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INSTITUTE OF SOCIAL  
MEDICINE

10, PARKS ROAD,  
OXFORD

# Glamorgan County Council.

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## EDUCATION COMMITTEE.

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# Annual Report

OF THE

## School Medical Officer

ON

### Medical Inspection of Children in Maintained Primary and Secondary Schools for the Year 1949

BY

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

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CARDIFF

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1950.



*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, 1949, which has been compiled by my Deputy, Dr. R. T. Bevan—whose great help I acknowledge—from statistics supplied by the Divisional Medical Officers.

Dr. Bevan has commented in the body of the Report on the more important aspects of the Service and it will be seen that, while much work has been done by the Medical and Nursing staff, it has not been possible for several reasons, the chief being lack of medical, dental, and nursing staff, to maintain the School Health Service in the state of completeness one desires.

As reported by Mr. J. Young, L.D.S., the senior dental officer, a drastic curtailment has had to be made in the School Dental Service, which is unable to fulfil its main function—the conservation of the children's teeth. A greater proportion of the remaining dental officers' time is now being taken up with the extraction of unsalvageable teeth.

An early solution to the problem of recruitment of Dental Officers must be found if suffering and ill-health of school children are to be avoided.

The future of the School Health Service remains in the balance. Comment was made in the last Annual Report on the alteration in the shape of the Service as a result of the National Health Service Act, 1946. The Education Authority was made responsible, under Section 48 (3) of the Education Act of 1944, for securing that comprehensive facilities for free medical treatment "for pupils in attendance at any school or county college" were available under that Act or otherwise. As parents can now avail themselves of free medical attention for their children from the general practitioner of their choice and, if need be, hospital treatment from the Hospital Service, the necessity for an Education Authority themselves to provide full treatment facilities is lessened, although they can employ specialists if they so desire.

While it is intended that responsibility for orthopaedic and refraction clinics will, in the future, be taken over by the Hospital Management Committees, the work at routine clinics continues to be done by Assistant School Medical Officers, most of whom have had long experience in this field.

The possible loss of clinical duties is a matter of concern to them as the carrying out of routine medical inspections and the few duties then remaining are unattractive to some Assistant School Medical Officers, and this, together with delay in the announcement of new salary scales, has resulted in a paucity of entrants into the School Health Service.

Much work of vital importance to the health and well-being of school children remains to be done in the early detection of defects and ensuring their correction. It must be one of the aims of the School Health Service to ensure that every child, including in particular the handicapped child, is in an optimum state of health on leaving school. The work offers tremendous scope to the doctor who realises the importance of preventive paediatrics. The maximum co-operation with general practitioners and the hospitals is called for and progress to this end has been made. No child is referred for specialist treatment following school medical inspection without the knowledge of the family doctor who is then supplied with a report of the findings. Arrangements are being made also for transmission by the hospitals of copies of reports relating to school children containing information of value to the Health Department.



The Health Visiting Staff have a most important part to play, as their advice and guidance in the Infant Welfare Clinics can assist materially in laying the foundation of a healthy childhood. The integration of health visiting with school nursing duties has the beneficial result that these officers can often follow the progress of children from their infant days throughout their school career. I record with pleasure the contribution of these officers who, under the supervision of Miss E. G. Wright, the County Superintendent Health Visitor, and her Divisional colleagues, are doing much to build up a service of inestimable value, not only by advising the parents but the children themselves.

The Divisional Medical Officers have done excellent work and I wish to thank them for their assistance and co-operation, in particular Dr. D. J. Thomas, who has contributed a short report on the School Health Service in the Rhondda Exceeded District.

Any success which the Department achieves is due to the encouragement and help of the Committee, together with the combined efforts of the individual members of the Staff. I have received full measure of encouragement and help during the year and wish to thank all concerned.

I am,

Your obedient servant,

**W. E. THOMAS,**

*County School Medical Officer.*



## SCHOOL MEDICAL OFFICER'S DEPARTMENT.

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### STAFF.

The Medical, Dental, and Senior Nursing Staff of the School Health Service during the year 1949 was as follows :—

#### *SCHOOL MEDICAL OFFICER.*

W. EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

#### *DEPUTY SCHOOL MEDICAL OFFICER.*

R. T. BEVAN, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

#### *DIVISIONAL MEDICAL OFFICERS.*

J. LL. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

E. C. POWELL, M.R.C.S., L.R.C.P., D.P.H.

KATHLEEN DAVIES, B.SC., M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.

H. R. STUBBINS, M.D., D.P.H.

T. ISLWYN EVANS, M.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.

D. J. DAVIES, M.B.E., B.SC., M.B., B.S., D.P.H.

G. MCKIM THOMAS, M.R.C.S., L.R.C.P., D.P.H., L.D.S., R.C.S.

G. E. DONOVAN, M.SC., M.D., M.B., B.CH., B.A.O., D.P.H.

#### *ASSISTANT MEDICAL OFFICERS.*

GWYLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

PATRICIA H. EVANS, M.B., B.CH.

F. S. A. FORBES, M.B., CH.B., D.P.H. (To 31st January, 1949.)

AMY L. JAGGER, B.SC., M.D., B.CH., M.R.C.S., L.R.C.P., D.P.H.

ALYS M. JENKINS (formerly RICHARDS), B.SC., M.B., B.CH.

NAUNTON R. JENKINS, M.R.C.S., L.R.C.P., D.P.H.

BRENDA M. MEAD, M.B., B.CH., C.P.H. (From 2nd May, 1949.)

ENID REED, M.B., B.CH.

OLWEN V. REES, M.B., B.CH. (From 1st May, 1949.)

AMELIA ROWLES, M.B., B.CH., C.P.H. (From 6th January, 1949.)

MOREEN WHELTON, B.SC., M.B., B.S., B.A.O., 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.

#### *Temporary.*

G. V. COLE, M.R.C.S., L.R.C.P.

N. K. CONTRACTOR, M.R.C.S., L.R.C.P. (From 25th April, 1949.)

MARGARET DAVIES, M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H. (From 10th October, 1949.)

MAIR LLOYD EDWARDS, M.B., B.CH. (From 1st April, 1949.)

MARY EVANS, M.D., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G. (To 18th February, 1949.)

ELIZABETH JONES, M.B., B.CH., B.A.O., B.G.O., L.M.

KATHLEEN E. J. JONES, M.R.C.S., L.R.C.P., D.P.H.

JEAN E. MORGAN, M.B., CH.B. (From 1st December, 1949.)

JENNET REES, M.B., CH.B., D.P.H. (From 1st March, 1949.)

MARY E. REES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P. (To 30th December, 1949.)



*Part-time.*

- MARGARET DAVIES, M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H. (To 9th October, 1949.)  
 MARY EVANS, M.D., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G. (From 7th March, 1949.)  
 S. C. J. FALKMAN, L.R.C.P., L.R.C.S., L.R.F.P. AND S., L.M., D.R.C.O.G., D.P.H.  
 BRENDA M. MEAD, M.B., B.CH., C.P.H. (To 1st May, 1949.)  
 D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H.  
 MARGARET WILLIAMS, M.B., B.CH. (South East Glamorgan Division.)  
 MARGARET WILLIAMS, M.B., CH.B. (Port Talbot and Glyncoirwg Division.) (From 6th September, 1949.)  
 ELIZABETH WINTON, M.B., B.CH. (From 21st March, 1949, to 12th November, 1949.)

*CONSULTING ORTHOPAEDIC SURGEONS.*

- DILLWYN EVANS, F.R.C.S.  
 NATHAN ROCYN JONES, F.R.C.S.  
 J. BERRY HAYCRAFT, F.R.C.S.  
 G. ROWLEY, F.R.C.S.

*SENIOR DENTAL OFFICER.*

- JOHN YOUNG, L.D.S.

*DENTAL SURGEONS.*

- F. S. S. BAGULEY, L.D.S.  
 MARY M. M. DAVIES, L.D.S.  
 F. G. EVANS, L.D.S. (To 31st July, 1949.)  
 JOHN I. HUGHES, L.D.S.  
 E. HEVIN JONES, L.D.S. (To 20th March, 1949.)  
 P. D. JONES, L.D.S. (To 25th July, 1949.)  
 R. N. LEWIS, L.D.S. (To 28th January, 1949.)  
 C. I. T. MORGAN, L.D.S., R.C.S. (From 10th February, 1949.)  
 P. D. M. ROWLANDS, L.D.S. (To 9th July, 1949.)  
 AGNES N. WALLACE, L.D.S. (From 7th November, 1949.)  
 H. P. R. WILLIAMS, L.D.S.  
 M. WISE (formerly M. M. WAJS), D.D.S. (Strasburg). (To 19th December, 1949.)

*Part-time.*

- T. J. DAVIES, L.D.S.  
 F. G. EVANS, L.D.S. (From 23rd August, 1949.)  
 W. D. HANNAFORD, L.D.S.  
 E. HEVIN JONES, L.D.S. (From 21st March, 1949.)  
 J. E. JONES, L.D.S.  
 J. GRAHAM JONES, L.D.S. (From 27th January, 1949.)  
 W. A. PEACH, L.D.S. (From 11th January, 1949.)  
 PAULINE THOMAS, L.D.S., R.C.S. (From 3rd October, 1949.)  
 M. WISE (formerly M. M. WAJS), D.D.S. (Strasburg). (From 20th December, 1949.)



*SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE.*

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

*DIVISIONAL SUPERINTENDENTS OF HEALTH VISITORS AND SCHOOL NURSES.*

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

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

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

I. TOYE, S.R.N., H.V.CERT., S.C.M., Home Teacher's Certificate of the College of Teachers of the Blind

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

O. F. DAVIES, S.R.N., S.C.M.

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

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

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

D. J. THOMAS, M.B., B.S., B.SC., D.P.H.

*ASSISTANT SCHOOL MEDICAL OFFICERS.*

E. JOYCE EVANS, M.B., B.CH.

PHOEBE J. M. GRIFFITHS, B.SC., M.B., B.CH.

JOY A. MCGREGOR, M.B., B.CH.

NESTA G. MORGAN, M.B., B.CH., M.R.C.S., L.R.C.P.

JOHN REACH, M.D. (Prague).

*ASSISTANT DENTAL SURGEONS.*

MARGARET E. BYRNE, D.D.S.

ALUN R. OWEN, L.D.S. (To 10th February, 1949.)

*Part-time.*

KURT HERZFELD, D.M.D.U. (Hamburg). (To 11th April, 1949.)

*SUPERVISOR OF HEALTH VISITORS AND SCHOOL NURSES.*

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

*NURSING AND ANCILLARY STAFF (INCLUDING RHONDDA).*

The total number of Health Visitors and School Nurses in the employ of the Authority on 31st December, 1949, was 111.

The time devoted to School Health Service work during the year is equivalent to the whole-time 32.25 nurses.

The staff engaged in ancillary services included :—

- one whole-time and one part-time physiotherapist ;
- one whole-time and one part-time speech therapist ;
- twelve 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 1939-1949.

STAFF.	1939.	1944.	1945.	1946.	1947.	1948.	1949.
(i) Assistant Medical Officers ..	14	9	9	16††	20†††	21	25
(ii) Consultant-Orthopaedic Surgeon	1	1	1	1	1	3	4
(iii) Dental Surgeons .. ..	12	12	12	15	19	15	12
(iv) School Nurses .. ..	29*	27*	27*	40†	40	84	110
<b>MEDICAL INSPECTION.</b>							
(i) Routine Examinations ..	12,197	14,214	12,575	18,468	22,690	34,167	33,668
(ii) Special Examinations ..	1,818	1,934	2,134	2,977	5,033	7,943	8,030
(iii) Re-examinations .. ..	8,549	7,782	7,461	10,137	12,678	25,625	28,455
Totals .. ..	22,564	23,930	22,170	31,582	40,401	67,735	70,153
<b>DENTAL INSPECTION.</b>							
(i) No. of children inspected by School Dentists .. ..	29,819	15,359	19,894	49,201	54,224	59,059	36,828
<b>TREATMENT.</b>							
(i) No. of Treatment Centres ..	49	34	35	49	57	60	50
(ii) Attendances at School Clinics.							
(a) Dental .. ..	51,504	19,032	22,268	39,926	49,281	67,022	48,942
(b) Refraction .. ..	5,311	4,613	5,758	6,696	9,067	13,385	11,824
(c) Orthopaedic .. ..	2,725	2,306	2,327	2,984	5,748	9,004	11,011
(d) Minor ailments .. ..	—	—	—	—	—	18,793	12,757
(e) Speech Therapy .. ..	—	—	—	—	—	2,361	3,526
Totals .. ..	59,540	25,951	30,353	49,606	64,096	110,565	88,060
(iii) Treatment.							
(a) No. of teeth extracted	41,744	16,965	18,705	29,980	34,075	48,472	41,552
(b) No. of teeth filled ..	17,245	5,835	6,832	15,116	20,244	25,337	13,592
(c) No. of other operations	8,017	3,292	3,054	7,518	10,270	17,156	10,410
Totals .. ..	67,006	26,092	28,591	52,614	64,589	90,965	65,554
<b>SCHOOL NURSES.</b>							
(i) No. of examinations of children at school for uncleanliness .. ..	158,686	265,111	211,774	280,950	266,506	326,991	290,576
(ii) No. of re-examinations ..	24,246	27,158	21,317	24,985	31,573	73,185	77,789
(iii) No. of visits paid to homes ..	25,948	33,517	27,475	30,388	32,255	34,257	36,065

\* 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 and 1949 figures relating to Staff 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.



## 1. SCHOOL MEDICAL INSPECTION.

During 1949 there was a slight fall in the number of routine medical examinations of school children, but there was a compensating increase in the number of special examinations and re-examinations of pupils.

It has been possible, up to the present, to maintain the routine work of the School Health Service by the employment of part-time medical officers, many of whom are married women who find it possible and convenient to carry out limited professional duties. Many of these doctors have performed their duties with the enthusiasm and thoroughness to be expected from those who have chosen Public Health as their career, but some undoubtedly find it difficult to maintain their enthusiasm. The necessity of employing these married women has also resulted in a very marked preponderance of women assistant officers, and has frequently given rise to difficulties in obtaining male medical officers to carry out the routine medical inspection of the older boys. It is considered that adolescent boys and girls should have routine medical examinations by doctors of their own sex.

The need for routine medical inspection is apparent from the statistics which show that out of 33,668 children who were examined no less than 6,516 required treatment, and 11,445 defects were found which required a period of observation. Reference to Table IIA (i) shows that more than 2,000 visual defects required correction and more than 2,500 orthopaedic defects required treatment.

It is obvious that these routine inspections must remain the basis of a School Health Service. It is unwise to delay inspection until a defect is suspected by parent or teacher. Every child during its school career has three routine examinations, (a) on admission, (b) on leaving primary school, and (c) on leaving secondary school. The time between each examination is longer than the ideal, but with the present-day shortage of staff this cannot be remedied. Of particular concern is the possibility of missing eye defects.

The first examination is carried out when the child is only five years old, and, as there is no further routine examination until leaving primary school, it is possible in the meantime for a visual defect to progress, and the child frequently does not complain. It is hoped that it will be possible to arrange a special visual examination of all children about the age of 7 or 8 years, and this will obviate the neglecting or missing of defects. The provision of spectacles for children is now a matter for the Supplementary Ophthalmic Service. Delays in the provision of spectacles are a constant source of complaint, and it would appear that in few instances only do children obtain a priority service.

The discovery of unsuspected heart disease in two girls at a routine inspection in one secondary grammar school is worth recording, since it illustrates the desirability of frequent routine medical examinations of apparently healthy pupils.

### *Case (1). Aged 14 years 9 months.*

"Previous routine examination at 13½ years of age, when no abnormality was found. History of chronic otorrhoea from infancy and occasional bilious attacks. Very good at gym and games. On examination she was a healthy-looking, well developed girl; not cyanosed. A loud blowing systolic murmur at the apex was conducted round to the back, with a short diastolic murmur at the apex.

When examined in hospital, X-ray showed left ventricular hypertrophy and enlargement of the left auricle. Her blood pressure was 175/105, but there was nothing to suggest renal disease or coarctation of the aorta.

A diagnosis of mitral disease and essential hypertension has been made."

### *Case (2). Aged 15 years.*

"No complaints. Very good at gym and games.

Routine examination at 6 years of age and 11 years of age, when no abnormality was found.

History of septic tonsillitis and suspected scarlet fever two years ago, when she was in an isolation hospital for one week.



On examination she was found to be dyspnoeic, even on only walking across the room. She had marked clubbing of all fingers and toes, but was not cyanosed. There was a heaving impulse all over the praecordium and in the epigastrium. Cardiac dullness was increased to the left. The apex beat was in the fifth space just outside the nipple line. There was a loud murmur replacing both sounds and conducted round to the spine.

She was admitted to hospital, where the diagnosis of mitral disease was confirmed, with a possibility of an aortic lesion also.

Both the girls live in the same village and come from good homes ; they travel to school by train, and have to climb several hills every day.

Their mothers are sensible and give them every care and attention. Nothing had been noticed, either at home or at school, to suggest that either of them had anything wrong with them, except that the mother of one said she had complained that riding a new bicycle made her feel tired.

In both cases there is a history of previous sepsis, possibly streptococcal, but no history of any rheumatism."

These cases, as reported by Dr. Jagger during 1949, may be regarded as typical examples of the value of routine school medical inspection.

#### *Nutrition.*

The degree of nutrition is notoriously difficult to assess. Many attempts have been made to apply a formula taking into account such factors as age, height, weight, body length, skin thickness, etc. Assessment at routine inspections is done by the impression of the medical officer. Each medical officer has his own standard, and even that standard is liable to variation. Therefore, little importance can be attached to the figures themselves. In 1947, the Ministry changed the nutritional classifications from "A" (Excellent), "B" (Normal), "C" (Slightly Subnormal), and "D" (Bad), to "A" (Good), "B" (Fair), and "C" (Poor). This has further complicated the picture, as it is felt that the senior medical officers in particular find the change confusing.

Perhaps the only figures which can be accepted with the slightest degree of confidence are those classified in the "poor" category.

PERCENTAGE OF PUPILS CATEGORISED AS POOR NUTRITION, 1948-49.

Division	Entrants		2nd Age Group		3rd Age Group	
	1948	1949	1948	1949	1948	1949
Aberdare and Mountain Ash ..	1.28	1.12	1.35	0.20	2.53	0.37
Caerphilly and Gelligaer ..	3.23	10.13	4.80	13.15	2.19	7.10
Mid-Glamorgan .. .. .	4.71	2.52	5.24	5.55	2.36	1.41
Neath and District .. ..	0.81	2.41	1.07	1.55	0.23	1.27
Pontypridd and Llantrisant ..	3.87	3.23	5.21	7.48	4.65	13.17
Port Talbot and Glyncoirwg ..	5.34	6.57	7.42	16.23	4.90	12.62
South-East Glamorgan .. ..	0.94	3.53	3.14	3.73	2.52	6.54
West Glamorgan .. .. .	2.37	2.20	2.80	5.41	1.90	4.08
Rhondda .. .. .	1.91	0.80	2.49	1.47	1.05	0.55
Total .. .. .	2.64	3.08	3.67	5.76	2.35	4.65



The above table illustrates the variation in the different Divisions of the percentage of children assessed as of "poor" nutrition. Each Division has its own medical officers, and, therefore, it would be unwise to compare one Division with another, e.g. it would be a rash conclusion to say that there is a bigger percentage of young children of poor nutrition in the Caerphilly Division as compared with the Rhondda, yet the bare statistics yield figures of 10·13 per cent compared with 0·80 per cent. The probable explanation is the different standard set by the doctors in the two Divisions.

Since there has been little change in the medical officers in each Division during the last year, it is more feasible to compare 1948 with 1949, since here there is little question of different doctors setting different standards. Viewing the figures from this point of view, it is disheartening to see a rise in the percentage in the "poor" category in each of the three age groups. This is, however, not a feature in all Divisions. The Rhondda and Aberdare figures for 1949 are an improvement on 1948.

The assessment of nutrition is so difficult in the course of a short routine medical examination that it is advisable to examine the figures with a considerable degree of reserve and refrain from making hasty conclusions.

The following table of the findings of those Assistant Medical Officers who have examined more than 500 children during the year shows the variation in the percentage of children classified by individual Medical Officers as being in Group "C" :—

Inspected by					Number Inspected	Percentage Classified in Group "C"
Medical Officer No.	1	..	..	..	1,242	0·08
"	"	2	..	..	1,731	Nil.
"	"	3	..	..	752	1·20
"	"	4	..	..	2,233	14·15
"	"	5	..	..	1,246	3·53
"	"	7	..	..	754	3·85
"	"	12	..	..	1,791	1·73
"	"	13	..	..	2,778	2·81
"	"	20	..	..	1,696	1·18
"	"	21	..	..	1,244	4·50
"	"	22	..	..	926	7·67
"	"	23	..	..	1,412	17·21
"	"	32	..	..	1,910	3·88

#### PROVISION OF MEALS AND MILK IN SCHOOLS.

The following table gives the number of children receiving meals and milk on 5th October, 1949, together with details of the number of canteens, schools served, etc. :—

SUMMARY OF RETURNS FROM DIVISIONS  
DAY IN

Division	No. of Pupils in attendance			No. of Pupils taking Meals					
	Prim- ary	Second- ary	Total	Primary			Secondary		
				Free	Pay- ment	Total	Free	Pay- ment	Total
Aberdare and Mountain Ash	6964	2389	9353	591	1518	2109	298	663	961
Caerphilly and Gelligaer ..	8818	2047	10865	801	3729	4530	150	1057	1207
Mid-Glamorgan .. ..	10239	3240	13479	1280	4991	6271	401	2012	2473
Neath and District ..	7753	610	8363	284	4374	4658	15	382	397
Pontypridd and Llantrisant	8282	1422	9704	395	1815	2210	151	352	503
Port Talbot and Glyncofrwg	6465	854	7319	307	2124	2431	66	424	490
South-East Glamorgan ..	10694	878	11572	311	3976	4287	26	655	681
West Glamorgan .. ..	6859	933	7792	714	4088	4802	106	639	744
Intermediate and Technical	—	9310	9310	—	—	—	420	6286	6706
Totals .. ..	66074	21683	87757	4683	26615	31298	1633	12470	14103
Rhondda .. ..	12400	6468	18868	1605	3290	4895	1042	2636	3678
Totals .. ..	78474	28151	106625	6288	29905	36193	2675	15106	17784

Percentage of Pupils receiving Meals .. ..  
Percentage of Pupils receiving Meals .. ..  
Percentage of Pupils receiving Meals .. ..



The above table illustrates the variation in the different Divisions of the percentage of children assessed as of "poor" nutrition. Each Division has its own medical officers, and, therefore, it would be unwise to compare one Division with another, e.g. it would be a rash conclusion to say that there is a bigger percentage of young children of poor nutrition in the Caerphilly Division as compared with the Rhondda, yet the bare statistics yield figures of 10·13 per cent compared with 0·80 per cent. The probable explanation is the different standard set by the doctors in the two Divisions.

Since there has been little change in the medical officers in each Division during the last year, it is more feasible to compare 1948 with 1949, since here there is little question of different doctors setting different standards. Viewing the figures from this point of view, it is disheartening to see a rise in the percentage in the "poor" category in each of the three age groups. This is, however, not a feature in all Divisions. The Rhondda and Aberdare figures for 1949 are an improvement on 1948.

The assessment of nutrition is so difficult in the course of a short routine medical examination that it is advisable to examine the figures with a considerable degree of reserve and refrain from making hasty conclusions.

The following table of the findings of those Assistant Medical Officers who have examined more than 500 children during the year shows the variation in the percentage of children classified by individual Medical Officers as being in Group "C" :—

Inspected by						Number Inspected	Percentage Classified in Group "C"
Medical Officer No.	1	..	..	..	..	1,242	0·08
"	"	2	..	..	..	1,731	Nil.
"	"	3	..	..	..	752	1·20
"	"	4	..	..	..	2,233	14·15
"	"	5	..	..	..	1,246	3·53
"	"	7	..	..	..	754	3·85
"	"	12	..	..	..	1,791	1·73
"	"	13	..	..	..	2,778	2·81
"	"	20	..	..	..	1,696	1·18
"	"	21	..	..	..	1,244	4·50
"	"	22	..	..	..	926	7·67
"	"	23	..	..	..	1,412	17·21
"	"	32	..	..	..	1,910	3·88

#### PROVISION OF MEALS AND MILK IN SCHOOLS.

The following table gives the number of children receiving meals and milk on 5th October, 1949, together with details of the number of canteens, schools served, etc. :—

PROVISION OF MEALS AND MILK.

SUMMARY OF RETURNS FROM DIVISIONAL EXECUTIVE OFFICERS, INTERMEDIATE AND TECHNICAL SCHOOLS.  
DAY IN OCTOBER, 1949. (5TH OCTOBER, 1949.)

Division	No. of Pupils in attendance			No. of Pupils taking Meals							No. of Pupils taking Milk			Nursery Schools			Day Special Schools			No. of Canteens	No. of Schools served	No. of Schools or Departments not yet served	No. of Children not at School provided with milk
				Primary			Secondary																
	Primary	Secondary	Total	Free	Payment	Total	Free	Payment	Total	Total	Primary	Secondary	Total	No. of Pupils	Meals	Milk	No. of Pupils	Meals	Milk				
Aberdare and Mountain Ash	6964	2389	9353	591	1518	2109	298	663	961	3070	6590	1993	8583	37	37	37	93	93	93	48	71	1	8
Caerphilly and Gelligaer ..	8818	2047	10865	801	3729	4530	150	1057	1207	5737	8436	1663	10099	40	40	40	—	—	—	61	73	—	4
Mid-Glamorgan ..	10239	3240	13479	1280	4991	6271	401	2012	2413	8684	9677	2322	11999	100	100	100	—	—	—	73	88	1	14
Neath and District ..	7753	610	8363	284	4374	4658	15	382	397	5055	7253	395	7648	34	34	34	—	—	—	45	55	—	—
Pontypridd and Llantrisant	8282	1422	9704	395	1815	2210	151	352	503	2713	7960	1105	9065	33	33	32	15	13	15	30	55	11	13
Port Talbot and Glyncoirwg	6465	854	7319	307	2124	2431	66	424	490	2921	6077	730	6807	—	—	—	—	—	—	31	38	—	—
South-East Glamorgan ..	10694	878	11572	311	3976	4287	26	655	681	4968	9991	518	10509	49	49	49	21	21	21	53	74	6	32
West Glamorgan ..	6859	933	7792	714	4088	4802	106	639	745	5547	6105	719	6824	29	29	29	—	—	—	54	64	2	—
Intermediate and Technical	—	9310	9310	—	—	—	420	6286	6706	6706	—	6720	6720	—	—	—	—	—	—	22	26	—	—
Totals .. ..	66074	21683	87757	4683	26615	31298	1633	12470	14103	45401	62089	16165	78254	322	322	321	129	127	129	417	544	21	71
Rhondda .. ..	12400	6468	18868	1605	3290	4895	1042	2636	3678	8573	11952	4715	16667	261	261	261	—	—	—	83	93	—	6
Totals .. ..	78474	28151	106625	6288	29905	36193	2675	15106	17781	53974	74041	20880	94921	583	583	582	129	127	129	500	637	21	77

Percentage of Pupils receiving Meals in Primary Schools (excluding Rhondda) 47·7.  
Percentage of Pupils receiving Meals in Secondary Schools (excluding Rhondda) 65.  
Percentage of Pupils receiving Meals in Primary and Secondary Schools (excluding Rhondda) 52.







*Cleanliness.*

The following table compares 1949 with the past, and it will be seen that although the general cleanliness of the skin continues to improve the incidence of nits in the hair of school children is still higher than during the immediate pre-war period :—

	Nits in hair		Skin dirty or verminous	
	Boys	Girls	Boys	Girls
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
1949 .. ..	1.0	5.0	0.4	0.2

It is notable that girls are the worst offenders in the matter of unclean heads. This to a large extent is due to the fact that girls have longer hair, and it is probable that they attempt to imitate the hair style of their older sisters.

*MILK AND MEALS IN SCHOOL.*

It is gratifying to note that pasteurised milk is being supplied to an ever-increasing number of schools. The pupils who obtain the various types of milk in school are as follows :—

	Number	Percentage
Pasteurised .. ..	93,813	87.82
Tuberculin Tested .. ..	578	0.54
Accredited .. ..	64	0.06
Ungraded .. ..	466	0.44
Number not receiving milk ..	11,704	10.98

All milk supplied in schools should be graded, and preferably all should be pasteurised, as this is the only milk which is safe from all types of infection.

*ORTHOPAEDIC CLINICS.*

The following is the report of Dr. N. R. Jenkins on the School Orthopaedic Service in Mid-Glamorgan :—

"Orthopaedic after-care clinics were held at Bridgend and Maesteg during 1949 on similar lines as previous years, with a medical officer in charge assisted by an orthopaedic physiotherapist and one or two school nurses or health visitors, whilst a quarterly visit was paid by a Consultant orthopaedic surgeon.



The usual similar conditions were treated : deformed (and/or paralysed) feet and toes ; legs ; hips ; hands and arms ; spinal curvatures ; neck deformities—some requiring operative treatment and recumbency at Bridgend General Hospital, the Prince of Wales' Hospital, Cardiff, and Crossways Hospital, Cowbridge, for their cure or correction, but most being corrected at the clinics by plasters of paris, appliances, or merely by exercises and altered footwear.

It seems inevitable that soon the orthopaedic work of the County Education Committee will all be taken over by the Regional Hospital Board, through their Management Committees, although co-operation at the moment is quite satisfactory between the Board and the County Council.

Three cases in the area of hopeless and incurable crippling are now receiving home tuition.

Travelling facilities during the year were back to normal again, and the County Ambulance Services were again utilised for the transport of difficult cases.

Footwear improved in quality and quantity.

Statistical figures for the year are as follows :—

	<i>Bridgend Clinic</i>	<i>Maesteg Clinic</i>
	<i>Attendances.</i>	<i>Attendances.</i>
Primary and Secondary ..	1,038	224
M. and C.W. cases .. ..	777	121

Five hundred and fifty-one new cases were seen and examined, of which 334 were found not to be in need of any treatment.

Cured and discharged, 446."

#### 4. HANDICAPPED PUPILS.

##### (a) *Educationally Sub-Normal Pupils.*

Of all groups of handicapped pupils, the educationally sub-normal present the most disturbing problem. Each year numbers are added to the long waiting lists for special schools with almost no hope of admission. It is realised that many who could be included in this group have not been ascertained. Only those who are reported by the school staffs or come to official notice by reason of their difficult behaviour undergo the procedure required for classification. In spite of this, out of a school population of 110,873 (under 15 years of age) there are 685 classified as educationally sub-normal pupils, which represents 0.6 per cent. The Ministry of Education estimate that 10 per cent come within this category, and there is no reason to suppose that the true percentage in Glamorgan is lower.

The problem of providing special educational treatment in an ordinary school is a complex one. In many instances pressure of accommodation stands in the way of separate grouping ; in others, sparse population brings difficulties of concentration. Within the inevitable limitations much useful work is being done, however. All schools have received a detailed memorandum of guidance from the Director of Education. Additionally, the problem receives constant attention from the County Inspectors in the course of visitation to schools at which these children may be enrolled. But it is to be recognised that for those in the lowest category whatever can be done in ordinary schools is a poor substitute for residential school provision. While this provision is absent, the children do not make the progress possible with their low level of intelligence, and frequently they develop an inferiority complex. On the other hand, their presence in the school is a complication which might react unfavourably on the progress of normal pupils. There is some prospect of alleviation from what is being planned at Penllergaer, although this is but a small instalment. A constant watch is being kept for suitable premises otherwise, but it is sad to have to acknowledge that no early satisfactory solution can be seen. The Ministry thus far have not allowed authorities to include the building of a new school on this account in the annual building programmes, but require the provision to be made by adaptations in existing buildings capable of forming at least a nucleus of a complete school.



This group of educationally sub-normal children may well be a fertile source of juvenile delinquents, since they are children who are easily led and have established few, if any, creative hobbies to while away their leisure time. How true is the old saying "For Satan finds some mischief still, for idle hands to do." What a contrast to the grammar and technical school pupils, who have their daily homework and examinations looming on their ambitious horizons.

The provision of adequate and suitable educational training for the educationally sub-normal is a social duty of the utmost importance. The extent of the problem is demonstrated in the following table, which shows the numbers who have been classified, the recommendations made, and their present disposal. The most important figure is the number who have been recommended for education in a special boarding school, but are, in fact, in ordinary schools :—

EDUCATIONALLY SUB-NORMAL PUPILS (INCLUDING RHONDDA).

Recommendation	Not attending School	At Ordinary School	At Special Day School	At Special Boarding School	Total
Education at Ordinary School with special treatment .. .. .	—	267	—	—	267
Education in Special Day School .. .. .	—	67	109	—	176
Education at Boarding School .. .. .	4	213	16	9	242
Total .. .. .	4	547	125	9	685

(b) *Blind and Partially-Sighted Pupils.*

The following is the report of Mr. Hewitt, the Principal of the School for the Blind, Bridgend :—

"The school has just completed its twenty-first year of existence, and feels a certain amount of pride at its achievements since its origin in 1929.

The health of the pupils during the year under review has been quite good.

Quite a number of the pupils left in order to pursue grammar school education at the Worcester College and the Royal Normal College for the Blind, and one girl left to be trained as a telephonist (a course being run at Bridgnorth by the National Institute for the Blind). The remainder of those who left went to the different workshops for the blind in South Wales as journeymen and journeywomen.

Reporters from the *Herald of Wales* and *The Cardiff Times*, together with photographers, came around the school, and articles subsequently appeared in their respective papers. It was gratifying to notice that these articles showed that the reporters had tried to give to the public a true conception of the atmosphere and daily life of a school of this type. We have had instances on previous occasions of reporters visiting the school, and later painting rather pathetic pictures, thus creating wrong impressions. However, most of the visitors to the school have commented on the happy atmosphere which exists among the pupils.

It was encouraging to note that all the pupils who sat for pianoforte and violin examinations during the year were successful in passing.

I was pleased with the high standard attained this year in the entries for the school eisteddfod.



Unfortunately the weather was not favourable for the school sports day. However, the items were run off at the first available opportunity afterwards.

The school Christmas concert was a huge success.

It was decided that a prefabricated building should be erected for the use of the kindergarten children, this to consist of a classroom and a play room. This news was received with much pleasure, as such accommodation has been needed for some time. The kiddies will have much fun playing with the apparatus and toys with which the play room is to be equipped.

Visitors to the school during the year included students from Cardiff, Swansea, Bangor, and Cheltenham universities and training colleges, representatives from eight different countries (the visit being arranged by the British Council), also Mr. Van Der Warp, who was the Inspector of Education for Holland, and Mr. Lee Mang-Pew, who was headmaster in a school in Hong Kong. We were pleased, too, to see Miss Margaret Bondfield."

(c) *Maladjusted Pupils.*

During the war, "The Lindens," Penarth, was requisitioned by the Welsh Board of Health to cater for difficult children who had been evacuated. When peace came, most of the evacuated children returned to their homes, but a few remained and the hostel was then administered by the Director of Welfare Services. The need to retain the hostel to house maladjusted children was apparent, and the administrative control was transferred to the School Health Service, under the direction of the Education Committee, on 1st February, 1949.

The children live in the hostel and attend the ordinary schools in the area. Penarth is an ideal centre for such a hostel, since it is a reasonably sized town; it is on the sea front, and yet it is readily accessible to Cardiff, with its comprehensive medical facilities available for special investigations. The children are, therefore, neither isolated, nor are they lost in the large population of a big town. The building, too, has certain advantages in that it does not resemble an institution, and gives the children a sense of space and freedom. "The Lindens," however, is not in a good state of decoration and is too dark, but these are drawbacks of which the County Council are well aware and are remedying as quickly as practicable now that they have purchased the property.

Although the hostel is primarily intended for Glamorgan children, during the year under review many have come from Cardiff and some from as far away as Bournemouth, Manchester, and Montgomery. Their ages have varied from  $5\frac{1}{2}$  to  $14\frac{1}{2}$  years.

Much of the success of the hostel is due to Dr. Spillane, the Deputy Medical Superintendent of Whitchurch Mental Hospital, who, together with a psychologist and a psychiatric social worker, visit the hostel every week. Without their efforts it would be impossible to maintain the hostel, and, through them, the closest liaison is maintained with the child psychiatric out-patient department at the Cardiff Royal Infirmary.

What of the children themselves? All give a history of difficult behaviour, either at school or at home. Some have appeared in juvenile courts on account of pilfering, some give prolonged history of truancing from school, and some have not been amenable to ordinary school discipline. Many on admission are nervous and restless. Frequently they suffer from enuresis and are dirty in their habits. Several are below average in intelligence, but others have made unsatisfactory scholastic progress despite possessing good innate intelligence.



Temper tantrums are frequent in the hostel, and these outbursts are sometimes associated with destructiveness. It is only by the unbounded patience and tact of the staff that such behaviour is slowly corrected or modified. Some of these children continue to play truant after arrival in the hostel, and much credit must be given to the staffs of the local schools for their understanding treatment of these pupils, who must present such a problem in the crowded classrooms.

Perhaps the outstanding feature which is present in nearly all the children is their unsatisfactory home background. Parental disharmony is an almost constant feature—very frequently there is a step-father or a stepmother; in some cases the parents have separated, and it is obvious that nearly all these children have been deprived of the affection at home which is their right. Some come from homes where there is overcrowding and squalor. Parental control has very often been too lax and occasionally too strict, but of even more importance it would seem that it has been inconstant. A child one day has been allowed to do things uncorrected, but for the same action on another day he has been excessively punished. Many of these children would appear to have no anchorage in their own homes.

One of the problems in a hostel such as "The Lindens" is the occupation of the children during their leisure time. This has been overcome by stimulating an interest in hobbies, such as rug-making, by arranging picnics and bathing parties in the summer, by periodic visits to places of entertainment, and to some extent by organising games at the hostel.

Progress is frequently very slow, and at times one is doubtful if any is taking place but, even in those who have been regarded as failures, subsequent reports reveal that they have benefited. Disappointments are numerous, and they are frequently met following a child's return from his own home after a brief holiday. It is, however, essential that the children should visit their homes for brief holidays after some improvement has been made, since, on final discharge from "The Lindens," the child must return to that home environment which may have played a major part in the production of his maladjustment.

Experience has shown that the most difficult group to deal with is that of the adolescent girl, where the maladjustment has been complicated by the psychological strains of puberty. Being a small mixed hostel (twenty pupils) it is doubtful whether this type of child should be admitted, since part of her difficulties are related to sex problems.

No spectacular results are claimed, but it is felt that the children in this hostel are given the opportunity to adjust themselves to their surroundings. The improvements in scholastic attainments have very frequently been most encouraging, and when they return to their own homes they are mentally better equipped to face the difficulties of their home environment.

#### (d) *Epileptic Pupils.*

Numerically this is a small group of handicapped pupils. Reference to statistical tables shows that only twelve such pupils have been recommended for education in special schools. The child who has the occasional epileptic fit in school can usually remain in the ordinary school. A teacher with elementary knowledge of first aid can deal with an epileptic child during an attack, and I do not believe that children are adversely affected by the sight of a fellow pupil in an epileptic attack, providing the teacher herself shows no alarm.

There are, however, a few epileptic pupils who present a very real and urgent problem. These are the epileptics who exhibit gross disturbances in behaviour. If these pupils were mentally deficient, then their disposal, theoretically, would be simple, in that they should be placed in an institution for mental defectives. During the last year, however, there have been a few cases who are of average intelligence. Their behaviour is such that it is inexpedient that they be educated with other children, and they are,



therefore, excluded from ordinary school and are not accepted in special schools. It is only with the greatest difficulty that epileptic colonies can be persuaded to accept these children even for trial periods. In the meantime some have appeared in juvenile courts as a result of their behaviour, and it must be realised that they are sometimes in moral danger.

The ultimate disposal presents a very serious problem. Two have been placed during 1949 in mental hospitals as voluntary minors, but this is not an ideal solution unless the mental hospital has a special and separate juvenile department. Representations on this problem have been made to the Regional Hospital Board, who are sympathetic but are unable to provide the solution.

It would seem that the position will remain most unsatisfactory until action is taken at Ministry level to provide a few specialised institutions to cater for the needs of the whole country.

*(e) Pupils with Speech Defects.*

The following is the report of the speech therapist for the year under review :—

"During 1949, 325 children have attended the speech clinics in Barry, Ystrad Mynach, and Pontypridd. This figure shows a considerable increase on last year's total and, as parents and teachers become aware of the possibilities of speech therapy, the demand for treatment is increasing.

At the beginning of the year, a clinic was opened in Pontypridd following a survey of school children with speech disorders. The clinic is also attended by children from Bridgend and surrounding areas who are in need of urgent treatment.

In June, the speech clinic was moved to Pontshonnorton Clinic, which has larger rooms and better waiting-room accommodation. Unfortunately this move has met with much prejudice from the parents, who are reluctant to make the extra effort to bring children to a clinic outside the centre of the town.

A large number of cases referred for treatment during the year has been stammerers, many of them coming from unsatisfactory homes which are very overcrowded. It is sometimes difficult to obtain a reliable case history of these children, and very often the cause of the stammer is unknown, although it is probably the result of a shock in early childhood which has been forgotten by the parents. In many other cases there is a history of stammering in the family.

The number of children referred for treatment following an operation for a cleft palate is steadily increasing. As most of these children are young, there is every hope that they will in time speak normally.

Of the 53 children who have completed their treatment, 36 have been discharged with normal speech and the other 17 are very much improved, but for various reasons, such as organic malformations, normal speech is impossible. All these children will be seen again in six to twelve months' time to ensure that they are maintaining good speech.

The discharges due to irregular attendance are high, but the general progress of the remainder of the children is satisfactory ; many parents are making a genuine effort to help their children at home. There will be 158 children continuing treatment next year, and there is a waiting list at each clinic."

*Analysis of Work.*

Total number of individual cases seen at clinics .. .. .	325
Total number of attendances at clinics .. .. .	3,526
Number of cases discharged .. .. .	167
Number of current cases at 31st December, 1949 .. .. .	158
Total number of cases remaining on waiting list at 31st December, 1949 .. .. .	45
Number of cases under observation (immediate treatment not necessary) .. .. .	37



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

(i) Treatment not considered necessary .. .. .	22
(ii) Failed to attend after diagnosis .. .. .	10
(iii) Travelling difficulties and loss of school work .. .. .	4
(iv) Unsuitable for treatment .. .. .	4
<b>Total .. .. .</b>	<b>40</b>

*(b) Treatment Cases.*

## 1. Treatment discontinued for various reasons :—

(i) Poor health .. .. .	1
(ii) Lack of parental co-operation .. .. .	7
(iii) Poor attendance or non-attendance .. .. .	43
(iv) Pressure of school work .. .. .	8
(v) Left district .. .. .	4
(vi) Left school .. .. .	11
2. Discharged—speech improved .. .. .	17
3. Discharged—speech normal (cured) .. .. .	36
<b>Total .. .. .</b>	<b>127</b>

*General Progress of Cases.*

Much improved .. .. .	57
Satisfactory .. .. .	49
Little improvement .. .. .	15
Temporarily discharged .. .. .	37

*Table of Symptoms of Cases treated at Clinics.*

Stammering .. .. .	136
Dyslalia .. .. .	82
Cleft palate .. .. .	16
Deafness .. .. .	8
Lateral "s" .. .. .	18
Interdental "s" .. .. .	15
Rhinolalia (nasality) .. .. .	5
Dysarthria .. .. .	2
Dysphonia .. .. .	2
Low I.Q. .. .. .	8
Retarded speech .. .. .	6



## 5. SCHOOL DENTAL SERVICE.

	Glamorgan (excluding Rhondda)		Rhondda		Total	
	1948	1949	1948	1949	1948	1949
1. Extractions ..	40,768	34,771	7,704	6,781	48,472	41,552
2. Fillings .. ..	23,191	12,945	2,146	647	25,337	13,592
3. Other treatments	13,865	8,791	3,291	1,619	17,156	10,410

The above table indicates the extent of the decline in the School Dental Service during 1949. It will be noted that the conservative treatment carried out in 1949 was little more than 50 per cent of that in 1948. Since the creation of the School Dental Service more and more emphasis has been rightly placed on the preventive aspect of the Service, and it is, therefore, greatly disturbing to see the very rapid decline in this phase of the work.

The school children of Glamorgan had been receiving such dental treatment that there was only a remote chance of their requiring artificial dentures at an early age. Under the present circumstances this, unfortunately, is not so, but it is to be hoped that it will be possible to report some improvement in the position next year, although the prospect at the time of writing is gloomy.

The following is the report of Mr. John Young, L.D.S., Senior Dental Officer :—

“At the beginning of the year 1949, the Staff of Dental Officers of Glamorgan County Council, excluding the Rhondda Excepted District, consisted of eleven whole-time dental officers and five part-time officers. Although two whole-time officers were appointed during the year, I regret to report that six whole-time officers resigned from our Service to enter the more remunerative field of private practice. Three of those who resigned still give part-time service on a sessional basis, and the services of another part-time officer were obtained later in the year, so that at the end of 1949 the dental staff consisted of seven whole-time officers and nine part-time officers. The services given by these part-time officers range from one to five regular half-day sessions per week, according to the time they feel they can spare from their practices.

Unfortunately several of our officers were off duty for varying periods during the year, one whole-time officer in the Mid-Glamorgan Division and another whose services are shared by the Neath and District and West Glamorgan Divisions were off duty for lengthy periods, and two of our part-time officers have also been off duty through illness. It will, therefore, be seen that our service became very restricted, and in some areas it dwindled to the proportions of an emergency service but, despite these difficulties, we managed to maintain a limited service at forty-five centres, which, with the five centres of the Rhondda Excepted District, make a total of fifty centres for the whole county.

Treatment conformed generally to the routine followed in the past, with certain improvements. Because of the reduction of staff and the increased number of applications for treatment, it was found to be impossible to carry out routine inspections as in past years, and examination of the figures for inspections shows a very large reduction, and this is also so in the case of the numbers treated. The Divisions most adversely affected in this respect were Mid-Glamorgan, South-East Glamorgan, Port Talbot and Glyncoirwg, and the West Glamorgan Divisions.



During the year 36,828 children were inspected and 23,780 were found to require treatment, 20,906 were actually treated or re-treated, and 48,942 attendances were recorded. 36,163 temporary teeth and 5,389 permanent teeth were extracted, a total of 41,552 extractions. 4,724 fillings were inserted into temporary teeth and 8,868 fillings were inserted into permanent teeth, a total of 13,592 fillings. 10,410 other operations were recorded, and 10,342 administrations of nitrous oxide and oxygen were given at gas centres for dental extractions.

In addition to the above figures, which represent the volume of dental work performed by the School Health Service, it must be borne in mind that a considerable amount of the dental officers' time is taken up by the inspection and treatment of the priority classes, the expectant and nursing mothers and the pre-school age child. The report of this aspect of the work will appear in the report of the Medical Officer of Health.

I made mention last year of the fact that concurrent with the demand of the general public for dental treatment, we have experienced the same high demand in the School Dental Service. Despite our handicaps it will be observed that only 4,649 fewer pupils than last year were actually treated, and other figures are more or less in proportion, except for fillings and extractions. The ratio of extractions to fillings is regrettably high, although conservation work is one of our main principles. It is due to our shortage of officers, coupled with the very high demand for our services. The number of our gas sessions has been increased to deal more rapidly with the large number of extractions found to be necessary, and is, in fact, higher than last year's figures for gas sessions, when we operated with a more numerous staff. Other forms of treatment remain high, due mainly to the fact that increased numbers of casualties present themselves for emergency treatment. Where it is possible palliative treatment is performed pending a routine appointment, but of course when extractions are the remedy these emergency extractions are done.

It is regrettable, but unavoidable, that our orthodontic service has suffered. With our diminished staff it would be very unwise to maintain a full orthodontic service, when so much routine work awaits our attention. Therefore, a very drastic pruning of the number of applications from officers for permission to do orthodontic work has been effected, and only simple cases, which will not take up too much of an officer's time, are approved. I look forward to the time when we can extend this phase of our work, since it is a practice that has earned us the gratitude and thanks of parents and patients who have benefited by this service.

Since the war, it has so far been impossible to consider the erection of new clinic premises, but in Gorseinon a building constructed in war-time for a war-time purpose was adapted for use as a clinic. It is a very great improvement upon our former premises in Gorseinon, giving much better facilities there, and enabling us to install improved equipment, such as pump chair, electric dental engine, fountain spittoon, electric steriliser, and fluorescent strip lighting.

It is hoped that early in 1950, when certain modifications have been completed at the maternity and child welfare clinics at Addoldy Road, Glyn Neath, and at Mary Street, Seven Sisters, in the Neath and District Division, gas clinics as well as routine dental clinics will be held at these premises, thus obviating the sending of patients from these two areas to Neath for treatment under gas.

In the figures at the commencement of this report are included the returns of the Rhondda Exceeded District. Upon page 41 will be found a table which gives the figures for all Divisions, including Rhondda, and also the complete totals.

This Exceeded District, as I had to report last year, is very severely handicapped indeed by the shortage of staff, having only one full-time officer, and at various times the assistance of temporary part-time officers. It is to be hoped that an early improvement in the remuneration of school dental officers generally will lead to a recruitment to the Service, which is very sorely needed."

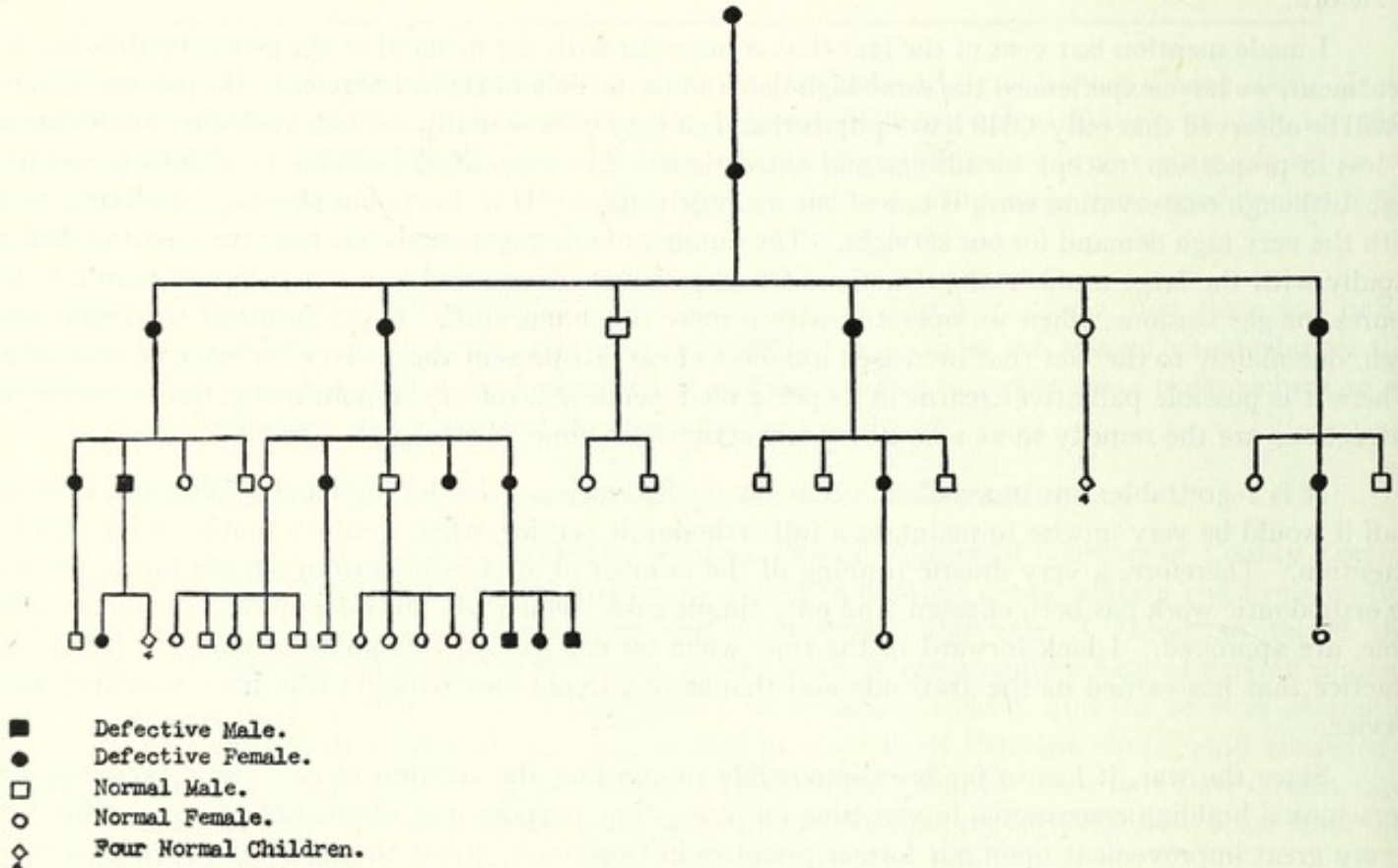


## 6. FIVE GENERATIONS OF DEFECTIVE VISION.

In the annual report of the School Medical Officer for 1926, reference was made to a Glamorgan family who suffered from hereditary dislocation of the lens of the eye. By today another generation has made its appearance, and the defect is to be found in some of these children—three of whom are pupils in the School for the Blind at Bridgend.

The family tree is shown in diagrammatic form. It will be noted that in every case those affected have a parent also suffering from the condition. The abnormal condition is inherited as a Mendelian dominant. As long as persons suffering from this condition continue to produce children the defect will persist from generation to generation—approximately 50 per cent of the children of affected parents showing the condition.

CONGENITAL DISLOCATION OF THE LENS OF THE EYE IN FIVE GENERATIONS.



It is not proposed to enter into a discussion as to whether affected parents should be advised to have no children, but it is essential that they should be made aware of the probable results and of the additional responsibilities which may follow. It is in problems such as this that health education as taught by public health staffs can be of such immense value.

## 7. MASS RADIOGRAPHY SURVEY.

During the year a Mass Radiography Survey of school children in the Maesteg Valley was carried out by the mobile unit of the Welsh Regional Hospital Board. The survey was part of a national investigation organised by the Medical Research Council.

A total of 2,768 persons under twenty years of age was examined (2,679 school children, 51 miners, 28 from general population, 10 from Youth Clubs).

At the same time as X-ray examinations were being carried out, the children were tuberculin tested to determine the number who had had any tuberculous infection. A positive reaction to a tuberculin test rarely signifies that a person has suffered from clinical tuberculosis.



As a result of the survey, eleven children were referred to the Chest Physician for further investigation and observation.

The following table shows the percentage in each age group who had a positive reaction to the tuberculin test :—

Age .. ..	5	6	7	8	9	10	11	12	13	14	15
Total examined	209	235	286	269	289	262	293	256	203	220	95
Percentage positive ..	14.4	12.8	17.5	20.5	22.5	31.7	23.9	40.2	42.4	47.7	55.8

These figures are published by kind permission of the Mass Radiography Unit who carried out the tests. The figures will, no doubt, be incorporated at a later date in a national report.

#### 8. INFECTIOUS DISEASE.

During the year there was no major outbreak of infectious disease affecting school attendance.

There was an outbreak of Sonne dysentery at Cogan Infants' School, and the following extract from a report by Dr. D. Trevor Thomas, Medical Officer of Health of Penarth Urban District Council and Part-time Assistant School Medical Officer, may be of interest to the Committee :—

"An outbreak of Sonne dysentery occurred in the district commencing in the middle of November, 1949, and continuing until the end of December.

A list of those absent or those who had been absentees was compiled from the school registers.

I visited all these homes and obtained rectal swabs from all suspicious cases, despatching them to the laboratory each day. The medical practitioners were informed of the nature of the disease and co-operated in collecting swabs. By these means 97 cases were discovered by the end of December; they were as follows :—

Infant school children .. ..	40 (126 on registers; average attendance, 105).
Pre-School .. ..	17
Children in other departments ..	27
Parents: Fathers .. ..	1
Mothers .. ..	12
Households affected .. ..	39

In all cases it could be shown that the disease was introduced into the home by the child attending the infants' department, some of the other members of the family succumbing later, at periods varying from two to twenty-one days, but the majority within one week.

An average of seventy infant children had dinner at the school daily, and nineteen out of the forty children infected partook of school dinners. There was no history of diarrhoea among workers in the canteen which supplied meals to all three departments, and rectal swabs from these personnel proved negative.

One can only assume that the infection was introduced into the school by an infant pupil about the second week in November. There was no explosive outbreak, but a few children became infected each day as the disease gradually spread through the department.

The infection gradually spread throughout the department, a number of new cases appearing daily, usually two or three, the maximum being eight cases in one day and nine in another. These cases were dispersed among the various classes."



## GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

## OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1949.

## GENERAL.

The total number of pupils on the registers in the maintained schools in the district at the end of 1949 was 20,744, representing a diminution of 40 as compared with the corresponding number at the end of 1948. Of the above total, 294 were in the two nursery schools, 13,568 were in primary schools, and 6,882 were in secondary schools (grammar, modern, and technical). There were 2,993 children under five years of age on the registers of the primary schools.

## MEDICAL INSPECTION.

During the year 5,675 pupils were medically examined in the three specified age groups, of whom 2,502 were in the "entrant" group, 1,902 in the "second" age group, and 1,271 in the "third" age group. The number of children examined as "specials" amounted to 1,266, and there were 8,256 re-inspections, so that the total number of medical examinations carried out in the schools during the year amounted to 15,197, representing an increase of 436 as compared with the corresponding figures for the previous year.

## FINDINGS OF MEDICAL INSPECTION.

The assessment, made by the medical staff, of the general condition of the pupils was largely based on their nutritional state and on the impression made by their general state of physical fitness.

The appended table summarises the results of the assessments of the general condition of the pupils during 1948 and 1949; as these assessments were made by the same medical staff in both years it appears that the children examined in the three age groups in 1949 were in a definitely better general condition than those examined during 1948.

	No. of children inspected in the three age groups	Good	Fair	Poor
1948	5,357	% 65.02	% 33.10	% 1.88
1949	5,675	73.37	25.66	0.97

Among the 55 children who were classified as being in a "poor" general condition, it was found that 20 had received both milk and dinners at the schools, 31 had received milk only, 2 had received dinners only, and the remaining 2 had not received any nourishment in school. The medical records of these 55 children showed various defects which should respond to adequate treatment, such defects including carious teeth in 11 instances, chronic chest disease in 9 instances, anaemia in 7 cases, and enlarged glands arising from septic or other conditions in 9 instances.

The incidence of scabies and impetigo continued to show a diminution as compared with previous years; scabies was diagnosed amongst 0.23 per cent of the children examined in the code groups as compared with a corresponding proportion of 0.35 per cent recorded in 1948.



Amongst other defects, such as defective vision, chronic tonsillitis, and enlarged adenoids, affections of the heart or lungs, there was no evidence of any increase or diminution in their incidence amongst the school population.

In regard to the children's teeth, the summarised records of the medical officers' observations indicated that 32·5 per cent of the children examined in the code groups were suffering from dental disease requiring urgent attention ; this was the highest proportion observed by the medical staff in the district for a period extending at least as far back as 1920.

#### TREATMENT.

##### *Minor Ailments.*

The treatment of minor ailments was undertaken at each of the five school clinics and the numbers of attendances were as follows :—

						Attendances.
Ringworm : Head	..	..	..	..	..	121
Body	..	..	..	..	..	61
Scabies	..	..	..	..	..	287
Impetigo	..	..	..	..	..	357
Other skin diseases	..	..	..	..	..	545
Eye defects	..	..	..	..	..	36
Ear defects	..	..	..	..	..	94
Other minor ailments	..	..	..	..	..	56
Uncleanliness : Head	..	..	..	..	..	36
Total	..	..	..	..	..	1,593

The total number of attendances was approximately one-half of that recorded in the previous year. Though the attendances for treatment of ringworm of the scalp increased to approximately three times the corresponding number for 1948, it is satisfactory to note that the numbers of attendances for the treatment of scabies and impetigo were reduced to nearly a third of those for the previous year. Parents have appreciated the attention given at the minor ailment clinics, especially in respect of the treatment of skin diseases.

##### *Defective Vision.*

Seven hundred and twenty-eight children were examined in order to ascertain errors of refraction, and the appropriate forms (O.S.C.2) were forwarded to the Secretary of the Glamorgan Executive Council to enable the children to obtain suitable spectacles.

##### *Chronic Tonsillitis and Adenoids.*

As far as could be ascertained from inquiries made from the various hospitals serving the district, 366 children received operative treatment during the year.

##### *Orthopaedic Treatment.*

Mr. Rocyn Jones, F.R.C.S., Orthopaedic Surgeon, examined 38 children for the first time, and re-examined 44 children at the Carnegie Welfare Centre, Trealaw. The principal conditions on account of which children were referred for primary examination were :—

Genu Valgum or Varum	..	..	..	..	..	4
Perthe's Disease	..	..	..	..	..	2
Pes Valgus	..	..	..	..	..	10
Pes Cavus	..	..	..	..	..	2
Torticollis	..	..	..	..	..	2
Other defects	..	..	..	..	..	18
						<hr/> 38 <hr/>



Seven children were admitted to the Prince of Wales' Hospital, Cardiff, for in-patient treatment on the recommendation of the orthopaedic surgeon.

As the post of orthopaedic nurse continued to be vacant, notwithstanding repeated advertisements in the press, the treatment of orthopaedic defects amongst school children was limited to that small portion of her time which the Superintendent Physiotherapist at the rheumatic clinic at the Carnegie Centre was able to devote to the treatment of the most urgent cases.

The following, however, is a summary of the work done by her in the interests of the children :—

Attendances at clinic for :

Remedial exercises .. .. .	293
Electrical treatment .. .. .	264
Light therapy .. .. .	19
Massage .. .. .	79
Boots adjusted or repaired .. .. .	58
Plasters applied .. .. .	11
Appliances provided .. .. .	10
Appliance repaired .. .. .	1
Plasters removed .. .. .	10

*Hospital Treatment.*

Apart from the information contained in the paragraph relating to the treatment of chronic tonsillitis and enlarged adenoids, no exact information is available concerning the total number of children of school age who received treatment in hospitals during 1949. It is understood that an arrangement was considered by and provisionally agreed upon by the appropriate authorities whereby information relating to children discharged from hospital after treatment could be transmitted to the school medical officer ; for some reason, however, the proposal did not mature or become effective. If such information were available, the School Nursing Service would, in many instances, be able to offer advice and guidance in the after-care of the children under the supervision and co-operation of the medical attendants and School Medical Officer.

*Dental Treatment.*

During 1949 only one whole-time dental surgeon was employed in school dental service, and she also devoted part of her time to the maternity and child welfare service. Consequently, only 378 children were subjected to routine inspection in the schools, and 2,779 were examined as "specials" in the schools or clinics. The number of children actually treated during the year was 3,432, and nitrous oxide anaesthesia was administered on 3,045 occasions. Orthodontic appliances were provided for 17 children, and partial dentures supplied in 11 instances.

**SCHOOL MEALS AND MILK.**

According to the figures obtained from the District Education Officer, 1,698,838 mid-day dinners and 3,256,186 milk meals were supplied to children in the schools during the year ; the largest number of children receiving meals during any one week was 10,034, and of children receiving milk, 17,585.

The milk supplied in the schools consisted of "pasteurised" milk. There were 163 samples of school milk taken during the year, and all gave satisfactory results on the application of the phosphatase test.

**MISCELLANEOUS WORK.**

During the year the following miscellaneous work, not embraced by routine school medical inspection, was undertaken by the medical staff :—



					<i>Number of Children.</i>
(i) <i>Examinations at clinics :</i>					
For persistent non-attendance at school	..	..	..	..	27
Referred by local magistrates	..	..	..	..	13
Referred by head teachers or parents	..	..	..	..	421
Referred by school medical staff	..	..	..	..	153
Re-examinations of above cases	..	..	..	..	385
Children for employment	..	..	..	..	3
Children for employment in entertainments	..	..	..	..	7
Examinations of nursery assistants	..	..	..	..	21
Boarded-out children : Primary examinations	..	..	..	..	16
Re-examinations	..	..	..	..	73
(ii) <i>Examinations at schools :</i>					
Children selected for school holiday camps	..	..	..	..	501
Total	..	..	..	..	1,620

### CONCLUSION.

Amongst matters relating to the school health services in the district which require attention are :—

(1) the re-establishment of an adequate school dental service ; at the end of the year there was only one whole-time dentist in the service of the excepted district, whilst there should be at least four whole-time dentists to deal with the school population ;

(2) lack of both boarding and day special schools for the educationally sub-normal children ; the ascertainment of these children involves the expenditure of considerable time, and both the staff and parents are becoming restive because no adequate facilities are available for the educational treatment of these children after going through the process of ascertainment ;

(3) closer liaison with the hospital services with the view to securing earlier admission of school children who require in-patient or out-patient treatment, and to offering assistance in the after-care of children after discharge from hospitals.



1949.

## 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 .. ..	2,500	1,461	1,862	1,163	712	731	1,531	1,367	2,502	13,829
Second Age Group .. ..	990	1,582	2,163	837	842	678	966	1,719	1,902	11,679
Third Age Group .. ..	822	887	1,418	473	911	507	795	981	1,271	8,065
Total .. ..	4,312	3,930	5,443	2,473	2,465	1,916	3,292	4,067	5,675	33,573
Bridgend Blind School ..	—	—	95	—	—	—	—	—	—	95
Total .. ..	4,312	3,930	5,538	2,473	2,465	1,916	3,292	4,067	5,675	33,668

## B.—OTHER INSPECTIONS.

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Special Inspections .. ..	866	701	419	748	1,470	641	878	1,041	1,266	8,030
Re-inspections .. ..	1,745	3,372	3,137	1,370	3,642	1,305	2,332	3,296	8,256	28,455
Total .. ..	2,611	4,073	3,556	2,118	5,112	1,946	3,210	4,337	9,522	36,485

## 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 .. ..	39	14	12	5	6	9	34	31	5	155
Second Age Group .. ..	79	158	109	69	70	45	82	148	232	992
Third Age Group .. ..	56	112	71	38	49	28	75	65	144	638
Total .. ..	174	284	192	112	125	82	191	244	381	1,785
Bridgend Blind School ..	—	—	10	—	—	—	—	—	—	10
Total .. ..	174	284	202	112	125	82	191	244	381	1,795



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

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

Group	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. ..	229	391	232	162	187	180	415	177	512	2,485
Second Age Group .. ..	74	337	158	67	108	130	220	140	391	1,625
Third Age Group .. ..	55	134	84	29	133	76	163	53	181	908
Total .. ..	358	862	474	258	428	386	798	370	1,084	5,018
Bridgend Blind School ..	—	—	9	—	—	—	—	—	—	9
Total .. ..	358	862	483	258	428	386	798	370	1,084	5,027

(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
Entrants .. ..	251	399	242	165	192	183	438	187	517	2,574
Second Age Group .. ..	149	464	261	128	172	154	276	257	607	2,468
Third Age Group .. ..	110	232	153	63	172	98	229	78	320	1,455
Total .. ..	510	1,095	656	356	536	435	943	522	1,444	6,497
Bridgend Blind School ..	—	—	19	—	—	—	—	—	—	19
Total .. ..	510	1,095	675	356	536	435	943	522	1,444	6,516



TABLE II.

## A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1949.

## (i) Routine 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 .. .. .	43	33	17	13	3	17	10	14	120	270
Eyes—(a) Vision .. ..	174	284	202	112	125	82	191	244	381	1,795
(b) Squint .. ..	—	36	11	11	5	15	19	54	64	215
(c) Other .. ..	1	15	10	7	1	4	3	33	69	143
Ears—(a) Hearing .. ..	2	8	3	2	8	1	7	4	21	56
(b) Otitis Media ..	16	5	7	3	—	12	4	1	21	69
(c) Other .. ..	10	14	3	2	3	3	—	2	3	40
Nose or Throat .. ..	82	143	203	99	56	78	81	146	209	1,097
Speech .. .. .	6	29	2	1	6	—	12	1	29	86
Cervical Glands .. ..	—	9	18	6	3	6	11	5	75	133
Heart and Circulation ..	3	5	10	4	3	8	9	5	135	182
Lungs .. .. .	15	27	39	14	9	18	23	24	151	320
Developmental—(a) Hernia ..	—	2	—	—	2	4	1	1	4	14
(b) Other .. ..	—	4	—	1	—	7	5	2	39	58
Orthopaedic—(a) Posture ..	19	82	12	36	49	41	214	40	103	596
(b) Flat Foot .. ..	55	446	82	15	91	93	368	85	86	1,321
(c) Other .. ..	99	134	55	35	123	61	113	26	97	743
Nervous System—(a) Epilepsy	—	1	1	—	1	1	1	2	7	14
(b) Other .. ..	1	2	1	—	1	4	1	5	2	17
Psychological—										
(a) Development .. ..	—	5	1	2	5	1	7	—	11	32
(b) Stability .. ..	—	—	—	—	—	1	—	1	—	2
Other Defects and Diseases ..	7	15	30	16	109	38	8	22	21	266
Totals .. .. .	533	1,299	707	379	603	495	1,088	717	1,648	7,469



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 .. .. .	34	41	21	10	8	10	29	24	77	254
Eyes—(a) Vision .. ..	96	108	—	6	12	17	37	5	201	482
(b) Squint .. ..	—	23	7	8	2	6	14	6	35	101
(c) Other .. ..	—	22	8	6	—	1	13	10	19	79
Ears—(a) Hearing .. ..	4	10	—	2	3	6	17	5	10	57
(b) Otitis Media ..	14	4	6	2	—	10	18	—	10	64
(c) Other .. ..	10	35	5	2	2	3	3	6	2	68
Nose or Throat .. ..	494	561	433	295	214	158	393	626	1,085	4,259
Speech .. .. .	11	15	13	4	5	4	20	4	39	115
Cervical Glands .. ..	95	299	371	280	34	107	165	212	1,049	2,612
Heart and Circulation ..	48	101	98	25	15	47	67	85	327	813
Lungs .. .. .	136	184	136	43	35	28	61	72	121	816
Developmental—(a) Hernia ..	7	7	5	2	—	1	3	—	7	32
(b) Other .. ..	26	19	19	1	—	8	22	5	81	181
Orthopaedic—(a) Posture ..	16	23	7	3	8	5	70	32	47	211
(b) Flat Foot .. ..	43	67	53	1	4	9	114	24	27	342
(c) Other .. ..	100	45	51	9	44	8	43	27	98	425
Nervous System—(a) Epilepsy	6	3	4	2	4	—	2	2	4	27
(b) Other .. ..	14	7	9	1	1	3	6	6	3	50
Psychological—										
(a) Development .. ..	5	7	10	—	2	2	11	10	38	85
(b) Stability .. ..	—	—	1	1	—	1	2	17	5	27
Other Defects and Diseases ..	23	69	26	17	38	36	17	58	61	345
Totals .. .. .	1,182	1,650	1,283	720	431	470	1,127	1,236	3,346	11,445



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 .. .. .	8	11	2	4	1	9	4	14	16	69
Eyes—(a) Vision .. ..	31	25	2	20	86	15	74	24	143	420
(b) Squint .. ..	—	—	1	4	7	—	2	—	9	23
(c) Other .. ..	—	3	1	2	4	1	3	4	17	35
Ears—(a) Hearing .. ..	—	12	—	6	16	2	8	2	11	57
(b) Otitis Media ..	10	1	—	5	—	9	5	1	6	37
(c) Other .. ..	9	24	1	3	2	—	1	7	2	49
Nose or Throat .. ..	161	136	122	65	201	133	147	211	55	1,231
Speech .. .. .	10	8	3	3	10	1	11	—	12	58
Cervical Glands .. ..	1	11	3	11	—	1	10	—	12	49
Heart and Circulation ..	3	6	1	2	9	2	6	1	44	74
Lungs .. .. .	8	24	5	11	15	10	9	11	16	109
Developmental—(a) Hernia ..	—	1	—	1	—	—	—	2	—	4
(b) Other .. ..	—	5	—	1	1	2	1	2	2	14
Orthopaedic—(a) Posture ..	10	10	—	4	15	—	13	5	9	66
(b) Flat Foot .. ..	17	8	—	6	25	10	24	7	8	105
(c) Other .. ..	12	3	4	8	37	11	5	2	16	98
Nervous System—(a) Epilepsy ..	—	3	1	1	—	1	3	4	1	14
(b) Other .. ..	—	11	1	1	2	3	—	4	3	25
Psychological—										
(a) Development .. ..	4	41	45	40	123	2	38	26	7	326
(b) Stability .. ..	—	4	2	5	—	1	1	8	6	27
Other Defects and Diseases ..	6	13	13	19	157	18	4	12	16	258
Totals .. .. .	290	360	207	222	711	231	369	347	411	3,148



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 .. .. .	4	8	—	3	7	10	—	12	5	49
eyes—(a) Vision .. ..	20	6	—	2	6	5	5	3	21	68
(b) Squint .. .. .	—	1	—	2	—	—	1	—	1	5
(c) Other .. .. .	—	3	—	1	—	1	3	2	2	12
ears—(a) Hearing .. ..	3	8	—	2	9	4	5	4	4	39
(b) Otitis Media .. ..	6	—	—	1	1	22	7	1	2	40
(c) Other .. .. .	10	10	—	2	3	2	1	17	5	50
nose or Throat .. ..	136	125	38	56	190	125	190	200	68	1,128
speech .. .. .	8	3	2	3	10	6	7	1	8	48
cervical Glands .. ..	11	53	13	37	24	17	48	53	86	342
heart and Circulation ..	29	50	10	6	67	18	41	53	25	299
lungs .. .. .	74	50	1	16	24	56	24	64	13	322
developmental—(a) Hernia ..	—	2	—	2	—	—	1	—	—	5
(b) Other .. .. .	14	3	—	—	—	10	4	3	4	38
orthopaedic—(a) Posture ..	2	3	—	—	1	3	8	1	2	20
(b) Flat Foot .. ..	9	—	—	—	9	1	9	1	1	30
(c) Other .. .. .	12	3	1	3	7	8	4	1	8	47
nervous System—(a) Epilepsy	3	5	—	3	1	6	5	7	1	31
(b) Other .. .. .	8	10	—	1	2	23	3	5	2	54
psychological—										
(a) Development .. ..	57	10	1	5	—	7	7	7	43	137
(b) Stability .. .. .	—	1	—	—	—	3	—	4	10	18
other Defects and Diseases ..	68	37	2	21	27	43	6	20	14	238
Totals .. .. .	474	391	68	166	388	370	379	459	325	3,020



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.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	2,000	80.00	387	26.49	618	33.19	713	61.30	465	65.31	207	28.32	683	44.61	1,019	74.54	2,025	80.93	8,117	58.70
B—Fair ..	472	18.88	926	63.38	1,197	64.29	422	36.29	224	31.46	476	65.11	794	51.86	318	23.26	457	18.27	5,286	38.22
C—Poor ..	28	1.12	148	10.13	47	2.52	28	2.41	23	3.23	48	6.57	54	3.53	30	2.20	20	0.80	426	3.08
Total ..	2,500		1,461		1,862		1,163		712		731		1,531		1,367		2,502		13,829	

## (ii) Second Age Group.

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 ..	822	83.03	298	18.84	576	26.63	378	45.16	430	51.07	103	15.19	416	43.06	1,014	58.99	1,257	66.09	5,294	45.33
B—Fair ..	166	16.77	1,076	68.01	1,467	67.82	446	53.29	349	41.45	465	68.58	514	53.21	612	35.60	617	32.44	5,712	48.91
C—Poor ..	2	0.20	208	13.15	120	5.55	13	1.55	63	7.48	110	16.23	36	3.73	93	5.41	28	1.47	673	5.76
Total ..	990		1,582		2,163		837		842		678		966		1,719		1,902		11,679	

## (iii) Third Age Group :—

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 ..	696	84.67	157	17.70	416	29.34	252	53.28	431	47.31	137	27.02	426	53.59	610	62.18	882	69.39	4,007	49.68
B—Fair ..	123	14.96	667	75.20	982	69.25	215	45.45	360	39.52	306	60.36	317	39.87	331	33.74	382	30.06	3,683	45.67
C—Poor ..	3	0.37	63	7.10	20	1.41	6	1.27	120	13.17	64	12.62	52	6.54	40	4.08	7	0.55	375	4.65
Total ..	822		887		1,418		473		911		507		795		981		1,271		8,065	



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

A—Good.		B—Fair.		C—Poor.		Total No. Inspected.
No.	%	No.	%	No.	%	
50	52.63	44	46.32	1	1.05	95

(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 ..	3,518	81.59	842	21.43	1,660	29.98	1,343	54.31	1,326	53.79	447	23.33	1,525	46.33	2,643	64.99	4,164	73.37	17,468	51.88
B—Fair ..	761	17.65	2,669	67.91	3,690	66.63	1,083	43.79	933	37.85	1,247	65.08	1,625	49.36	1,261	31.00	1,456	25.66	14,725	43.74
C—Poor ..	33	0.76	419	10.66	188	3.39	47	1.90	206	8.36	222	11.59	142	4.31	163	4.01	55	0.97	1,475	4.38
Total ..	4,312		3,930		5,538		2,473		2,465		1,916		3,292		4,067		5,675		33,668	



TABLE III.

RETURN OF HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

A. NUMBER OF HANDICAPPED PUPILS NEWLY PLACED IN SPECIAL SCHOOLS OR HOMES DURING THE YEAR.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	1	1	1	1	—	—	—	4
B. Partially Sighted .. ..	—	1	2	—	—	2	—	—	1	6
C. Deaf .. .. .	—	—	2	4	—	—	1	—	3	10
D. Partially Deaf .. ..	—	—	—	—	—	—	1	—	—	1
E. Delicate .. .. .	12	—	2	2	1	—	—	—	—	17
F. Educationally Sub-normal	18	1	—	—	2	2	8	—	—	31
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	1	1
H. Maladjusted .. .. .	2	2	3	—	1	1	3	1	—	13
I. Physically Handicapped	2	3	—	—	4	—	1	—	1	11
Total .. .. .	34	7	10	7	9	6	14	1	6	94

B. NUMBER OF HANDICAPPED PUPILS NEWLY ASCERTAINED AS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	1	1	—	2	—	1	1	6
B. Partially Sighted .. ..	—	—	2	1	—	—	—	—	7	10
C. Deaf .. .. .	1	—	—	—	2	—	1	—	—	4
D. Partially Deaf .. ..	—	2	—	—	—	—	1	—	—	3
E. Delicate .. .. .	12	1	2	1	1	—	—	—	159	176
F. Educationally Sub-normal	27	23	8	11	11	2	6	7	6	101
G. Epileptic .. .. .	1	1	—	1	—	—	—	1	2	6
H. Maladjusted .. .. .	2	2	2	1	—	—	—	—	2	9
I. Physically Handicapped	7	3	4	2	5	1	—	1	5	28
Total .. .. .	50	32	19	18	19	5	8	10	182	343



TABLE III—*continued.*

## C. NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL DAY SCHOOLS ON THE 31ST DECEMBER, 1949.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind .. .. .	—	—	—	—	—	—	—	—	—	—
Partially Sighted .. .. .	—	—	—	—	—	—	—	—	—	—
Deaf .. .. .	—	—	1	—	—	—	1	—	—	2
Partially Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
Delicate .. .. .	36	—	—	—	—	—	—	—	—	36
Educationally Sub-normal	83	2	—	—	15	—	22	—	—	122
Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	8	—	—	—	—	—	—	—	—	8
Total .. .. .	127	2	1	—	15	—	23	—	—	168

## D. NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL BOARDING SCHOOLS ON THE 31ST DECEMBER, 1949.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind .. .. .	3	4	1	5	1	2	2	2	6	26
Partially Sighted .. .. .	6	4	4	3	1	3	2	1	5	29
Deaf .. .. .	1	11	10	4	3	2	6	2	6	45
Partially Deaf .. .. .	—	—	—	—	—	—	1	—	—	1
Delicate .. .. .	1	—	2	2	1	—	—	—	—	6
Educationally Sub-normal	—	1	3	1	1	1	2	—	1	10
Epileptic .. .. .	—	—	—	—	—	—	1	—	1	2
Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	1	5	1	—	3	1	1	—	—	12
Total .. .. .	12	25	21	15	10	9	15	5	19	131



TABLE III—*continued.*

## E. NUMBER OF HANDICAPPED PUPILS BOARDED IN HOMES ON THE 31ST DECEMBER, 1949.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. ..	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. ..	2	2	3	—	—	1	2	—	—	10
I. Physically Handicapped	—	—	—	—	—	—	—	—	—	—
Total .. .. .	2	2	3	—	—	1	2	—	—	10

## F. NUMBER OF HANDICAPPED PUPILS ATTENDING ASSISTED SCHOOLS UNDER APPROVED ARRANGEMENTS ON THE 31ST DECEMBER, 1949.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. . . .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. ..	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	—	—	1	—	—	—	1
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. ..	—	—	—	1	—	—	1	—	—	2
I. Physically Handicapped	—	—	—	—	—	—	—	—	—	—
Total .. .. .	—	—	—	1	—	1	1	—	—	3



TABLE III—*continued.*

## G. NUMBER OF HANDICAPPED PUPILS REQUIRING PLACES IN SPECIAL SCHOOLS OR HOMES BUT REMAINING UNPLACED.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind .. .. .	—	—	—	—	—	1	—	1	—	2
Partially Sighted .. .. .	—	—	—	1	—	—	—	—	24	25
Deaf .. .. .	2	4	2	—	4	—	1	1	—	14
Partially Deaf .. .. .	1	2	2	—	—	1	—	—	31	37
Delicate .. .. .	—	1	5	2	—	—	1	—	380	389
Educationally Sub-normal	5	55	39	27	36	15	26	23	89	315
Epileptic .. .. .	—	1	—	2	1	1	—	2	3	10
Maladjusted .. .. .	—	2	2	1	—	—	—	—	2	7
Physically Handicapped	—	1	7	3	8	5	2	1	38	65
Total .. .. .	8	66	57	36	49	23	30	28	567	864

## H. NUMBER OF HANDICAPPED PUPILS RECEIVING HOME TUITION (INCLUDING THOSE ALSO RETURNED IN "G") ON THE 31ST DECEMBER, 1949.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind .. .. .	—	—	—	—	—	—	—	—	—	—
Partially Sighted .. .. .	—	—	—	—	—	—	—	—	—	—
Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
Partially Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
Delicate .. .. .	—	—	—	—	—	—	—	—	—	—
Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	—	1	4	—	2	1	2	—	1	11
Total .. .. .	—	1	4	—	2	1	2	—	1	11



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.									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin—										
Ringworm—Scalp :										
(i) X-ray Treatment ..	—	8	—	—	—	—	—	—	—	8
(ii) Other Treatment ..	—	3	12	14	—	1	9	2	19	60
Ringworm—Body ..	3	13	9	26	2	1	14	4	20	92
Scabies .. ..	16	25	18	34	17	11	22	11	90	244
Impetigo .. ..	26	41	16	42	33	44	19	8	112	341
Other skin diseases ..	165	52	12	78	27	19	68	13	176	610
Minor Eye Defects (external and other, but excluding cases falling in Group II) ..	259	18	9	110	52	26	80	3	14	571
Minor Ear Defects .. ..	153	113	23	77	42	20	76	8	37	549
Miscellaneous (e.g. minor injuries, bruises, sores, chil-blains, etc.) .. ..	792	40	6	995	330	333	234	—	21	2,751
Total .. ..	1,414	313	105	1,376	503	455	522	49	489	5,220

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.									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Errors of Refraction (including Squint) .. ..	617	1,590	1,463	695	508	714	1,182	1,591	728	9,080
Other Defects or Disease of the Eyes (excluding those recorded in Group I) ..	—	23	—	1	17	—	3	—	22	60
Total .. ..	617	1,613	1,463	696	525	714	1,185	1,591	750	9,140

	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 Prescribed ..	440	573	869	370	442	344	414	538	656	4,640



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 ..	259	85	293	83	44	117	6	112	366	1,365
(b) For other nose and throat conditions ..	—	—	42	—	—	94	—	—	1	137
(ii) Other Forms of Treatment .. .. .	—	13	25	—	—	—	—	5	29	72
Total No. Treated ..	259	98	360	83	44	211	6	117	396	1,574

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
1) No. treated as In-patients	2	8	14	5	6	11	1	5	7	59
2) No. treated otherwise at Clinics, etc. .. ..	885	647	891	267	462	584	711	394	38	4,879
Total No. Treated ..	887	655	905	272	468	595	712	399	45	4,938
Total No. of attendances at Orthopaedic Clinics ..	1,641	1,407	2,160	715	1,299	900	1,246	988	655	11,011



TABLE V.  
DENTAL INSPECTION AND TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(1) No. of children inspected by the Dentist—										
(a) Routine Age Group ..	12,999	3,648	303	2,781	4,509	—	1,961	303	378	26,882
(b) Special .. .. .	454	1,146	2,101	191	698	1,489	995	93	2,779	9,946
Total (a) and (b) ..	13,453	4,794	2,404	2,972	5,207	1,489	2,956	396	3,157	36,828
(2) No. found to require treat- ment .. .. .	7,949	3,022	2,121	1,302	2,235	1,445	2,300	306	3,100	23,780
(3) No. treated .. ..	6,078	1,846	2,059	1,609	1,429	1,399	1,442	1,612	3,432	20,906
(4) Attendances for treatment	9,049	4,083	6,171	5,618	5,692	5,006	5,117	3,227	4,979	48,942
(5) Half-days devoted to—										
(a) Inspection .. ..	130	34	2	33	41	—	13	4	3	260
(b) Treatment .. ..	868	326	707	548	573	564	666	322	403	4,977
Total (a) and (b) ..	998	360	709	581	614	564	679	326	406	5,237
(6) Filling —										
(a) Permanent teeth ..	1,681	392	761	1,615	1,284	872	858	759	646	8,868
(b) Temporary teeth ..	1,710	76	99	581	1,248	112	454	443	1	4,724
Total (a) and (b) ..	3,391	468	860	2,196	2,532	984	1,312	1,202	647	13,592
(7) Extractions—										
(a) Permanent teeth ..	743	703	704	466	604	381	311	252	1,225	5,389
(b) Temporary teeth ..	5,664	5,799	3,757	3,834	4,090	3,144	2,625	1,694	5,556	36,163
Total (a) and (b) ..	6,407	6,502	4,461	4,300	4,694	3,525	2,936	1,946	6,781	41,552
(8) Administrations of general anaesthetics for extractions	2,143	1,327	644	399	1,259	511	703	311	3,045	10,342
(9) Other operations—										
(a) Permanent teeth ..	1,467	179	969	1,420	1,225	565	790	441	990	8,040
(b) Temporary teeth ..	657	38	97	82	251	80	412	118	629	2,364
Total (a) and (b)	2,124	217	1,066	1,502	1,476	645	1,202	559	1,619	10,404



TABLE VII.  
UNCLEANLINESS.

SHOWING THE RESULT OF THE EXAMINATION AND RE-EXAMINATION OF CHILDREN IN REGARD TO CLEANLINESS BY THE SCHOOL NURSES.

BOYS

	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.	%
Total No. of examinations of children in the schools by the School Nurses .. ..	26137		16240		17529		20816		12831		11799		9173		15882		23939		154346	
No. of individual children found unclean .. ..	994		994		994		994		994		994		994		994		994		994	
Head—																				
Clean .. ..	26038	99.62	15926	98.07	17357	99.02	20698	99.43	12701	98.99	11709	99.24	8955	97.62	15836	99.71	23562	98.43	152782	98.99
Nits .. ..	97	0.37	301	1.85	158	0.90	114	0.55	120	0.93	78	0.66	212	2.31	45	0.28	350	1.46	1475	0.95
Pediculi and sores .. ..	2	0.01	13	0.08	14	0.08	4	0.02	10	0.08	12	0.10	6	0.07	1	0.01	27	0.11	89	0.06
Body—																				
Clean .. ..	26089	99.81	16083	99.03	17424	99.40	20775	99.80	12780	99.60	11758	99.65	9155	99.80	15862	99.87	23854	99.64	153780	99.63
Dirty .. ..	47	0.18	156	0.96	105	0.60	41	0.20	49	0.38	41	0.35	18	0.20	20	0.13	84	0.35	561	0.36
Vermineous .. ..	1	0.01	1	0.01	—	—	—	—	2	0.02	—	—	—	—	—	—	1	0.01	5	0.01
Clothing—																				
Clean .. ..	26089	99.82	16067	98.93	17408	99.31	20774	99.80	12774	99.56	11753	99.61	9156	99.81	15863	99.88	23873	99.72	153757	99.62
Dirty .. ..	48	0.18	173	1.07	121	0.69	42	0.20	57	0.44	46	0.39	17	0.19	19	0.12	66	0.28	589	0.38
No. of re-examinations .. ..	493		1884		1650		443		1728		990		851		503		23593		32135	
Head—																				
Clean .. ..	257	52.13	1011	53.66	1134	68.73	158	35.67	1378	79.74	719	72.63	726	85.31	326	64.81	23350	98.97	29059	90.43
Nits .. ..	236	47.87	867	46.02	497	30.12	272	61.40	334	19.33	250	25.25	120	14.10	177	35.19	221	0.94	2974	9.25
Pediculi and sores .. ..	—	—	6	0.32	19	1.15	13	2.93	16	0.93	21	2.12	5	0.59	—	—	22	0.09	102	0.32
Body—																				
Clean .. ..	436	88.44	1413	75.00	1399	84.79	322	72.69	1484	85.88	847	85.56	829	97.41	398	79.13	23539	99.77	30667	95.43
Dirty .. ..	57	11.56	470	24.95	251	15.21	121	27.31	228	13.19	143	14.44	22	2.59	105	20.87	54	0.23	1451	4.52
Vermineous .. ..	—	—	1	0.05	—	—	—	—	16	0.93	—	—	—	—	—	—	—	—	17	0.05
Clothing—																				
Clean .. ..	430	87.22	1393	73.94	1397	84.67	318	71.78	1464	84.72	851	85.96	834	98.00	412	81.91	23548	99.80	30647	95.37
Dirty .. ..	63	12.78	491	26.06	253	15.33	125	28.22	264	15.28	139	14.04	17	2.00	91	18.09	45	0.20	1488	4.63



TABLE VII—continued.

## GIRLS.

	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.	%
No. of examinations	23071		12951		15011		17700		11774		10486		8939		13348		22950		136230	
Head—																				
Clean	22489	97.48	12273	94.77	14376	95.77	17142	96.85	10953	93.03	10102	96.34	8167	91.36	13145	98.48	20627	89.88	129274	94.89
Nits	580	2.51	661	5.10	613	4.08	548	3.09	804	6.83	354	3.37	764	8.55	200	1.50	2252	9.81	6776	4.98
Pediculi and sores	2	0.01	17	0.13	22	0.15	10	0.06	17	0.14	30	0.29	8	0.09	3	0.02	71	0.31	180	0.13
Body—																				
Clean	23059	99.95	12872	99.39	14952	99.61	17679	99.88	11748	99.78	10468	99.83	8923	99.82	13332	99.88	22923	99.88	135956	99.80
Dirty	12	0.05	79	0.61	59	0.39	20	0.11	25	0.21	17	0.16	15	0.17	16	0.12	23	0.10	266	0.19
Vermineous	—	—	—	—	—	—	1	0.01	1	0.01	1	0.01	1	0.01	—	—	4	0.02	8	0.01
Clothing—																				
Clean	23054	99.93	12870	99.37	14941	99.53	17673	99.85	11747	99.77	10466	99.81	8929	99.89	13337	99.92	22929	99.91	135946	99.79
Dirty	17	0.07	81	0.63	70	0.47	27	0.15	27	0.23	20	0.19	10	0.11	11	0.08	21	0.09	284	0.21
No. of re-examinations	3374		4165		3652		2533		3630		2261		1550		1732		22757		45654	
Head—																				
Clean	969	28.72	1208	29.00	1514	41.46	172	6.79	1369	37.71	955	42.24	978	63.10	360	20.79	20959	92.10	28484	62.39
Nits	2405	71.28	2946	70.73	2005	54.90	2298	90.72	2159	59.48	1212	53.60	563	36.32	1330	76.79	1736	7.63	16654	36.48
Pediculi and sores	—	—	11	0.27	133	3.64	63	2.49	102	2.81	94	4.16	9	0.58	42	2.42	62	0.27	516	1.13
Body—																				
Clean	3314	98.22	3837	92.13	3485	95.43	2470	97.51	3389	93.36	2176	96.24	1545	99.68	1682	97.11	22734	99.90	44632	97.76
Dirty	60	1.78	320	7.68	167	4.57	63	2.49	222	6.12	77	3.41	5	0.32	50	2.89	22	0.09	986	2.16
Vermineous	—	—	8	0.19	—	—	—	—	19	0.52	8	0.35	—	—	—	—	1	0.01	36	0.08
Clothing—																				
Clean	3308	98.04	3810	91.48	3489	95.54	2467	97.39	3382	93.17	2171	96.02	1547	99.81	1685	97.29	22742	99.93	44601	97.69
Dirty	66	1.96	355	8.52	163	4.46	66	2.61	248	6.83	90	3.98	3	0.19	47	2.71	15	0.07	1053	2.31