clinics for the orthopædic supervision and after-care of children. The charge for the supervision of the cases of other Authorities remained at 31/6d. per case per annum, but the Health and Public Health Committee paid a fixed lump sum in respect of children under school age.

On the 31st December, 1963, 2,498 cases were being attended to for all Authorities, viz.:—

County Education Committee	...	1324
Health and Public Health Committee	...	1147
West Wales Hospital Management Committee	...	11
Glantawe Hospital Management Committee	...	16

An analysis of these cases according to diagnosis is as follows:—

	County Education Committee	Other Authorities	Total
Paralysis :			
Infantile	18	15	33
Spastic	26	5	31
Obstetrical	—	—	—
Other	—	—	—
Congenital Deformities	96	66	162
Infective Conditions of Bones and Joints	—	2	2
Non-Infective Conditions of Bones and Joints :			
Rickets	—	—	—
Other	5	1	6
Static and Postural Defects	1157	1062	2219
Traumatic Deformities	2	1	3
Multiple Defects	—	—	—
Miscellaneous	20	22	42
Totals	1324	1174	2498

Mr. Gordon Rowley, the Orthopædic Surgeon, treated 14 of the Authority's cases as inpatients at Morriston or Gorseinon Hospitals, and Mr. R. L. Rees, Orthopædic Surgeon, treated six cases at the West Wales General Hospital. Cases for special X-ray examination were referred to the Outpatients Department of Morriston, Llanelly and West Wales General Hospitals.

On the 31st December, five children referred from the Orthopædic Clinics were on the waiting list for hospital inpatient treatment, as compared with six on the 31st December, 1962.

Child patients not under the County Orthopædic Clinics were attended to by Hospitals under their own arrangements, and the following table summarises those cases so far as known to the School Medical Officer:—

Hospital	Inpatients		Outpatients	
	Crippling Defects	Fractures	Crippling Defects	Fractures
West Wales General Hospital	—	68	74	121
Llandovery Hospital	—	—	6	8
Swansea Hospital	1	—	1	18
Totals	1	68	81	147

In addition, 117 children (111 outpatients and 6 inpatients) were treated at Morriston Hospital.

During the year, there were 13,042 attendances at the Clinics in the County, and the following table shows the case-loads of the various Clinics at the end of the year:—

Llanelly	... 563	Tumble	... 111
Garnant	... 53	Llandeilo	... 120
Pontyberem	... 82	Carmarthen	... 448
Llandovery	... 91	Burry Port	... 116
St. Clears	... 92	Pencader	... 37
Trimsaran	... 26	Brynamman	... 55
Ammanford	... 322	Llandybie	... 87
Whitland	... 57	Pontyates	... 63
Kidwelly	... 50	Llwynhendy	... 125

A summary of the work undertaken under the orthopædic arrangements during 1963 is given in the following table:—

	County Education Committee	Other Authorities	Total
Number of individual cases under Scheme on 1st January, 1962	1442	941	2383
Number of new cases during the year	272	460	732
Number of individual cases dealt with during the year	1714	1401	—
Number of cases withdrawn from Scheme	390	227	617
Number of cases under the Scheme on the 31st December	1324	1174	2498
Total Number of attendances made at the Clinics	8389	4653	13042
Number of individual cases received remedial exercises by Sisters	265	3	268
Number of individual cases massaged by Sisters	2	1	3
Number of home visits by Sisters	394	416	810
Number of cases examined by visiting Orthopaedic Surgeons	189	120	309
Number of cases recommended in-patient hospital treatment by Surgeons	9	6	15

Speech Therapy.—The five Speech Therapy Clinics established by the Committee continued to function successfully. An occasional session is devoted by the Speech Therapist to the follow-up of cases at schools.

At the end of the year, sessions as follows were held at each clinic:—

Carmarthen	...	2 weekly
Llanelly	...	4 weekly
Ammanford	...	2 weekly
Llandeilo	...	2 monthly
Llandovery	...	2 monthly

Four sessions a month are held at the Highmead Residential School for Educationally Subnormal Children.

147 new cases were referred to the clinics and treatment was recommended for 138 of them. Nine did not require treatment and treatment was deferred until later in 14 instances. The following is a summary of the defects found to require treatment during the year:—

	Carmar- then	Llanelly	Amman- ford	Llan- deilo	Llan- doverly	High- mead	Total
Defects of							
Articulation	10	35	10	2	4	4	65
Stammer	5	12	5	2	1	1	26
Excessive or inadequate nasal resonance	3	9	2	—	2	2	18
Rhotacism	7	13	5	2	1	1	29
Totals	25	69	22	6	8	8	138

244 cases received treatment at the clinics, 103 of which were treated for the first time during the year. 2,660 attendances were made at the Clinics as follows:—

Clinics	Sessions	Treated	Attendances
Carmarthen	92	56	502
Llanelly	190	76	1250
Ammanford	93	44	539
Llandeilo	18	18	91
Llandoverly	19	24	63
Highmead	28	26	215
Totals	440	244	2660

72 cases were discharged from the clinics:—

34 with their defects cured, 10 sufficiently improved as not to warrant further attendances, 23 for lack of co-operation and unsatisfactory attendances, 4 attained school-leaving age and one left County.

Generally, the speech of the children who attended the Clinics regularly and whose parents showed intelligent co-operation, improved considerably.

A summary of the waiting lists on the 31st December is as follows:—

Carmarthen	...	...	31
Llanelly	...	...	129*
Ammanford	...	...	15
Llandeilo	...	...	3
Llandoverly	...	...	10
Total	...	...	188

*65 of these had been seen by the Speech Therapist but had not commenced treatment at the end of the year.

Heart Supervisory Clinics.—The Clinics for the supervision of rheumatic and heart complaints in children were continued at Llanelly, Carmarthen and Ammanford. Dr. M. G. Danaher, Deputy Principal School Medical Officer, was in charge of the Clinics, and regular monthly sessions were held at each centre.

Children showing abnormal cardiac physical signs, or giving a history of rheumatism or chorea, were referred to the Clinics by School Medical Officers.

Cases of congenital heart disease seen at the Clinics are provisionally classified. In general, such cases require hospital investigation, many of them demanding the application of an exacting technique for diagnosis and treatment.

Rheumatic children, however, require protection against recurring infection and the observation of children who have had acute rheumatism is an important aspect of the work. Relapse is a frequent feature of rheumatic disease in childhood and its early recognition is of prime importance.

The main work of the Clinics, is therefore, concerned with the observation of children who have had "juvenile rheumatism," with an effort to prevent recrudescence of a disease which can exert such a progressively incapacitating influence.

The intelligent co-operation of parent and child in regard to precautions to be observed is most desirable. It is important, wherever possible, that the child leads a normal life in relation to games and exercise, endeavouring to maintain a proper balance between excessive fatigue and undue restriction.

The following is a summary of cases seen at the Clinics:—

	Llanelly	Carmarthen	Ammanford	Total
Observation following acute Rheumatism	5	5	2	12
Chorea	1	2	1	4
Congenital Lesions	12	8	7	27
Anaemia	2	—	1	3
Undergoing Investigation	16	15	10	41
Conditions of no organic significance and others	19	15	10	44
Total	55	45	31	131

The congenital lesions were classified as follows:—

	Llanelly	Carmarthen	Ammanford	Total
Ventricular Septal Defect	6	4	4	14
Pulmonary Stenosis	1	3	2	6
Fallots Tetralogy	1	—	—	1
Patent Ductus Arteriosus	—	—	—	—
Aortic Stenosis	3	1	—	4
Aortic Incompetence	1	—	1	2
Total	12	8	7	27

179 attendances (80 at Llanelly, 57 at Carmarthen, and 42 at Ammanford) were made at the clinics.

The number of cases on books at the clinics were as follows:—

	Llanelly	Carmarthen	Ammanford	Total
No. on books 31st December, 1962	38	29	19	86
No. of new cases, 1963	16	17	13	46
No. of cases withdrawn, 1963	29	18	10	57
No. on books 31st December, 1963	25	28	22	75

Tuberculosis.—Treatment of tuberculous children is the responsibility of the Regional Hospital Board, to whom all suspected cases are referred.

The following shows the number of children referred by School Medical Officers and private medical practitioners for examination by the Chest Physicians during the year:—

	Dr. D. B. Ll. Morgan	Dr. J. T. Jones	Others	Total
Total number of children examined during 1963	424	204	1	629
Number of these children who were :				
(a) Contacts	167	53	1	221
(b) Under school age	81	62	—	143
(c) Found to be suffering from :				
(i) Respiratory Tuberculosis	5	2	—	7
(ii) Non-Respiratory Tuberculosis	—	—	—	—
(d) Still under observation but not diagnosed at 31/12/63	20	3	1	24
(e) Found with no evidence of active tuberculosis	399	199	—	598
Analysis of Non-Respiratory cases :				
(a) Spine	—	—	—	—
(b) Hip	—	—	—	—
(c) Knee	—	—	—	—
(d) Abdomen	—	—	—	—
(e) Glands	—	—	—	—
(f) Shoulder	—	—	—	—
(g) Other sites	—	—	—	—
Treatment :				
(a) Number treated in Sanatoria	—	2	—	2
(b) Number treated in Hospital	5	3	—	8
(c) Number treated in Surgical Hospital	—	—	—	—
(d) Number treated in Open-Air School	—	—	—	—

BCG Vaccination.—The arrangements of the Authority provide for the BCG vaccination of the following groups:—

- (1) School children of 13 years of age and over.
- (2) Pupils of independent schools of 13 years of age and over.
- (3) Students attending further education establishments.

The following is a summary of the work carried out during 1963:—

	School Children	Pupils attending independent schools	Students
(1) No. eligible	445	—	—
(2) No. of (1) skin tested	386 (86.74%)	—	—
(3) No. of (2) who were :—			
(a) found to be negative	325 (84.20%)	—	—
(b) found to be positive	42 (10.88%)	—	—
(c) Failed to attend for reading of skin test	19 (4.92%)	—	—
(d) Had BCG vaccination	319 (82.64%)	—	—
(e) Refused vaccination after having skin test	6	—	—

CHILD GUIDANCE.

REPORT OF THE CONSULTANT CHILD PSYCHIATRIST.

I provided the Consultant Child Psychiatric Services to the Carmarthenshire School Health Service during the year ended 31/12/63. For most of this year I held an outpatient clinic at Brynmair Clinic, Goring Road, Llanelly.

In November, 1963, this Clinic was moved to the new premises in Goring Road, provided by the Education Authority. The Educational Psychologist also works from this new clinic.

Unfortunately it has been impossible to hold this clinic frequently enough to satisfy the demands of the service. It will be understood that I have to supply psychiatric services not only for Carmarthenshire, but also for Swansea, Pembrokeshire and

Cardiganshire. This is an impossible position, and the Carmarthenshire service will not improve until there is a fresh appointment of a Consultant Child Psychiatrist based on St. David's Hospital, Carmarthen. Regularity of contact with the patients is very necessary, apart altogether from the recurring demands for single appointments. The waiting list, therefore, is long, and has averaged fifty-five weeks.

The question of waiting time is, of course, very important, but it is also important to have the day-to-day presence of the Psychiatrist so that he can take continuous clinical responsibility for emotional disorder in school children. As things are, many emotional difficulties are treated by the School Psychological Service without proper medical supervision.

When a fresh appointment of a Consultant Child Psychiatrist is made, he will work from the same base as the Educational Psychologist so that he can supervise clinically the treatment of school children with the following types of disorder:—

1. **Behaviour Disturbances** and not simply when they are aggressive in type.
2. **Neurotic States** where there is clearly a subjective disturbance in the child, but where, nevertheless, there may be no behaviour disturbance.
3. **Developmental Errors** in terms of general personality attributes, and not just in terms of intellectual development.
4. **Educational Retardation** insufficiently explained by poor intellectual endowment or extraneous causes such as school absence through physical illness.
5. **Physical Disorders** commonly accepted to have emotional origins such as habit spasms, incontinence of urine, faeces, etc.
6. **Delinquency**, particularly when there is marked inconsistency with family moral values.

When one of these problems comes to the notice of the head-teacher he may wish to seek specialist help, and I would like to see such cases referred to the Principal School Medical Officer or one of his staff.

The family doctors, of course, may refer cases directly to the Consultant Child Psychiatrist. Arrangements have been made with the Principal School Medical Officer to ensure that the proper liaison takes place between the family medical services and the school health services when such cases are referred directly to the Consultant Child Psychiatrist.

I append some statistical information about cases seen during the year 1963:—

No. of Clinics	...	48
No. of New Patients seen	...	36
Total Number of Attendances	...	202

J. McDONALD,

Consultant Child Psychiatrist.

REPORT OF THE PRINCIPAL DENTAL OFFICER

The staff of the School Dental Service comprises myself and three school dental officers for a school population of 26,566 children (16,150 primary and 10,416 secondary). The part-time Dental Officer who had been employed terminated her services in April.

There has been no response to the usual advertisements for dental surgeons within the County. It is doubtful whether newly qualified dental surgeons would be attracted to Carmarthenshire, where in the rural area of the County, treatment has to be carried out with portable equipment in not very suitable accommodation such as school classrooms.

The staffing position necessitates school dental inspection and treatment being confined to the Primary Schools. Treatment, however, is afforded to pupils of Secondary Schools when requested.

I attended the following courses during the year:—

- (i) Dental Health Conference in London in October, 1963.
- (ii) Conference of Principal Dental Officers at Cardiff in November, 1963, to meet the Principal Dental Officer of the Ministry of Education, Rear Admiral W. Holgate.

It was interesting to hear that some authorities now employ Dental Health Education Officers whose duties include attending all schools, ante-natal clinics and Maternity and Child Welfare Clinics within the County for the purpose of teaching dental health to children and expectant mothers.

All Primary Schools in the County Area were visited for inspection—a few for the second time during the year. In the Divisional area less than one-third of the primary pupils were inspected. The demand for treatment in the Llanelly Division continues to increase and a large number of children from the secondary schools attend for treatment.

13,999 children were examined, of whom 11,831 were found to require treatment, a percentage of 84.51 as compared with 88.81 per cent. for the year 1962.

Consents to treatment were received in respect of 9,774 of the 11,831 children requiring treatment, but 4,075 of those who consented either refused treatment or failed to attend when appointments were made. The net number of consents was 5,699, a percentage of 48.17 as compared with 37.80 per cent. for the preceding year.

While it is appreciated that many school children do receive treatment with private dental practitioners these figures denote that far too many parents still have no interest in the condition of the teeth of their children unless toothache intervenes. They just do not appreciate the value of early conservative treatment which is the aim of the service.

Despite this, the following work was undertaken during the year as the summary shows:—

Sessions for inspection	...	...	...	211
Treatment sessions at the four fixed clinics	...	...	...	889
Treatment sessions at schools and other temporary clinics	...	...	...	598
Individual children treated	...	...	...	5569
Attendances for treatment	...	...	...	9242
Teeth extracted	...	...	...	5118
Teeth saved by filling	...	...	...	5175
Teeth received minor treatment	...	...	...	1178
Administrations of general anæsthetic	...	...	...	2111

42 children were supplied with artificial teeth as compared with 46 in 1962.

The ratio of teeth extracted to those filled during the year was 0.99 to 1. Over the last 10 years there has been a considerable improvement in this respect. The ratio for 1953 was 3.40 to 1. For subsequent years it has been as follows:—

1954	...	...	2.27 to 1
1955	...	...	1.94 to 1
1956	...	...	1.96 to 1
1957	...	...	1.24 to 1
1958	...	...	1.90 to 1
1959	...	...	1.78 to 1
1960	...	...	1.68 to 1
1961	...	...	1.55 to 1
1962	...	...	1.28 to 1

There is still room for improvement in the proportion of conservative work undertaken, but the difficulty lies in convincing parents of the beneficial effects of conservation.

Orthodontic treatment was undertaken for 62 new cases and 99 cases whose treatment had been commenced before attended for further treatment and review.

The following is a summary of the treatment undertaken:—

(a) Cases commenced during the year	...	...	62
(b) Cases carried forward from previous year	...	...	99
(c) Cases completed during the year	...	...	35
(d) Cases discontinued during the year	...	...	30
(e) Cases treated with appliances	...	...	100
(f) Removable appliances fitted	...	...	73
(g) Fixed appliances fitted	...	...	—
(h) Number of cases supplied with artificial teeth	...	...	42

I have to record my thanks to Mr. R. E. Rix, M.R.C.S., F.D.S., our Consultant Orthodontist, for all his assistance in connection with the various difficult orthodontic cases. I have also to thank Mr. J. R. Gibson, F.D.S., Consultant Dental Surgeon, of the Plastic Surgery Centre, Chepstow, for his advice and treatment of the cases which have been referred to him, and his successor, Mr. E. J. R. Morgan, M.B., F.D.S., R.C.S.

In conclusion, may I express my thanks to the Chairman and members of the Education Committee for their support during the past year.

Reference must also be made to the ready co-operation and assistance received during the year from my colleagues in the dental service, the medical staff, headteachers and the administrative staff.

WILLIAM LLEWELYN,

Principal Dental Officer.

SCHOOL MILK AND MEALS

The latest information available at the end of the year showed that out of a total attendance of 24,464 on a particular day, milk and meals were being supplied as follows:—

Milk	...	18,258 children (74.63%)
Meals	...	17,846 children (72.95%)

This compares with percentages of 72.75% and 69.71% respectively for milk and meals a year ago.

Every effort is made to ensure that milk supplied to Schools is of a satisfactory standard, and whenever possible Pasteurised or Tuberculin Tested milk is provided. Where these grades of milk are not available, satisfactory samples are obtained before the proposed supplies are approved. Samples of all school milk are regularly taken for analysis by the Staff of the Chief Inspector of Weights and Measures.

The following table gives the number of School Departments (including non-maintained schools) receiving the different grades of milk at the end of the year:—

Pasteurised	...	...	166
Tuberculin Tested	...	...	46
Raw	...	...	—
Reconstituted Dried Milk	...	...	3

Under the Milk (Special Designation) Regulations, 1960, pasteurised milk could only be sold as such if it was delivered to the consumer in the bottles or containers in which it was pasteurised. Some retailers purchase pasteurised milk in bulk and bottle it themselves or transfer it to other containers for retail.

With regard to tuberculin tested milk it is only in exceptional circumstances that the Minister of Education is prepared to approve for grant purposes expenditure on milk the purchase price of which is more than the maximum price for pasteurised milk.

All appointments to school kitchen and canteen staffs were subject to satisfactory medical, including Chest X-ray examinations and to satisfactory faecal and urine bacteriological examinations.

CO-OPERATION OF PARENTS, TEACHERS, AND VOLUNTARY ORGANISATIONS

Generally, parents display an active interest in the medical inspection and treatment of their children, and are eager to follow the advice given by Medical Officers. 3,117 parents were present at the medical inspections during the year, equivalent to a percentage of 39.02. Greater efforts should be made by parents to attend the first medical examination of children at school.

Appreciation of the keen interest and active co-operation of Headteachers and their staffs must again be recorded. The importance of their influence in matters relating to the children and also to the parents cannot be over-estimated, and the activities of the School Health Service would be seriously handicapped without that help and co-operation.

A good deal of assistance is also rendered by the Inspectors of the National Society for the Prevention of Cruelty to Children, but their work relating to problem families and neglected children is now undertaken through the Children's Officer.

HANDICAPPED PUPILS

The Education Committee have a duty to provide handicapped pupils with an education suited to their needs, and the ascertainment and classification of handicapped children is one of the main functions of the School Health Service. The work in the County has been undertaken satisfactorily over the years except that in connection with the educationally subnormal.

Ten pupils were reported to the Local Health Authority during the year as being unsuitable for receiving education at school. 203 handicapped children in the County have been ascertained to require special educational treatment. 73 of these were on the 31st January, 1964, pupils at Residential Special Schools, while 30 were receiving home tuition. 11 were pupils at the Unit for the Partially Deaf and 14 at the Unit for Maladjusted Children. A classification of the handicapped pupils is as follows:—

Handicap	At Special Schools	Receiving Home Tuition	Requiring places at Special Schools	
			Day	Board- ing
Blind	3	—	—	—
Partially Blind	1	—	—	—
Deaf	8	—	—	—
Partially Deaf	14†	—	—	—
Delicate	4	7	—	—
Physically Handicapped :				
(a) Heart	—	2	—	—
(b) Spastics	3*	2	—	1
(c) Others	8	16	—	5
Educationally Subnormal	42	1	—	73
Maladjusted	15 ^a	2	—	—
Epileptics	—	—	—	—
Totals	98	30	—	79

†11 at the Unit for Partially Deaf Children at Tumble C.P. School.

* 2 at Independent School.

^a14 at the Unit for Maladjusted children at Old Road C.P. School.

On the 31st January, 1964, there were 42 Carmarthenshire children (23 boys and 19 girls) at the Highmead Residential Special School for educationally subnormal children. There was a waiting list of 73 children, 16 of whom were under 10 years of age. Arrangements were made for them to receive special educational treatment at ordinary schools pending admission to Highmead. The parents had refused residential special educational treatment for six educationally subnormal children and two physically handicapped children.

The following is the report of the Educational Psychologist for the year 1963:—

REPORT OF EDUCATIONAL PSYCHOLOGIST

The School Psychological Service in Carmarthenshire, as in previous years, has continued to function in close association with the School Health Service and the teaching staff of the Schools. The Psychologist also works as a member of the Child Guidance team in co-operation with the Consultant Child Psychiatrist of the Regional Hospital Board.

The Advisory and Clinical work together form a psychological service to schools which aims at contributing to the personality development of children through the application of psychological knowledge to education and mental health—including the development of facilities for ordinary as well as handicapped pupils.

Details of children clinically examined by the Educational Psychologist during the year 1963 and recommended for various forms of special educational treatment are as follows:—

				Boys		Girls		Total
(i)	Educationally	(a)	Retarded	8	.....	3	.....	11
		(b)	Backward	3	.....	4	.....	7
		(c)	Dull	5	.....	1	.....	6
Total				16	.....	8	.....	24
(ii)	Subnormal .....		.....	—	.....	—	.....	—
(iii)	Maladjusted (wholly) .....		.....	3	.....	1	.....	4
(iv)	Educational Guidance .....		.....	1	.....	3	.....	4
Grand Total				20	.....	12	.....	32

Of the E.S.N. pupils examined by the Psychologist during 1963 another group of 8 boys and 5 girls (total 13) were referred for psychiatric opinion in addition to 4 children who were wholly maladjusted. Among these children were 5 juvenile delinquents.

The following children examined and/or ascertained by the School Medical Officer and/or Psychologist received various forms of special educational treatment.

SPECIAL EDUCATIONAL TREATMENT

	Boys	Girls	Total
(1) Residential Special Schools			
(a) Education E.S.N. (High-mead)	27	18	45
(b) Physically Handicapped (various categories)	16	15	31
(2) Residential Hospital Units			
(a) Glangwili (Physical)	127	94	221
(b) St. David's (Maladjusted)	1	—	1
(3) Home Tuition (December, 1963)	16	13	29
(4) Ordinary School			
(a) Remedial Units (Secondary Modern)	186	96	282
(b) Remedial Units (Primary)			
(i) E.S.N. (Dull)	10	6	16
(ii) E.S.N. (Backward)	6	8	14
(iii) Retarded/Maladjusted	10	3	13
(c) Tumble Unit (Partially Deaf)	4	4	8
Grand Total	403	257	660

The child guidance clinic was opened during the year under the school health and educational services. This unit was initially designed as a purely child guidance clinic for diagnosis and treatment under the consultant psychiatrist—to work in close liaison with the educational psychologist. However, it was decided to extend the clinic activities to include remedial education. A reference library is also available and courses are held for teachers.

The diagnosis and assessment of maladjusted children is the prerogative of the child psychiatrist, but the senior educational psychologist also investigates and treats certain disorders amongst school children.

CYRIL JAMES, B.A., B.Ed., Ph.D., F.B.Ps.S.,

Senior Psychologist, Carmarthenshire.

SCHOOL CLINICS

Location of Clinic	Type of Clinic	No. of Sessions
Permanent Clinics :		
Brynmair Clinic, Goring Road, Llanelly	Orthopaedic	Two weekly
	Asthma	One weekly
	Heart Supervisory	Two monthly
	Speech Therapy	Four weekly
	Dental	As required
The Clinic, High Street, Amman- ford	Orthopaedic	Two weekly
	Asthma	One fortnightly
	Heart Supervisory	One monthly
	Speech Therapy	Two weekly
	Dental	As required
Pond Street Clinic, Pentrefelin, Carmarthen	Asthma	One weekly
	Heart Supervisory	One monthly
	Speech Therapy	Two weekly
	Dental	As required
The Clinic, Llwynhendy	Orthopaedic	Two fortnightly
	Dental	As required
The Clinic, Old Junior School, Brynamman	Orthopaedic	Two fortnightly
	Dental	As required
Penuel Old Vestry, St. Clears	Orthopaedic	Two fortnightly
	Dental	As required
The Clinic, Laugharne	Dental	As required
5, Broad Street, Llandovery	Orthopaedic	Two fortnightly
	Dental	As required
	Speech Therapy	Two monthly
Temporary Clinics :		
Dynevor Church Hall, Llandeilo	Speech Therapy	Two monthly
	Dental	As required
Memorial Hall, Whitland	Orthopaedic	Two fortnightly
	Dental	As required
Trinity Methodist Schoolroom, Kidwelly	Orthopaedic	One fortnightly
	Dental	As required
Penuel Chapel Vestry, Penuel Street, Carmarthen	Orthopaedic	Two weekly
Salem Chapel Vestry, New Road, Llandeilo	Orthopaedic	Two fortnightly
The Institute, Memorial Square, Burry Port	Orthopaedic	Two fortnightly
Assembly Rooms, Memorial Hall, Llandybie	Orthopaedic	Two fortnightly
Memorial Hall, Pontyberem	Orthopaedic	Two fortnightly
Welfare Hall, Pontyates	Orthopaedic	Two fortnightly
County Primary School, Garnant	Orthopaedic	Two fortnightly
Church Hall, Pencader	Orthopaedic	Two fortnightly
Bethania Chapel Vestry, Upper Tumble	Orthopaedic	Two fortnightly
The Institute, Trimsaran	Orthopaedic	One fortnightly

Medical Inspection and Treatment Return for the year ended 31st December, 1963.

Number of pupils on registers of maintained primary and secondary schools:—26,566.

PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).
TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils Inspected.	Physical condition of pupils inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Un-satisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II.	Total Individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later	420	420	100	—	—	2	103	104
1958	1131	1130	99.91	1	0.09	2	228	230
1957	510	510	100	—	—	4	111	112
1956	106	106	100	—	—	5	19	23
1955	1732	1732	100	—	—	96	266	353
1954	188	188	100	—	—	9	29	36
1953	238	238	100	—	—	16	43	56
1952	1171	1171	100	—	—	85	156	230
1951	558	558	100	—	—	44	60	97
1950	256	256	100	—	—	23	22	44
1949	21	21	100	—	—	1	3	4
1948 and earlier	1657	1657	100	—	—	161	157	305
Total	7988	7987	99.99	1	0.01	448	1197	1594

TABLE B.—OTHER INSPECTIONS.

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

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

Number of Special Inspections	...	...	2518
Number of Re-inspections	...	...	—
Total	...	...	2518

TABLE C.—INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... 48188
- (b) Total number of individual pupils found to be infested 246
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ... 18
- (d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3), Education Act, 1944) ... —

TABLE D.—SCREENING TESTS OF VISION AND HEARING

1.	(a) Is the vision of entrants tested ?	.....	Yes.
	(b) If so, how soon after entry is this done ?	.....	At periodic medical inspection visit following admission.
2.	If the vision of entrants is not tested, at what age is the first vision test carried out ?	.....	—
3.	How frequently is vision testing repeated throughout a child's school life ?	.....	At periodic medical inspections.
4.	(a) Is colour vision testing undertaken ?	.....	No.
	(b) If so, at what age ?	.....	—
	(c) Are both boys and girls tested ?	.....	—
5.	By whom is vision and colour testing carried out ?	.....	—
6.	(a) Is audiometric testing of entrants carried out ?	.....	No.
	(b) If so, how soon after entry is this done ?	.....	—
7.	If the hearing of entrants is not tested, at what age is the first audiometric test carried out ?	.....	Special cases only investigated.
8.	By whom is audiometric testing carried out ?	.....	Specially trained Health Visitor/School Nurse.

MEDICAL INSPECTION AND TREATMENT
PART II.—DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR

TABLE A.—PERIODIC INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
4	Skin T	11	10	35	56
	O	33	24	60	117
5	Eyes—a. Vision T	13	161	274	448
	O	19	210	302	531
	b. Squint T	24	4	31	59
	O	34	5	50	89
	c. Other T	6	3	25	34
	O	11	5	13	29
6	Ears—a. Hearing T	5	5	10	20
	O	9	5	16	30
	b. Otitis Media T	7	5	12	24
	O	18	5	13	36
	c. Other T	—	1	1	2
	O	—	1	2	3
7	Nose and Throat T	100	24	60	184
	O	158	30	178	366
8	Speech T	28	14	64	106
	O	42	2	32	76
9	Lymphatic Glands T	2	—	1	3
	O	81	7	68	156
10	Heart T	45	16	42	103
	O	75	33	120	228
11	Lungs T	53	14	46	113
	O	43	18	78	139

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
12	Developmental—a. Hernia	T 7	2	2	11
		O 8	2	2	12
	b. Other	T 19	—	44	63
		O 49	4	46	99
13	Orthopaedic—a. Posture	T 2	3	14	19
		O 2	12	17	31
	b. Feet	T 153	32	144	329
		O 71	30	112	213
	c. Other	T 20	18	32	70
		O 21	31	37	89
14	Nervous System— a. Epilepsy	T 6	3	7	16
		O 5	3	13	21
	b. Other	T 2	1	3	6
		O 3	3	10	16
15	Psychological— a. Development	T 4	—	16	20
		O 6	1	41	48
	b. Stability	T 4	—	4	8
		O 3	2	11	16
16	Abdomen	T 3	2	4	9
		O 9	1	21	31
17	Other	T 14	16	29	59
		O 28	27	63	118

T.—Pupils requiring Treatment.

O.—Pupils requiring Observation.

TABLE B.—SPECIAL INSPECTIONS.

Note.—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

No. (1)	Defect or Disease (2)	Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	20	44
5	Eyes—(a) Vision	225	387
	(b) Squint	29	31
	(c) Other	17	12
6	Ears—(a) Hearing	14	16
	(b) Otitis Media	4	12
	(c) Other	3	3
7	Nose and Throat	66	118
8	Speech	72	58
9	Lymphatic Glands	2	44
10	Heart	38	126
11	Lungs	36	101
12	Developmental—(a) Hernia	—	2
	(b) Other	26	25
13	Orthopaedic—(a) Posture	7	9
	(b) Feet	101	78
	(c) Other	41	34
14	Nervous System—(a) Epilepsy	9	20
	(b) Other	2	8
15	Psychological—(a) Development	39	91
	(b) Stability	24	19
16	Abdomen	3	6
17	Other	23	57

**PART III.—TREATMENT OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)
TABLE A.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	13
Errors of refraction (including squint)	2072
Total	2085
Number of pupils for whom spectacles were prescribed	407

**TABLE B.—DISEASES AND DEFECTS OF EAR,
NOSE AND THROAT.**

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear.....	237
(b) for adenoids and chronic tonsillitis	417
(c) for other nose and throat conditions	163
Received other forms of treatment	102
Total	919
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1963	9
(b) in previous years	24

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	2053
(b) Pupils treated at school for postural defects	—
Total	2053

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

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	1
Scabies	—
Impetigo	3
Other Skin Diseases	108
Total	112

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	50

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapist	244

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	319
(d) Other than (a), (b) and (c) above :—	
General Surgical	1246
General Medical	149
Asthma	92
Paediatrics	405
Total (a)—(d)	2211

4. DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1963.

(a) Dental and Orthodontic work		
(I) Number of pupils inspected by the Authority's Dental Officers :—		
(i) At periodic inspections	12705	} Total
(ii) As specials	1294	
(II) Number found to require treatment		11831
(III) Number offered treatment		11831
(IV) Number actually treated		5569

(b) Dental work (other than orthodontics) :

(I) Number of attendances made by pupils for treatment, excluding those recorded at (c) (i) below			8642
(II) Half-days devoted to :—			
(i) Periodic (School) inspection	211	} Total	1698
(ii) Treatment	1487		
(III) Fillings :—			
(i) Permanent Teeth	4223	} Total	5966
(ii) Temporary Teeth	1743		
(IV) Number of Teeth Filled :—			
(i) Permanent Teeth	3566	} Total	5175
(ii) Temporary Teeth	1609		
(V) Extractions :—			
(i) Permanent Teeth	792	} Total	5118
(ii) Temporary Teeth	4326		
(VI) Administration of general anaesthetics for extraction			2111
(VII) Number of pupils supplied with artificial teeth			42
(VIII) Other operations :—			
(i) Crowns	—	} Total	1178
(ii) Inlays	—		
(iii) Other treatment	1178		

(c) Orthodontics :—

(i) Number of attendances made by pupils for orthodontic treatment	600
(ii) Half-days devoted to orthodontic treatment	65
(iii) Cases commenced during the year	62
(iv) Cases brought forward from previous year	99
(v) Cases completed during the year	35
(vi) Cases discontinued during the year	30
(vii) Number of pupils treated by means of appliances	100
(viii) Number of removable appliances fitted	73
(ix) Number of fixed appliances fitted	—
(x) Cases referred to and treated by Hospital Orthodontics	3