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Carmarthenshire County Council

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EDUCATION COMMITTEE

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Annual Report

OF THE

PRINCIPAL

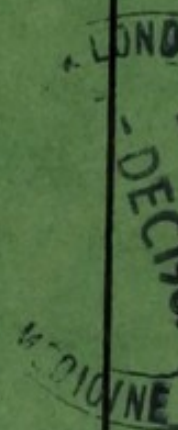
SCHOOL MEDICAL OFFICER

for the Year ended 31st December, 1965

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Carmarthenshire County Council

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1-11-1917

Committee on Education

EDUCATION COMMITTEE

Annual Report

Presented to the House of Representatives  
in the 64th Congress, 2d Session,  
January 1917

**CARMARTHENSHIRE COUNTY COUNCIL.**

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**EDUCATION COMMITTEE**

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**ANNUAL REPORT OF THE PRINCIPAL SCHOOL  
MEDICAL OFFICER FOR THE YEAR ENDED  
31st DECEMBER, 1965.**

Mr. Chairman, Aldermen and Councillors,

I have the honour to present my Annual Report on the School Health Service for 1965.

On the staffing side I regret to have to record that Dr. D. O. Davies, who commenced duties as School Medical Officer in September, 1947, retired on the grounds of ill-health on the 3rd June. He was succeeded by Dr. D. G. Daniels, who commenced duties on the 7th October.

The routine school medical examinations have been pursued in a specific pattern and all the schools have been visited. All children in the first year at school are examined and though this may seem humdrum and stereotyped as most of the children are found normal and healthy, this examination is, I feel, the most important medical examination in the child's life. Often it is here that slight and major handicaps are found and every endeavour made to ensure, with the co-operation of the family doctor, that the appropriate treatment is initiated without undue delay. The whole future of the child could depend on the meticulous character of this examination.

A number of epidemics have occurred with fortunately no tragic consequences: they have been gastro-enteritis and winter vomiting. A small number of infectious hepatitis cases have occurred and the usual infectious disease cases such as measles, german measles, chicken pox and whooping cough amongst school children.

The report of the speech therapist shows what good work is being done in that quarter. However, there is need for another speech therapist, possibly two. With this additional staff the service could be extended to include speech training for children with impaired hearing and the mentally subnormal.

The care of the handicapped is developing and the steps taken in connection with the education of children suffering from congenital abnormalities is worthy of note. Handicapped children should, whenever possible, be educated in association and com-



petition with normal children in ordinary schools. Socially and educationally they make better progress in such an environment and only exceptionally should they be removed to residential special schools. Even when residential school education is considered desirable, the Department of Education and Science frown on such a course before nine years of age. Home tuition should be resorted to only in exceptional cases ; every effort must be made to get the child to an ordinary school. The care and consideration shown by headteachers and staff towards their handicapped pupils is worthy of commendation.

A field which is developing is the ascertainment and assessment of partially hearing and deaf children. Further information about this appears in the appropriate section of the report. Unfortunately, the implementation of recommendations has not kept pace with assessment—the provision of educational facilities for partially hearing children under five years of age is sadly deficient. This is the critical age in the education of this group.

The dental service is not up to establishment being two dental officers short with the result that our school children are deficient in dental care. In the present circumstances, the staff can only deal with primary school children.

My thanks to the consultant staff of the hospitals for their co-operation and advice.

I am grateful to you for your help, encouragement, and the kind consideration you 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. (Retired 3rd June).

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.  
 D. G. Daniels, M.B., B.Ch., M.R.C.S., L.R.C.P. (commenced  
 7th October).  
 Audrey A. Jones, M.B., Ch.B.  
 \*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. (Retired 5th August).  
 T. J. Thomas, L.D.S., R.C.S.  
 Mrs. M. N. Davies, B.D.S., L.D.S., R.C.S. (Resigned 31st May).

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 Sisters :

- Mrs. O. Turner Evans, M.C.S.P. (Resigned 5th February).  
 Miss J. M. Brinson, M.C.S.P. (commenced 26th April).

Speech Therapist :

Mrs. J. V. Jones, L.C.S.T.

Chief Nursing Officer :

- Miss I. John, S.R.N., S.C.M., H.V. Cert. (Resigned 31st May).  
 Miss E. Evans, S.R.N., S.C.M., H.V. Cert. (commenced 1st  
 June).

Educational Psychologist :

C. B. E. James, B.A., B.Ed., Ph.D., F.B.P.S.

**Consultants available for School Health Service :****Orthopædic Surgeons :**

G. D. Rowley, B.Sc., M.Ch. (Orthop.), Swansea.  
R. L. Rees, F.R.C.S., Carmarthen.

**Ophthalmic Surgeons :**

G. S. Forester, M.B., Ch.B., D.O.M.S., Llanelli.  
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., Llanelli.

**Audiologist :**

Hector A. Thomas, F.R.C.S., Cardiff.

**Ear, Nose and Throat Surgeons :**

T. I. Williams, F.R.C.S., Llanelli.  
S. Morgan, B.Sc., 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, B.Sc., M.R.C.P., D.C.H., Swansea.  
K. R. Keay, M.D., M.R.C.P., D.C.H., Carmarthen.

**Neurosurgeons :**

D. C. Provan, F.R.C.S., Swansea.  
D. D. Hancock, F.R.C.S., Swansea.

**Dermatologist :**

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

**Orthodontists :**

R. E. Rix, M.R.C.S., L.R.C.P., F.D.S., R.C.S., D.D.O.,  
R.F.P.S., London.  
W. A. B. Brown, L.D.S., D.Orth., R.C.S., Cardiff.

**Dental Surgeon :**

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.

C. C. Beresford, 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., M.C.Path., 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.
Llanelli Borough	C. Jones	S.R.N., S.C.M., H.V.Cert.
	J. Jones	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. Morgan	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	R. M. Walters	S.R.N., S.C.M., H.V.Cert.
Llangendeirne	M. E. Thomas	S.R.N., S.C.M., H.V.Cert.
Llandovery	D. Bowden	S.R.N., S.C.M., H.V.Cert.
Cynwyl Elfed	A. E. Jones	S.R.N., H.V.Cert.
Whitland	M. L. Morris	S.R.N., S.C.M., H.V.Cert.

## CLINIC NURSES

Mrs. M. Davies	Llanelli	Commenced 3rd May
Part-Time :		
Mrs. B. M. Collins	Carmarthen	Commenced 1st April
Mrs. N. I. Stockwell	Ammanford	Commenced 1st April
Part-Time Relief Clinic Nurses :		
Mrs. E. M. Thomas	Llangennech	Commenced 4th May
Mrs. R. N. Llewelyn	Ammanford	Commenced 18th May



## 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 43 cases of whooping cough were notified during 1965.

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

			Measles.		Whooping Cough.
1956	...	...	577	...	227
1957	...	...	117	...	134
1958	...	...	1731	...	42
1959	...	...	308	...	34
1960	...	...	985	...	176
1961	...	...	1747	...	100
1962	...	...	300	...	2
1963	...	...	1257	...	4
1964	...	...	844	...	108
1965	...	...	623	...	43

**Acute Poliomyelitis.**—There have been no cases of acute poliomyelitis for the last three years. There were three cases in 1962.

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 eight 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
<b>Total</b>	<b>70</b>	<b>34</b>	<b>104</b>



**Epidemic Vomiting (Winter Vomiting Disease).**—On Friday, 28th May, the headteacher of Ysgol-y-Babanod, Felinfoel, reported that a number of pupils were unwell with vomiting as the salient feature and the following is a report on the outbreak.

### *School and Staff*

This is a modern type of infants' school with indoor toilets and good washing facilities. There are 188 pupils on the school register with a teaching staff of six and one nursery helper. The canteen staff is seven in number and five food helpers are employed. The school kitchen is well equipped and caters for the food requirements of three other schools by the provision of container meals.

The additional schools are:—

- Felinfoel V.P.—96 pupils.
- Old Road C.P.—198 pupils.
- Furnace C.P.—75 pupils.

### *Investigations*

Vague complaints of abdominal discomfort had been received by the teaching staff on the morning of Thursday, 27th May, and eight children had vomited before lunch. The vomiting was described as sudden in onset, explosive and projectile in character. The children concerned made little complaint and were not unduly distressed. Some vomiting was witnessed in the classrooms. The discovery of vomit in the corridor and wash-up floor was the only indication that others were involved. These pupils vomited en-route to the wash-up or other classroom without prior complaint. There was no evidence that any pupil had diarrhoea.

On Friday, 28th, 68 children were involved, 35 of these were not at school. Explanatory notes from parents indicated that vomiting during the night was the reason for absence. The remaining 33 either experienced vomiting during the night and were sufficiently well to attend school, or vomited during school hours on Friday. The pupils concerned remained listless for a day or so, but recovery was very rapid.

Although the explosive nature of the occurrence warranted investigation of food supplies, the presenting symptoms and the time factor in relation to school meals did not suggest any of the commonly encountered food-borne infections. This theory was confirmed as the 369 other pupils supplied with container meals from the same source were not involved.

Stool specimens were submitted for laboratory examination from children who had complained of severe abdominal pains, but no organisms were found. Specimens of vomit furnished negative laboratory results. Culture of faecal and urine specimens from all canteen workers were negative for salmonella and shigella groups.



No pathogens were isolated from specimens of foods, and a milk sample examined for the presence of toxic metals was found to be satisfactory.

### *Observations*

This episode was of short duration and all the children involved were able to resume attendance at school on or before Wednesday, 2nd June. Investigations failed to isolate any cause and the presenting symptoms were typical of epidemic vomiting.

**Dysentery.**—Outbreaks of dysentery affected four schools during the year. Reports on the outbreaks are as follows:—

#### *Bancffosfelen C.P. School—May, 1965*

On 7th May, it was reported that a number of pupils were absent from school suffering from diarrhoea. There are 161 pupils on the school register with a teaching staff of six and a canteen staff of four. There had been a steady build-up of cases for some ten days before the outbreak was reported to the Principal School Medical Officer. The number of absent pupils progressively increased and reached a maximum figure of 129 on 18th May. The school was not closed.

Diarrhoea was severe in some cases, but the general pattern was of a mild and transient nature with vague abdominal pains and looseness of bowels.

Fæcal specimens were obtained from all pupils, teaching and canteen staff. Eighty pupils, 39 male and 41 female, two female members of the teaching staff had positive laboratory results and a specimen from a canteen worker, who is referred to later, proved positive after a series of negative specimens.

Investigations included examination of food, milk and water supplies as a routine measure, although food borne infection was not suspected. Full liaison was maintained with the public health laboratory and the general practitioners.

An explanatory letter to each family was most helpful in obtaining parental co-operation. A Health Visitor attended the school each morning using the premises as a depot for collection of specimens and as a meeting point for consultation.

Full advantage was taken of the situation to ensure that standing orders to the canteen staff were implemented in respect of scrupulous personal hygiene and good catering practice. Similar action was taken with pupils in regard to the washing of hands.

A symptomless food handler working in the school canteen was excluded from duty, despite a negative laboratory report, as she was a home contact of a confirmed case. Weekly specimens were obtained from her during the period of exclusion. The fourth specimen taken two weeks after the date of exclusion was positive.



In view of the circumstances, it was decided that she had not played a part in the spread of infection. The other canteen workers remained symptomless and weekly laboratory reports continued to be negative.

The absence of any explosive element, together with the steady build-up of cases and negative laboratory reports in regard to food, suggested a pupil-to-pupil spread.

All cases and symptomless excreters were excluded. Pupils were permitted to return to school following two negative laboratory reports, but no faecal specimen was taken for clearance testing until at least 48 hours had elapsed following cessation of treatment.

The rate of clearance was rapid in the majority of cases and sixty-six gave negative results following one course of treatment. Symptomless excretion was, however, more prolonged in the remaining fourteen pupils. Nine of these were clear within a four weeks period. The remaining five continued to excrete the bacilli in their stools for more than six weeks. In two of these the first negative laboratory report was obtained in the twelfth week.

### *Conclusions*

It is concluded that:—

- (a) The outbreak was due to pupil to pupil spread, not food borne infection.
- (b) This outbreak once again confirms the need of a high standard of washing facilities for pupils in all schools of the county.
- (c) The use of the school premises as a depot for collection of specimens and as a meeting point for consultations is of considerable advantage.
- (d) A simple explanatory letter to parents is of great help in ensuring co-operation.
- (e) It is desirable to exclude from duty food handlers who are home contacts.
- (f) Keeping the school open notwithstanding the large numbers of absentees had decided advantages in maintaining an overall control of an outbreak.

### **Carmarthen Schools**

Further outbreaks of dysentery involving three schools in Carmarthen occurred in the last quarter of the year.

The schools concerned were St. Mary's, Pentrepoeth and Priory Street. The first case occurred at St. Mary's School and was reported on the 20th October. Altogether positive laboratory reports were received in respect of fifty pupils. The majority of the children responded rapidly to treatment and the period of exclusion was generally short. The last case, however, was not cleared until the 5th January, 1966.



These outbreaks were due to pupil to pupil spread and were not food borne.

The desirability of excluding symptomless food handlers who are home contacts was once again emphasised and the explanatory letter to the parents was an effective means of obtaining parental co-operation.

All positive cases, including symptomless excretors, were excluded and full liaison was maintained with the family doctors.

I wish to express sincere thanks to the Director, Public Health Laboratory Service, for the help so readily given, and to the General Medical Practitioners for their willing co-operation, which contributed largely to the control of the outbreaks.

**Verrucæ.**—As was briefly recorded in my report for last year, an outbreak of verrucæ (plantar warts) occurred amongst secondary school pupils in the Llanelli area in the winter of 1964 and two Medical Officers carried out a survey of all the secondary schools in the area. 3,468 pupils were examined, 458 of whom (13.21 per cent.) were found to be infected.

The Consultant Dermatologist for the area was consulted, and in view of the large numbers involved he advised the establishment of a treatment clinic at Brynmair, Llanelli. The first treatment session was held on the 16th December, 1964, when the Consultant and his Registrar attended accompanied by an Assistant Medical Officer.

During the succeeding weeks all the pupils were treated by Assistant Medical Officers and given instructions for the continuation of the treatment at home. The pupils were then reviewed at approximately six weekly intervals on two or three occasions to ensure that the treatment was being continued. A number of pupils, particularly the boys, had not been conscientious about the treatment, and there was thus some delay before clearance of the infection.

A review survey was carried out at the schools in May and 186 pupils were found to be infected, 76 of whom had previously received treatment—a recurrence rate of 16.60 per cent. Further treatment was organised for these cases.

Concurrently with the survey at Llanelli a survey was carried out at the Carmarthen Girls' Grammar School. 517 pupils were examined and 34 cases were found, a percentage of 6.58. Similar treatment was instituted for these pupils with satisfactory results.

In addition to the specific treatment of infected cases, the following action was taken in an effort to prevent the spread of infection:—



- (a) The suspension of all barefoot activities at the secondary schools.
- (b) Ensuring, so far as practicable, that the pupils at the schools concerned did not wear one another's footwear.
- (c) The treatment of floors of gymnasia, changing rooms and showerbaths with 'Vanodine' as a regular precautionary measure.

### 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 Department of Education and Science. 8,059 children were examined in the routine age groups and 3,940 special inspections and re-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.**—109 cases required treatment and 333 cases were referred for observation.

**Eye Defects.**—Treatment was advised for 586 children with defective vision and 132 children with squint, while 1,008 cases of defective vision and 143 cases of squint were referred for observation.

**Ear Conditions.**—68 cases of defective hearing were referred for treatment and 86 for observation. Treatment was required for 36 cases of Otitis Media (ear discharge) and a further 55 cases were referred for observation. 6 cases of other ear conditions were also referred for treatment and 9 for observation.

**Nose and Throat Conditions.**—There were 203 cases of nose and throat defects (including enlarged tonsils and adenoids, sinusitis, antral conditions, etc.) requiring treatment, and a further 1,116 were referred for observation.

**Heart Diseases.**—68 cases with suspected heart disease were referred for specialist advice and 385 cases referred for observation.

**Chest Diseases.**—142 cases of various chest diseases were referred for treatment and 347 for observation.

**Orthopædic Defects.**—Treatment was advised for 717 orthopædic defects, 538 of which were foot defects, and 669 cases, 429 of which were foot defects, were referred for observation.



**Diseases of the Nervous System.**—41 cases suffering from diseases of the nervous system, 29 of which were epileptics, were referred for specialist advice and 105 cases (71 epileptics) were referred for observation.

**Psychological Cases.**—Specialist advice was recommended in 113 cases of psychological disorders and 215 cases were referred for observation.

**Speech.**—Treatment was advised for 186 cases of defective speech and 188 cases were referred for observation.

**Physical Condition.**—Of the 8,059 children examined 8,054 were considered to be in a satisfactory 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, uncleanliness, etc. 680 surprise visits to Schools 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 2,397 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 treatment of cases of minor ailments is undertaken either at hospital out-patient departments or at the surgeries of general medical practitioners. 521 cases of skin diseases including a large number of cases of verrucæ 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 the Llanelli and Amman Valley Hospitals.

1,971 children were dealt with by the Eye Specialists during the year, viz.:—



	Outpatients	Inpatients	Total
West Wales Hospital .....	791	23	814
Brynmair Clinic and Llanelli Hospital	916	33	949
Amman Valley Hospital .....	202	—	202
Other Hospitals .....	2	4	6
Totals .....	1911	60	1971

Glasses were prescribed for 553 children and records held by the School Medical Officer showed that 482 had been provided with glasses at the end of the year.

**Ear, Nose and Throat Defects.**—Children with ear, nose and throat defects are referred for specialist examination at the West Wales, Llanelli and Amman Valley Hospitals. With the exception of the Llanelli 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 .....	31	280	51	362
Llanelli Hospital .....	34	227	44	305
Amman Valley Hospital.....	—	12	—	12
Other Hospitals .....	15	56	19	90
Totals .....	80	575	114	769



Comparison of the waiting lists at the end of 1964 and at the end of 1965 is as follows:—

Hospital	Waiting for Specialist Examination		Waiting for admission to Hospital		Total	
	At 31 Dec., 1964	At 31 Dec., 1965	At 31 Dec., 1964	At 31 Dec., 1965	At 31 Dec., 1964	At 31 Dec., 1965
West Wales and Llandovery .....	—	4	116	153	116	157
Llanelli .....	—	—	22	30	22	30
Amman Valley .....	5	2	9	—	14	2
Other Hospitals .....	15	1	8	6	23	7
Total .....	20	7	155	189	175	196

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

**Partially Hearing Children.**—64 children were submitted to audiometric tests and 2 of them were found to be suffering from defective hearing and were fully investigated.

Five children are known to have been provided with hearing aids during the year, and 12 were known to have been supplied with them in earlier years.

The assessment of children with impaired hearing is a complex procedure. The need for early diagnosis is of extreme importance. The introduction in recent years of the children at risk scheme will be of considerable value in this respect. The provision of an Audiology Unit at Cardiff is of inestimable value in early assessment and it obviates the necessity of referral to comparable Units outside Wales. A close liaison is maintained with the Consultants at the Audiology Unit and the hospitals. I wish to avail of this opportunity to express my thanks to these specialists for the help and co-operation so readily given.

Experience has shown that all hearing-impaired children need and benefit from early training, particularly during the pre-school period. The earlier the age at which the appropriate action is undertaken the better the result. Even a vestige of hearing is of the greatest value in learning to speak and consequently training facilities must be provided once the diagnosis is made. The mother,



as in the case of the normally hearing child, is the most important person in teaching her child to speak; she can give the necessary individual attention in the home atmosphere provided that she is instructed and given the required guidance and supervision.

I am concerned with the inadequacy of existing facilities for the early training and education of these pupils. A peripatetic teaching service is an essential requirement, and is to date conspicuous by its absence. A peripatetic teacher provides the essential training in the home environment in the pre-school period during the early and critical stage of the child's development. The supervision of pupils with hearing defect who attend the ordinary school is another important duty of the peripatetic teacher.

The Unit at Tumble, where there are 13 full-time and two part-time pupils, continues to provide an essential and excellent service. It is clear, however, that it cannot function to the maximum advantage. The wide discrepancy in the ages of pupils with varying potential is not conducive to the smooth working of the Unit. It is difficult to give the necessary individual attention to the pupils under prevailing circumstances.

It is hoped that the teaching establishment will be brought up to the required strength in the near future and so enable provision to be made for a satisfactory service for these handicapped children.

**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.

**Asthma.**—The Asthma Clinics at Llanelli 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 each clinic. 1,169 attendances were made at the Clinics during the year. There were 44 new cases. Further information is given in the following table:—

	Ammanford	Llanelli	Carmarthen	Total
No. of cases on 1st January, 1965.....	25	142	51	218
No. of new cases .....	12	19	13	44
No. withdrawn .....	3	32	1	36
No. of cases on 31st December .....	34	129	63	226
Total attendances .....	301	596	272	1169
No. of individual cases treated .....	39	61	23	123

Treatment was on the same lines as for the 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, 1965, 2,765 cases were being attended to for all Authorities, viz.:—

County Education Committee ... ..	1533
Health and Public Health Committee ... ..	1206
South West Wales Hospital Management Committee ...	11
Glantawe Hospital Management Committee ... ..	15

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

	County Education Committee	Other Authorities	Total
Paralysis :			
Infantile .....	14	12	26
Spastic .....	22	3	25
Obstetrical .....	—	—	—
Other .....	—	—	—
Congenital Deformities .....	90	85	175
Infective Conditions of Bones and Joints .....	—	1	1
Non-Infective Conditions of Bones and Joints :			
Rickets .....	—	—	—
Other .....	1	1	2
Static and Postural Defects .....	1378	1098	2476
Traumatic Deformities .....	—	1	1
Multiple Defects .....	—	—	—
Miscellaneous .....	28	31	59
Totals .....	1533	1232	2765

Mr. Gordon Rowley, the Orthopædic Surgeon, treated 16 of the Authority's cases as inpatients at Morryston or Gorseinon Hospitals, and Mr. R. L. Rees, Orthopædic Surgeon, treated 2 cases at the West Wales General Hospital. Cases for special X-ray examination were referred to the Outpatients Department of Morryston, Llanelli and West Wales General Hospitals.

On the 31st December, seven children referred from the Orthopædic Clinics were on the waiting list for hospital inpatient treatment, as compared with three on the 31st December, 1964.

A number of child patients not under the County Orthopædic Clinics were attended to by Hospitals under their own arrangements.



During the year, there were 13,065 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:—

Llanelli	... 505	Llandeilo	... 159
Garnant	... 70	Carmarthen	... 510
Pontyberem	... 82	Burry Port	... 138
Llandoverly	... 118	Pencader	... 29
St. Clears	... 116	Brynamman	... 60
Trimsaran	... 40	Llandybie	... 79
Ammanford	... 382	Pontyates	... 62
Whitland	... 59	Llwynhendy	... 143
Kidwelly	... 47	Llanybyther	... 50
Tumble	... 116		

A summary of the work undertaken under the orthopædic arrangements during 1965 is given in the following table:—

	County Education Committee	Other Authorities	Total
Number of individual cases under Scheme on 1st January, 1965	1182	1418	2600
Number of new cases during the year	329	478	807
Transfer to	424	2	—
Number of individual cases dealt with during the year	1935	1898	—
Transfer from	2	424	—
Number of cases withdrawn from Scheme	400	242	642
Number of cases under the Scheme on the 31st December	1533	1232	2765
Total number of attendances made at the Clinics	8317	4748	13065
Number of individual cases received remedial exercises by Sisters	126	—	126
Number of individual cases massaged by Sisters	—	—	—
Number of home visits by Sisters	362	326	688
Number of cases examined by Visiting Orthopaedic Surgeons	184	120	304
Number of cases recommended in-patient hospital treatment by Surgeons	10	6	16

**Speech Therapy.**—Six speech therapy clinics are held regularly in the following centres:—

Carmarthen	... ..	2 weekly
Llanelli	... ..	4 weekly
Ammanford	... ..	2 weekly
Llandeilo	... ..	1 fortnightly
Llandoverly	... ..	1 fortnightly
Llwynhendy	... ..	2 fortnightly



The Llwynhendy Clinic was opened on the 13th September for the convenience of children residing in that area.

Occasional sessions are also devoted to school visits to enable the Speech Therapist to discuss cases with teachers. A few home visits are also undertaken.

The following is the report of the Speech Therapist:—

“The Speech Therapist has undertaken the treatment of all types of speech defects in children of school age throughout the year.

Until the end of August each child attended the clinic weekly for a session lasting from 20—30 minutes. Because of the very long waiting lists it was decided to reduce this system to one of fortnightly attendances so that more children could be helped. This was commenced in September and seems to be working quite well; a few children still attend weekly, but these have very severe defects and ought to be seen every day. It is, however, important to note that this measure was introduced to ease extreme pressure and is by no means satisfactory; waiting lists continue to grow at an alarming rate and there is an acute need for increase in the establishment of therapists. A new clinic started in Llwynhendy in September.

The therapist prefers to see children as soon as the parents begin to worry; this often happens before a child starts school and it is therefore gratifying to note that a number of pre-school children have been referred; it is hoped this trend will continue. Children ought to have therapy before the age of 9 years after which time defective habits become very firmly established and the child's ability to inhibit these to form new ones becomes increasingly weaker. The best age for therapy is from  $6\frac{1}{2}$ — $7\frac{1}{2}$  years; the exception to this would seem to be stammerers who tend to respond better at the secondary school level, but even with these cases advice given to the parents when the child is showing the first symptoms of stammering can be much more effective and rewarding. Unfortunately, under the present system a great many children are not seen until after the age of 9 years.

It is interesting to note that in the County there is a high percentage of ‘r’ defects:—this may be related to the Welsh language where ‘r’ is one of the most frequently used sounds and it is usually the last and certainly the most difficult sound a child has to learn. In some instances the defect is familial; in such instances all the children in the family ought to have therapy concurrently.

Speech defects are always a symptom of some underlying factor. There are many causes; laziness is not one of them. Emotional factors, lack of opportunity to learn the value of words as tools of thought appear to be the main cause; poor intelligence, hearing loss, dental problems or physical malformation are other causes.



The therapist reports to the County Medical Officer of Health who then arranges special examinations, tests, appointments with specialists for those children who need further investigation, and the therapist then adopts or adjusts therapy to suit the individual need of the child based on the results of such investigations.

There is much room for expanding the speech therapy service in the County. More clinics need to be established; many more E.S.N. children and partially hearing children could benefit from therapy."

The following tables indicate the work undertaken during the year:—

155 new cases were referred to the clinics and treatment was recommended for 132 of them. Fourteen did not require treatment and treatment was deferred until later in 27 instances. The following is a summary of the defects found to require treatment:—

	Carmar- then	Llanelli	Amman- ford	Llan- deilo	Llan- doverly	Llwyn- hendy	Total
Defects of Articulation	22	27	5	2	3	1	60
Stammer	8	11	5	2	—	1	27
Excessive or inadequate nasal resonance	1	6	3	—	—	—	10
Rhotacism	11	16	3	2	2	1	35
Totals	42	60	16	6	5	3	132

196 cases received treatment at the clinics, 67 of which were treated for the first time during the year. 1,638 attendances were made at the Clinics as follows:—

Clinics	Sessions	Treated	Attendances
Carmarthen	95	60	350
Llanelli	182	54	763
Ammanford	87	44	355
Llandeilo	18	17	71
Llandoverly	18	17	53
Llwynhendy	11	4	46
Totals	411	196	1638

78 cases were discharged from the clinics:—

46 with their defects cured, 10 sufficiently improved as not to warrant further attendances, 17 for lack of co-operation and unsatisfactory attendances, 3 attained school-leaving age and 2 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	...	...	33
Llanelli	...	...	100
Ammanford	...	...	5
Llandeilo	...	...	4
Llandovery	...	...	7
			7
Total	...	...	149*

\*112 of these had been seen by the Speech Therapist but had not commenced treatment at the end of the year.

### HEART SUPERVISORY CLINICS

Clinics for the supervision of children showing abnormal cardiac physical signs were established in the county in 1953, at a time when the Pædiatric services were not fully developed in the area. Pædiatric services have now been available for the whole of the County for some years and the heart supervisory clinics have, therefore, been discontinued.

**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 1965	491	158	—	649
Number of these children who were:				
(a) Contacts	118	24	—	142
(b) Under school age	94	56	—	150
(c) Found to be suffering from:				
(i) Respiratory Tuberculosis	3	1	—	4
(ii) Non-Respiratory Tuberculosis	—	—	—	—
(d) Still under observation but not diagnosed at 31/12/65	34	2	—	36
(e) Found with no evidence of active tuberculosis	454	155	—	609



**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 1965:—

	School Children	Pupils attending independent schools	Students
(1) No. eligible .....	1148	139	108
(2) No. of (1) skin tested .....	900 (78.40%)	136 (97.84%)	91 (84.26%)
(3) No. of (2) who were :—			
(a) found to be negative .....	797 (88.55%)	95 (69.85%)	33 (36.26%)
(b) found to be positive .....	79 (8.78%)	41 (30.15%)	45 (49.45%)
(c) failed to attend for reading of skin test .....	24 (2.67%)	—	13 (14.29%)
(d) Had BCG vaccination.....	797 (88.55%)	95 (69.85%)	33 (36.26%)
(e) No. refused vaccination after having skin test or were medically unfit for vaccination	—	—	—

### CHILD GUIDANCE

The Child Guidance Clinic continued to function at Brynmair Annexe. Forty Carmarthenshire children were seen by the Consultant Psychiatrist and they made a total of 155 attendances.

### REPORT OF PRINCIPAL DENTAL OFFICER

The dental staff employed by the County at the end of 1965 consisted of myself and two full-time dental officers. This was the worst staffing position in the County for over ten years. During the year we lost the services of Mrs. N. Davies, who joined the service in October, 1964, and resigned in May, 1965. Mr. J. L. T.



Davies, who had been retained although over retiring age, retired in August, 1965, after very many years with the County and is greatly missed by his colleagues and patients.

The total school population consisted of 27,019 children (16,240 primary and 10,779 secondary children). Routine inspections and treatment were again confined to primary schools, although treatment was available for secondary school children who requested it at the clinics.

It is becoming increasingly difficult, owing to the staff shortage, to offer a complete dental service to the children of the County. The introduction of better working facilities in more up to date clinics and the introduction of a mobile clinic for the more rural part of the County would undoubtedly attract dental surgeons to the Service.

The arrangements for dental treatment to be carried out at non-equipped clinics, hired premises, and school classrooms must be considered unsatisfactory for both patient and dental officer.

The following work was undertaken during the year:—

Sessions for inspection	...	...	...	135
Treatment sessions at the four fixed clinics	...	...	...	982
Treatment sessions at school and temporary clinics	...	...	...	576
Individual children treated	...	...	...	5702
Attendances for treatment	...	...	...	9822
Teeth extracted	...	...	...	5641
Teeth saved by filling	...	...	...	4468
Teeth received minor treatment	...	...	...	1102
Administration of general anæsthetic	...	...	...	2556

36 children were supplied with dentures as compared with 28 in 1964.

Orthodontic treatment was undertaken for 63 new cases and 96 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	...	...	63
(b) Cases carried forward from previous year	...	...	96
(c) Cases completed during the year	...	...	35
(d) Cases discontinued during the year	...	...	12
(e) Number of removable appliances fitted	...	...	88
(f) Number of fixed appliances fitted	...	...	Nil
(g) Number of pupils referred to Hospital Consultant	...	...	30
(h) Number of cases supplied with dentures	...	...	36



I should like to record my thanks to Mr. R. E. Rix, F.D.S., R.C.S., M.R.C.S., L.R.C.P., D.D.O., R.F.P.S., London, and Mr. W. A. B. Brown, L.D.S., D.Orth., R.C.S., of the Cardiff Dental Hospital, our Consultant Orthodontists, for their assistance in connection with the various orthodontic cases. I should also like to thank Mr. E. J. R. Morgan, M.B., F.D.S., R.C.S., Consultant Dental Surgeon, for his advice and treatment of the cases referred to him.

I am grateful of the support given by the Chairman and members of the Education Committee during the past year.

In conclusion I should like to thank Dr. D. G. G. Jones, County Medical Officer of Health, for all his valuable assistance and continued interest in dental matters, and also my colleagues in the dental service, the medical staff, headteachers and administrative staff for their ready co-operation.

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 24,692 on a particular day, milk and meals were being supplied as follows:—

Milk ...	...	18,507 children (74.95%).
Meals ...	...	19,166 children (77.62%).

This compares with percentages of 75.86% and 74.98% 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 milk is provided. Where this grade of milk is 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 Food and Drugs.

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	...	...	...	169
Sterilized	...	...	...	—
Untreated	...	...	...	46
Reconstituted Dried Milk	...	...	...	1



Under the Milk (Special Designation) Regulations, 1963, 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.

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. 3,804 parents were present at the medical inspections during the year, equivalent to a percentage of 47.20. 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 CHILDREN**

The ascertainment, classification and supervision of the handicapped child is one of the important functions of the School Health Service. There are no fixed procedures or specific criteria which govern the placement of such children. Each case requires individual assessment and consideration and is evaluated on its own merits to ensure appropriate placement at the optimum age.

Educational facilities must be made available in keeping with age, aptitude and ability. These include special schools, provision of home tuition, and special educational treatment at an ordinary school.

It is an accepted principle that no handicapped pupil be sent to a special school who can be satisfactorily educated at an ordinary school, thus avoiding withdrawal from the home influence and environment.



Home tuition is a poor substitute for education at school, but may be the only educational provision suitable for a small percentage of children suffering from severe disability. It obviously serves a very useful purpose during short periods as in convalescence from illness.

Over the years there has occurred a marked change in the pattern of diseases of children. Many conditions which formerly caused acute illness, often associated with severe and permanent disability are now eradicated. Today attention is focussed on such conditions as congenital defects, impaired hearing and emotional and behavioural disorders.

The analysis of the causative factors in the production of congenital abnormality is a complicated medical research project. Public attention was, however, focussed on one causative factor when the drug thalidomide was withdrawn from the British market in December, 1961. It was established that the ingestion of this drug during a certain period of pregnancy resulted in malformed children.

It is true to say that every case of congenital defect is a personal tragedy irrespective of the cause of the occurrence. In so far as the school health service was concerned, the deformity following the use of thalidomide did not in itself create a new problem or responsibility, as there always have been children with this type of deformity. The necessary facilities must be made available and utilised for the handicapped irrespective of the causative factors.

There are three children in Carmarthenshire who have congenital absence of upper limbs. It is impossible to forecast the long term educational requirements of these children. It was, however, decided that admission to a nursery group at local school level was desirable, and the necessary arrangements were completed during the year.

The problem relating to the most suitable type of school was given careful consideration and, with the full support and help of the Education Department, was finally resolved.

This assessment not only relates to the suitability of premises and the amenities provided, but also to the attitude of parents and teachers. The attitude of mind of the Headteacher and his staff is probably the most important single factor in placement. In the selected schools the staff have wholeheartedly accepted these children as a challenge, with a sympathetic but unemotional approach. They have readily undertaken this responsibility and will doubtless make a considerable contribution in guiding these pupils towards independence and self reliance with the avoidance of over-protection. The benevolent discipline of the nursery class will ensure regular use of prosthetic equipment and concurrent foot activities.



Transport and the services of a welfare helper for toilet needs were provided. Special desks were also made available where necessary.

Full liaison is maintained with the consultants responsible for their treatment.

It is fortunate that these children have at least average intellectual endowment as in the last analysis their success in life will depend largely on their own efforts.

The following tables summarise the position with regard to handicapped children in the County at the end of the year:—

### Ascertainment

During 1965, 24 children (16 boys and 8 girls) were assessed as needing special educational treatment at special schools. Their classification was as follows:—

	Boys.	Girls.	Total.
Physically handicapped ...	2	—	2
Delicate ...	—	1	1
Educationally Subnormal ...	10	4	14
Maladjusted ...	1	—	1
	—	—	—
Total ...	13	5	18
	—	—	—

### Admissions to Special Schools

14 children as follows were admitted to Special Schools:—

	On Waiting List at 31/12/64		Assessed 1965		Total
	B.	G.	B.	G.	
Physically handicapped.....	1	—	1	—	2
Maladjusted .....	—	—	1	—	1
Educationally Subnormal .....	5	4	—	2	11
Total .....	6	4	2	2	14



### Number at Special Schools

On the 21st January, 1966, the number of children at residential special schools was as follows:—

	Boys.	Girls.	Total.
Blind ...	—	1	1
Partially Sighted ...	—	1	1
Deaf ...	2	3	5
Partially Hearing ...	—	2	2
Physically handicapped :			
Spastics ...	2	2	4
Others ...	5	3	8
Delicate ...	2	—	2
Maladjusted ...	1	1	2
Educationally Subnormal ...	25	19	44*
	—	—	—
Totals ...	37	32	69
	—	—	—

\*All at Highmead Residential Special School.

In addition one diabetic was boarded in a home and attended an ordinary school.

### Waiting List

The waiting list for special school accommodation on the 21st January, 1966, was as follows:—

	Physically Handicapped	Delicate	E.S.N.	Epileptic	Total
1. Total number requiring places	B. 1	—	35	—	36
	G. —	1	14	1	16
2. Number (of 1) whose parents had refused consent	B. 1	—	1	—	2
	G. —	—	2	1	3
3. Number (of 1) who had been on waiting list for more than one year	B. —	—	26	—	26
	G. —	—	12	—	12

All the educationally subnormal children requiring places at special schools, 8 of whom (all boys) were under 10 years of age, were receiving special educational treatment at ordinary schools pending admission.



## Education in accordance with Section 56 of the Education Act, 1944

Ten physically handicapped children were being educated in hospitals on the 21st January, 1966, while 27 children, as follows, were receiving home tuition:—

	Boys.	Girls.	Total.
Physically handicapped :			
Heart ...	1	2	3
Spastics ...	—	—	—
Others ...	12	5	17
Delicate ...	5	—	5
Educationally Subnormal ...	—	1	1
Epileptic ...	—	1	1
	—	—	—
Totals ...	18	9	27
	—	—	—

### Special Classes and Units

There were, on the 21st January, 1966, 15 pupils (5 boys and 10 girls) at the Partially Hearing Unit, Tumble County Primary School, 13 (5 boys and 8 girls) being full-time pupils.

At the Maladjusted Unit, Old Road, Llanelli, there was one boy full-time and 5 pupils (2 boys and 3 girls) attending part-time.

### REPORT OF EDUCATIONAL PSYCHOLOGIST

The School Psychological Service in Carmarthenshire works in close harmony with the School Health Service in the manner described in previous reports and in accordance with the recommendations of the Department of Education and Science.

The psychologist also works as a member of the Child Guidance Team in co-operation with the consultant child psychiatrist of the Welsh Hospital Board. It is hoped that the services of a psychiatrist based in Carmarthen will be made available in the near future in order to give more adequate coverage to maladjusted pupils.

Details of children examined by the psychologist during the year 1965 and recommended for various forms of special educational treatment were as follows:—



**TABLE I.—PSYCHOLOGICAL DIAGNOSTIC EXAMINATIONS**

	Boys.	Girls.	Total.
(i) Educationally :			
(a) Retarded	4	1	5
(b) Backward	5	0	5
(c) Dull ...	5	11	16
Total ...	14	12	26
(ii) Subnormal (Unsuitable for education at school)	0	0	0
(iii) Maladjusted (wholly)	0	0	0
(iv) Organic Disorder	1	0	1
(v) Educational Guidance :			
(a) Ordinary	1	0	1
(b) High Flier	2	0	2
(c) Gifted ...	1	1	2
Grand Total ...	19	13	32

Among the E.S.N. (Retarded) pupils examined by the Psychologist during 1965 three children were referred for psychiatric opinion, including one juvenile delinquent.

The following children examined and/or ascertained by the school medical officer and/or psychologist received various forms of special educational treatment:—

**TABLE II.—SPECIAL EDUCATIONAL TREATMENT**

Categories.	Boys.	Girls.	Total.
1. Residential Special Schools.			
Highmead : E.S.N.	25	19	44
2. Residential Hospital Unit.			
Glangwili :			
(a) Carmarthenshire	66	36	102
(b) Extra District	37	29	66
Taunton :			
(c) Psychotic Unit	1	0	1
3. Home Tuition ...	18	9	27



Categories.	Boys.	Girls.	Total.
4. Ordinary School.			
(i) Remedial Units (Primary) :			
Old Road :			
(a) E.S.N. (Dull) ...	4	6	10
(b) E.S.N. (Backward/ Retarded) ...	1	4	5
(c) Retarded/Maladjusted	5	4	9
(d) Retarded ...	13	11	24
(ii) Remedial Units (Secondary Modern) :			
(a) County ...	130	52	182
(b) D.E.O. ...	89	39	128
5. Llanelli Diagnostic Unit.			
*(School Psychological Service) ...	19	7	26

\*Excluding (41 + 50) educational diagnostic assessments by remedial teachers.

The School Psychological Service Diagnostic Unit at Llanelli as well as housing the child guidance clinic has again been of inestimable value in its major role in the assessment, placement and treatment of ordinary and handicapped pupils ranging from E.S.N. to gifted "High Fliers." The public is becoming more aware of the availability of psychological techniques of counselling: many parents have referred their children for educational guidance and some for vocational guidance. The unit has also formed a base for the Remedial Teaching Service where two qualified Remedial Teachers work under the direction of the Psychologist in association with a School Welfare Officer and School Enquiry Officers. In addition, a number of children have been seen by the visiting psychiatrist who held a limited number of sessions in 1965.

A valuable innovation begun in the winter term has been the introduction of arrangements for the "In-Training" of two teachers from Ammanford Secondary Modern School in diagnostic and remedial procedures concerned with the curriculum and methodology of slow learning pupils.

In accordance with current practice teachers' meetings have taken place at the Diagnostic Unit. The Psychologist has had frequent visits from and discussions with headteachers and staff at the unit concerning individual children. He has also dealt with the administration of School Records including Order of Merit Lists and Handicapped Pupils Returns (group surveys). Thus by dovetailing school records with clinical records it has been possible to facilitate a variety of types of education at different scholastic levels ranging from slow to quicker children.



In brief, there has been close liaison between the School Psychological Service and the School Health Service, and particularly with the schools themselves, whilst both the statutory services, including the County Welfare and Children's Departments, of the Local Authority and Voluntary agencies have played their part in fostering the educational progress and mental health of the children, both the fit and the handicapped through an integrated appraisal of their problems.

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### SCHOOL CLINICS

Location of Clinic	Type of Clinic	No. of Sessions
<b>Permanent Clinics :</b>		
Brynmair Clinic, Goring Road, Llanelli	Orthopaedic Asthma Speech Therapy Dental	Two weekly One weekly Four weekly As required
The Clinic, High Street, Amman- ford	Orthopaedic Asthma Speech Therapy Dental	Two weekly One weekly Two weekly As required
Pond Street Clinic, Pentrefelin, Carmarthen	Asthma Speech Therapy Dental	One weekly Two weekly As required
The Clinic, Llwynhendy	Orthopaedic Speech Therapy Dental	Two fortnightly Two fortnightly As required
The Clinic, Old Junior School Brynamman	Orthopaedic Dental	One monthly As required
Penuel Old Vestry, St. Clears	Orthopaedic Dental	One monthly As required
The Clinic, Laugharne 5, Broad Street, Llandoverly	Dental Orthopaedic Dental Speech Therapy	As required Two monthly As required One fortnightly
The Clinic, Pencader C.P. School	Orthopaedic Dental	One monthly As required
The Clinic, Llanybyther	Orthopaedic Dental	One monthly As required
<b>Temporary Clinics :</b>		
Memorial Hall, Whitland	Orthopaedic Dental	One monthly As required
Capel Sul Chapel Vestry, Kid- welly	Orthopaedic Dental	One monthly As required



Location of Clinic	Type of Clinic	No. of Sessions
Penuel Chapel Vestry, Penuel Street, Carmarthen	Orthopaedic	Two weekly
Salem Chapel Vestry, New Road, Llandeilo	Orthopaedic	Two monthly
	Speech Therapy	One fortnightly
	Dental	As required
The Institute, Memorial Square, Burry Port	Orthopaedic	Two fortnightly
Assembly Rooms, Memorial Hall, Llandybie	Orthopaedic	One monthly
Memorial Hall, Pontyberem	Orthopaedic	One monthly
Welfare Hall, Pontyates	Orthopaedic	One monthly
County Primary School, Garnant	Orthopaedic	One monthly
Bethania Chapel Vestry, Upper Tumble	Orthopaedic	One monthly
Tabernacle Vestry, Trimsaran	Orthopaedic	One monthly
Public Hall, Bancffosfelen	Dental	As required



## MEDICAL INSPECTION AND TREATMENT

### RETURN FOR THE YEAR ENDED 31st DECEMBER, 1965

Number of pupils on registers of maintained primary,  
secondary, special and nursery schools in January, 1966 27,019

### PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

#### TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (by year of Birth)	No. of pupils who have received a full medical examination	Physical condition of pupils inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II.	Total Individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later	772	771	1	—	1	171	171
1960	1248	1246	2	—	5	261	265
1959	523	523	—	—	4	103	106
1958	64	64	—	—	3	10	13
1957	1726	1724	2	—	94	247	324
1956	126	126	—	—	8	27	34
1955	409	409	—	—	17	35	51
1954	886	886	—	—	54	97	146
1953	697	697	—	—	54	77	121
1952	251	251	—	—	17	37	53
1951	211	211	—	—	17	12	29
1950 and earlier	1146	1146	—	—	84	81	158
<b>Total</b>	<b>8059</b>	<b>8054</b>	<b>5</b>	<b>—</b>	<b>358</b>	<b>1158</b>	<b>1471</b>

Col. (3) total as a percentage of Col. (2) total ..... 99.94%  
Col. (4) total as a percentage of Col. (2) total ..... 0.06%



**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	...	...	3930
Number of Re-inspections	...	...	10
Total	...	...	<u>3940</u>

**TABLE C.—INFESTATION WITH VERMIN**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	45962
(b) Total number of individual pupils found to be infested	...	226
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	15
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	—



**PART II.—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING  
THE YEAR**

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Special Inspections (7)	
		Entrants (3)	Leavers (4)	Others (5)	Total (6)		
4	Skin .....	T	25	26	30	81	28
		O	86	55	95	236	97
5	Eyes—a. Vision .....	T	13	101	244	358	228
		O	74	160	296	530	478
	b. Squint .....	T	69	2	26	97	35
		O	58	3	49	110	33
	c. Other .....	T	12	3	13	28	14
		O	12	8	25	45	18
6	Ears—a. Hearing .....	T	12	3	10	25	43
		O	16	1	22	39	47
	b. Otitis Media .....	T	12	2	10	24	12
		O	27	1	9	37	18
	c. Other .....	T	3	—	2	5	1
		O	7	—	2	9	—



Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Special Inspections (7)
		Entrants (3)	Leavers (4)	Others (5)	Total (6)	
7	Nose and Throat .....	T	71	8	67	57
		O	529	17	281	289
8	Speech .....	T	20	7	69	90
		O	55	7	66	60
9	Lymphatic Glands .....	T	5	—	4	1
		O	310	6	162	168
10	Heart .....	T	19	11	13	25
		O	87	23	95	180
11	Lungs .....	T	42	10	34	56
		O	94	28	91	134
12	Developmental— a. Hernia .....	T	5	—	—	1
		O	5	1	1	7
	b. Other .....	T	13	4	18	18
		O	156	3	53	60



Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections					Special Inspections (7)
		Entrants (3)	Leavers (4)	Others (5)	Total (6)		
13	Orthopaedic—a. Posture .....	T	4	3	5	12	3
	.....	O	8	16	21	45	9
	b. Feet .....	T	229	9	151	389	149
	.....	O	147	2	136	285	144
	c. Other .....	T	57	7	41	105	59
	.....	O	67	16	61	144	42
14	Nervous System—a. Epilepsy .....	T	3	1	6	10	19
	.....	O	15	2	16	33	38
	b. Other .....	T	3	2	5	10	2
	.....	O	2	2	16	20	14
	Psychological—a. Development .....	T	2	—	13	15	67
	.....	O	17	6	61	84	67
15	b. Stability .....	T	—	—	6	6	25
	.....	O	24	1	17	42	22
	Abdomen .....	T	7	3	5	15	4
16	.....	O	28	7	36	71	18
	Other .....	T	9	10	25	44	44
	.....						



**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 .....	7
Errors of refraction (including squint) .....	1971
Total .....	1978
Number of pupils for whom spectacles were prescribed	553

**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 .....	80
(b) for adenoids and chronic tonsillitis .....	575
(c) for other nose and throat conditions .....	114
Received other forms of treatment .....	80
Total .....	849
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1965 .....	5
(b) in previous years .....	12



**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	1788
(b) Pupils treated at school for postural defects .....	—
Total .....	1788

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

	Number of pupils known to have been treated
Ringworm—(a) Scalp .....	—
(b) Body .....	I
Scabies .....	—
Impetigo .....	I
Other skin diseases .....	519
Total .....	521

**TABLE E.—CHILD GUIDANCE TREATMENT**

	Number known to have been treated
Pupils treated at Child Guidance clinics .....	40



TABLE F.—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists .....	196

TABLE G.—OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments .....	1
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—
(c) Pupils who received B.C.G. vaccination .....	925
(d) Other than (a), (b) and (c) above :	
General Surgical and Medicine .....	1193
Paediatrics .....	662
Asthma .....	123
Totals (a)-(d) .....	2904



### SCREENING TESTS OF VISION AND HEARING

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

Yes	No
v	

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

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

6	7	8	9	10	11	12	13	14	15	16+
		v			v					v

3. (a) Is colour vision testing undertaken ?

Yes	No
	v

(b) If so, at what age ?

(c) Are both boys and girls tested ?

Boys	Girls



4. (a) By whom is vision testing carried out? Initially by Health Visitor and any abnormality checked by School Medical Officer.
- (b) By whom is colour vision testing carried out? —
5. (a) Is routine audiometric testing of entrants carried out within their first year at school?
- (b) If not, at what age is the first routine audiometric carried out? Not undertaken unless evidence of impaired hearing.
- (c) By whom is audiometric testing carried out? Trained Health Visitor.

Yes	No
	✓



## DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING THE YEAR ENDED 31st DECEMBER, 1965.

Attendances and Treatment :	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	3667	1893	142	5702
Subsequent visits	2051	1794	275	4120
Total Visits	5718	3687	417	9822
Additional courses of treatment commenced	56	39	2	97
Fillings in permanent teeth	1452	1758	310	3520
Fillings in deciduous teeth	1536	205	—	1741
Permanent teeth filled	1167	1382	240	2789
Deciduous teeth filled	1486	193	—	1679
Permanent teeth extracted	111	551	138	800
Deciduous teeth extracted	3685	1156	—	4841
General anaesthetics	1839	685	32	2556
Emergencies	142	74	25	241
Number of Pupils X-rayed				64
Prophylaxis				652
Teeth otherwise conserved				450
Number of teeth root filled				2
Inlays				2
Crowns				1
Courses of treatment completed				3032
<b>Orthodontics :</b>				
Cases remaining from previous year				96
New cases commenced during year				63
Cases completed during year				35
Cases discontinued during year				12
No. of removable appliances fitted				88
No. of fixed appliances fitted				—
Pupils referred to Hospital Consultant				30
<b>Prosthetics :</b>				
	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	1	19	10	30
Number of dentures supplied	1	23	12	36
<b>Anaesthetics :</b>				
General Anaesthetics administered by Dental Officers				—
<b>Inspections :</b>				
(a) First inspection at school (number of pupils)				9620
(b) First inspection at clinic (number of pupils)				94
Number of (a) + (b) found to require treatment				8367
Number of (a) + (b) offered treatment				8367
(c) Pupils re-inspected at school clinic				402
Number of (c) found to require treatment				377
<b>Sessions :</b>				
Sessions devoted to treatment				1558
Sessions devoted to inspection				135
Sessions devoted to Dental Health Education				—