

**[Report 1948] / School Medical Officer of Health, Glamorgan County Council.**

**Contributors**

Glamorgan (Wales). County Council. nb2014013905

**Publication/Creation**

1948

**Persistent URL**

<https://wellcomecollection.org/works/dsxrrgph>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

INSTITUTE OF SOCIAL  
MEDICINE  
10, PARKS ROAD,  
OXFORD

# **Glamorgan County Council.**

---

## **EDUCATION COMMITTEE.**

---

# **Annual Report**

OF THE

## **School Medical Officer**

ON

### **Medical Inspection of Children in Maintained Primary and Secondary Schools for the Year 1948**

BY

**W. EVAN THOMAS, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H.**

---

CARDIFF

WILLIAM LEWIS (PRINTERS) LTD.

1949.



*To the Chairman and Members of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Health Service for the year ended 31st December, 1948. My predecessor, Dr. A. R. Culley, left the Department on the 31st May to take up an appointment as Principal Medical Officer of the Welsh Board of Health, and I commenced duty as County School Medical Officer on the 1st June, 1948. During the year the National Health Service Act, 1946, the National Insurance Act, the National Assistance Act, and the Children Act were put into operation. These great and far-reaching social reforms have already begun to alter the shape of the Glamorgan School Health Service which had been built up by the Education Committee from the early days of the Education Act, 1921. The extended Medical Service made possible under the 1944 Education Act was suddenly curtailed by the transfer from the Education Committee of their obligations to provide hospital treatment for school children. This latter service is now the responsibility of the Minister of Health acting through his Regional Hospital Boards and their Hospital Management Committees. The extent to which the school population of Glamorgan will derive ultimate benefit from these legislative changes is a matter for speculation. The departure of doctors and dentists from the Public Health and School Health Services into employment outside these services is not a happy augury for the successful performance of health functions which by law remain with the Education Committee.

Whatever benefits may accrue as a result of the new legislation, and one hopes they will be numerous and lasting, the Glamorgan Education Committee can look back with pride on the comprehensive School Health Service they had established in conjunction with the County Council's Hospital Service and the voluntary hospitals in the area.

As this year represents the end of an important period in the growth of the School Health Service, this report contains a review of forty years of School Medical Service in Glamorgan. Compiled by my Deputy, Dr. R. T. Bevan, it should serve as a useful reminder of difficulties associated with progress and it will doubtless be of particular interest to many members of the Committee who can recall the development of this service.

As from the 5th July, 1948, school medical inspection, dental, and orthopaedic treatment and refraction work were arranged by the Medical Officers of the Health Divisions established under the County Council's scheme of administration under the National Health Service Act, 1946. Considerable work was involved in the decentralisation of this part of the School Health Service and in the co-ordination of the newly transferred Maternity and Child Welfare Service, but the reorganisation was effected with a minimum of difficulty and by the end of the year the new administrative procedures were functioning smoothly. Much of the credit for this happy result is due to the Divisional Medical Officers and their staffs, who quickly adapted themselves to their new duties. They were greatly assisted by a handbook prepared by the staff of the Central Office on all aspects of the School Health Service. Many hours were spent in its preparation, and great credit is due to them.

For the report and statistical information relating to the Rhondda Exceeded District, I am indebted to Dr. D. J. Thomas. I have mentioned elsewhere in my report my thanks to head teachers and their staffs for the continued help shown in all projects for the betterment of the health of the children in their care. 1948 was a year which demanded much hard work from those engaged in the Health Service, and I should like to express my thanks to the Committee for the help and encouragement I have received in my first year of office, and to all members of my staff for their ungrudging and efficient service.

I am,

Your obedient servant,

**W. E. THOMAS,**

*County School Medical Officer*

*April, 1949.*



## SCHOOL MEDICAL OFFICER'S DEPARTMENT.

### STAFF.

The Medical, Dental, and Senior Nursing Staff of the County School Medical Service during the year 1948 was as follows :—

#### SCHOOL MEDICAL OFFICER.

A. R. CULLEY, M.D., B.Ch. (Wales), B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (To 31st May, 1948.)  
 WILLIAM EVAN THOMAS, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H. (From 1st June, 1948.)

#### DEPUTY SCHOOL MEDICAL OFFICER.

WILLIAM EVAN THOMAS, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H. (To 31st May, 1948.)  
 R. T. BEVAN, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H. (From 17th December, 1948.)

#### DIVISIONAL MEDICAL OFFICERS.

J. L. WILLIAMS, M.R.C.S., L.R.C.P. (From 5th July, 1948.)  
 E. C. POWELL, M.R.C.S., L.R.C.P. (From 5th July, 1948.)  
 K. DAVIES, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (From 5th July, 1948.)  
 H. R. STUBBINS, M.D., D.P.H. (From 1st September, 1948.)  
 T. ISLWYN EVANS, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (From 1st September, 1948.)  
 D. J. DAVIES, M.B.E., B.Sc., M.B., B.S., D.P.H. (From 5th July, 1948.)  
 G. MCKIM THOMAS, M.R.C.S., L.R.C.P., D.P.H., L.D.S., R.C.S. (From 5th July, 1948.)  
 G. E. DONOVAN, M.Sc., N.U.I., M.D., M.B., B.Ch., B.A.O., D.P.H. (From 5th July, 1948.)

#### ASSISTANT MEDICAL OFFICERS.

GWYLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.  
 PATRICIA H. EVANS, M.B., B.Ch. (From 5th July, 1948.)  
 F. S. A. FORBES, M.B., Ch.B., D.P.H.  
 AMY L. JAGGER, M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H., B.Sc.  
 NAUNTON R. JENKINS, M.R.C.S., L.R.C.P., D.P.H.  
 MERLIN LEWIS, M.B., B.Ch., B.Sc. (To 30th October, 1948.)  
 T. M. A. LEWIS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., B.Sc. (To 4th November, 1948.)  
 ELIZABETH A. MARSDEN, M.B., Ch.B.  
 ENID REED, M.B., B.Ch. (From 5th July, 1948.)  
 ALYS M. RICHARDS, M.B., B.Ch., B.Sc.  
 MOREEN WHELTON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
 DORIS WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.  
 D. HUBERT J. WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (From 26th January, 1948.)

#### Temporary.

G. V. COLE, M.R.C.S., L.R.C.P.  
 MARY EVANS, M.D., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.  
 EIRY JONES, M.B., B.Ch., B.Sc. (To 15th August, 1948.)  
 ELIZABETH JONES, M.B., B.Ch., B.A.O. (Queens), B.G.O. (Dublin), L.M. (Rotunda). (From 1st Nov., 1948.)  
 K. E. J. JONES, M.R.C.S., L.R.C.P., D.P.H. (From 13th September, 1948.)  
 M. EVANS REES, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (From 1st December, 1948.)



*Part-time.*

- A. M. AMDOR, M.B., Ch.B., D.P.H. (Deceased 22nd February, 1948.)  
 D. J. DAVIES, M.B.E., B.Sc., M.B., B.S., D.P.H. (To 4th July, 1948.)  
 S. C. J. FALKMAN, L.R.C.P., L.R.C.S., L.R.F.P. & S., L.M. (Rotunda), D.R.C.O.G., D.P.H. (From 1st November, 1948.)  
 K. E. J. JONES, M.R.C.S., L.R.C.P., D.P.H. (From 19th January to 12th September, 1948.)  
 JOAN McLAY, M.B., B.Ch. (From 7th September to 1st December, 1948.)  
 BRENDA M. MEAD, M.B., B.Ch. (Wales). (From 26th January, 1948.)  
 PRUDENCE K. OWEN, M.B., B.Ch. (From 2nd December, 1948.)  
 H. R. STUBBINS, M.D., D.P.H. (To 31st August, 1948.)  
 D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H.  
 MARGARET WILLIAMS, M.B., B.Ch. (From 16th March, 1948.)

*CONSULTING ORTHOPAEDIC SURGEONS.*

- DILLWYN EVANS, F.R.C.S. (From 1st January, 1948.)  
 NATHAN ROCYN JONES, F.R.C.S. (From 1st January, 1948.)  
 J. BERRY HAYCRAFT, F.R.C.S. (From 1st January, 1948.)

*SENIOR DENTAL OFFICER.*

JOHN YOUNG, L.D.S.

*DENTAL SURGEONS.*

- F. S. S. BAGULEY, L.D.S.  
 J. B. CLARK, L.D.S. (To 29th December, 1948.)  
 MARY M. M. DAVIES, L.D.S.  
 FRANK G. EVANS, L.D.S.  
 JOHN I. HUGHES, L.D.S.  
 E. HEVIN JONES, L.D.S.  
 J. E. JONES, L.D.S. (From 19th January, 1948, to 25th November, 1948.)  
 J. GRAHAM JONES, L.D.S. (To 31st December, 1948.)  
 PETER D. JONES, L.D.S.  
 J. W. LEWIS, L.D.S. (To 27th August, 1948.)  
 R. N. LEWIS, L.D.S.  
 H. G. MOON, L.D.S. (To 19th February, 1948.)  
 WYSTAN A. PEACH, L.D.S. (To 31st December, 1948.)  
 P. D. M. ROWLANDS, L.D.S. (From 3rd May, 1948.)  
 MALDWYN VAUGHAN, L.D.S. (To 31st January, 1948.)  
 M. M. WAJS, D.D.S. (Strasburg). (From 15th March, 1948.)  
 HYWEL P. R. WILLIAMS, L.D.S.

*Part-time.*

- THOMAS J. DAVIES, L.D.S.  
 W. D. HANNAFORD, L.D.S.  
 J. E. JONES, L.D.S. (From 22nd December, 1948.)



*SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE.*

ELLEN G. WRIGHT, S.R.N., H.V.CERT., C.M.B.

*DIVISIONAL SUPERINTENDENTS OF HEALTH VISITORS AND SCHOOL NURSES.*

J. M. DAVIES, S.R.N., H.V.CERT., C.M.B.

MARY MORGAN, S.R.N., H.V.CERT., C.M.B.

G. M. CROMWELL, S.R.N., H.V.CERT., C.M.B.

I. TOYE, S.R.N., H.V.CERT., C.M.B., Certified Home Teacher of the Blind.

C. M. WILLIAMS, S.R.N., H.V.CERT., C.M.B.

O. F. DAVIES, S.R.N., H.V.CERT., C.M.B.

E. C. THOMAS, S.R.N., C.S.I., C.M.B.

W. G. GRIFFITHS, S.R.N., H.V.CERT., C.M.B.

*RHONDDA EXCEPTED AUTHORITY.**DISTRICT SCHOOL MEDICAL OFFICER.*

D. J. THOMAS, M.B., B.S. (Lond.), B.Sc. (Lond.), D.P.H. (R.C.P. and S. Lond.).

*ASSISTANT SCHOOL MEDICAL OFFICERS.*

E. JOYCE EVANS, M.B., B.Ch.

PHOEBE J. M. GRIFFITHS, B.Sc., M.B., B.Ch. (From 1st March, 1948.)

JOY A. MCGREGOR, M.B., B.Ch.

NESTA G. MORGAN, M.B., B.Ch., M.R.C.S., L.R.C.P. (From 1st September, 1948.)

JOHN REACH, M.D. (Prague). (From 2nd February, 1948.)

*ASSISTANT DENTAL SURGEONS.*

MARGARET E. BYRNE, B.D.S.

ALUN R. OWEN, L.D.S. (From 1st December, 1948.)

*Part-time.*

KURT HERZFELD, D.M.D.U. (Hamburg).

*SUPERVISOR OF HEALTH VISITORS AND SCHOOL NURSES.*

LILIAN MORGAN, S.R.N., H.V.CERT., C.M.B.

*NURSING AND ANCILLIARY STAFF (INCLUDING RHONDDA).*

The total number of Health Visitors and School Nurses in the employ of the Authority on the 31st December, 1948, was 97.

The time devoted to School Health Service work during the year is equivalent to the whole-time of 40.03 nurses.

The staff engaged in ancillary services included :—

One whole-time and two part-time Physiotherapists ;

One whole-time and one part-time Speech Therapists ;

Eleven whole-time Dental Attendants.



The following statistics show the extent of the work of the Department during the last ten years. The figures relating to members of the staff during the war years include those serving in H.M. Forces.

### BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1938-1948.

	1938.	1943.	1944.	1945.	1946.	1947.	1948.
<b>A. STAFF.</b>							
(i) Assistant Medical Officers ..	13	9	9	9	16††	20†††	21
(ii) Consultant-Orthopaedic Surgeon	1	1	1	1	1	1	3
(iii) Dental Surgeons .. ..	12	10‡‡	12	12	15	19	15
(iv) School Nurses .. ..	29*	26*	27*	27*	40†	40	84
<b>B. MEDICAL INSPECTION.</b>							
(i) Routine Examinations ..	20,150	12,997	14,214	12,575	18,468	22,690	34,167
(ii) Special Examinations ..	1,704	2,356	1,934	2,134	2,977	5,033	7,943
(iii) Re-examinations .. ..	12,270	13,157	7,782	7,461	10,137	12,678	25,625
Totals .. ..	34,124	28,510	23,930	22,170	31,582	40,401	67,735
<b>C. DENTAL INSPECTION.</b>							
(i) No. of children inspected by School Dentists .. ..	27,289	10,682	15,359	19,894	49,201	54,224	59,059
<b>D. TREATMENT.</b>							
(i) No. of Treatment Centres ..	47	37	34	35	49	57	60
(ii) Attendances at School Clinics.							
(a) Dental .. ..	48,395	20,750	19,032	22,268	39,926	49,281	67,022
(b) Refraction .. ..	6,656	4,862	4,613	5,758	6,696	9,067	13,385
(c) Orthopaedic .. ..	3,146	2,359	2,306	2,327	2,984	5,748	9,004
(d) Minor ailments .. ..	—	—	—	—	—	—	18,793
(e) Speech Therapy .. ..	—	—	—	—	—	—	2,361
Totals .. ..	58,197	27,971	25,951	30,353	49,606	64,096	110,565
(iii) Treatment.							
(a) No. of teeth extracted	38,660	17,937	16,965	18,705	29,980	34,075	48,472
(b) No. of teeth filled ..	15,609	5,271	5,835	6,832	15,116	20,244	25,337
(c) No. of other operations	7,142	2,680	3,292	3,054	7,518	10,270	17,156
Totals .. ..	61,307	25,888	26,092	28,591	52,614	64,589	90,965
(iv) No. of pairs of spectacles provided .. ..	1,905	858	758	1,371	1,847	3,026	1,565 (to 5th July)
<b>E. SCHOOL NURSES.</b>							
(i) No. of examinations of children at school for uncleanness .. ..	151,394	254,038	265,111	211,774	280,950	266,506	326,991
(ii) No. of re-examinations ..	22,624	41,158	27,158	21,317	24,985	31,573	73,185
(iii) No. of visits paid to homes..	30,000	39,935	33,517	27,475	30,388	32,255	34,257

\* Including two trained Orthopaedic Nurses.

† Includes one trained Orthopaedic Nurse.

†† Including two part-time Assistant School Medical Officers.

††† Including six part-time Assistant School Medical Officers.

‡‡ Including one part-time Assistant Dental Officer.

|| Including three part-time Assistant Dental Officers.

|||| Including four part-time Assistant Dental Officers.

1948 figures are expressed in terms of full-time officers and include time devoted to general health services. Details in respect of the Rhondda Exempted District are also included.



## A REVIEW OF FORTY YEARS OF SCHOOL MEDICAL SERVICE IN GLAMORGAN

The School Health Service is now accepted as an integral part of the educational system, but its achievements tend to be forgotten. It is as well, therefore, to recall its birth and its difficult infancy so that this child, which has been reared with such care, shall not succumb at an age when it should have outgrown most of its childhood maladies.

The introduction of a National Health Service with its inevitable effects on the School Medical Services makes the time opportune to review the growth of the School Service in the Administrative County of Glamorgan. The development of the scheme in this county has not been easy, partly because of the geographical characteristics—a mixture of urban and rural populations—and partly because of the economic difficulties which accompanied the industrial depression between the wars.

Following an inter-departmental Committee on Physical Deterioration, the Education (Administrative Provisions) Act, 1907, placed on Local Education Authorities duties which included the provision for medical inspection of children immediately before or at the time of, or as soon as possible after, their admission to a public elementary school, and on such other occasions as the Board of Education directed. Education Authorities were also given the power to make such arrangements as may have been sanctioned by the Board of Education for attending to the health and physical condition of the children educated in public elementary schools.

The Glamorgan County Council Education Committee at a meeting held on the 28th January, 1908, passed the following resolution:—

“That two qualified medical men and one similarly qualified medical woman be appointed to conduct the examination of the children entering and leaving school for the present year, such appointments to be deemed entirely provisional and temporary and giving no claim to further employment.”

The appointments were made and the scheme put into operation on the 27th April, 1908, and from then to the end of the year 8,811 routine examinations were carried out and 985 children were specially examined.

Arrangements had to be improvised and, as a rule, the examination took place in the headmaster's room or in any spare classroom available. When physical defects were revealed, a letter was sent to the parents pointing out the desirability of seeking further advice and enclosed there was a further sealed letter addressed to the general practitioner. Teachers and older scholars gave invaluable assistance in the conducting of these inspections, particularly before the employment of school nurses, four of whom were appointed in the end of December, 1908. The duties of the School Nurse were to be:—

- (1) To visit schools and assist in medical inspections.
- (2) To visit homes of children who need medical attention as shown by medical inspection.
- (3) To give short courses of instruction at schools to girls in the higher standards on the feeding and care of infants.

Medical inspections showed that defects were numerable, and in particular, very many children were urgently in need of dental treatment (15·5 per cent had more than five carious teeth), in need of the provision of spectacles and of treatment for minor ailments such as otorrhoea; skin conditions such as impetigo, ringworm, scabies, and pediculosis. It was originally not the intention that nurses should treat these minor ailments, but that they should give instruction to the mothers in the application of prescribed remedies.



A follow-up of the defects found in school medical inspection showed a very unsatisfactory situation : for example, in 1909, out of 765 children reported to have defective teeth, only 406 received treatment, and from a total of 1,086 with defective vision no less than 561 remained untreated.

The principal defects of the School Medical Service at that time were :—

(1) There was no adequate system of ensuring that defects discovered at inspections were subsequently treated.

(2) Staff and accommodation were inadequate to carry out the medical examinations and interviews with parents with the thoroughness that was desirable.

Advantage was taken of the provision made by voluntary agencies in Swansea to secure educational treatment for deaf and dumb children and blind children from the County area, but little, if anything, was done for other classes of handicapped pupils.

The 1914–1918 war prevented the natural growth of the Service and, in fact, in most areas in the County, shortage of staff caused the suspension of routine inspections. Defective vision was considered so important that in those cases where the parents were financially unable to obtain spectacles for their children, the County Council arranged examinations with ophthalmic consultants and paid for the spectacles prescribed. By 1917, the problem of the physically defective school child was becoming apparent, and a survey of such cases was made in the County in 1919 and the staff of Medical Inspectors was increased to 16 and the School Nurses to 18. In that year, 137 children were provided with spectacles. Routine inspections were made of entrants, intermediates, and leavers, and also of children who had not been examined as entrants during the war years.

In 1920 the Education Committee appointed the first school dentist and also extended the scheme of routine inspections to secondary schools. It was also decided that school clinics should be established to carry out some forms of treatment. Indeed, at this stage, it seemed that the School Medical Service was coming into its own, but to quote from the 1921 report by the County Medical Officer (Dr. Colston Williams) : “those who dreamt of an educational millennium after the war have received a rude awakening into a world of difficulties and delays.” The Medical Inspectors were reduced to six to effect economies. The problem of the mentally handicapped child was now being realised in addition to that of the physically handicapped. In the schools, in addition to 156 certifiable mental defectives, there were found to be 409 classified as dull and backward and, as was stated at the time, a stricter investigation would show a much higher figure. Recommendations at that time included special classes for backward children in ordinary schools.

Another recommendation, which it has not yet been found possible to implement, was for the provision of a residential school for educable mental defectives.

Defects in the design of schools were pointed out, and a plea was made for open-air schools and classrooms which admitted the maximum sunlight and had good ventilation.

1923 saw the commencement of a scheme for the treatment of orthopaedic defects. A gift by the Red Cross Organisation made it possible to send a few cases to the Prince of Wales Hospital, Cardiff, for treatment. In 1924, 53 children received treatment at the hospital and the after-care was carried out by the County School Medical Staff. Further inroads into the therapeutic field were made by the establishment of a clinic at Caerphilly for the treatment of otorrhoea by zinc ionisation, and arrangements were made at Cardiff and Swansea for the treatment of ringworm by X-rays.



By 1925 there were 24 refraction clinics, eight centres for the treatment of minor ailments, and 33 dental clinics, there being, by this time, six dental surgeons on the staff. The orthopaedic service was growing and fees for consultation at the Prince of Wales Hospital were, in most cases, paid by the County Council. In May, 1925, there was a very successful open-air camp school for boys held at Barry Island.

A closer link was being obtained with the pre-school child through the welfare authorities. Clinic premises were sometimes shared and maternity and child welfare committees were invited to make financial arrangements under which children could attend the orthopaedic after-care clinics and refraction clinics. The response, however, was rather disappointing.

Parents were beginning to appreciate the School Medical Service, but there were still some who doubted whether school inspectors were "proper doctors," and there is the story of the grandmother who, though interested in the refraction, when spectacles were prescribed for her grand-daughter, said: "Do you think ear-rings would do as well? ; and they look so much better."

The 21st January, 1929, is a memorable date in the history of the School Medical Service in Glamorgan, for it was on that day that the Residential School for the Blind was opened at Bridgend. This school will soon celebrate its coming of age, and the outstandingly good work it has done cannot be measured by mere finance, but by the happiness it has brought into the lives of the hundreds of pupils who have passed through its gates.

The Local Government Act of 1929 made it possible for the clinic services to be supplemented by the hospital services and consultants of the County. It became possible to extend the orthopaedic services and operation sessions were carried out in Bridgend and Penrhiwtyn in addition to those at the Prince of Wales Hospital. It became easier to arrange for the treatment of ear, nose, and throat conditions.

Alongside this therapeutic progress, there was equal advance in the design of schools, and between 1924 and 1931 no less than 14 open-air type schools were constructed in the County. The benefit to the health of school children from such schools would be very difficult to measure statistically, but no doubt they have been a contributing factor to the improved physique of the school children.

1931 saw the opening of a specially built school clinic at Bridgend, to be followed in later years by others in the County (Pontardawe 1935, Ogmere Vale 1937, Tonyrefail, January, 1939).

The Thirties were years when past progress of the School Medical Service was being consolidated, and even if no new ventures were launched, much good work was being done. Stress, at that time, was put on the nutritional state of school children and, in order to assess this difficult factor, a number of surveys were made throughout the County. Partly as the result of these examinations, we find that in 1939 no less than 18,893 children, under the control of the County Council, were receiving milk at schools.

Once again a world war was to have its repercussions on the School Medical Service. Glamorgan, being considered a safe area, was used for the reception of children evacuated from more vulnerable areas, and these evacuated children brought with them many health problems and increased the work of the School Health Service—even though, at the same time, there was a loss of staff to the Armed Forces. As was expected, there was some increase in incidence of skin diseases such as impetigo and scabies. It is remarkable that there was no significant increase in infestation of heads and bodies during the early war years. This was a great tribute, particularly to the active work of School Nurses, who made very frequent cleanliness surveys.



War conditions also brought to light an increase in emotional and psychological difficulties in school children, and in 1943 arrangements were made with Cardiff City Corporation for cases to be referred to their Child Guidance Clinics.

The Education Act of 1944 was of great importance to the health of the school children. The Education Authority became responsible for the cost of non-domiciliary treatment of the children under its care. Here was the opportunity for the School Health Service to ensure that the more serious defects found on medical inspection could be treated. Education authorities were empowered to make financial arrangements with hospitals to this effect. This proved to be of particular value where the voluntary hospitals were concerned. The Act also brought under the direct control of the County Council school children who had previously been the responsibility of local authorities within the administrative County area who were the Part III Authorities under the 1921 Education Act. This resulted in greater unification of policy and a sharing of special facilities but, at the same time, a system of divisional administration retained the local interest. The physically and mentally handicapped children were specially provided for by the Act and subsequent regulations.

There still remained to be effected the linking of the medical supervision of the pre-school child and the school child. This link was made by the National Health Service Act, 1946. So it would seem that, at this stage, the School Medical Service had attained an ideal administrative structure but, by the same Act local authorities lost their control of hospitals; all medical treatment became free, and medical consultants generally became the employees of Regional Hospital Boards. The School Medical Service, therefore, once again lost much of its power to provide the treatment for the defects found at school medical inspections. Experience, to-day, is showing that it is becoming increasingly difficult to arrange, for example, operative treatment when required, for enlarged tonsils and adenoids. It is probable, however, that many of these difficulties are temporary and will be overcome by means of a close liaison between the Regional Hospital Boards, their management committees, and the County Council. School children receive no priority in the provision of spectacles.

Perhaps an even more serious difficulty at the present time is the loss of dental staff to the general dental service. It is now no longer possible to carry out routine dental inspection, which has proved of such great value in the past, and must be the basis of a school dental service. Children should not wait until they have toothache before consulting a dentist. The School Dental Service must be preventive in outlook, but under present conditions this is well-nigh impossible.

It is frequently asked whether there is any evidence that the health of the school child in Glamorgan has improved since the introduction of the School Medical Service. Cleanliness has certainly improved, as can be seen in the following table:—

	<i>Nits in hair.</i>		<i>Skin dirty or verminous.</i>	
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>
	%	%	%	%
1908-1911 ..	9.3	38.9	4.3	4.1
1918-1921 ..	0.7	17.2	0.9	0.3
1935-1938 ..	0.5	2.6	0.6	0.3
1945-1948 ..	0.9	5.6	0.6	0.3

It will be seen from the above that war conditions have resulted in some worsening of the statistics, but even so, the figures compare very favourably with those immediately before and after the 1914-1918 war.



The statistics of dental treatment give an insight into the vast growth of this service.

Graph A (page 12) not only shows the amount of work performed, but also illustrates how emphasis has been increasingly placed on conservative treatment. In 1921, conservative measures formed 9·8 per cent of the treatment, whereas in 1927 it formed 30 per cent, and in 1947, 47 per cent of the treatment.

Similarly, the provision of spectacles, as illustrated in Graph B (page 13) has, on the whole, shown a rise. The war years, however, caused a curtailment in the service.

The following table taken from the 1945 report of the School Medical Officer of the Rhondda Local Education Authority shows the average heights and weights of children in that area—1915–1945 :—

<i>Age Groups.</i>		<i>Heights (inches).</i>				<i>Weights (lbs.).</i>			
		1915.	1925.	1935.	1945.	1915.	1925.	1935.	1945.
3-4 years ..	Boys ..	36·41	37·73	37·60	37·75	32·85	33·36	33·66	34·17
	Girls ..	36·00	37·47	38·19	37·33	32·85	32·23	32·96	33·46
4-5 „ ..	Boys ..	38·30	39·00	39·53	40·17	35·34	35·21	36·27	37·91
	Girls ..	39·29	38·81	38·99	39·33	34·39	34·61	34·83	36·41
5-6 „ ..	Boys ..	40·12	40·83	41·41	42·20	37·26	38·21	39·02	41·99
	Girls ..	39·72	39·77	40·94	42·00	36·60	36·40	37·57	40·91
8-9 „ ..	Boys ..	45·08	47·05	47·89	49·12	48·50	50·22	53·59	58·31
	Girls ..	44·29	46·48	47·71	48·59	44·97	49·12	53·37	56·15
12-13 „ ..	Boys ..	52·87	52·45	55·01	55·91	68·45	71·34	75·07	78·61
	Girls ..	52·48	53·87	55·65	56·42	69·44	72·99	76·46	81·34

These figures are remarkable, particularly when one bears in mind that the Rhondda was one of the areas most adversely affected by the industrial depression. The Maternity and Child Welfare and the School Medical Service can take a share in the credit for the improvement in physical development.

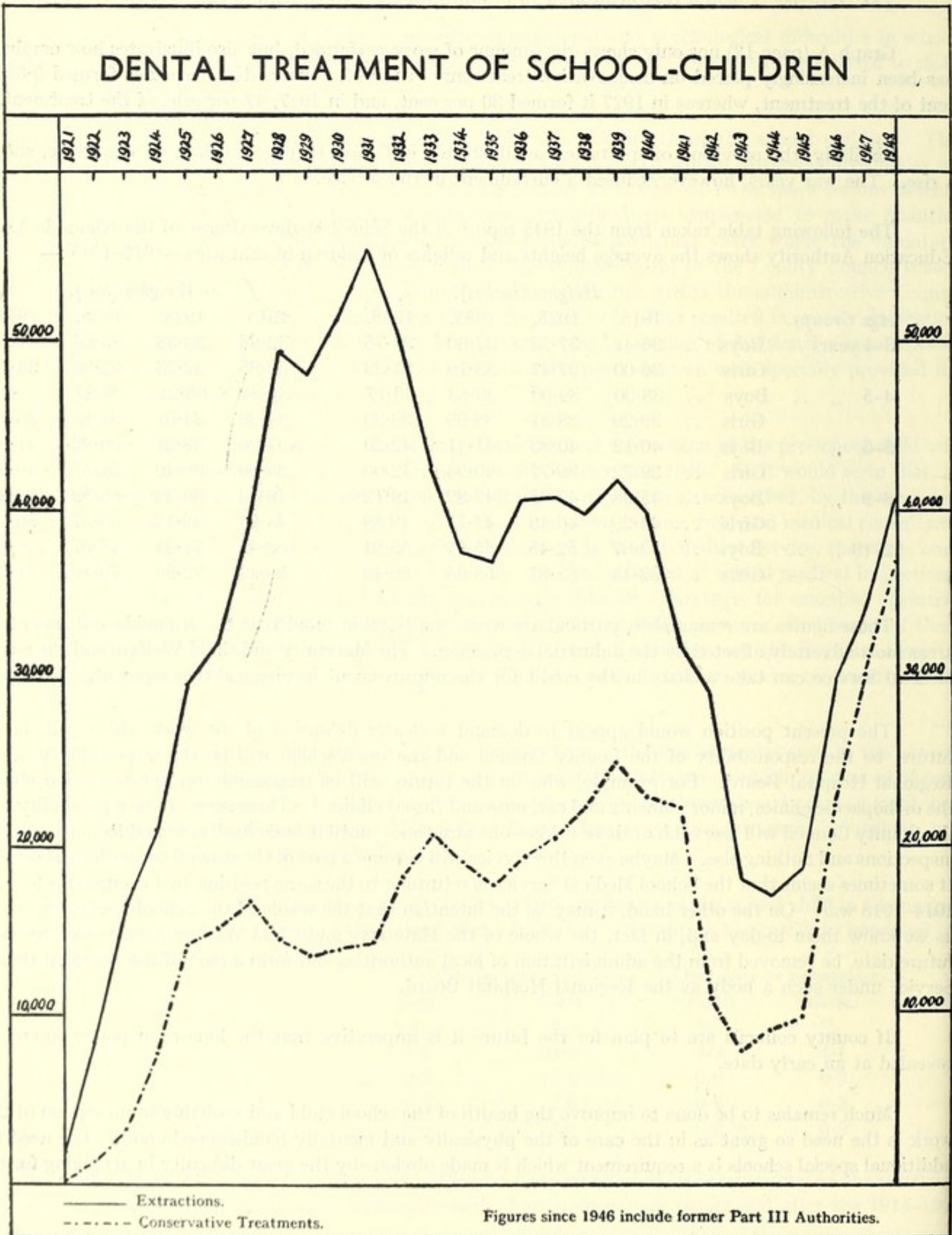
The present position would appear to demand a clearer definition of the work which will, in the future, be the responsibility of the County Council and the work which will be the responsibility of the Regional Hospital Board. For example, who, in the future, will be responsible for the refraction clinics, the orthopaedic clinics, minor ailments and ear, nose and throat clinics? There seems to be a possibility that the County Council will lose each of these fields—one at a time—until it finds itself confined to routine school inspections and nothing else. Maybe even this service will become a part of the general practitioners' service. It sometimes seems that the School Medical Service is returning to the same position as it occupied before the 1914–1918 war. On the other hand, it may be the intention that the whole of the School Medical Services, as we know them to-day and, in fact, the whole of the Maternity and Child Welfare Service will, at some future date, be removed from the administration of local authorities and form a part of the National Health Service under such a body as the Regional Hospital Board.

If county councils are to plan for the future it is imperative that the long-term policy should be revealed at an early date.

Much remains to be done to improve the health of the school child and probably in no section of this work is the need so great as in the care of the physically and mentally handicapped child. The need for additional special schools is a requirement which is made obvious by the great difficulty in arranging for the



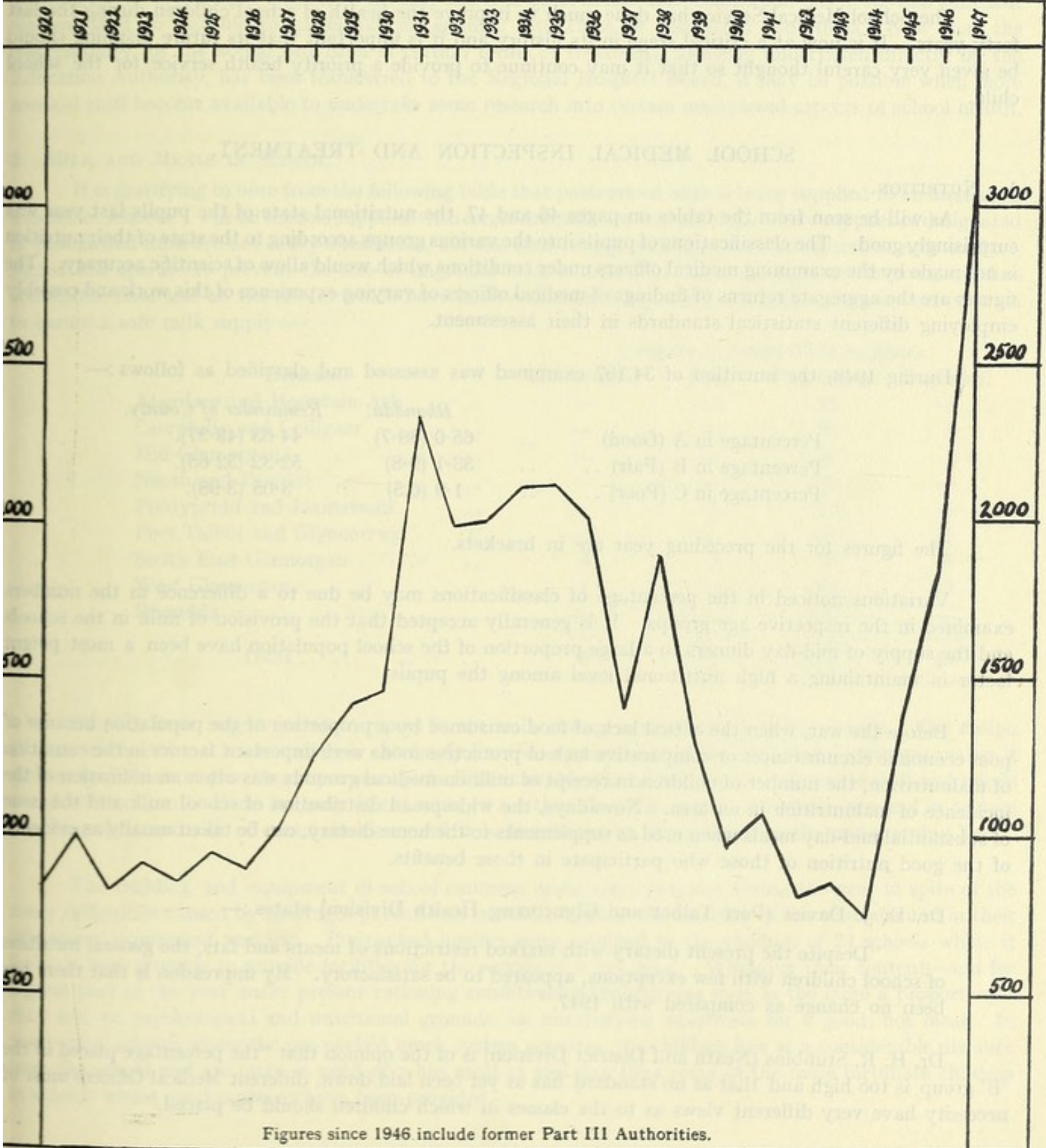
GRAPH A.





GRAPH B.

## PROVISION OF SPECTACLES





education of children so ascertained. To-day, Glamorgan has an exceedingly good Special School for the Blind, but arrangements within the County for other types of handicapped children have had to be improvised to a considerable degree though, in fact, much good work has been done by the schools for educationally subnormal children, and the solitary Open-Air School at Aberdare.

The School Medical Service has done much to improve the health of school children during the last forty years. It is now at a critical stage in its history and it is important that its future planning should be given very careful thought so that it may continue to provide a priority health service for the school child.

## SCHOOL MEDICAL INSPECTION AND TREATMENT.

### 1. NUTRITION.

As will be seen from the tables on pages 46 and 47, the nutritional state of the pupils last year was surprisingly good. The classifications of pupils into the various groups according to the state of their nutrition is not made by the examining medical officers under conditions which would allow of scientific accuracy. The figures are the aggregate returns of findings of medical officers of varying experience of this work and possibly employing different statistical standards in their assessment.

During 1948, the nutrition of 34,167 examined was assessed and classified as follows :—

		<i>Rhondda.</i>	<i>Remainder of County.</i>
Percentage in A (Good)	..	65.0 (89.7)	44.63 (43.37).
Percentage in B (Fair) ..	..	33.1 (9.8)	52.32 (52.65).
Percentage in C (Poor) ..	..	1.9 (0.5)	3.05 (3.98).

The figures for the preceding year are in brackets.

Variations noticed in the percentage of classifications may be due to a difference in the numbers examined in the respective age groups. It is generally accepted that the provision of milk in the schools and the supply of mid-day dinners to a large proportion of the school population have been a most potent factor in maintaining a high nutritional level among the pupils.

Before the war, when the actual lack of food consumed by a proportion of the population because of poor economic circumstances or comparative lack of protective foods were important factors in the causation of malnutrition, the number of children in receipt of milk on medical grounds was often an indication of the incidence of malnutrition in an area. Nowadays, the widespread distribution of school milk and the issue of substantial mid-day meals when used as supplements to the home dietary, can be taken usually as evidence of the good nutrition of those who participate in those benefits.

Dr. D. J. Davies (Port Talbot and Glyncoirwg Health Division) states :—

"Despite the present dietary with marked restrictions of meats and fats, the general nutrition of school children with few exceptions, appeared to be satisfactory. My impression is that there has been no change as compared with 1947."

Dr. H. R. Stubbins (Neath and District Division) is of the opinion that "the percentage placed in the 'B' group is too high and that as no standard has as yet been laid down, different Medical Officers must of necessity have very different views as to the classes in which children should be placed."



Complete information is not available as to the heights and weights of Glamorgan pupils year by year; a comparison over the years would probably reveal information of considerable sociological and biological interest.

The school population has always provided a wide field for fruitful enquiry into nutritional states of children of varying ages and social groups, and it is unfortunate that Glamorgan has never had sufficient medical staff to be able to undertake an enquiry into these or associated conditions. Now that the responsibility for the actual provision of certain forms of treatment, formerly undertaken directly by the Education Authority, has been transferred to the Regional Hospital Board, it may be possible when more medical staff become available to undertake some research into certain unexplored aspects of school health.

## 2. MILK AND MEALS IN SCHOOL.

It is gratifying to note from the following table that pasteurised milk is being supplied to an increasing number of schools. The 23 schools supplied with ungraded milk are in rural areas where supplies of designated or pasteurised milk are not easily obtainable, but the time is approaching when the legislation now contemplated will operate to prevent the sale of ungraded milk in scheduled areas throughout the country, thus setting the final seal on the efforts which have been maintained by health authorities for very many years to ensure a safe milk supply:—

<i>Division.</i>				<i>Category of School Milk Supplies.</i>			
				<i>Accredited.</i>	<i>T.T.</i>	<i>Pasteurised.</i>	<i>Ungraded.</i>
Aberdare and Mountain Ash	..			—	—	75	—
Caerphilly and Gelligaer	..	..		—	—	76	1
Mid-Glamorgan	..	..	..	—	—	91	1
Neath and District	..	..	..	—	—	59	—
Pontypridd and Llantrisant	..			—	1	70	—
Port Talbot and Glyncoirwg	..			—	—	39	—
South East Glamorgan	..	..		5	3	70	8
West Glamorgan	..	..	..	1	—	57	13
Rhondda	..	..	..	—	—	95	—
Total	..	..	..	6	4	632	23

There is little improvement to report in the milk storage arrangements in the schools. The design of some of the older schools and their extremely limited accommodation for educational purposes makes it extremely difficult to provide proper storage facilities suitably placed for the convenience of staff and pupils—and all that can be done in many instances is to see that the milk is kept out of the sun and in a place free from dust and risk of contamination until it is distributed to the children at the mid-morning break.

The building and equipment of school canteens made some progress during the year in spite of the many difficulties caused by shortages of staff and material, both in the building of the canteens and in their subsequent equipment and use. Pre-packed lunches were supplied to the children of 24 schools where it had not been possible to provide facilities for the service of a hot meal. Whatever their content—and for a great part of the year under present rationing conditions carbohydrates were in too large a proportion—they are, on psychological and nutritional grounds, an unsatisfying substitute for a good, hot meal. In many rural schools where the pre-packed lunch system operates, the children live at a considerable distance from the school and are more in need of a hot meal at mid-day than some of the more fortunate children in schools where good canteens have been provided.



The benefits—physical and mental—resulting from a well organised school canteen system have been stressed in previous reports. The School Dinner Service gives the teaching staff opportunities of inculcating good table manners, when necessary, in the pupils in their care. These social attributes are of value in themselves, apart from their influence on others.

Communal school feeding has come to stay and opportunities for improving still further the quality of the meals provided will doubtless present themselves in time, with additional possibilities of betterment in the health and physique of the pupils.

Scrupulous care in the handling of foodstuffs is at all times essential if the risk of food poisoning is to be reduced to a minimum. The absence of outbreak during the year is no excuse for the cessation of constant vigilance on the part of canteen staffs engaged in the handling and preparation of food. Lectures were arranged during the year for the benefit of canteen staffs and further lectures are contemplated.

During the year, the County Architect completed the undermentioned work in relation to school canteens :—

Cadoxton Secondary and Junior School, Neath	..	Kitchen and dining room.
Killay School	.. .. .	New kitchen.
Penclawdd Junior School	.. .. .	do.
Penyrheol School	.. .. .	do.
Tonysguboriau School	.. .. .	New canteen kitchen.
Glantaf Infants' School	.. .. .	do.
Porthcawl Nottage School	.. .. .	New canteen.
Penybont School	.. .. .	School meals service in existing school.
Nantymoel Secondary School	.. .. .	New canteen.
Cornelly School	.. .. .	do.
Penybank School	.. .. .	New kitchen and dining room.
Gelligaer Village School	.. .. .	do.
Gelligaer Girls' Intermediate School	.. .. .	Remodelling of kitchen.
Barry Island Primary School	.. .. .	Kitchen and dining room.
Llandow School	.. .. .	Conversion of house into kitchen and dining room.
Llantwit Major School	.. .. .	New kitchen and dining room.
Palmerston School	.. .. .	New kitchen.



## PROVISION OF MILK AND MEALS—RETURN FOR A DAY IN OCTOBER, 1948.

Division	No. of Pupils in attendance			No. of Pupils taking Meals						No. of Pupils taking Milk			Nurseries			No. of Schools or Departments served		
				Primary			Secondary										Grand Total	
	Primary	Second-ary	Total	Free	Pay-ment	Total	Free	Pay-ment	Total	Primary	Second-ary	Total	No. of Pupils in attend-ance	Meals	Milk	No. of Can-teeners		
Aberdare and Mountain Ash	6864	2278	9142	881	1565	2446	382	642	1024	3470	6512	1990	8502	38	38	38	46	70
Caerphilly and Gelligaer ..	8782	1954	10736	953	3660	4613	202	1118	1320	5933	8485	1620	10105	37	37	37	58	71
Mid-Glamorgan ..	10824	2764	13588	1297	4706	6003	333	1582	1915	7918	10265	2030	12295	103	103	103	69	83
Neath and District ..	7505	634	8139	385	4557	4942	36	409	445	5387	7003	380	7383	36	36	36	45	55
Pontypridd and Llantrisant	8331	1471	9802	563	1691	2254	145	415	560	2814	7897	1261	9158	64	64	60	25	52
Port Talbot and Glyncofrwng	6337	850	7187	356	1907	2263	62	397	459	2722	5997	780	6777	—	—	—	31	38
South-East Glamorgan ..	10608	1174	11782	383	3462	3845	34	844	878	4723	9961	816	10777	35	35	35	48	67
West Glamorgan ..	6769	914	7683	499	3949	4448	118	621	739	5187	6161	753	6914	28	28	28	48	61
Intermediate and Technical	—	9117	9117	—	—	—	374	6232	6606	6606	—	7029	7029	—	—	—	21	25
Totals ..	66020	21156	87176	5317	25497	30814	1686	12260	13946	44760	62281	16659	78940	341	341	337	391	522
Rhondda Excepted ..	12315	6616	18931	2171	3226	5397	1361	2745	4106	9503	11741	5051	16792	257	257	257	83	93
Totals ..	78335	27772	106107	7488	28723	36211	3047	15005	18052	54263	74022	21710	95732	598	598	594	474	615

Percentage of Children receiving Meals in Primary Schools (excluding Rhondda) 46.7.

Percentage of Children receiving Meals in Secondary Schools (excluding Rhondda) 65.9.

Percentage of Children receiving Meals in Primary and Secondary Schools (excluding Rhondda) 51.3.



### 3. CLEANLINESS AND SKIN INFECTION.

During the year the average number of visits made to schools by nurses for the purpose of conducting cleanliness surveys was 4.75. This was an improvement on the 1947 figure when the average number of visits was 4.5. In the County (excluding the Rhondda) the nurses inspected 280,789 pupils, and made 27,901 re-examinations of pupils found to be unclean on the occasion of a previous inspection. The standard used in assessing the cleanliness of pupils is a very high one, no child being classified as clean if even one nit is found in the hair. The standard of cleanliness attained among the school children throughout the County is excellent, the fluctuations from year to year being of little significance, but it is obvious from the number of re-examinations conducted and the results recorded that there is a comparatively small hard core of pupils who come from homes where standards of cleanliness are low and where parental example or influence may be lacking. While shortage of soap may contribute to the uncleanness found in some homes, the real cause can usually be sought in other directions. The use of lethane oil (or D.D.T. emulsion) has been commented on in previous reports. There is no doubt of its value in freeing infested heads of nits and vermin, but children whose heads are so badly infested as to require this treatment often come from households where other sources of infection may be found, and lasting results cannot be obtained unless the rest of the family can be encouraged to become free from infestation.

The incidence of scabies and impetigo has declined and in the Rhondda Excepted District Dr. D. J. Thomas reports :—

“There was a reduction in the incidence of scabies to 0.35 per cent as compared with 1.1 per cent in the previous year and likewise a slight decrease in the incidence of impetigo to 0.34 per cent as compared with 0.4 per cent in the previous year. These diseases continue to be more prevalent in the district than in pre-war years.”

Although there is a shortage of Health Visitors and School Nurses and suggestions have been made that the work of cleanliness surveys among school children can be done by persons less well qualified, I think the opportunities which this work gives to the officer for making useful contacts with the older pupils and parents and for health propaganda in the school and in the home, are of infinite value in enlisting the parents' co-operation in the work of the School Health Service.

### 4. ROUTINE MEDICAL INSPECTION.

It was not possible during the year to introduce the new medical inspection record prescribed by the Ministry of Education for recording the results of routine medical inspection. It is intended to bring the new record into use on the 1st January, 1949. In next year's report it may be opportune to comment on the new record card after the medical staff have had experience of using it. It is more than twice the size of the existing medical inspection schedule and if all the entries are completed, will undoubtedly result in a slowing down of the number of children whose examination can be completed per session.

1948 commenced with good prospects of recruitment of medical staff to the School Health Service, but owing to the attractions of private practice and senior Public Health appointments elsewhere, the numbers of medical officers could not be maintained and by the end of the year there were only four male whole-time assistant medical officers available throughout the County for School Health Service duties. This is a serious position and one which the Committee is fully aware of, but is not likely to be remedied until the Public Health Service can offer candidates a remuneration less disproportionate to that enjoyed by their colleagues in other branches of the National Health Services.



The decentralisation of the School Medical Service work into the Divisional Health Offices set up for the purpose of the County Council's functions as Local Health Authority under the 1946 Act was achieved by the 5th July, and since that date the Divisional Medical Officers have acted as my agents in respect of medical inspection arrangements in the respective divisions, these being co-terminous with the Divisional Executive areas established under the 1944 Education Act.

While the severance of an association between head teachers and my Central Department was a matter of personal regret to me and those members of the staff of my Department, who for many years had been actively engaged in the work of the School Health Service, the step was unavoidable having regard to the new duties placed upon the County Council under the National Health Service Act with much greater possibilities of co-ordinating the work which had hitherto been done by different authorities.

As will be seen from the following table, the numbers of routine and other inspections carried out during the year showed a considerable increase over those of the preceding post-war years:—

<i>Year.</i>	<i>Routine Inspections.</i>	<i>Special Inspections and Re-inspections.</i>	<i>Total.</i>
1946 ..	29,169	32,655	61,824
1947 ..	26,854	32,038	58,892
1948 ..	34,167	33,568	67,735

(Figures given include the Rhondda Exceeded District.)

No instance was brought to my notice during the year of any parent refusing to submit his child to examination at school. This is a very pleasing state of affairs and indicates how completely the School Health Service has come to be regarded by parents and head teachers as an integral part of the educational system.

No record of the work of this service would be complete without an acknowledgement of the co-operation shown by head teachers in all matters relating to the improved physical welfare of the children in their charge. The transition from the mass inspections of earlier days to the more personal medical service which has been given during recent years is largely due to the active interest of head teachers on behalf of individual children for whose prompt examination or treatment requests were often received by my Department. In the preparatory arrangements for medical inspections, in the provision of accommodation often at considerable inconvenience to themselves, and in the valuable help given to officers of the Department throughout the year, the head teachers have shown sympathy and understanding and have exerted an excellent influence in furthering or making known treatment arrangements available to the children in their care.

During the year there were approximately 106,107 pupils in average attendance at the primary and secondary schools within the County. Of these 34,167 were examined in the routine age groups prescribed by the Ministry of Education, i.e. on entry to school, during the last year in the primary school, and again during the last year in the secondary school. A further 33,568 pupils were examined as "re-examinations" and "special" cases.

The incidence of defects found at the inspections refer, of course, only to the children who were in attendance at school at the time of the doctor's visit, and there might have been at that time children absent from school on account of defects of which no record is available.

Confidential reports are furnished to the Ministry of Labour and National Service concerning children about to leave school who are thought on medical grounds to be unsuitable for employment in certain occupations.



Full use was made of the County Council's former hospitals during the year, particularly for the advice of the Specialist Physician or the Consultant Paediatrician, to whom many children were referred as a result of medical examination at school or clinic.

The pattern of the School Health Service has changed considerably since the 5th July, and progressive authorities, such as Glamorgan, will view with a certain amount of misgiving the transfer of some of the health services which they had developed and which were readily available to school children needing them. It is, perhaps, unfair and premature to comment on the immediate results of the withdrawal of treatment facilities hitherto provided directly by education authorities, or to anticipate the reaction of former voluntary hospitals, who since the cessation of treatment schemes under Section 48 (3) of the Education Act, 1944, will no longer look to local education authorities for the cost of maintenance of children treated either as in-patients or out-patients, but there are some aspects of the new hospital service which may require comment in my report for 1949.

#### 5. CLINIC PREMISES.

For many years the annual report of the School Medical Officer has contained references to the need for improved clinic accommodation.

The varied assortment of premises in which the treatment side of the School Health Service has been conducted in Glamorgan during the past 30 years has been made the subject of special comment from time to time. There are specially built school clinics in 22 centres throughout the County. For the rest, "make do and mend" has been the motto applied to school clinics in church and chapel premises, workmen's institutes, cottage property, and other premises more or less inadequate, where, in spite of unsatisfactory working conditions, medical, dental, and nursing staff have been able to give treatment to thousands of children who would otherwise have gone without.

For some years empty classrooms were available for holding dental and eye clinics and occasionally the medical inspection room, used by the head teacher when not otherwise required, served as a dental or refraction clinic. The extra space required for school feeding and the additional classrooms needed to deal with the children who remain in school owing to the raising of the school leaving age, have resulted in the School Health Service being deprived of most of the accommodation previously available in schools and throughout the whole County clinics are held now only in 12 schools. In 1925 when additional dental treatment clinics were established, treatment sessions were held in accommodation which was then available in 22 schools.

The adaptation as a school clinic of the old A.R.P. Centre at Gorseinon, to which reference was made in last year's annual report, is still proceeding and should be completed during 1949.

The conversion of the Pontshonnorton War-Time Nursery into a school clinic was completed during the year, and will soon be brought into use. Shortage of dental and other staff has prevented this clinic from being used to the best advantage.

One of the major blessings which accompanied the transfer of functions from the County Districts to the County Council under the National Health Service Act, 1946, was the transfer of a number of well-built, specially designed maternity and child welfare clinic premises. There are 13 such buildings throughout the County and, although their accommodation is very restricted, it is intended to make use of them for School Health Service purposes in those districts where the present alternative facilities are unsatisfactory.



As an example of the school clinic accommodation, the following statement gives the picture drawn by Dr. E. C. Powell of the facilities available in the Caerphilly and Gelligaer Division :—

"The Caerphilly and Gelligaer Health Division is not well equipped with modern school clinics.

Of the five school clinics in the Division only one, that at *Ystrad Mynach*, can be described as really satisfactory, being a newly built clinic of modern design.

*Bargoed* School Clinic is in an old building, at one time part of the County Cottage Homes. The dental room is very small and not up to modern standards.

*Caerphilly* School Clinic consists of a large room in the Tonyfelin Chapel which has been specially adapted and equipped for refraction and dental work. This room is also used for ante-natal and maternity and child welfare. As a clinic it is unsatisfactory in that only one branch of work can be held at the same time, consisting as it does of one large room only. For dental work it is unsatisfactory in that there is no recovery room or satisfactory place for ablutions after extractions.

*Abertridwr* School Clinic is housed in the Beulah Chapel Schoolroom, part of which is divided off to make a small dental treatment room.

This clinic is very unsatisfactory in all respects both for dental work and medical inspections, and is generally disliked by all the staff who have to work there. When a dental session is in progress, refraction and medical examination work has to be carried out in the main hall, which is dark and gloomy and lacks privacy.

I consider this clinic to be the worst of our school clinics ; ante-natal and maternity and child welfare work is also carried out there, for which it is equally unsatisfactory.

*Pontlloftyn* School Clinic exists now in name only. It was set up as a portable clinic in a classroom of Pontlloftyn Infants' School. The equipment, consisting of collapsible dental clinic and portable dark room (tent), etc., for refraction work, is still stored in the classroom. It was customary by arrangement with the head teacher, to hold periodic sessions in the school as the work demanded. From recent discussions I have had with the head teacher, it is not likely that we will be able to have use of the room in future owing to increased demands on the school accommodation for canteen work. No sessions have been held there for twelve months. All children from this area, i.e. Pantywaun, Bute Town, Fochriw, and Pontlloftyn, are now being treated at *Bargoed* School Clinic some miles away. The attendances are very poor, indicating the need for a clinic in the area. I consider there is need in this area for a small modern clinic where school medical work and maternity and child welfare work could be carried out.

*Bedlinog, Trelewis, and Nelson.* Children from these areas attend the *Ystrad Mynach* School Clinic in the County Offices. Attendances from *Bedlinog* and *Trelewis* are poor owing to distance and inconvenient bus services. I think a school clinic at *Nelson* would serve these areas better."

A similar story could be told for other divisions. Building restrictions may prevent the erection or extension and adaptation of clinics, but delay in dealing with these matters cannot be continued indefinitely without bringing disrepute on a service which for too long has in many parts of the County made do with inadequate and unsuitable accommodation.



## 6. TREATMENT.

### (a) *Defective Vision and Squint.*

Under the Supplementary Ophthalmic Services established after the 5th July as part of the National Health Service, school children are entitled to receive treatment for defective vision either at clinics of the local education authority or through the opticians' service set up directly by the Executive Council. In either case no cost devolves on the parent and glasses when prescribed may be obtained on the authority of the Executive Council from any optician on the approved list.

It is unfortunate that the new arrangements did not provide a priority service for school children who, owing to the heavy demand for glasses by the general public, have been forced to wait much longer for spectacles now than they did when they were supplied by the Education Committee contractors. When the supply of lenses and frames becomes easier and some of the arrears of work for the general public have been overtaken, the new service should be a considerable improvement on the Local Authority's old arrangements under which glasses which were supplied at low contract rates inevitably bore evidence of that fact in the stereotyped design, even though the Committee agreed in recent years to a much improved type with imitation tortoiseshell rims.

Last year 11,150 children were dealt with for errors of refraction, including squint. 1,565 pairs of spectacles were supplied by the contracting opticians on prescriptions issued prior to the 5th July, 1948. Prescriptions outstanding on the 5th July were submitted to the Executive Council, who gave permission for them to be dispensed by local opticians.

Dr. Kathleen Davies (Mid-Glamorgan Division) reports that "in spite of the fact that it is now possible for school children to have their eyes tested privately, free of cost, it would appear that practically all parents still apply to the local authority to carry out this work for their children."

Dr. D. J. Davies (Port Talbot and Glyncoirwg Division) reports that "undetected and untreated squints are becoming less frequent in the schools." Due to the keenness of the school teachers, any child noticed to have a squint is referred for special examination. The excellent specialist ophthalmic facilities at the County hospitals have been fully utilised during recent years. Despite this, however, considerable delay in the operative treatment of squint still occurs.

### (b) *Orthopaedic Scheme.*

During the year a clinic at Barry to serve a larger school population replaced the Penarth Clinic, which had been held for many years in a school classroom. Up to the 5th July, 1948, the orthopaedic service was maintained on similar lines to those mentioned in last year's report, arrangements being made direct by the Department for the supply and repair of appliances ordered by the clinic medical officers or the orthopaedic consultants. In December, 1947, Mr. A. O. Parker, who had acted as orthopaedic consultant since 1930, and had given much excellent service on behalf of the non-tuberculous children of Glamorgan, resigned his appointment.

A reassignment of clinics was made between the remaining consultants, so that each served the clinics in the area of the County hospital for which he acted as consultant surgeon, and to which children referred from the clinics would be sent for any surgical treatment needed for their orthopaedic condition.

The transfer of the maternity and child welfare services to the County Council on the 5th July made the County Council directly responsible for the orthopaedic clinic treatment of infants, whereas in the past this work had been done on an agency basis.



The future of the orthopaedic service now provided by the Education Committee has not been defined. The Regional Hospital Board has accepted responsibility for the cost of the specialists' fees, and it is probable that the Board will soon take over the treatment aspects of this service. No cost falls upon the County Council for the supply of appliances or altered boots which are now obtained by arrangements made with the local hospital management committees. There is still considerable delay in obtaining the appliances and alterations to boots, and until steps can be taken to reduce this delay, much of the benefits of treatment will be lost. The number of trained orthopaedic nursing staff available was insufficient adequately to serve the orthopaedic clinics held in 10 different parts of the County, but towards the end of the year a little relief was afforded by the appointment of an additional (part-time) physiotherapist.

The total number of attendances at orthopaedic clinics, excluding the Rhondda, during the year, was 7,874, an increase of 2,126 over the figures for 1947. In the operation of any scheme of treatment involving frequent attendances of patients for a considerable period of time as well as exercises to be done by patients at home, there will be found many unable to continue their attendances or who fail to co-operate in carrying out the Medical Officer's recommendations. The year produced the usual group of such cases, but in spite of this, the clinics in the populous centres were never short of parents eager to obtain correction of their children's deformities.

Dr. N. R. Jenkins, who was responsible for the Orthopaedic Clinics at Bridgend and Maesteg during the year, reports as follows :—

"As hitherto during the past 23 years, orthopaedic after-care clinics have been held at Bridgend and Maesteg—thrice monthly at Bridgend and once monthly at Maesteg—staffed by a Medical Officer and Orthopaedic Physiotherapist and one or two School Nurses or Health Visitors, whilst the Committee's Orthopaedic Surgeon attends quarterly for consultations with the Medical Officer regarding cases requiring further advice.

The operative date of the National Health Service Act, 1946, on the 5th July, brought about an important change in that it ensured orthopaedic care and continuity of treatment under *one* authority from infancy to school leaving age by the absorption by the County Council of the functions of the former local Maternity and Child Welfare Authorities.

The usual conditions were treated and cared for as in previous years: club feet, claw feet, flat feet (all either congenital or paralytic), hammer toes, hallux valgus and rigidus, supernumerary toes, pigeon toes, and sometimes defects of the nails called by the formidable name of onychogryphosis; knock knees and bow legs, spinal curvatures (postural and paralytic), wry neck (torticollis), any deformities arising from infantile paralysis and spastic (stiff) paralysis; Perthes disease of the hip, a non-tuberculous quiet sub-infection, usually clearing after immobilisation and rest. Some of these conditions sometimes require operative treatment for their correction, which is usually carried out by the Orthopaedic Surgeon at Mid-Glamorgan Hospital, Bridgend, and the Prince of Wales Hospital, Cardiff, while cases requiring prolonged recumbency are treated at Crossways Hospital, Cowbridge, all these hospitals being now, of course, under the control of the Welsh Regional Hospital Board. Other conditions can be treated and corrected at the clinics by a series of plasters of paris, splints, appliances and exercises ably applied by the physiotherapists, to whom I am deeply grateful for their great help and co-operation.

Travelling facilities to and from the clinics have much improved during the year, especially since we are now able to utilise the new County Ambulance Service for the transport of difficult cases. I wish, however, I could report the same improvement in the standard of footwear which is so essential in maintaining corrected deformities.



The statistical figures for the year are as follows :

	<i>Bridgend Clinic</i> <i>Attendances.</i>	<i>Maesteg Clinic</i> <i>Attendances.</i>
Elementary and secondary .. .. .	950	212
M. and C.W. cases .. .. .	281	68
New cases .. .. .	140	
Cured and discharged .. .. .	164."	

Dr. Gwladys Evans reports as follows on orthopaedic work undertaken in the South-East Glamorgan Division :—

"For many years an Orthopaedic Clinic had been held at Victoria Infants' School, Penarth, but it was found necessary to vacate these premises and alternative accommodation has been provided at Cadoxton (Barry) Clinic. The clinic is very suitable for the treatment of this type of case and consists of a large waiting room, consulting room, exercise room and a small plaster room.

The sessions have been held three times each month, and in the main have been attended by cases from Penarth and Barry, and a few exceptions from Whitchurch. The cases from the north side of the Division are referred to the clinic at Pontypridd, and those from the west side of the Division are referred to Bridgend Clinic. A number of parents have complained of having to travel to Barry to be seen, and requests have been made as to the possibility of having a clinic at Penarth.

The types of cases which have attended are mainly flat feet, claw feet, deformed toes, knock knees, bow legs, and spinal curvature, etc.

There have been four cases of infantile paralysis: two have almost completely recovered; one has a paralysed left arm and weakness of his back muscles; and the other has some paralysis of his leg muscles.

One unusual case is a girl of eight suffering from fragilitas ossium. She has already had 34 fractures, and on this account is unable to attend an ordinary school. She is at present being taught at home by a home teacher.

A number of cases have been referred from the Asthma Clinic by Dr. D. A. Williams, and these are given suitable exercises for their condition.

No. of cases attending clinics during 1948	..	..	344
No. of attendances at clinics during 1948 ..	..	..	998."

(c) *Ear, Nose, and Throat.*

During the year 2,941 children were found on examination to require treatment for throat conditions, and 5,048 were referred for observation. There seems to be little diminution in the large numbers of pupils who year by year are found at routine inspections to be in need of treatment. Operative treatment for enlarged tonsils and adenoids was undertaken at the County hospitals and other hospitals during the year, but the exact numbers of operations performed classified under the usual headings are not available. The mounting waiting lists in the County of children for whom operative treatment has been recommended indicates a real need for better provision for this branch of surgery. In what were the County hospitals the good ear, nose, and throat service for school children existing prior to the 5th July, was handicapped by the shortage of specialists, although much good work was carried out by those available. The treatment of chronic ear conditions in particular, requires improved facilities. The direct reference of the patient by the School Medical Officer to the hospital has given place to the reference of the child to the family doctor by whom it is dealt with under the arrangements of the general practitioner service. Education and re-education in correct methods of breathing combined with regular handkerchief drill are simple but effective preventive measures which should be more generally practised as a daily routine by all children.



In the Port Talbot and Glyncoirwg Division "cases of chronic otorrhoea in the schools were not uncommon. Every effort is made to secure early treatment for these cases . . . With an E.N.T. consultative clinic for school children, combined with a thorough follow-up of post-operative cases, it would be possible to assess the efficacy of the conservative and operative treatments."

(d) *Asthma and Other Allergic Conditions.*

The clinics at the West Glamorgan, Mid-Glamorgan, Llwynypia, and East Glamorgan hospitals continued to be well attended during the year, and the appointment of an additional specialist (in November, 1947) enabled some of the arrears on the waiting lists to be overtaken. Unfortunately, detailed figures of school children are not available, but a large number of those seen are of school age, and mothers are given advice to enable them to deal with many difficult problems associated with the upbringing of an asthmatic child.

## 7. HANDICAPPED PUPILS.

A return of ascertained handicapped pupils in the County is shown on Table III (pages 48 to 52). There is no reason to think that the number of children in any of the categories shown in the return is an accurate reflection of the total incidence of these special conditions throughout the child population, and in some areas there are likely to be children who for various causes have not yet been the subject of a special examination for ascertainment purposes. Pupils thought to be handicapped and not discovered at routine medical inspection are brought to the notice of the Department through various sources, e.g. parents, head teachers, probation officers, the N.S.P.C.C., and other bodies.

Comment follows on some of the special classes of handicapped pupils with the definition of some of the categories ; all these pupils should be receiving special educational treatment :—

(a) *Educationally Sub-Normal.*

" . . . that is to say pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools."

Successive reports of the Ministry of Education and previous reports of your School Medical Officer have emphasised the urgent and far-reaching nature of this problem. Year after year attention has been called to the need of making educational provision for those educationally sub-normal pupils whose degree of retardation is severe enough to warrant the provision of education for them in a special boarding school. The Ministry of Education are anxious to see increased provision and the Education Committee are equally anxious to provide it ; hopes are raised at the prospect of obtaining a property which might serve the purpose and then fall to zero when for various reasons the proposal fails to mature.

The time and skill of specially trained medical officers have been used for years in the ascertainment of these pupils and in all cases ascertainment has been followed by an administrative procedure which, though necessary, is cumbersome as well as costly, and although one is aware of the legal obligation which the Act places on local education authorities to undertake the ascertainment of handicapped pupils, it is a matter of keen regret that most of this time-consuming, costly procedure results in a collection of figures which suggest strikingly our inability to meet an acknowledged need.



Of the children examined during the year and reported to the Medical and Special Services Sub-Committee, the following recommendations have been made :—

(1) For education in an ordinary school with special educational treatment	..	88
(2) For education in a special day school	.. .. .	25
(3) For education in a special boarding school	.. .. .	83

During the year notifications made to the Local Health Authority were as follows :—

Under Section 57 (3) of the Education Act, 1944	.. .. .	47
Under Section 57 (5) of the Education Act, 1944	.. .. .	22

In several instances parents of children for report under Section 57 (3) of the Education Act exercised their right of appeal to the Ministry of Education, but in no case was the appeal upheld.

Of the total number of 219 pupils recommended for education in a special residential school, 11 are at day special schools and 200 are at ordinary schools, two at an independent school, and six are not attending school.

The Authority is still pursuing its search for suitable premises for use either with or without adaptation, as a special residential school, but at the end of 1948 nothing had been secured.

At Aberdare, Pontypridd, and Barry, the day special schools continue to function ; the number of pupils in attendance being as follows :—

Aberdare (Educationally Sub-normal Dept.)	.. .. .	65
Pontypridd	.. .. .	16
Barry	.. .. .	19

(b) *Deaf and Partially Deaf.*

"Deaf pupils, that is to say pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language."

"Partially deaf pupils, that is to say pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used by deaf pupils."

Compared with 1947 when there was a total of 61 deaf pupils and 45 partially deaf pupils within the County, there were on the 31st December, 1948, 66 deaf pupils and 44 partially deaf pupils.

The Royal Cambrian School for the Deaf is still at Newbridge-on-Wye and Rhayader. The hope of establishing this school at Druidstone, St. Mellons, has not materialised, and the latest project, which should have the most urgent priority, is to build a school on a site which they have acquired at Chepstow. This continuing delay is extremely regrettable as it is practically impossible to obtain vacancies in deaf schools in other parts of the country and often where applications are acceptable, there is usually a two years' waiting list. For deaf children even the normal full period of education is too short, but where the period is curtailed through the Authority's inability to secure the child's early admission to a special school, an additional handicap is created. It is unusual to meet with a refusal from the parent of a deaf child who has been offered a place in a special residential school, and it is a good thing that aural surgeons inform the Department of any deaf or partially deaf child coming to their notice, so that no time is lost in placing the names of such children on the waiting list of a suitable special school. The Authority has not yet considered the provision of gramophone audiometers for the testing of groups of children. By this means as many as 30 children can be tested at once, and those suffering from partial deafness in varying degrees can be ascertained. There are no special classes established for the partially deaf in the County. Apart from placing the partially deaf pupil in a front row desk in the classroom, there is little help that can be given him in the absence of organised lip-reading classes.



(c) *Blind and Partially Sighted.*

It is a requirement of the School Health Service and Handicapped Pupils Regulations, 1945, that pupils classified as blind must receive educational treatment in a residential school for the blind. This treatment is available in the School for the Blind, Bridgend, where accommodation is available for 100 pupils. Forty-one Glamorgan pupils were on the books of the School on the 31st December, 1948, and of the work of the School during its 19th year of existence, Mr. F. E. Hewitt, the Principal, reports as follows :—

"As another year in the history of the School draws to a close we find ourselves looking back with a certain amount of pride upon the many events which we seem to have successfully covered. Probably, the most outstanding of these was the entry of a part of the School Choir in the National Eisteddfod of Wales, held in Bridgend during the first week of last August. The choir won first prize for Madrigal Singing and was highly commended by the adjudicators. It was a great experience for the boys and girls to sing to such a large and appreciative audience.

Three pupils entered for and were successful in passing pianoforte examinations in connection with the Royal Schools of Music.

Five pupils left the School in order to be admitted to the Royal Normal College for the Blind. Most of these will probably receive a commercial training.

Quite a number of the trainees left to commence as journeymen and journeywomen at the various workshops for the blind. One boy left our basket department in order to take up a telephony course at Torquay.

The Ministry of Labour has been in touch with me regarding the possibility of some of the senior boys having the opportunity of employment, after about one month's period of training, in a mouth organ factory on the local Trading Estate. The factory is hoping to start a few boys who are interested early in the new year. I am in favour of the blind working in open industry as it should give them a feeling of confidence.

We have again had a large number of important visitors, including the Minister of Education for Norway.

We were unfortunate enough to have five cases of scarlet fever early in the year. However, apart from this, the health of the School was quite good on the whole."

(d) *Maladjusted.*

The maladjusted pupil is defined as one "who shows evidence of emotional instability or psychological disturbance and requires special educational treatment in order to effect his social or emotional adjustment."

Inability to obtain the special staff needed for child guidance work has again prevented the establishment of child guidance clinics, but the necessity for such provision does not now arise to the same extent, as examinations of individual children are undertaken on behalf of the Authority at the Psychiatric Department of the Cardiff Royal Infirmary by Dr. T. J. Hennelly or one of his assistants.

Magistrates at juvenile courts attach an increasing importance to the psychiatric examination of delinquents. Many of these delinquents are educationally sub-normal children already known to the Department and are therefore not suitable to be dealt with at a child guidance clinic or in a hostel for maladjusted children. "The Lindens" Hostel at Penarth, which was used for the reception of maladjusted children among the war-time child evacuees, was still available for the reception of selected children requiring



treatment for conditions of emotional instability or psychological disturbance. The hostel has accommodation for 20 children who attend the local primary or secondary schools, and with the sympathetic help of the local school teaching staff, and the Matron and staff of the hostel, are encouraged to lead a normal life. The hostel is visited weekly by the Psychiatric Medical Officer, from whom I hope next year to obtain, for inclusion in my annual report, a statement on the results achieved in this work. Admissions to "The Lindens" are not restricted to Glamorgan children, although there are some war-time evacuees from other authorities whose continued retention is not in the best interests of the other children.

(e) *Epileptic Children.*

"... that is to say pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils, and require education in a Special School."

At the end of the year, the number of pupils classified as being within this designation was 22, an increase of two over the figure for the preceding year.

The apparent automatic rejection of applications made to voluntary agencies for places in special schools under their control, or alternatively, the expulsion of the "unsuitable" case fortunate enough to have secured admission for a temporary period, serve as constant reminders, if any were required, of the urgent need for more special school provision not only for the child likely to present no difficulties to the staff of a special school, but also for those whose associated mental state is such as to place great strain on the endurance of parents who look in vain for some measure of relief from the constant burden of caring for a child afflicted with this condition.

(f) *Diabetic Pupils.*

"... that is to say pupils suffering from diabetes, who cannot obtain the treatment they need while living at home, and require residential care."

The free issue of insulin under the treatment scheme of the Education Authority ceased on the 4th July, 1948. Shortly before that date a sufficient supply was issued to meet the estimated needs of the pupils until their parents had had an opportunity of carrying out the special instructions they had received from the Department informing them how further supplies could be obtained under the arrangements of the National Health Service. Although the provision of insulin to school children had only been in operation since 1943, it proved a boon to parents who would have otherwise been unable to obtain supplies without enduring a considerable financial burden.

(g) *Speech Defects.*

The limited Speech Therapy Service instituted in 1947 was extended towards the end of 1948 by the appointment of an additional part-time officer. The area covered by the two officers now engaged in this work is restricted to the South-East Glamorgan and Caerphilly and Gelligaer Divisions, speech therapy clinics being held at Cadoxton (Barry) and Ystrad Mynach. It is intended to establish a clinic at Pontypridd early in 1949. In the remainder of the County no special provision has been made to deal with the many children who should have an opportunity of treatment for those forms of defect for which speech therapy can usually provide a cure. Attempts are being made to recruit additional officers, but the annual number of speech therapy students who qualify is comparatively so few and unlikely to meet the demands of the School Health Service generally, that I do not anticipate that the authorised establishment of six speech therapists for the County will be reached for some years.



The service commenced in October, 1947, and at the end of that year it was pleasing to report that no children had been discharged because of failure to attend for treatment. A different story is revealed by the end of 1948, and the figures shown in the following report of the Speech Therapist indicate many instances of parental failure to co-operate in a form of treatment which demands the utmost perseverance and patience if satisfactory results are to be obtained :—

"During 1948, a total of 175 children have been attending the Speech Therapy Clinics in Barry and Ystrad Mynach. Twenty-six children have been discharged with normal speech and 12 more attained a standard of speech which was nearly normal. The majority of cases still requiring treatment are making satisfactory progress, although many will need months or even years of treatment to complete a cure.

There have been a total of 79 cases of defective articulation ; 71 cases of stammering ; 14 cases of cleft palate ; seven cases of deafness ; and four cases of a speech defect resulting from a low mental ability. The 14 cases of cleft palate have been divided up as follows :

- Five receiving treatment following an operation ;
- Three receiving treatment having been fitted with an obturator ;
- Four are awaiting an operation ;
- Two have a type of cleft not suitable for an operation or an obturator.

Owing to a long waiting list of cases for plastic surgery, many children suffering from cleft palate are not having early operations, so that the prognosis of normal speech is lessened.

One example of a successful early operation is shown in the case of a boy of four who had an operation for a cleft of the soft palate at the age of three. After 10 months of regular treatment in the clinic and practice at home, he is now speaking normally with no trace of nasal speech or defective articulation. The children receiving treatment after a later operation and those fitted with an obturator are making slower progress.

The most unfortunate children seen in the clinic are those suffering from deafness. They have been given a course of treatment, but they have shown little improvement. Every effort is being made to persuade the parents to send their children to a school where they can receive daily attention from qualified teachers of the deaf, who have the necessary time and equipment to help them.

Throughout the year the attendance at both clinics has varied considerably. This is largely due to the length of time required to complete the treatment and the distance many children have to travel. It is particularly difficult for the children who are working for examinations to spare the time in spite of the fact that every effort is made to fit in the time of treatment with the least important lessons in the school time-table.

One half-day a week has been spent in visiting the schools and homes of the children. This has been most useful in providing closer contact with teachers and parents.

At the beginning of the autumn term, the Speech Clinic in Barry moved from a schoolroom to a clinic in Cadoxton, which is far more satisfactory, and has additional space.

In November, Mrs. Meade, a speech therapist with much experience, was appointed part-time to work in the Cadoxton (Barry) Clinic.

At the end of the year there was a waiting list at both clinics, and the prospect of a survey being carried out in Pontypridd with a view to setting up a clinic in that area."



## SPEECH THERAPY.

*Analysis of Work.*

Total number of individual school cases seen at clinic .. .. .	175
Total number of school cases seen at County Hall .. .. .	4
Total number of attendances made at clinics .. .. .	2,361
Number of cases discharged .. .. .	93
Number of current cases at 31st December, 1948 .. .. .	111
Total number of cases remaining on waiting list .. .. .	57
Number of children requiring surgical treatment before speech therapy ..	2
Number of children under observation (immediate treatment not necessary) ..	11

*Analysis of Discharged Cases.**(a) Non-Treatment Cases.*

(i) Treatment not considered necessary .. .. .	9
(ii) Referrals elsewhere .. .. .	1
(iii) Failed to attend after diagnosis .. .. .	19
<b>Total .. .. .</b>	<b>29</b>

*(b) Treatment Cases.*

## 1. Treatment discontinued for various reasons :

(i) Poor attendance .. .. .	6
(ii) Low I.Q. (ranges M.D.—borderline) .. .. .	1
(iii) Left district .. .. .	4
(iv) Lack of parental co-operation .. .. .	4
(v) Left school .. .. .	11
2. Discharged—speech improved .. .. .	12
3. Discharged—speech normal (cured) .. .. .	26

**Total .. .. .** **64**

*General Progress of Cases.*

Much improved .. .. .	54
Satisfactory progress .. .. .	44
Little improvement .. .. .	13

*Table of Symptoms of Cases seen at Clinics.*

Stammering .. .. .	71
Dyslalia .. .. .	63
Cleft palate .. .. .	14
Lateral "S" .. .. .	11
Interdental "S" .. .. .	5
Deafness .. .. .	7
Low I.Q. .. .. .	4
Speech disorders due to deafness .. .. .	4

*Table of Symptoms of Cases seen at County Hall.*

Stammering .. .. .	2
Speech disorders due to deafness .. .. .	1
Dysarthria .. .. .	1



(h) *Physically Handicapped.*

This category is defined as including "those pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development." Ascertainment of children in this group proceeded during the year and the return on pages 48 to 52 (Table III) shows that of the 378 pupils classified as physically handicapped, only 159 are in attendance at maintained primary or secondary schools and 84 in special schools, the remainder—135—being not in attendance. Children of school age suffering from tuberculosis are usually brought under the care of the Tuberculosis Division of the Regional Hospital Board and, where necessary, are treated in one of the special hospitals available for their treatment and where education is given during their stay. Children suffering from rheumatism are still eligible for admission to the Rheumatic Hospital at Sandbrook House, Merthyr Tydfil, although admission is no longer arranged directly by my Department as Sandbrook House has been transferred to the Regional Hospital Board and admissions are arranged via the family doctor and the Hospital Management Committee.

Lack of special accommodation for the physically handicapped children within the County has deprived many a bright child of educational opportunities as there is little possibility of finding vacancies in the few special schools that are available throughout the country. In a few instances, the Ministry of Education has approved home tuition for certain pupils whose admission to a special school could not be arranged or where considerable delay was likely to occur before admission. On the 31st December, 1948, seven physically handicapped children were receiving home tuition, and although this could never be a satisfactory substitute for the special educational treatment recommended, the daily hour's instruction given at home has brought interest and happiness into the lives of these children, some of whom, because of the severity of their defect, had never been to school.

(i) *Delicate Pupils.*

These are defined as "pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school."

The only special provision for these children in the County is at the Aberdare Open-Air School where there are 34 delicate pupils in attendance.

The classification of delicate children is not a simple matter, and it is not easy for the examining medical officer during a routine or special examination to differentiate between the physically handicapped and the delicate or between the delicate child and the child who, although of poor appearance, may be quite healthy. Due largely to school milk and school dinners, the numbers of delicate children are less than they might have been without such health giving benefits.

## 8. DENTAL INSPECTION AND TREATMENT.

*Report of John Young, Esq., L.D.S., Senior Dental Officer.*

At the beginning of the year 1948, our dental staff, excluding the Rhondda Excepted Area, consisted of 15 whole-time dental officers and two part-time officers. Three new officers were appointed during the year, but I regret to report that seven officers left our service, most of them for the attractions of private practice under the National Health Service Act. Three of these officers still give us part-time service. Our numerical strength at the beginning of the year, although still very much below the authorised establishment, was better than for some years, and it was hoped that additional recruits would be secured as the year passed.



Our new strength was utilised for the most part in giving additional time to certain populous areas such as Maesteg and Bargoed. I have mentioned the needs of these areas in former reports, and it was gratifying that these temporary improvements were possible. During the year, services were maintained at 40 centres, including the Gower group of schools, and routine inspections and treatment followed upon lines laid down in the past with certain improvements.

During the year 53,167 children were inspected and 34,193 were found to require treatment, 20,845 were actually treated or re-treated, and 59,094 attendances were recorded. 35,625 temporary and 5,143 permanent teeth were extracted, a total of 40,768 extractions. 7,794 fillings were inserted into temporary teeth and 15,397 fillings were inserted into permanent teeth, a total of 23,191. 13,865 other operations were recorded and 6,457 administrations of nitrous oxide and oxygen were given at gas centres for dental extractions.

Up to the 5th July, 1948, the dental staff performed dental work for patients referred by other committees of the County Council, such as social welfare patients, police officers, and others. The dental needs of the Maternity and Child Welfare Service had been undertaken on behalf of many County districts on an agency basis up to the 5th July, 1948, after which date it became a priority service for which the County Council as Local Health Authority became responsible. I mention these facts as a reminder that the dental officers' time was not wholly devoted to the treatment of school children.

Up to the present it has not been possible to carry out a complete inspection of all school children, as the number of cases awaiting treatment is very high, and primary needs are for operative treatment. Since the implementation of the National Health Service Act, when the population of the whole country hastened to seek its services, the number of applications for treatment under the School Service has also increased.

The total number of extractions shows an increase of 6,693 over last year's figure. I think this is still the result of curtailed service during the past years, plus awakened parental interest in dentition. The improved conservation figure, an increase of 2,947 over last year's figure, is a matter for greater satisfaction since conservation is one of our foremost principles. The figure for other operations is high, and I believe the explanation is that a large number of dressings and other palliative measures were necessary after the 5th July pending routine appointments for the increased number of cases applying for treatment. I think it is inevitable that this should have happened for, as with the private practitioner service, large numbers have sought emergency treatment.

The orthodontic service has operated in a satisfactory manner. As I reported formerly, our previous years have been experimental, and at the beginning of 1948 it was decided that the number of cases undertaken by each officer should be limited because, unfortunately, these cases make considerable inroads into an officer's time. The arranged quota was 40 approved cases per officer in the year. I think it is satisfactory to report that cases have been so carefully selected that most officers have remained well within their quota. Several outstanding cures have been effected in this service and parents and patients have expressed their thanks to the officers concerned, who feel amply repaid by their successes. For their part, they have definitely become skilled in this frequently exasperating phase of children's dentistry. However, in view of the reduced number of dental officers, the large number of routine cases awaiting appointments and the time factor necessary for orthodontic work, a further reduction in the number of cases permissible will have to be considered.



The need of improvement in clinic premises is always to the fore in our planning, but with the restrictions upon building, it has been impossible to do anything in this direction, but I hope it will be possible to undertake something soon. I had the pleasure of conducting Dr. A. T. Wynne of the Ministry of Education on a three days' tour of our clinics. I endeavoured to introduce Dr. Wynne to as many assistant dental officers as possible, and to let him see all types of clinic premises; specially constructed buildings, buildings adapted for our use, hired premises, clinics on school premises. Dr. Wynne congratulated us upon some of our clinics and the manner in which they have been equipped, but he made adverse comment on some of the premises which have been adapted and some of the hired premises. Cymmer, in particular, he commented upon as being unsatisfactory. It is hoped that new premises will be available shortly at Gorseinon and Tre-Iltyd.

The Scheme of Divisional Administration has operated since the 5th July, 1948, and has functioned very well in spite of staffing and other difficulties. Dentists on the strength of one division often have to spend part of their time in adjoining divisions, particularly since December when four dental officers resigned, resulting in a drastic curtailment of services in the affected areas. It is a grave outlook since in the early part of 1949 we shall lose another two of our officers; this further threatens the service in areas which will be difficult to cater for unless additional staff is forthcoming. The Neath Division has a special problem. Until recently gas sessions have been held at West Glamorgan Hospital, but with the transfer of the hospital to the Regional Hospital Board, other arrangements may have to be made. I hope it will be found possible to adapt one or even two of the existing premises in the division for use as gas centres, as the lack of such a clinic is definitely an obstacle.

A summary of the figures of the Rhondda Excepted Area appears on page 55. The Excepted Area has been severely handicapped by the extreme shortage of staff for some considerable time, and improvements can only be achieved by the recruitment of additional officers.

I sincerely trust that the pending negotiations will result in an improved recruitment to the service.

## 9. INFECTIOUS DISEASE.

Fortunately there were no major outbreaks of epidemic illness particularly affecting school children during 1948, and there was no recurrence of the large scale attack of anterior poliomyelitis which was a disturbing feature of the previous year when 40 children, two of whom succumbed, were attacked by this disease. In 1948, the number of school children out of a total of 32 cases notified was only eight, and there was one fatal case.

The excellent efforts in past years of most of the County districts to maintain the campaign of immunisation against diphtheria is showing results in the reduced attack rate from this disease and in the reduction of deaths. The responsibility for diphtheria immunisation is placed upon the County Council as Local Health Authority under the National Health Service Act, 1946, and since the 5th July, 1948, general medical practitioners within the County have undertaken to participate in the scheme of immunisation, although the bulk of immunisations against diphtheria are done in clinic premises by the Council's own medical officers. Children who have previously been immunised are given reinforcing (boosting) injections at appropriate intervals, thus maintaining the level of immunity.

The investigations into the diphtheria carrier rate in certain schools, to which reference was made in last year's annual report, were completed by Dr. Scott Thomson of the Medical Research Laboratory. In over 10,000 specimens examined from school children the carrier rate of diphtheria bacilli was found to be 0.05 per cent. To quote the comments of Dr. Scott Thomson: "This is a very low incidence and it appears that carriers as well as cases are disappearing."



The prevalence, particularly in infant schools, of nasopharyngeal infections, common colds, and nasal discharges is again the subject of comment by Dr. D. J. Davies (Port Talbot and Glyncoirwg Division). These troublesome conditions are occasionally followed by more serious infections, and are the cause of considerable absence in all departments.

#### *Infective Jaundice.*

During the months of October, November, and December, a number of cases of infective jaundice have occurred in the Cowbridge area, particularly affecting children attending Pontfaen Schools, mixed and infants.

Several visits were made to this school, and as far as can be ascertained there have been at least 22 actual cases showing signs of jaundice. The peak period was during November. There appears to have been some confusion as to the length of time these children should have been out of school, and consequently a letter was sent to all practitioners in the area advising them that the exclusion period is four weeks, and three weeks for contacts, under the regulations of the Education Committee.

From enquiries made in the neighbouring schools, it would appear that only a few cases had occurred.

#### 10. PULMONARY TUBERCULOSIS.

The mass radiography of secondary school pupils which was undertaken in 1947 was not continued during last year. It is doubtful whether, with the calls on the unit for the mass X-ray of adults who are likely to provide a more fruitful field for discovery of early cases of tuberculosis, the time and work expended on the X-ray of large numbers of school children is justified by the immediate results. School children who are members of a household where a case of tuberculosis has occurred are always examined as contacts and are kept under supervision for as long as may be necessary by the chest physicians of the Tuberculosis Division of the Regional Hospital Board.



# GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

## OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICE DURING THE YEAR 1948.

The number of pupils on the registers in the maintained schools in the Rhondda Urban District amounted to 20,784 at the end of 1948; of these 13,486 attended the primary schools, 290 were on the registers of the two nursery schools, which provide for children in the age group two to seven years, and 7,008 were in the secondary schools (grammar, modern, and technical). The number of children under five years attending the primary schools in the district amounted to 2,844.

### *Medical Inspection.*

During the year 5,357 pupils were medically inspected in the code groups, of whom 2,513 were in the entrant group, 1,608, in the second age group, and 1,236 in the third age group. The number of children examined as "specials" amounted to 1,806 and the number of re-inspections was 7,598. The total number of medical examinations carried out in the schools during the year amounted to 14,761.

### FINDINGS OF MEDICAL INSPECTION.

#### *General Condition of Pupils.*

The assessment of the general condition of the pupils made during the year was largely based on their nutritional state and their general state of fitness.

The appended table gives the classification of the nutritional condition of pupils examined in the code groups during the years 1938 to 1946 inclusive, on the system which was applicable during those years, i.e. "excellent," "normal," "slightly subnormal," and "bad" categories, whilst for 1947 and 1948 the amended classification, i.e. "good," "fair," and "poor" has been substituted. In regard to the 1947 classification, those children who were in previous years regarded as being "excellent" or "normal" were allotted to the "good" category, whilst in the 1948 classification the children who were previously regarded as "excellent" and a proportion of the children who would probably have been classified as "normal" have been allotted to the "good" category; the "fair" category includes the remaining proportion of the children who would previously have been classified as "normal" and some children who were on the border-line between "normal" and "slightly subnormal" whilst the "poor" category includes those children who would have been considered to be definitely "subnormal" or "bad."

Having regard to the altered classification, it is difficult to make a statistical comparison of the state of nutrition of the school population in 1948 as compared with previous years, but the opinions expressed by the assistant medical officers indicate that the nutritional condition of the children was well maintained during the year under review.

Amongst the 101 children who were classified as being in a "poor" general condition the majority had been receiving nourishment in school either as meals and milk, meals only, or milk only, whilst the medical records showed that a large proportion suffered from various defects such as carious teeth, chest disease, chronic tonsillitis and adenoids, the results of faulty feeding in infancy, etc., and others had been brought up under poor home conditions or lacked parental care as shown by uncleanliness of the head, body, or clothing.



## CLASSIFICATION OF NUTRITION AND GENERAL CONDITION OF PUPILS, 1938-1948.

Year.	Number of children inspected in code groups.	A Excellent Nutrition. per cent.	B Normal Nutrition. per cent.	C Slightly Subnormal Nutrition. per cent.	D Bad Nutrition. per cent.
1938	7,331	11.6	74.2	13.8	0.4
1939	3,473	9.0	73.8	16.6	0.6
1940	5,563	11.2	68.7	19.0	1.1
1941	5,046	11.5	69.7	18.2	0.6
1942	7,318	15.3	68.2	16.2	0.3
1943	3,531	11.7	72.2	15.8	0.3
1944	4,479	15.0	69.9	14.9	0.2
1945	4,634	24.5	60.9	14.2	0.4
1946	8,233	24.8	65.5	9.4	0.3
		Good		Fair	Poor
1947	4,164	89.7		9.8	0.5
		Good	Fair	Poor	
1948	5,357	65.0	33.1	1.9	

## SCHOOL MEALS, ETC.

Year.	Dinners or Mid-day Meals.	Milk Meals.
1938	66,752	2,087,602
1939	29,307	1,502,417
1940	19,808	1,553,508
1941	20,204	1,674,032
1942	78,534	1,082,365
1943	554,160	1,518,645
1944	1,782,571	4,372,656
1945	2,072,844	3,693,090
1946	1,937,703	3,598,594
1947	1,819,136	3,022,768
1948	1,899,554	3,316,971

*Scabies and Impetigo.* There was a reduction in the incidence of scabies to 0.35 per cent as compared with 1.1 per cent in the previous year, and likewise a slight decrease in the incidence of impetigo to 0.34 per cent as compared with 0.4 per cent in the previous year. These diseases continue to be more prevalent in the district than in pre-war years.

*Defective Vision* amounting to 6/12 or less was found amongst 6.6 per cent of all the children examined in the code groups; among children examined in the second and third age groups the incidence, however, was 12.1 per cent.



*Enlarged Tonsils and Adenoids.* The proportion of children in the age groups recommended for treatment for enlarged tonsils and for adenoids was 3·2 per cent, and a further 19·7 per cent were considered as needing to be kept under observation for these conditions.

*Heart and Circulation.* Of the 128 children found to be requiring treatment in this group of diseases 16 were diagnosed as suffering from organic heart disease, 110 were regarded as suffering from anaemia, and the remaining two children were diagnosed as suffering from functional heart disease.

*Lungs.* In regard to lung affections, bronchitis appeared to be fairly prevalent ; 126 or 2·3 per cent in the age groups were recommended for treatment for this condition.

*Orthopaedic.* The commonest orthopaedic defects were defective posture and flat foot and these were most prevalent amongst girls.

#### TREATMENT.

*Minor Ailments.* The treatment of minor ailments was undertaken at the five clinics situated at Ynyswen ; Trafalgar Terrace, Ystrad ; Carnegie Centre, Treallaw ; Ynys Villas, Ynyshir ; and Oakland Terrace, Ferndale, respectively ; and the numbers of attendances were as follows :—

	Attendances.				
Ringworm—head .. .. .	..	..	..	..	42
Ringworm—body .. .. .	..	..	..	..	124
Scabies .. .. .	..	..	..	..	750
Impetigo .. .. .	..	..	..	..	807
Other skin diseases .. .. .	..	..	..	..	787
Eye defects .. .. .	..	..	..	..	119
Ear defects .. .. .	..	..	..	..	182
Other minor ailments .. .. .	..	..	..	..	441
Uncleanliness—head .. .. .	..	..	..	..	53
Uncleanliness—body .. .. .	..	..	..	..	—
Total .. .. .	..	..	..	..	<u>3,305</u>

As compared with the corresponding figures for the previous year, the number of attendances for the treatment of scabies was reduced to nearly one-half ; there was also a considerable reduction in the number of attendances for the treatment of impetigo. Parents, however, took advantage of the facilities provided at the clinics for the treatment of other conditions amongst school children ; for instance, the number of attendances for treatment of skin diseases other than impetigo or scabies was nearly double that recorded in the previous year.

*Defective Vision and Squint.* There were 1,339 children examined at the school clinics in order to ascertain errors of refraction, and prescriptions for glasses were given in 1,100 instances.

*Chronic Tonsillitis and Adenoids.* The number of children operated upon for these conditions in various hospitals, in accordance with the arrangements of the Education Authority up to the 5th July, when the Hospital Service was taken over by the Regional Hospital Board, was 115 ; the numbers operated upon at the Treherbert, Pentwyn, and East Glamorgan Hospitals, were 41, 67, and 7, respectively.



*Orthopaedic Treatment.* Mr. Rocyn Jones, Consulting Orthopaedic Surgeon, examined 74 children for the first time, and re-examined 74 children at the Carnegie Welfare Centre. The principal conditions on account of which the children were referred for primary examination were as follows:—

Talipes .. .. .	2
Spinal curvature .. .. .	3
Paralysis .. .. .	2
Genu valgum or varum .. .. .	14
Perthe's disease .. .. .	1
Pes valgus .. .. .	25
Pes cavus .. .. .	4
Torticollis .. .. .	1
Other defects .. .. .	22
	<hr/>
	74
	<hr/>

Nine children were admitted to the Prince of Wales Hospital, Cardiff, for in-patient treatment, on the recommendation of the Orthopaedic Surgeon.

The Superintendent Physiotherapist of the Rheumatic Clinic at the Carnegie Welfare Centre, Trealaw, was able to devote a small portion of her time to the treatment of children of school age, and the following is a summary of the work done by her in the interest of the school children:—

Attendances at clinic for remedial exercises ..	495
Attendances at clinic for electrical treatment ..	395
Attendances at clinic for light therapy .. ..	68
Attendances at clinic for massage .. .. .	172
Boots adjusted or repaired .. .. .	100
Splints provided .. .. .	5
Plasters applied .. .. .	16
Appliances provided .. .. .	18
Appliances altered or repaired .. .. .	15
Plasters removed .. .. .	19

*Hospital Treatment.* In addition to the hospital treatment provided in accordance with the Authority's special schemes relating to chronic tonsillitis and adenoids, visual defects and orthopaedic conditions, arrangements were made for the treatment of various other defects by the reference of the cases to hospitals as summarised below. After the 5th of July, the treatment of school children in hospitals was undertaken by the Regional Hospital Board in accordance with the National Health Service Act, 1946:—

<i>Hospital.</i>	<i>Referred by</i>		<i>Total Cases.</i>
	<i>School Health Service.</i>	<i>Medical Attendants (Emergencies).</i>	
Treherbert .. .. .	—	71	71
Llwynypia .. .. .	67	130	197
Porth and District .. .. .	—	428	428
East Glamorgan (Church Village) .. .. .	6	105	111
Pentwyn .. .. .	—	1	1
Cardiff Royal Infirmary .. .. .	13	106	119
Pontypridd and District .. .. .	—	3	3
	<hr/>	<hr/>	<hr/>
	86	844	930
	<hr/>	<hr/>	<hr/>



*Dental Inspection and Treatment.* During 1948 the dental treatment of school children was seriously reduced owing to the lack of dental staff. Only 1,910 children were subjected to routine inspection in the schools and 3,982 were examined as "specials" in the schools or clinics. The number of children actually treated during the year was 4,710 and nitrous oxide anaesthesia was administered on 3,831 occasions. Orthodontic appliances were provided for 30 children.

*Miscellaneous Work.* The following miscellaneous work was undertaken by the School Medical Staff during the year :—

I. *Examinations at Clinics.*

For persistent non-attendance at school .. .. .	96
Referred by local magistrates .. .. .	14
Referred by head teachers .. .. .	643
Referred by School Medical staff .. .. .	237
Re-examinations of above cases .. .. .	493
Children for employment in entertainments .. .. .	8
Boarded out children primary examinations .. .. .	13
Boarded out children re-examinations .. .. .	59

II. *Examinations at Schools.*

Selection of children for school holiday camps .. .. .	1,078
	<hr/>
	2,641
	<hr/>

### CONCLUSIONS.

The School Health Service in the district as at present constituted provides a fairly adequate system for the medical inspection of school children, but it is suggested that the following matters should receive consideration :—

(a) The staff of the School Dental Services in the district requires urgent replenishment ;

(b) The ascertainment of handicapped children, particularly of those who are educationally sub-normal or physically defective, and the provision of suitable educational facilities for such children, are incomplete.

As a result of the coming into operation of the National Health Service Act, 1946, it appears that the "following-up" of defects discovered at medical inspections will have to be intensified and carried out with greater persistence in the future.



1948.

## STATISTICAL TABLES.

TABLE I.

MEDICAL INSPECTION OF CHILDREN ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in Prescribed Groups :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. .. .	1,638	1,549	1,722	1,127	1,681	1,366	2,125	1,984	2,513	15,705
Second Age Group .. .	592	1,083	1,317	939	942	755	1,881	961	1,608	10,078
Third Age Group .. .	395	1,277	722	882	1,011	592	1,230	948	1,236	8,293
Total .. .. .	2,625	3,909	3,761	2,948	3,634	2,713	5,236	3,893	5,357	34,076
Bridgend Blind School ..	—	—	91	—	—	—	—	—	—	91
Total .. .. .	2,625	3,909	3,852	2,948	3,634	2,713	5,236	3,893	5,357	34,167

## B.—OTHER INSPECTIONS.

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Special Inspections .. .	721	794	838	506	1,059	615	1,117	487	1,806	7,943
Re-inspections .. .	1,166	2,305	2,011	2,513	2,139	1,793	3,176	2,924	7,598	25,625
Total .. .. .	1,887	3,099	2,849	3,019	3,198	2,408	4,293	3,411	9,404	33,568

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

(i) For Defective Vision (excluding Squint) :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. .. .	11	23	39	17	12	14	49	9	11	185
Second Age Group .. .	47	81	68	57	46	57	215	73	204	848
Third Age Group .. .	14	121	52	39	60	55	118	53	139	651
Total .. .. .	72	225	159	113	118	126	382	135	354	1,684
Bridgend Blind School ..	—	—	8	—	—	—	—	—	—	8
Total .. .. .	72	225	167	113	118	126	382	135	354	1,692



TABLE I.C.—CHILDREN FOUND TO REQUIRE TREATMENT (*cont.*).

(ii) For all Other Conditions Recorded in Table IIA :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Intrants .. .. .	115	240	198	58	312	230	263	270	528	2,214
Second Age Group .. .. .	25	98	100	46	83	86	162	68	279	947
Third Age Group .. .. .	13	158	45	40	54	41	112	67	194	724
Total .. .. .	153	496	343	144	449	357	537	405	1,001	3,885
Tridgend Blind School .. .. .	—	—	11	—	—	—	—	—	—	11
Total .. .. .	153	496	354	144	449	357	537	405	1,001	3,896

(iii) Total Number of Individual Children Requiring Treatment :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Intrants .. .. .	124	258	235	73	323	240	306	260	534	2,353
Second Age Group .. .. .	65	171	167	96	125	135	354	136	461	1,710
Third Age Group .. .. .	22	253	93	88	111	83	220	102	310	1,282
Total .. .. .	211	682	495	257	559	458	880	498	1,305	5,345
Tridgend Blind School .. .. .	—	—	17	—	—	—	—	—	—	17
Total .. .. .	211	682	512	257	559	458	880	498	1,305	5,362



TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1948.

(i) Routine Inspections—Number of Defects requiring Treatment :—

Defect or Disease.	Aberdare.	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin .. .. .	15	28	3	22	5	15	14	11	116	229
Eyes—(a) Vision .. ..	72	225	167	113	118	126	382	135	354	1,692
(b) Squint .. ..	7	12	17	12	25	48	37	36	53	247
(c) Other .. ..	8	10	19	16	6	13	13	24	46	155
Ears—(a) Hearing .. ..	1	4	4	4	4	2	4	1	24	48
(b) Otitis Media ..	5	—	5	3	1	5	2	2	13	36
(c) Other .. ..	13	8	9	3	5	7	3	6	6	60
Nose or Throat .. ..	57	186	128	103	148	89	97	169	173	1,150
Speech .. .. .	3	17	4	4	6	—	15	1	22	72
Cervical Glands .. ..	1	7	16	3	2	5	6	9	84	133
Heart and Circulation ..	3	10	17	5	19	4	11	13	128	210
Lungs .. .. .	6	38	16	14	31	16	25	24	141	311
Developmental—(a) Hernia ..	—	2	3	3	1	2	6	2	5	24
(b) Other .. ..	1	2	—	3	4	2	3	4	76	95
Orthopaedic—(a) Posture ..	9	34	17	17	105	31	96	36	117	462
(b) Flat Foot .. ..	11	115	36	22	37	53	173	29	84	560
(c) Other .. ..	29	59	58	31	69	66	33	32	80	457
Nervous System—(a) Epilepsy ..	—	1	—	1	2	1	1	—	1	7
(b) Other .. ..	—	—	—	3	6	1	—	1	10	21
Psychological—										
(a) Development .. ..	—	4	13	6	7	2	5	3	6	46
(b) Stability .. ..	—	—	—	—	—	—	1	—	—	1
Other Defects and Diseases ..	4	14	37	12	37	16	17	15	37	189
Totals .. .. .	245	776	569	400	638	504	944	553	1,576	6,205



TABLE II.A. (i).—ROUTINE INSPECTIONS (*cont.*).

Number of Defects requiring to be kept under Observation, but not requiring Treatment :—

Defect or Disease.	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total.
Skin .. .. .	9	38	5	5	3	9	17	16	55	157
Eyes—(a) Vision .. ..	10	91	—	—	16	18	77	6	158	376
(b) Squint .. ..	6	17	5	—	1	4	10	9	29	81
(c) Other .. ..	1	15	1	3	2	3	22	23	27	97
Ears—(a) Hearing .. ..	3	10	11	3	5	5	12	5	4	58
(b) Otitis Media ..	2	6	1	1	—	2	5	—	6	23
(c) Other .. ..	8	22	6	4	1	12	7	14	3	77
Nose or Throat .. ..	264	738	209	193	352	270	523	393	1,055	3,997
Speech .. .. .	7	15	7	5	12	15	17	3	27	108
Cervical Glands .. ..	22	269	112	16	52	84	124	126	1,137	1,942
Heart and Circulation ..	63	123	42	25	27	32	120	92	315	839
Lungs .. .. .	80	122	26	25	18	49	69	103	87	579
Developmental—(a) Hernia ..	1	11	—	1	1	6	16	5	8	49
(b) Other .. ..	7	24	2	—	7	7	19	7	161	234
Orthopaedic—(a) Posture ..	6	18	4	—	71	27	62	23	21	232
(b) Flat Foot .. ..	—	45	11	3	14	11	84	9	93	270
(c) Other .. ..	37	37	23	7	53	22	22	21	85	307
Nervous System—(a) Epilepsy	4	3	1	1	2	—	3	1	—	15
(b) Other .. ..	7	7	—	6	1	3	10	1	10	45
Psychological—										
(a) Development .. ..	—	3	9	3	3	8	8	5	13	52
(b) Stability .. ..	—	—	—	—	—	—	2	1	5	8
Other Defects and Diseases ..	63	63	36	4	84	44	56	35	78	463
Totals .. .. .	600	1,677	511	305	725	631	1,285	898	3,377	10,009



TABLE II.A.—(cont.).

## (ii) Special Inspections—Number of Defects requiring Treatment :—

Defect or Disease	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin .. .. .	5	9	5	7	4	8	10	6	20	74
Eyes—(a) Vision .. ..	71	25	16	10	84	4	128	8	138	484
(b) Squint .. ..	1	2	—	2	4	2	7	—	8	26
(c) Other .. ..	9	4	1	2	7	3	9	1	17	53
Ears—(a) Hearing .. ..	6	2	6	4	9	3	5	1	9	45
(b) Otitis Media ..	4	2	1	4	2	5	3	—	13	34
(c) Other .. ..	8	3	—	2	4	6	—	1	9	33
Nose or Throat .. ..	237	243	207	150	273	165	282	136	98	1,791
Speech .. .. .	4	9	3	4	3	—	4	1	37	65
Cervical Glands .. ..	1	3	—	1	4	—	1	2	48	60
Heart and Circulation ..	21	8	15	4	35	3	6	8	33	133
Lungs .. .. .	14	33	11	17	25	12	18	10	8	148
Developmental—(a) Hernia ..	—	2	1	2	1	2	—	—	—	8
(b) Other .. ..	2	4	—	3	3	3	4	—	12	31
Orthopaedic—(a) Posture ..	16	6	3	11	8	16	13	2	22	97
(b) Flat Foot .. ..	9	—	1	8	10	2	15	3	5	53
(c) Other .. ..	4	4	3	6	15	12	5	—	18	67
Nervous System—(a) Epilepsy	6	7	4	1	1	3	1	—	3	26
(b) Other .. ..	2	—	—	—	2	2	—	7	7	20
Psychological—										
(a) Development .. ..	27	19	49	38	64	15	27	30	6	275
(b) Stability .. ..	—	1	7	2	3	1	4	15	—	33
Other Defects and Diseases ..	26	11	27	15	59	13	7	8	9	175
Totals .. .. .	473	397	360	293	620	280	549	239	520	3,731



TABLE II.A. (ii).—SPECIAL INSPECTIONS (*cont.*).

Number of Defects requiring to be kept under Observation, but not requiring Treatment :—

Defect or Disease	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin .. .. .	1	3	3	—	4	16	—	2	2	31
Eyes—(a) Vision .. ..	1	1	3	—	—	—	6	—	17	28
(b) Squint .. .. .	—	—	—	—	—	2	—	—	1	3
(c) Other .. .. .	2	4	3	1	—	3	1	1	3	18
Ears—(a) Hearing .. ..	—	5	4	2	5	4	5	8	—	33
(b) Otitis Media .. ..	—	2	3	1	—	3	4	1	—	14
(c) Other .. .. .	2	3	2	3	—	3	2	1	3	19
Nose or Throat .. ..	34	171	109	55	104	139	263	99	77	1,051
Speech .. .. .	1	7	3	3	7	—	3	2	4	30
Cervical Glands .. ..	1	20	16	2	8	20	13	9	103	192
Heart and Circulation ..	23	39	23	9	47	21	16	13	32	223
Lungs .. .. .	23	29	22	10	16	44	8	22	11	185
Developmental—(a) Hernia ..	—	2	2	1	1	2	1	—	2	11
(b) Other .. .. .	1	1	—	—	2	4	1	1	14	24
Orthopaedic—(a) Posture ..	—	3	2	2	2	2	1	—	8	20
(b) Flat Foot .. ..	—	—	1	1	3	1	1	—	2	9
(c) Other .. .. .	2	2	1	—	3	5	—	1	9	23
Nervous System—(a) Epilepsy ..	—	5	1	2	2	7	3	3	2	25
(b) Other .. .. .	1	3	2	—	—	8	5	8	11	38
Psychological—										
(a) Development .. ..	14	6	9	5	22	14	8	8	8	94
(b) Stability .. .. .	—	—	—	2	—	1	—	12	7	22
Other Defects and Diseases ..	20	18	14	2	30	24	12	5	18	143
Totals .. .. .	126	324	223	101	256	323	353	196	334	2,236



TABLE II.  
B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN ROUTINE AGE GROUPS.

## (i) Entrants :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhonddda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	921	56.23	639	41.25	481	27.93	806	71.51	741	44.08	371	27.16	1,230	57.88	849	42.79	1,760	70.04	7,798	49.65
B—Fair ..	696	42.49	860	55.52	1,160	67.36	312	27.68	875	52.05	922	67.50	875	41.18	1,088	54.84	705	28.05	7,493	47.71
C—Poor ..	21	1.28	50	3.23	81	4.71	9	0.81	65	3.87	73	5.34	20	0.94	47	2.37	48	1.91	414	2.64
Total ..	1,638		1,549		1,722		1,127		1,681		1,336		2,125		1,984		2,513		15,705	

## (ii) Second Age Group.

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhonddda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	354	59.80	565	52.17	453	34.40	370	39.40	384	40.76	179	23.71	944	50.18	338	35.18	922	57.34	4,509	44.74
B—Fair ..	230	38.85	466	43.03	795	60.36	559	59.53	509	54.03	520	68.87	878	46.68	596	62.02	646	40.17	5,199	51.59
C—Poor ..	8	1.35	52	4.80	69	5.24	10	1.07	49	5.21	56	7.42	59	3.14	27	2.80	40	2.49	370	3.67
Total ..	592		1,083		1,317		939		942		755		1,881		961		1,608		10,078	

## (iii) Third Age Group :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhonddda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	228	57.72	700	54.82	219	30.33	601	68.14	396	39.17	169	28.55	471	38.29	375	39.56	801	64.81	3,960	47.75
B—Fair ..	157	39.75	549	43.99	486	67.31	279	31.63	568	56.18	394	66.55	728	59.19	555	58.54	422	34.14	4,138	49.90
C—Poor ..	10	2.53	28	2.19	17	2.36	2	0.23	47	4.65	29	4.90	31	2.52	18	1.90	13	1.05	195	2.35
Total ..	395		1,277		722		882		1,011		592		1,230		948		1,236		8,293	



TABLE II.B.—CLASSIFICATION OF NUTRITION (*cont.*).  
(iv) Bridgend Blind School :—

	A—Good.		B—Fair.		C—Poor.		Total No. Inspected.
	No.	%	No.	%	No.	%	
	73	80.22	17	18.68	1	1.10	91

(v) Combined Age Groups and Bridgend Blind School :—

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	1,503	57.26	1,904	48.71	1,226	31.83	1,777	60.27	1,521	41.85	719	26.50	2,645	50.52	1,562	40.13	3,483	65.02	16,340	47.82
B—Fair ..	1,083	41.26	1,875	47.97	2,458	63.81	1,150	39.00	1,952	53.71	1,836	67.68	2,481	47.38	2,239	57.51	1,773	33.10	16,847	49.31
C—Poor ..	39	1.48	130	3.32	168	4.36	21	0.73	161	4.44	158	5.82	110	2.10	92	2.36	101	1.88	980	2.87
Total ..	2,625		3,909		3,852		2,948		3,634		2,713		5,236		3,893		5,357		34,167	



TABLE III.

## RETURN OF ALL HANDICAPPED PUPILS.

(i) Attending Special Schools:—

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. ..	3	5	2	4	—	1	2	2	2	21
B. Partially Sighted ..	5	2	2	6	1	1	2	1	3	23
C. Deaf .. ..	2	13	12	3	3	2	6	2	—	43
D. Partially Deaf .. ..	—	—	—	—	—	—	—	—	4	4
E. Delicate .. ..	51	3	1	1	—	2	1	2	—	61
F. Diabetic .. ..	—	—	—	—	—	—	—	—	—	—
G. Educationally Sub-Normal	49	1	4	1	16	—	20	1	2	94
H. Epileptic .. ..	—	—	—	—	—	—	1	—	1	2
I. Maladjusted .. ..	1	—	4	1	1	—	2	—	—	9
J. Physically Handicapped..	6	16	8	5	9	12	6	7	15	84
K. Speech Defect .. ..	—	—	—	—	—	—	—	—	—	—
L. *Multiple Defects—										
(i) .. ..	—	—	—	—	—	—	1	—	—	1
(ii) .. ..	—	—	—	—	—	—	—	—	1	1
(iii) .. ..	—	—	—	—	—	—	—	—	—	—
(iv) .. ..	—	—	—	—	—	—	—	—	—	—
(v) .. ..	16	—	—	—	—	—	—	—	—	16
(vi) .. ..	—	—	—	—	—	—	2	—	—	2
(vii) .. ..	—	—	—	—	—	—	—	—	—	—
(viii) .. ..	—	—	—	—	—	1	—	—	—	1
(ix) .. ..	—	—	—	—	—	—	—	—	—	—
(x) .. ..	—	—	—	—	—	—	—	—	—	—
(xi) .. ..	—	—	—	—	—	—	—	—	—	—
Total .. ..	133	40	33	21	30	19	43	15	28	362

\* For key see page 52.



TABLE III.—HANDICAPPED PUPILS (*cont.*).

(ii) Attending Maintained Primary and Secondary Schools :—

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. ..	—	—	—	—	—	—	1	—	—	1
B. Partially Sighted ..	—	—	—	—	—	—	—	—	14	14
C. Deaf .. ..	1	1	3	1	4	—	1	—	—	11
D. Partially Deaf .. ..	3	2	2	—	—	1	—	—	29	37
E. Delicate .. ..	7	8	30	6	3	5	12	9	425	505
F. Diabetic .. ..	—	—	—	—	—	—	—	—	2	2
G. Educationally Sub-Normal	21	50	96	36	77	26	59	37	88	490
H. Epileptic .. ..	1	3	1	1	1	1	—	—	8	16
I. Maladjusted .. ..	1	1	1	1	1	—	—	2	8	15
J. Physically Handicapped	3	13	13	11	12	7	8	2	90	159
K. Speech Defect .. ..	12	2	9	35	17	3	28	—	134	240
L. *Multiple Defects—										
(i) .. ..	—	—	—	—	—	—	—	—	—	—
(ii) .. ..	—	—	—	—	—	—	—	—	—	—
(iii) .. ..	—	—	1	—	—	—	—	—	—	1
(iv) .. ..	—	—	1	—	1	—	—	—	2	4
(v) .. ..	—	—	—	—	—	—	—	—	5	5
(vi) .. ..	—	—	—	1	—	—	—	—	—	1
(vii) .. ..	—	—	—	—	—	—	—	—	—	—
(viii) .. ..	—	2	—	2	—	—	—	—	2	6
(ix) .. ..	—	1	—	—	—	—	—	—	3	4
(x) .. ..	—	—	—	—	—	—	—	—	4	4
(xi) .. ..	—	—	—	—	—	—	—	—	1	1
Total .. ..	49	83	157	94	116	43	109	50	815	1,516

\* For key see page 52.



TABLE III.—HANDICAPPED PUPILS (*cont.*).  
(iii) Attending Independent Schools :—

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Tota
A. Blind .. ..	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. ..	—	—	—	—	—	—	—	1	—	1
D. Partially Deaf .. ..	—	—	—	—	—	—	3	—	—	3
E. Delicate .. ..	—	—	1	—	—	—	—	1	—	2
F. Diabetic .. ..	—	—	—	—	—	—	—	—	—	—
G. Educationally Sub-Normal	—	1	—	—	—	—	2	—	—	3
H. Epileptic .. ..	—	—	—	—	—	—	—	—	—	—
I. Maladjusted .. ..	—	—	—	—	—	—	—	—	—	—
J. Physically Handicapped	—	—	—	—	—	—	—	—	—	—
K. Speech Defect .. ..	—	—	—	—	—	—	—	—	—	—
L. *Multiple Defects—										
(i) .. ..	—	—	—	—	—	—	—	—	—	—
(ii) .. ..	—	—	—	—	—	—	—	—	—	—
(iii) .. ..	—	—	—	—	—	—	—	—	—	—
(iv) .. ..	—	—	—	—	—	—	—	—	—	—
(v) .. ..	—	—	—	—	—	—	—	—	—	—
(vi) .. ..	—	—	—	—	—	—	—	—	—	—
(vii) .. ..	—	—	—	—	—	—	—	—	—	—
(viii) .. ..	—	—	—	—	—	—	—	—	—	—
(ix) .. ..	—	—	—	—	—	—	—	—	—	—
(x) .. ..	—	—	—	—	—	—	—	—	—	—
(xi) .. ..	—	—	—	—	—	—	—	—	—	—
Total .. ..	—	1	1	—	—	—	5	2	—	—

\* For key see page 52.



TABLE III.—HANDICAPPED PUPILS (*cont.*).

(iv) Not at School:—

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind .. ..	—	—	—	—	—	2	—	—	1	3
Partially Sighted ..	—	1	—	—	—	—	—	—	—	1
Deaf .. ..	—	4	1	2	1	—	1	2	—	11
Partially Deaf .. ..	—	—	—	—	—	—	—	—	—	—
Delicate .. ..	—	5	13	2	1	—	10	9	—	40
Diabetic .. ..	—	—	—	—	—	—	—	—	—	—
Educationally Sub-Normal	1	2	—	1	1	5	—	1	—	11
Epileptic .. ..	1	—	—	—	1	—	—	2	—	4
Maladjusted .. ..	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	29	28	16	17	8	17	10	7	3	135
Speech Defect .. ..	—	—	—	1	—	1	—	—	—	2
*Multiple Defects—										
(i) .. ..	—	—	—	—	—	—	—	—	—	—
(ii) .. ..	—	—	—	—	—	—	—	—	—	—
(iii) .. ..	—	—	—	—	—	—	—	—	—	—
(iv) .. ..	—	—	—	—	—	—	—	—	—	—
(v) .. ..	—	—	—	—	—	—	—	—	—	—
(vi) .. ..	—	—	—	—	—	—	—	—	—	—
(vii) .. ..	—	—	—	—	—	—	—	—	—	—
(viii) .. ..	3	—	—	—	—	—	—	—	—	3
(ix) .. ..	—	—	—	—	—	3	1	—	—	4
(x) .. ..	—	—	—	—	—	—	—	—	—	—
(xi) .. ..	—	—	1	—	—	—	—	—	—	1
Total .. ..	34	40	31	23	12	28	22	21	4	215

\* For key see page 52.



TABLE III.—HANDICAPPED PUPILS (*cont.*).

(v) Total Number of Handicapped Pupils :—

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. ..	3	5	2	4	—	3	3	2	3	25
B. Partially Blind .. ..	5	3	2	6	1	1	2	1	17	38
C. Deaf .. ..	3	18	16	6	8	2	8	5	—	66
D. Partially Deaf .. ..	3	2	2	—	—	1	3	—	33	44
E. Delicate .. ..	58	16	45	9	4	7	23	21	425	608
F. Diabetic .. ..	—	—	—	—	—	—	—	—	2	2
G. Educationally Sub-Normal	71	54	100	38	94	31	81	39	90	598
H. Epileptic .. ..	2	3	1	1	2	1	1	2	9	22
I. Maladjusted .. ..	2	1	5	2	2	—	2	2	8	24
J. Physically Handicapped	38	57	37	33	29	36	24	16	108	378
K. Speech Defect .. ..	12	2	9	36	17	4	28	—	134	242
L. *Multiple Defects—										
(i) .. ..	—	—	—	—	—	—	1	—	—	1
(ii) .. ..	—	—	—	—	—	—	—	—	1	1
(iii) .. ..	—	—	1	—	—	—	—	—	—	1
(iv) .. ..	—	—	1	—	1	—	—	—	2	4
(v) .. ..	16	—	—	—	—	—	—	—	5	21
(vi) .. ..	—	—	—	1	—	—	—	—	—	1
(vii) .. ..	—	—	—	—	—	—	2	—	—	2
(viii) .. ..	3	2	—	2	—	—	—	—	2	9
(ix) .. ..	—	1	—	—	—	4	1	—	3	9
(x) .. ..	—	—	—	—	—	—	—	—	4	4
(xi) .. ..	—	—	1	—	—	—	—	—	1	2
Total .. ..	216	164	222	138	158	90	179	88	847	2,102

## KEY TO TABLE III.

## L. Multiple Defects—

- (i) Blind and Educationally Sub-Normal.
- (ii) Blind, Educationally Sub-Normal, and Physically Handicapped.
- (iii) Deaf and Educationally Sub-Normal.
- (iv) Partially Deaf, Educationally Sub-Normal and Speech Defect.
- (v) Delicate and Educationally Sub-Normal.
- (vi) Delicate and Speech Defect.
- (vii) Educationally Sub-Normal and Epileptic.
- (viii) Educationally Sub-Normal and Maladjusted.
- (ix) Educationally Sub-Normal and Physically Handicapped.
- (x) Educationally Sub-Normal and Speech Defect.
- (xi) Physically Handicapped and Speech Defect.



TABLE IV.  
TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VII).

Disease or Defect.	Number of Defects treated during the Year.									Total
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	
Skin—										
Ringworm—Scalp :										
(i) X-ray Treatment ..	—	4	—	1	6	—	2	1	—	14
(ii) Other Treatment ..	3	12	7	5	—	1	15	1	9	53
Ringworm—Body ..	22	10	9	15	3	4	36	—	40	139
Scabies ..	51	32	33	51	22	16	48	10	212	475
Impetigo ..	72	41	30	84	73	79	45	10	249	683
Other skin diseases ..	230	32	23	188	50	73	193	14	203	1,006
Minor Eye Defects (external and other, but excluding cases falling in Group II) ..	395	4	5	224	60	64	204	4	39	999
Minor Ear Defects ..	199	63	2	141	63	29	151	8	58	714
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.) ..	1,091	27	26	2,217	241	194	681	—	72	4,549
Total ..	2,063	225	135	2,926	518	460	1,375	48	882	8,632

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

Defect or Disease	Number of Pupils dealt with under the Authority's Scheme.									Total
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	
Errors of Refraction (including Squint) ..	748	1,636	1,731	908	1,158	873	1,449	1,251	1,339	11,093
Other Defects or Disease of the Eyes (excluding those recorded in Group I) ..	—	10	—	—	11	—	—	—	36	57
Total ..	748	1,646	1,731	908	1,169	873	1,449	1,251	1,375	11,150

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of children for whom spectacles were—										
(a) Prescribed ..	524	749	728	331	571	527	537	459	1,100	5,526
(b) Known to have been obtained ..	225	383	463	25	200	527	329	21	484	2,657



TABLE IV.—TREATMENT TABLE (*cont.*).

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

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Number of Pupils known to have received—										
(i) Operative Treatment—										
(a) For adenoids and chronic tonsillitis ..	157	65	456	124	108	254	Not available.	151	115	1,430
(b) For other nose and throat conditions ..	—	—	42	—	—	—		—	—	42
(ii) Other Forms of Treatment .. .. .	—	3	—	—	—	—		2	—	5
Total No. Treated ..	157	68	498	124	108	254		153	115	1,477

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Number of children treated—										
(i) Residential treatment with education ..	—	2	3	1	2	3	1	—	9	21
(ii) Residential treatment without education ..	1	6	14	1	7	12	—	2	—	43
(iii) Non-residential treatment at an Orthopaedic Clinic .. .. .	481	308	409	276	439	272	344	231	225	2,985
Total No. Treated ..	482	316	426	278	448	287	345	233	234	3,049



TABLE V.  
DENTAL INSPECTION AND TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of children inspected by the Dentist—										
(a) Routine Age Group..	12,165	5,332	1,419	7,971	2,124	1,679	3,023	13,035	1,910	48,658
(b) Special .. .. .	458	1,682	817	339	480	1,286	1,074	283	3,982	10,401
Total (a) and (b) ..	12,623	7,014	2,236	8,310	2,604	2,965	4,097	13,318	5,892	59,059
No. found to require treat- ment .. .. .	6,956	4,607	1,395	5,476	2,076	2,376	2,813	8,494	5,395	39,588
No. treated .. .. .	5,087	2,611	1,175	2,867	1,176	1,642	1,758	4,529	4,710	25,555
Attendances for treatment	8,988	6,106	10,415	7,383	5,880	6,039	7,009	7,274	7,928	67,022
Half-days devoted to—										
(a) Inspection .. .. .	135	54	34	84	24	22	30	156	23	562
(b) Treatment .. .. .	953	542	1,350	705	763	645	744	893	482	7,077
Total (a) and (b) ..	1,088	596	1,384	789	787	667	774	1,049	505	7,639
Fillings—										
(a) Permanent teeth ..	1,801	944	3,063	2,296	2,296	1,485	1,861	1,651	2,032	17,429
(b) Temporary teeth ..	3,135	128	530	531	959	176	860	1,475	114	7,908
Total (a) and (b) ..	4,936	1,072	3,593	2,827	3,255	1,661	2,721	3,126	2,146	25,337
Extractions—										
(a) Permanent teeth ..	598	932	1,241	581	493	452	422	424	1,395	6,538
(b) Temporary teeth ..	4,400	6,646	5,436	4,176	2,761	3,430	3,098	5,678	6,309	41,934
Total (a) and (b) ..	4,998	7,578	6,677	4,757	3,254	3,882	3,520	6,102	7,704	48,472
Administrations of general anaesthetics for extractions	1,617	1,317	670	413	455	481	818	686	3,831	10,288
Other operations—										
(a) Permanent teeth ..	1,508	690	1,801	2,214	1,344	1,112	1,760	1,631	1,097	13,157
(b) Temporary teeth ..	449	102	120	58	221	71	589	195	2,194	3,999
Total (a) and (b)	1,957	792	1,921	2,272	1,565	1,183	2,349	1,826	3,291	17,156



TABLE VI.

## UNCLEANLINESS AND VERMINOUS CONDITIONS.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Average No. of visits per school made during the year by the School Nurse .. ..	6.6	3.6	3.2	8.4	5.06	4.94	3.13	4.78	3.0	4.75
Total No. of examinations of children in the schools by the School Nurses .. ..	46,449	33,235	42,794	65,886	30,761	30,317	32,371	26,877	46,202	354,892
No. of individual children found unclean .. ..	1,162	2,275	1,990	1,110	1,846	1,195	1,326	742	1,137	12,783

TABLE VII.

UNCLEANLINESS.

#### THE EFFECT OF CLEANLINESS BY THE SCHOOL NURSES.

Boys—Excluding Rhondda :—

[illegible]



TABLE VII—continued.

Girls—Excluding Rhondda :—

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations ..	20137	—	13083	—	17261	—	28979	—	13822	—	12781	—	13756	—	11594	—	131413	—
Head—Clean ..	19742	98.04	12439	95.11	15700	90.96	27636	95.36	12044	87.15	11401	89.20	13110	95.30	11400	98.33	123472	93.96
Nits ..	395	1.96	625	4.75	1499	8.68	1338	4.62	1680	12.14	1330	10.41	600	4.36	185	1.59	7652	5.82
Pediculi and sores ..	—	—	19	0.14	62	0.36	5	0.02	98	0.71	50	0.39	46	0.34	9	0.08	289	0.22
Body—Clean ..	20133	99.98	13016	99.49	17154	99.38	28947	99.89	13702	99.14	12749	99.75	13752	99.97	11589	99.96	131042	99.72
Dirty ..	4	0.02	65	0.49	107	0.62	32	0.11	119	0.86	32	0.25	4	0.03	5	0.04	368	0.28
Vermineous ..	—	—	2	0.02	—	—	—	—	1	—	—	—	—	—	—	—	3	—
Clothing—Clean ..	20133	99.98	13016	99.49	17200	99.65	28922	99.81	13716	99.23	12745	99.72	13716	99.71	11591	99.97	131039	99.72
Dirty ..	4	0.02	67	0.51	61	0.35	57	0.19	106	0.77	36	0.28	40	0.29	3	0.03	374	0.28
No. of re-examinations ..	2870	—	3369	—	4123	—	4093	—	2131	—	1834	—	1959	—	1441	—	21820	—
Head—Clean ..	647	22.54	850	25.23	1685	40.87	379	9.26	622	29.19	659	35.93	1598	81.57	349	24.22	6789	31.11
Nits ..	2214	77.15	2509	74.48	2259	54.79	3647	89.10	1450	68.04	1106	60.31	298	15.21	1054	73.14	14537	66.62
Pediculi and sores ..	9	0.31	10	0.29	179	4.34	67	1.64	59	2.77	69	3.76	63	3.22	38	2.64	494	2.27
Body—Clean ..	2861	99.69	2997	88.96	3996	96.92	4010	97.92	1944	91.22	1793	97.76	1926	98.32	1416	98.27	20943	95.98
Dirty ..	9	0.31	368	10.92	125	3.03	83	2.08	174	8.17	41	2.24	32	1.63	25	1.73	857	3.93
Vermineous ..	—	—	4	0.12	2	0.05	—	—	13	0.61	—	—	1	0.05	—	—	20	0.09
Clothing—Clean ..	2856	99.51	3010	89.34	3996	96.92	3987	97.41	1937	90.90	1792	97.71	1900	96.99	1424	98.82	20902	95.79
Dirty ..	14	0.49	359	10.66	127	3.08	106	2.59	194	9.10	42	2.29	59	3.01	17	1.18	918	4.21



## RHONDDA EXCEPTED DISTRICT—Boys and Girls.

	Rhondda			Rhondda	
	No.	%		No.	%
No. of examinations ..	46,202	—	No. of re-examinations ..	45,284	—
Head—Clean .. ..	43,243	93·60	Head—Clean .. ..	43,248	95·51
Nits .. ..	2,866	6·20	Nits .. ..	1,985	4·48
Pediculi and sores	93	0·20	Pediculi and sores	51	0·11
Body—Clean .. ..	45,934	99·42	Body—Clean .. ..	45,159	99·72
Dirty .. ..	157	0·34	Dirty .. ..	75	0·17
Verminous .. ..	111	0·24	Verminous .. ..	50	0·11
Clothing—Clean ..	46,157	99·90	Clothing—Clean ..	45,261	99·95
Dirty .. ..	45	0·10	Dirty .. ..	23	0·05