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Glamorgan County Council.

EDUCATION COMMITTEE.

Annual Report

OF THE

School Medical Officer

ON

**Medical Inspection of Children in Maintained Primary and
Secondary Schools for the Year 1951**

BY

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

CARDIFF
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1952

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

I have pleasure in presenting the Annual Report on the work of the School Health Service for the year ended December 31st, 1951. It has been prepared mainly by my deputy, Dr. R. T. Bevan, and the report on the Rhondda Excerpted District has been contributed by Dr. D. J. Thomas, the District School Medical Officer. Mr. Geoffrey Exley commenced his duties as Principal of the Glamorgan Residential School for the Blind in August, and has furnished a brief report on the work of the school. It only remains for me in this introduction to refer to some of the main features of the year's work.

The routine school medical inspection of the pupils on entry, during their last year in the primary school and the final year in the secondary school, is still the major task of the School Health Service. The number of examinations is conditioned by the number of children in the age groups concerned, and this varies from year to year, those seen in 1951 being somewhat less than the previous year, as shown in the brief summary given on page 7. It will be noted, however, that 1,209 more special examinations were made, this increase reflecting the trend which has taken place since the introduction of the Education Act, 1944, of paying greater attention to the handicapped child in order that education according to his "age, aptitude and ability" may be provided. Such special examinations are a most important duty of the Assistant School Medical Officers, who are able to give considerable assistance to parents requiring help and advice.

The provision of more special residential schools will further increase this work and also add to the existing problems arising from the reluctance of some parents to send their children away from home. If they can be satisfied of the real advantages to be gained by education in such schools their minds are relieved of anxiety. We are fortunate in having available such a fine school as our own Residential School for the Blind at Bridgend, and also the School for the Deaf provided by the Welsh Joint Education Committee at Llandrindod Wells. Schools for the educationally sub-normal and physically handicapped are also required, and some progress towards this end has been made during the year. It will be noted that there are at present attending the ordinary schools two hundred educationally sub-normal children who have been recommended for education in a special boarding school.

There have not been any major changes during the year in the arrangements made for treatment of defects discovered at routine inspection. Children with defective vision, orthopaedic defects not requiring operation, and minor ailments are, with certain exceptions, dealt with in the Authority's clinics.

There has not, as yet, been any extension of the Hospital Service to include refraction and orthopaedic clinics for children, but the present arrangements are working satisfactorily.

The South-East Divisional Medical Officer, Dr. D. Trevor Thomas, has furnished an account of an audiometric survey carried out in his Division. This is included in the report. It is proposed to carry out such surveys throughout the County, thus not only obtaining an accurate estimate of the number of children with hearing loss, but defects for which treatment can be provided are also brought to notice. Of 250 children referred to the Assistant School Medical Officer at a clinic held for the purpose, the temporary deafness of forty-eight was cured and 132 were still attending for treatment.

The School Health Service can be of assistance in advising the Youth Employment Officer on the suitability for employment of school leavers from the health point of view, and arrangements have been made to ensure that the Youth Employment Department receives health reports in every case. Colour blindness can be a bar to engagement in the police force and other specialised posts, and although colour vision tests with coloured wools have been used as a routine in the past, the more accurate and scientific Ishihara test card is now used for the testing of all children at the age of eleven.

The health of the school children in Glamorgan is better now than ever before, and school meals have contributed to this improvement. The Authority have provided some first-class canteens, and not only is the quality of the food high, but the possibility of food poisoning is carefully guarded against. Lectures to canteen staffs at schools, and also courses at Dyffryn House, at which Assistant School Medical Officers have given talks on food hygiene, have been arranged by the Director of Education.

One of the major causes of death and crippling in the age group 5-15 is road accidents. In 1950, for example, out of eighty-six deaths in this group in Glamorgan, fifteen were due to such accidents. The Road Safety Committee have been active in dealing with this problem, and the Education Committee have provided barriers, where necessary, outside schools. During 1951 there were nine road deaths in the age group referred to. This showed a welcome reduction, but no effort must be spared in overcoming this grave loss of young life, and the health visiting staff are assisting in impressing on children and parents, not only the dangers on the road, but also factors in the home which cause burns, scalds, etc.

Speech defects can cause much unhappiness to children and the growth of the Speech Therapy Service is a satisfactory feature of the year's work. The three Speech Therapists treated 570 cases, and Miss B. M. Edwards and Miss E. I. Chislett have commented on the results achieved. Forty cases were discharged from treatment as cured.

There were no major epidemics of infectious disease, other than measles. Diphtheria has now become a rare disease in children. Increased poliomyelitis incidence has been a cause of concern during recent years, but fortunately, in 1951, there were only twenty-four recorded cases in the County.

Mr. John Young, the Senior Dental Officer, reports on the School Dental Service, which is totally inadequate through shortage of staff to deal with more than a small fraction of the dental work to be done among school children.

An increase of the health visiting staff is a satisfactory feature, as these officers have an important function as advisers to the family on health matters in addition to the routine duties which they perform in the schools.

In conclusion, it is my pleasant duty to thank for their co-operation and help all members of the staff, and in this I include those from other departments who have contributed to the work of the School Health Service, both directly and indirectly.

Last, but not least, I desire to thank the Chairman, County Alderman Mrs. F. Rose Davies, M.B.E., J.P., and the members of the Education Committee for their assistance and help.

I am,

Your obedient servant,

W. E. THOMAS,

County School Medical Officer.

SCHOOL MEDICAL OFFICER'S DEPARTMENT.

STAFF.

The Medical, Dental, and Senior Nursing Staff of the School Health Service during the year 1951 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. LLEWELLYN 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, M.B., B.CH., B.SC., 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., M.D., B.SC., B.S., D.P.H.

D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H.

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

ASSISTANT MEDICAL OFFICERS.

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

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

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

ALYS M. JENKINS, M.B., B.CH., B.SC.

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

BRENDA M. MEAD, M.B., B.CH., C.P.H.

WINIFRED E. PROBERT, M.R.C.S., L.R.C.P., D.P.H.

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

OLWEN V. REES, M.B., B.CH.

ESME S. ROGERS, M.B., B.CH., D.R.C.O.G.

JACK ROSEN, M.R.C.S., L.R.C.P. (From 1st June, 1951.)

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

Temporary.

G. VINE COLE, M.R.C.S., L.R.C.P. (To 30th April, 1951.)

N. K. CONTRACTOR, M.R.C.S., L.R.C.P.

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

ELIZABETH G. JAMES. (From 11th November, 1951.)

MAIR LLOYD JENKINS, M.B., B.CH. (To 7th November, 1951.)

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., C.P.H.

JEAN E. MORGAN, M.B., CH.B.

MARY PARRY JONES, M.R.C.S., L.R.C.P., D.P.H.

JENNET REES, M.B., CH.B., D.P.H.

Part-time.

- PHILIPPA DYSON, M.B., B.CH., M.R.C.S., L.R.C.P. (From 4th December, 1951.)
 GWEN EDWARDS, M.R.C.S., L.R.C.P., D.O.M.S. (From 30th October, 1951.)
 MARY EVANS, M.D., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.
 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.
 IAN C. PEEBLES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., C.P.H. (From 19th March, 1951.)
 D. HUBERT J. WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

CONSULTING ORTHOPAEDIC SURGEONS.

- DILLWYN EVANS, F.R.C.S.
 G. ROWLEY, F.R.C.S.
 E. W. MEURIG WILLIAMS, B.S.C., M.B., B.CH.

CONSULTING OPHTHALMOLOGIST.

- R. E. PACKER, M.B., CH.B., D.O.M.S.

SENIOR DENTAL OFFICER.

- JOHN YOUNG, L.D.S.

DENTAL SURGEONS.

- W. U. AUERBACH, M.D. (Berlin).
 F. S. S. BAGULEY, L.D.S.
 JOHN I. HUGHES, L.D.S. (To 31st March, 1951.)
 H. JONES, L.D.S. (From 19th November, 1951.)
 C. I. T. MORGAN, L.D.S.
 P. D. M. ROWLANDS, L.D.S. (To 26th May, 1951.)
 AGNES N. WALLACE, L.D.S. (To 31st May, 1951.)
 H. P. R. WILLIAMS, L.D.S.

Part-time.

- D. J. ANDREWS, L.D.S. (From 6th October, 1951.)
 MARY M. M. DAVIES, L.D.S.
 T. J. DAVIES, L.D.S.
 F. G. EVANS, L.D.S.
 D. V. GIBBS, L.D.S., R.C.S. (From 15th August, 1951.)
 J. E. JONES, L.D.S.
 W. A. PEACH, L.D.S.
 PAULINE THOMAS, L.D.S., R.C.S.
 J. M. THOMAS, L.D.S., R.C.S. (To 5th June, 1951.)
 A. W. TIPPLE. (From 6th September, 1951.)

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, M.B., B.CH., B.SC. (To 12th May, 1951.)
 JOY A. MASON, M.B., B.CH.
 NESTA G. MORGAN, M.B., B.CH., M.R.C.S., L.R.C.P.

ASSISTANT DENTAL SURGEONS.

MARGARET E. BYRNE, B.D.S.

Part-time.

ALUN R. OWEN, L.D.S.
 D. G. E. ROBERTS, B.D.S., R.C.S.

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 the 31st December, 1951, was 117.

The time devoted to School Health Service work during the year is equivalent to the whole-time of 35.58 nurses.

The staff engaged in ancillary services included :—

- one whole-time physiotherapist ;
- three whole-time speech therapists ;
- 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 1941-1951.

STAFF.	1941.	1946.	1947.	1948.	1949.	1950.	1951.
(i) Assistant Medical Officers ..	9 [†]	16 ^{††}	20 ^{†††}	21	25	27	27
(ii) Consultants	1	1	1	3	4	4	4
(iii) Dental Surgeons	12*	15	19	15	12	13	9
(iv) School Nurses	28 ^{§§}	40 [†]	40	84	110	119	125
MEDICAL INSPECTION.							
(i) Routine Examinations ..	12,184	18,468	22,690	34,167	33,668	29,232	28,973
(ii) Special Examinations ..	1,888	2,977	5,033	7,943	8,030	8,341	9,550
(iii) Re-examinations	5,388	10,137	12,678	25,625	28,455	24,931	20,147
Totals	19,460	31,582	40,401	67,735	70,153	62,504	58,670
DENTAL INSPECTION.							
(i) No. of children inspected by School Dentists	28,331	49,201	54,224	59,059	36,828	51,479	35,790
TREATMENT.							
(i) No. of Treatment Centres ..	43	49	57	60	50	48	51
(ii) Attendances at School Clinics.							
(a) Dental	38,587	39,926	49,281	67,022	48,942	48,970	38,871
(b) Refraction	4,802	6,696	9,067	13,385	11,824	12,068	10,862
(c) Orthopaedic	2,699	2,984	5,748	9,004	11,011	10,066	12,170
(d) Minor ailments	—	—	—	18,793	12,757	10,797	9,241
(e) Speech Therapy	—	—	—	2,361	3,526	3,641	5,144
Totals	46,088	49,606	64,096	110,565	88,060	85,542	76,288
(iii) Treatment.							
(a) No. of teeth extracted	31,823	29,980	34,075	48,472	41,552	49,245	33,809
(b) No. of fillings	14,945	15,116	20,244	25,337	13,592	10,987	7,654
(c) No. of teeth filled ..	—	—	—	—	—	9,661	7,058
(d) No. of other operations	7,698	7,518	10,270	17,156	10,410	6,740	6,590
Totals	54,466	52,614	64,589	90,965	65,554	76,633	55,111
SCHOOL NURSES.							
(i) No. of examinations of children at school for uncleanness	192,996	280,950	266,506	326,991	290,576	298,550	310,127
(ii) No. of re-examinations ..	32,213	24,985	31,573	73,185	77,789	75,637	76,542
(iii) No. of visits paid to homes ..	31,810	30,388	32,255	34,257	36,065	28,104	27,761

* Including two temporary Assistant School Dental Officers.

† Includes one trained Orthopaedic Nurse.

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

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

‡ Including two temporary Assistant School Medical Officers.

§§ Including two trained Orthopaedic Nurses and two temporary School Nurses.

|| Including three part-time Assistant Dental Officers.

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

The figures for 1948, 1949, 1950, and 1951 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 Exceeded District are also included.

1. SCHOOL MEDICAL INSPECTION.

The School Health Service originated with the introduction of routine medical inspection of school children, and this work should still be regarded as the basis of the Service. There are some who doubt the value of this medical inspection and suggest that it could be replaced by a system whereby particular children suspected as suffering from defects could be referred for examination by the school doctor. Examination would then depend upon requests by school teachers or parents and the observations of the visiting school nurses. It is considered that such a method, at this time, would be inadvisable, and it is of interest to note that out of a total of 28,973 children inspected at routine examination, no less than 5,090 required some form of treatment.

Most children are seen at the Infant Welfare Clinics during their first year of life, but from that time, until they enter school, they are very rarely submitted to medical examination. It often happens that the mother has further babies and finds it difficult to bring the toddler to the clinic. The pre-school years are an important period in the child's development, and a medical review on entry into school is of immense value. In addition to finding defects, the Doctor's interview with the mother at routine school medical inspection is important as a means of health education. It is now the exception for the mother not to be present when her child appears for examination.

It is satisfactory to report that there has been no serious curtailment of routine inspections carried out in 1951, as compared with 1950. This has been made possible by the employment of part-time medical officers, but it is to be hoped that in the future it will be possible once again to have a full complement of medical officers who regard preventive medicine as their chosen career.

Nutrition.

The following table shows the percentage of children who have, on routine medical inspection, been classified as of poor nutrition. The figures are somewhat disappointing as they show a rise, as compared with 1950, but I must again state that statistics related to nutrition tend to be misleading, because of the extraordinary difficulty of laying down standards. When one looks at the school population in Glamorgan as a whole there is not the slightest doubt that the general level of nutrition has shown a marked improvement during the course of years, and that at no time has the health of school children been better.

PERCENTAGE OF PUPILS CATEGORISED AS OF POOR NUTRITION, 1948-51.

Division	Entrants				2nd Age Group				3rd Age Group			
	1948	1949	1950	1951	1948	1949	1950	1951	1948	1949	1950	1951
Aberdare and Mountain Ash ..	1.28	1.12	0.56	0.81	1.35	0.20	Nil	1.37	2.53	0.37	0.55	1.88
Caerphilly and Gelligaer	3.23	10.13	7.20	9.85	4.80	13.15	12.76	12.07	2.19	7.10	6.30	5.06
Mid-Glamorgan	4.71	2.52	1.98	2.52	5.24	5.55	2.84	5.96	2.36	1.41	1.42	1.60
Neath and District	0.81	2.41	5.43	3.18	1.07	1.55	3.04	1.06	0.23	1.27	1.53	1.60
Pontypridd and Llantrisant	3.87	3.23	2.61	5.18	5.21	7.48	7.82	10.35	4.65	13.17	9.63	17.88
Port Talbot and Glyncoed	5.34	6.57	4.00	2.42	7.42	16.23	11.61	7.14	4.90	12.62	4.44	4.57
South-East Glamorgan	0.94	3.53	1.39	1.32	3.14	3.73	4.20	9.46	2.52	6.54	8.54	11.99
West Glamorgan	2.37	2.20	2.56	1.84	2.80	5.41	4.51	3.86	1.90	4.08	2.35	2.20
Rhondda	1.91	0.80	0.58	0.95	2.49	1.47	0.72	1.38	1.05	0.55	0.50	Nil
Total	2.64	3.08	2.33	2.87	3.67	5.76	4.87	6.54	2.35	4.65	3.44	5.20

2. MILK AND MEALS IN SCHOOL.

Two of the major factors responsible in the improved nutritional state of the school population have been the introduction of free school milk and the provision of school meals.

The pupils who have obtained milk and meals at school are as follows :—

It is important that the milk supplied to schools should be of satisfactory quality and that there should be no risk of infection via the milk. With this in view, a pasteurised milk supply has been chosen wherever practicable. This is illustrated in the following table :—

	Number			Percentage		
	1949	1950	1951	1949	1950	1951
Pasteurised	93,813	91,601	93,154	87.98	86.52	84.33
Tuberculin Tested	578	250	1,382	0.54	0.24	1.25
Accredited	64	131	Nil	0.06	0.12	Nil
Ungraded	466	182	16	0.44	0.17	0.01
Number not receiving milk ..	11,704	13,715	15,913	10.98	12.95	14.41

3. CLEANLINESS.

The following table shows the improvement which has taken place in the cleanliness of school children since the introduction of the School Health Service. The war years resulted in a temporary arrest of progress but the more recent figures show that again a steady improvement is taking place. Due credit must be given to the health visitors and school nurses, since not only have they been the means of detecting uncleanness, but they have also educated the mothers in the prevention and treatment of infestation :—

	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
1950	0.8	4.2	0.2	0.1
1951	0.8	3.5	0.2	0.1

4. HANDICAPPED PUPILS.

The ascertainment of handicapped pupils and the provision of suitable educational treatment for them are two of the most important functions of the School Health Service. A child may become handicapped as a result of illness or accident in early childhood or as a result of an inherited or congenital defect. Recent developments in the field of therapeutic and preventive medicine tend to reduce the residual defects of disease, and so one finds that the inherited defects are responsible for a greater proportion of the handicapped pupils than they were in the past. It is becoming clear that preventive medicine in the future will pay greater attention to the prevention of inherited defects. Adequate treatment of the expectant mother has practically abolished congenital syphilis and blindness due to gonococcal infection is now almost unknown.

RETURN TO MINISTRY OF EDUCATION FOR 10TH OCTOBER, 1951.

Division	Number of Pupils					Number of Pupils taking Meals								Number of Pupils taking Milk					No. of Absent Pupils provided with Milk	No. of Canteens	No. of Schools and Departments served	No. of Schools and Departments not served	
						Primary			Secondary			Nursery	Special	Total	Primary	Secondary	Nursery	Special					Total
	Primary	Secondary	Nursery	Special	Total	Free	Pay-ment	Total	Free	Pay-ment	Total												
Aberdare	7471	3358	35	88	10952	342	1203	1545	242	1043	1285	35	88	2953	6940	2434	35	88	9497	10	54	75	—
Caerphilly	9144	2978	34	—	12156	587	3360	3947	174	1702	1876	34	—	5857	8646	2312	34	—	10992	—	65	76	—
Mid-Glamorgan ..	10782	4276	94	100	15252	469	4857	5326	239	2511	2750	94	100	8270	9886	2694	94	92	12766	15	76	91	—
Neath	7958	1822	32	—	9812	240	3625	3865	60	1133	1193	32	—	5090	7136	1146	32	—	8314	—	48	58	—
Pontypridd	8751	2490	23	14	11278	513	1882	2395	191	911	1102	23	8	3528	8094	1625	23	14	9756	—	40	63	1
Port Talbot	6698	1243	—	—	7941	307	1800	2107	41	560	601	—	—	2708	6141	810	—	—	6951	—	32	40	—
South-East Glamorgan	11622	2659	49	24	14354	278	3883	4161	50	1633	1683	49	24	5917	10456	1736	49	24	12265	8	62	87	—
West Glamorgan ..	6930	2606	29	—	9565	383	4280	4663	187	2007	2194	29	—	6886	6025	1577	29	—	7631	—	56	69	—
Totals	69356	21432	296	226	91310	3119	24890	28009	1184	11500	12684	296	220	41209	63324	14334	296	218	78172	33	433	559	1
Rhondda	12306	6604	245	—	19155	806	2092	2898	724	2212	2936	229	—	6063	11721	4414	245	—	16380	17	86	95	—
Totals	81662	28036	541	226	110465	3925	26982	30907	1908	13712	15620	525	220	47272	75045	18748	541	218	94552	50	519	654	1

Percentage of pupils present who took meals (excluding Rhondda)—45.13 per cent.
Increase on May return—0.83 per cent.

Percentage of pupils present who took meals (including Rhondda)—42.79 per cent.
Increase on May return—0.77 per cent.

Increase in Rhondda—0.42 per cent (i.e. from 31.23 per cent to 31.65 per cent).

Report on the ...

Year
1900
1901
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...

It would appear, therefore, that in the future the demand for special schools for the blind would be greatly reduced. In actual fact, however, there is a short waiting list for the Bridgend School for the Blind. The majority of pupils are suffering from defective vision of genetic origin. Included in this category at the Bridgend school at present are a number of children known as albinos, whose blindness is associated with a lack of pigment and they are conspicuous by their white hair.

What appears to be a new problem is arising from the better treatment of premature babies. In the past many of these children died but, due to better treatment, they are now surviving. A small proportion of the very small premature babies are found to be suffering from blindness due to the condition known as Retrolental fibroplasia, and provision will have to be made for them. It is now thought that some of these children are also mentally affected, and it may be that some are ineducable. The cause of the disease is not known, except that it is associated with prematurity and, therefore, up to the present time no satisfactory preventive or therapeutic measures have been devised.

A cause of congenital defect which has received prominence of late is German Measles occurring in the pregnant woman. The hope of prevention here is much greater, and plans are being prepared so that when an expectant mother has been in contact with German Measles she will be given convalescent serum, which will safeguard her from the infection.

The numerically largest category of handicapped pupil is the Educationally Sub-normal, and it is very probable that the genetic factor is the most important in this group but, at the same time, it must be recognised that there is an environmental factor.

Handicapped pupils can be provided for in the following ways :—

- (a) In ordinary schools with special educational facilities.
- (b) In day special schools.
- (c) In residential special schools.
- (d) In hospital schools.
- (e) Home tuition.

The limitations of home tuition must be realised. In the first place, the actual number of hours tuition must be limited, but what, in my opinion, is more important, is that the child loses all the advantages of tuition in association with other children. Home tuition is, therefore, only recommended when all other forms of tuition are unavailable. The Ministry of Education have stipulated certain conditions before home tuition is authorised. These conditions are as follows :—

- (i) The children's condition is such that it is inadvisable to send them to a special or ordinary school.
- (ii) Their physical disabilities are such that no school will admit them, or
- (iii) They are awaiting a vacancy at a special school.

The Ministry expressly state that "the refusal by a parent to allow his child to go away to a boarding special school cannot be regarded as an 'extraordinary circumstance' justifying the provision of home tuition."

(a) *Educationally Sub-normal Pupils.*

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

The present position in the County is summarised as follows :—

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	—	346	—	—	346
Education in Special Day School	—	82	99	—	181
Education at Boarding School	4	200	15	10	229
Total	4	628	114	10	756

It will be clear from the above table that there is a pressing need for residential schools, and it is hoped that in the near future the Committee's proposals to establish a special school for educationally sub-normal boys at "Hendre" will materialise.

(b) *Blind and Partially Sighted Pupils.*

(Blind Pupils, that is to say pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.)

(Partially Sighted Pupils, that is to say pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.)

This year I have pleasure in reproducing the first annual report of Mr. Geoffrey Exley, the new Principal of the Glamorgan Residential School for the Blind :—

"This year has been a very eventful one in the life of the school. On the first day of the year we welcomed a new Matron, Miss M. Jones, who took over from Miss R. R. Thomas, the senior mistress, who acted so well as matron during 1950.

In early February the school suffered a great loss when Mr. F. E. Hewitt, its first Principal, passed away after a prolonged illness. The success and traditions of the school are due to the untiring devotion and professional integrity of Mr. Hewitt, whose influence on blind education was felt throughout the British Isles.

Mr. A. W. Morgan capably acted as Principal until I was appointed on the 1st August.

In July, Miss R. R. Thomas left the school to take up the post of headmistress at the Corley Open Air School, near Coventry. The school lost a very devoted servant and the children a well-loved friend.

Mrs. Richards also left in July. She had been temporarily Head of the Kindergarten and her place was taken by Miss N. M. Williams. This department of the school is flourishing in a pre-fabricated building, which was opened by County Alderman Mrs. F. Rose Davies on the 26th February.

The school lost another long-standing member of its staff when Mr. A. F. Hobbs, basket making instructor, died after an illness of several months, at the Bridgend General Hospital. His place was taken by Mr. E. Angove, an old pupil, who received most of his training in basket making from Mr. Hobbs.

Mrs. S. C. Parfitt, who was the first pupil of the school, left at the end of the year. She was taught shorthand and typewriting at the school, and ably carried out her duties as shorthand-typist for eighteen years.

The senior girls' choir, trained by Miss K. E. Blake, sang at the Schools' Festival of Britain Concert, and its singing was loudly applauded.

A pupil, Tom Salmon, aged thirteen, was successful in passing the examination for entrance to the Worcester College for the Blind.

The traditional events of the year, namely eisteddfod, sports, and Christmas concert, reached their usual high standard, and the Christmas festivities this year were particularly successful.

With the exception of a few minor ailments the health of the pupils on the whole has been excellent.

The school was pleased to welcome back County Alderman Mrs. F. Rose Davies, Chairman of its Committee, after a long period of forced idleness through illness, and hopes she will now continue to gain strength."

(c) *Maladjusted Pupils.*

(That is to say pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustment.)

"The Lindens" Hostel, Penarth, has continued to function, and has been the centre around which has been built the County Council scheme for the treatment of maladjusted pupils. It is realised, however, that essential though a hostel is, only a small proportion of children are considered suitable for hostel rehabilitation. Every effort must be made to retain the child in its own home. The cause of the maladjustment is almost invariably the home background, and removing the child from this background is an admission of failure of other forms of treatment.

Excellent co-operation has been maintained with the Child Psychiatric Clinics and, in particular, the clinic at the Cardiff Royal Infirmary. The aim of treatment is the readjustment of the child in its own family. To do this, contact must be maintained with the family. Parents are interviewed and every effort is exerted to retain the contact between the child and its home when he is resident at the hostel. During school holidays the children spend some time at home. When feasible, week-ends at home are arranged in term time. These are difficult to arrange when the child is admitted from a distant authority.

During the year a review was made of children discharged from the hostel. Their homes were visited in an attempt to assess the benefits of residential treatment. The results were as follows :—

IMPROVEMENTS IN BEHAVIOUR.

	Glamorgan and Cardiff children				Children from other Authorities				Total			
	None	Slight	Moderate	Good	None	Slight	Moderate	Good	None	Slight	Moderate	Good
Boys ..	8	0	5	9	2	2	0	1	10	2	5	10
Girls ..	2	0	1	3	1	0	0	1	3	0	1	4
Total ..	10	0	6	12	3	2	0	2	13	2	6	14

The results must be reviewed taking into consideration that many of the children have shown delinquent behaviour before admission, some having appeared at Juvenile Courts on a number of occasions, and that in nearly all cases there has been a failure to respond to treatment at Child Psychiatric out-patient departments or at Child Guidance Clinics. In other words, there has been a severe degree of maladjustment in all cases prior to admission.

It will be seen that in 40 per cent of the cases the result has been good, whereas 37 per cent have shown no improvement as assessed some time after discharge.

Reference must be made to the staff of Whitchurch Mental Hospital, without whose assistance it would be impracticable to retain the hostel. Our thanks are especially due to Dr. J. P. Spillane, the visiting psychiatrist, and Mrs. A. M. Jones, the psychologist, who have devoted much time and energy to the children.

Mrs. M. S. Jones, the Matron, retired at the end of the year. She had served the hostel well during the very difficult period of its growth.

(d) *Deaf and Partially Deaf Children.*

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

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

During 1951 an audiometric survey was carried out in the South-East Divisional area. Similar surveys will be made in other areas, but it is of interest to record the results of this survey, which illustrates the benefits which can be obtained.

The following account by Dr. D. Trevor Thomas, the Divisional Medical Officer, is, therefore, included:—

“Defective Hearing in School Children—an Audiometric Survey.

Throughout the history of mankind, deafness has been a disabling defect, and conversely, acuity of hearing of great advantage. For the school child the ability to hear oral instruction is of prime importance.

Some of the handicaps of the deaf described by I. R. Ewing, a pioneer in this field, are listed as—

- Severe educational difficulties ;
- Limitations of employment ;
- The tendency to psychological disorders ;
- A sense of inferiority and frustration ;
- A general withering effect in the well-being.

By comparison with public health progress and provision in other fields, the problem of defective hearing appears to have been a neglected one.

Some form of *group-testing* is necessary in school children, and the method generally used by school authorities is the use of the *gramophone audiometer*. This is an effective ‘screen’ enabling the subsequent investigation and treatment of those school children found to have defective hearing. The instrument consists of a gramophone which has a record which relays over headphones a list of digits or simple words at intensities decreasing in about three decibel steps, i.e. the words are spoken more and more quietly until no longer heard by the normal ear.

It is not claimed that the gramophone audiometric test is a perfect one, as it has its limitations. It has been criticised on the grounds that it is too much of an intelligence test rather than a hearing one—and some children may fail to understand it. Thus it can be seen that the experience and understanding of the operator is important. In this way groups of upward of twenty children can be tested at the same time.

About fifteen months ago, one of the health visitors in the South-East Division, Miss Sage, was sent to the L.C.C. Services to be trained in the use of the gramophone audiometer. On her return, arrangements were made to group-test the 7–12 age group of school children in this Division. Experience has shown that seven is the earliest age at which a child can understand and give full co-operation in the audiometric testing.

The nurse first visited a school and explained the procedure to the head teacher, emphasizing the necessity of having a room where there was as little extraneous or background noise as possible. On a subsequent day the children would be tested in groups of fifteen to twenty. Those who failed the test the first time were re-tested, usually at a subsequent session. It was found that more than half of those who had failed successfully passed the second test, having overcome their nervousness or having understood more clearly what was required of them. As seen in Table I approximately eleven per cent of the children failed the first test, and approximately four per cent failed the final test. These figures are very similar to those quoted for audiometric surveys in America and in this country.

TABLE I.

	Number Tested	Failures First Test	Failures Second Test
Boys	3,163	317	123
Girls	3,144	391	127
Totals	6,307	708 (11%)	250 (4%)

Those children who failed to pass the second or final test were referred for examination by one of the Assistant School Medical Officers (Dr. Reed) at special clinics, which were held at the various centres.

TABLE II.

Clinics held	Number of Sessions	Number of Attendances
Barry	8	123
Penarth.. .. .	7	116
Whitchurch	9	69
Cowbridge	2	14
Talbot Green	1	23

As seen in Table III, some were treated at these special clinics, while some were referred to the E.N.T. Hospital, Ely, for specialist opinion and subsequent hospital treatment where required. The health visitor also attended this clinic to re-test those who had received treatment.

TABLE III.

Examined by M.O. at Clinic	Referred to E.N.T. Specialist	Recommended Hospital treatment	Still attend Clinic for treatment	Cured	Failed to attend for treatment	Permanently impaired
250	26 (10%)	8	132	48	28	8

Table IV shows the causes of defective hearing as far as could be ascertained in those cases investigated.

TABLE IV.

Resulting from Otitis Media	Catarrh	Wax	Mastoidectomy	Other causes
69 (31%)	78 (35%)	40 (18%)	8 (4%)	25 (11%)

'Other causes' included Polypi and other local conditions and also those children who failed because they were educationally sub-normal.

It will be noted that about sixteen per cent of the failures were due to the presence of excess wax in the ears, the condition being cured by careful syringing.

The majority of the remainder failed because of some degree of chronic Otitis Media (inflammation of the middle ear) or a catarrhal condition of the naso-pharynx producing blockage of the Eustachian tubes. Many of these latter improved after politzerisation, which was carried out by the Medical Officer at the special clinics.

One important result of an audiometric survey is that the operator is in a position to indicate to the teachers which children suffer from defective hearing, and then arrangements can be made for these to occupy desks in the most advantageous position for hearing.

It would appear that this alone makes an audiometric survey worth while."

(e) *Physically Handicapped and Delicate.*

(Physically Handicapped Pupils, that is to say pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.)

Delicate Pupils, that is to say pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school.)

Children suffering from many varying types of medical defects fall within these categories. In some instances the defects are so crippling that it is impossible for them to be taught in any type of school, and in such cases home tuition becomes the only means of tuition. At present thirty-six are receiving tuition in their own homes. It is difficult to obtain vacancies in special schools, particularly when dual defects exist. One of the most distressing types of defect is cerebral palsy, and special residential school vacancies are few. It is hoped that in the not too distant future there will be a school in South Wales. Some children who are not severely handicapped are able to attend a special day school, and in this respect the Open Air School at Aberdare continues to fulfil a very useful purpose.

(f) *Epileptic Pupils.*

(That is to say pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a special school.)

In many cases the epileptic child can be taught in the ordinary school if the epileptic fits are not of a severe character and do not occur too frequently. The treatment of epilepsy continues to show advances, and the importance of such treatment cannot be stressed too strongly. The general practitioner plays an essential part in this, but some parents regard the fits as inevitable and do not attend the family doctor with the regularity that is desirable, nor do they ensure that their children carry out the treatment prescribed with sufficient care. Modern therapeutics can very often control the attacks, and it is felt that there should be a far smaller incidence of children suffering from gross epilepsy.

Epilepsy associated with behaviour difficulties is a numerically small problem, but when it does occur it is very distressing and there is a very real shortage of suitable institutional accommodation for this type of case.

(g) *Pupils with Speech Defects.*

(That is to say pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness require special educational treatment.)

The Speech Therapy Service continues to expand, and the present staff consists of three speech therapists.

Miss Barbara Edwards, L.C.S.T., reports as follows :—

“Barry, Penarth, Pontypridd, and Ystrad Mynach Clinics.

In January a clinic was set up in Penarth on Saturday mornings. Later in the year a survey of school children in the area was carried out. The head teachers reported a total of sixty children in need of attention. Fortunately, the majority of cases did not show severe defects and the incidence of stammering was very low, only four cases were noted.

Each year children are referred for treatment following operation for cleft palate. Some attend twice weekly, and the plastic surgeon follows up their progress at regular intervals.

The Pontypridd clinic continues to receive cases from the Rhondda area. One child, severely handicapped by cerebral diplegia, is brought each week by ambulance.

The attendance throughout the year at the Barry clinic has been good, and it is slowly improving in the Ystrad Mynach area.”

Miss E. I. Chislett, L.C.S.T., who works the Mid-Glamorgan and Port Talbot and Glyncoerrwg Division, reports as follows :—

“In addition to the speech clinics at Bridgend, Port Talbot, and Maesteg, a fourth clinic was opened at Nantymoel in February. Seven children from Nantymoel and Ogmores Vale had been attending the Bridgend clinic and their transfer to Nantymoel prevented them from losing a half day, and in some cases a whole day, at school. Attendance at this clinic has been excellent, except during June and July, when the children were naturally anxious to spend Saturday mornings out of doors.

The attendance at the other clinics has been good, markedly so at Port Talbot, where a number of patients travelled every week for a considerable time from Swansea and the surrounding areas. One patient attended regularly from Brecon. These patients were transferred to Miss Margaret Edwards’s clinic in September.

Of those cases treated in the clinics, stammerers far outnumber patients with other speech defects. Among the stammerers the majority are older children who, unfortunately, have either left or are leaving school before their speech is absolutely cured. I felt that these were the children most in need of immediate treatment and guidance if they were to maintain their effort to cure their speech defect in later life.

A large proportion of stammerers referred to me were older boys attending grammar or technical schools, who had to choose between attending the clinic and losing time at school. In those cases where the boys felt that they could not afford to lose school time I endeavoured to advise them and their parents of simple speech exercises and relaxation in speech, which they could practise at home and would probably help them.

Many children in addition to a stammer have diverse symptoms of psychological disturbance, such as nocturnal enuresis, nail biting, thumb sucking, etc. One boy, aged thirteen, whether from a desire to attract attention to himself, or because he felt that his speech debarred him from normal social intercourse, threatened to commit suicide. These symptoms, however, frequently disappear when the child is treated in a class with other stammerers and is relieved of his fear of being different from other children. Frequently these accompanying symptoms are directly caused by the well-meaning but misplaced efforts of the child's parents, who may over-stimulate or try to force the child to speak normally. In these cases the parents usually welcome and faithfully carry out any advice given them, with a consequent improvement in the child's speech.

Of other cases treated in the clinic, the majority are children with general or multiple dyslalia. Here the full co-operation of the parents is essential, since a great deal of home practise is necessary. The progress of these cases is rarely spectacular, but where there is full co-operation, is usually rewarding. Several of the younger children originally referred with dyslalia, had normal speech when called to the clinic. It is difficult in the young child to differentiate between childish speech and a true dyslalia, and the period of awaiting a clinic appointment often served to resolve this problem.

Children with cleft palate have been given priority of admission to the clinics, as it is essential that they are treated as soon as possible after closure of the cleft. It would be ideal if these patients and those children whose speech defects are directly caused by dental abnormalities could be given orthodontic treatment in conjunction with speech therapy.

It is unfortunate that a fairly high number of children default when their speech has improved or is apparently cured. Similarly, several children have not returned to the clinic after a temporary discharge. It is essential that every child be under observation for a short time to ensure that the cure is permanent.

The teachers of the patients have been most co-operative in sending reports on the children's speech at school, and several doctors in general practice have recommended that children with any speech disorder should attend the clinic.

During the year only one parent, whose child was referred for a severe stammer, refused treatment."

The recent growth of the service can be seen by reference to the following figures :

	1948	1949	1950	1951
Total number of individual cases ..	175	325	356	570
Total number of attendances ..	2,361	3,526	3,641	5,144

SPEECH THERAPY.

Analysis of Work	Clinics											
	Aberdare	Bridgend	Cadoxton (Barry)	Maesteg	Mountain Ash	Nantymoel	Neath	Penarth	Pontypridd	Port Talbot	Ystrad Mynach	Total
Total number of individual cases seen	59	79	43	38	22	14	31	21	79	78	106	570
Total number of attendances	328	986	455	500	99	186	152	168	873	698	699	5144
Number of current cases at 31st December, 1951	39	33	17	14	14	9	26	9	29	23	36	249
Total number of cases remaining on waiting list at 31st December, 1951	51	79	22	32	50	6	164	60	24	10	28	526
Number of cases under observation (immediate treatment not necessary)	—	6	14	1	—	1	—	6	20	9	27	84
Analysis of discharged cases :												
(a) Non-treatment cases—												
(i) Treatment not considered necessary ..	6	6	1	4	4	—	2	—	5	6	8	42
(ii) Failed to attend after diagnosis ..	2	12	—	3	1	—	1	—	—	9	3	31
(iii) Unsuited for treatment	—	—	—	2	1	—	—	2	—	1	1	7
Totals	8	18	1	9	6	—	3	2	5	16	12	80
(b) Treatment cases—												
1. Treatment discontinued for various reasons—												
(i) Poor health	2	—	—	—	—	—	1	—	—	—	—	3
(ii) Lack of parental co-operation ..	1	—	—	—	—	—	—	—	1	—	—	2
(iii) Poor attendance or non-attendance	6	15	2	9	—	1	—	—	6	12	17	68
(iv) Pressure of school work	—	—	1	—	—	—	—	—	2	—	—	3
(v) Left district	—	—	—	1	—	—	—	1	2	14	1	19
(vi) Left school	—	—	—	2	—	—	1	—	3	2	2	10
2. Discharged—speech improved	—	1	3	—	—	—	—	—	4	2	4	14
3. Discharged—speech normal (cured) ..	3	6	5	4	2	1	—	3	7	2	7	40
Totals	12	22	11	16	2	2	2	4	25	37	31	164
General progress of cases :												
Much improved	10	13	10	8	3	4	7	2	18	10	17	102
Satisfactory	11	17	12	5	7	5	10	8	20	9	30	134
Little improvement	16	3	3	1	4	—	7	2	4	4	10	54
Temporarily discharged	2	11	6	3	—	2	—	3	7	6	6	46
Table of symptoms of cases treated at clinic :												
Stammering	22	32	15	19	12	8	13	3	34	30	42	230
Dyslalia	18	17	15	3	2	3	5	13	22	12	39	149
Cleft palate	2	2	8	2	1	—	7	1	10	4	7	44
Deafness	—	4	1	1	—	1	1	—	2	—	4	14
Lateral "s"	7	1	4	1	3	—	1	2	5	3	6	33
Interdental "s"	4	3	—	2	2	—	1	—	1	5	—	18
Rhinolalia (nasality)	—	1	—	1	1	—	—	—	1	2	1	7
Dyserthria	—	2	—	—	—	—	3	—	1	3	—	9
Dysphonia	—	—	—	1	—	—	—	—	—	—	1	2
Low I.Q.	2	—	—	—	—	1	—	2	1	—	2	8
Retarded speech	4	5	—	1	1	—	—	—	2	3	4	20

(h) *Holiday Arrangements.*

As will be seen from the Statistical Tables, there are 100 Glamorgan pupils at special residential schools, and at each of the school holiday periods arrangements are made for them to return home, as it is considered that these children should not lose touch with their home environment. The travelling arrangements for the pupils present many problems, as many of the children are very severely crippled, while the schools are situated from as far north as Boston Spa in Yorkshire to Ivybridge in South Devon.

Detailed arrangements are made to ensure that each child is accompanied over every stage of the journey home and on the return to school, but wherever possible arrangements are made for groups of children to travel together in the care of suitable escorts drawn from parents or members of the staff, etc. I am indebted to the District Commercial Superintendent of the British Railways, who has always been most helpful and co-operative in arranging for compartments and seats to be reserved for handicapped pupils at each busy holiday period, when travelling even for physically fit persons is sometimes extremely difficult.

The pupils at the Llandrindod Wells Residential School for the Deaf travel by motor coaches covering both the east and west of the county. The children on these journeys are set down at the nearest Divisional Health Office or clinic to their home, and it has been found that this arrangement has met with the general approval of the parents.

5. INFECTIOUS DISEASES.

(a) *Diphtheria, Scarlet Fever, Whooping Cough, Measles.*

It is customary to report the incidence of these diseases at length in the Annual Health Report, but since these are the notifiable infectious diseases which affect the school population, a passing reference will be made to them in this report.

The diagram shows the incidence and it will be seen that numerically measles is by far the most important. During 1951 there was a marked epidemic of measles. Diphtheria is disappearing and has ceased to be a major problem, but this is no reason to relax the intensive immunisation campaign in the school and pre-school population.

ADMINISTRATIVE COUNTY OF GLAMORGAN
NOTIFICATION OF INFECTIOUS DISEASES
DURING 1951

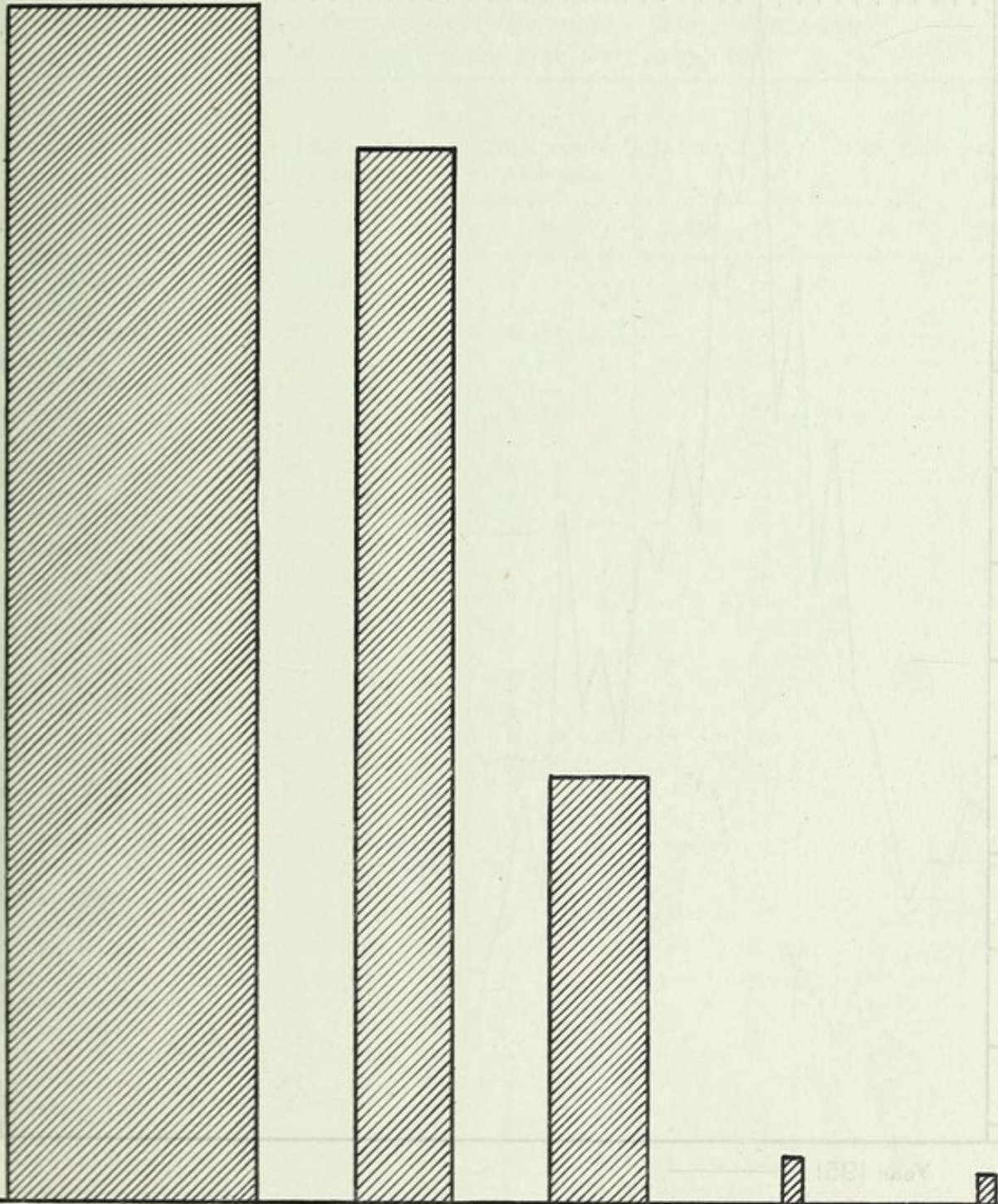
Measles
(8,030 CASES)

Whooping Cough
(2,716 CASES)

Scarlet Fever
(1,102 CASES)

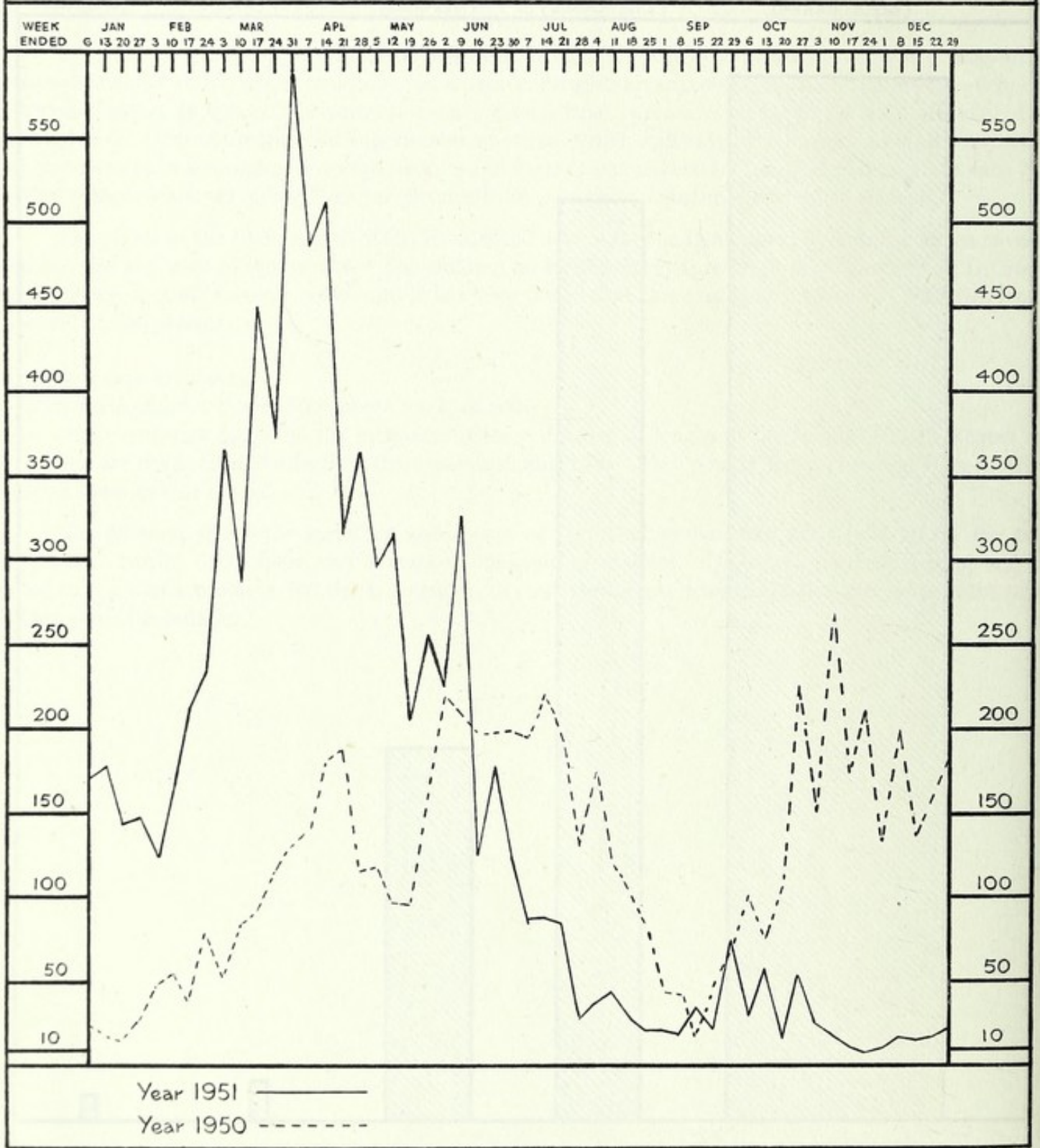
Acute
Poliomyelitis
(24 CASES)

Diphtheria
(15 CASES)



ADMINISTRATIVE COUNTY OF GLAMORGAN

NOTIFICATION OF INFECTIOUS DISEASES — MEASLES



(b) Tuberculosis.

Particular interest has been taken in the prevention of tuberculosis in the school child, and where there has been any suggestion of a possible source of infection in a school, investigations have taken place. The Mass Radiography Unit and Chest physicians of the Welsh Regional Hospital Board have been particularly co-operative.

During the year 604 school children received B.C.G. vaccination. The following tables show the schools in which X-ray surveys have been carried out during the year :—

MASS RADIOGRAPHY SERVICE.
SURVEYS CARRIED OUT AMONGST GLAMORGAN SCHOOL CHILDREN
DURING THE YEAR ENDING 31ST DECEMBER, 1951.

School	Total number Examined			Total number Abnormal			Definite P.T.			Obs. P.T.			Other Abnormalities of the Chest		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Technical College, Treforest ..	133	133	—	1	1	—	—	—	—	—	—	—	1	1	—
High School, Cowbridge ..	100	—	100	8	—	8	—	—	—	2	—	2	6	—	6
Grammar School, Cowbridge ..	120	120	—	5	5	—	—	—	—	4	4	—	1	1	—
Dolau Mixed, Llanharan ..	46	28	18	1	—	1	—	—	—	—	—	—	1	—	1
Senior School, Llantwit Major ..	28	14	14	—	—	—	—	—	—	—	—	—	—	—	—
Senior School, Tirphil ..	71	44	27	3	3	—	—	—	—	1	1	—	2	2	—
Junior and Infants' School, Tirphil ..	152	86	45	—	—	—	—	—	—	—	—	—	—	—	—
Junior School, Hendre ..	236	116	120	3	1	2	—	—	—	—	—	—	3	1	2
Infants' School, Hendre ..	206	104	102	1	1	—	1	1	—	—	—	—	—	—	—
Infants' School, Maerdy ..	226	120	106	1	1	—	—	—	—	1	1	—	—	—	—
Infants' School, Blaenllechau ..	115	56	59	4	1	3	—	—	—	1	—	1	3	1	2
Secondary School, Beddau ..	186	100	86	8	4	4	—	—	—	3	2	1	5	2	3
Junior School, Beddau ..	350	149	201	10	7	3	—	—	—	2	1	1	8	6	2
Infants' School, Beddau ..	31	31	—	1	1	—	—	—	—	—	—	—	1	1	—
Junior School, Penrhiwceiber ..	189	162	27	1	1	—	—	—	—	1	1	—	—	—	—
Secondary Modern, Penrhiwceiber ..	137	70	67	2	1	1	—	—	—	1	—	1	1	1	—
Infants' School, Penrhiwceiber ..	160	77	83	1	1	—	1	1	—	—	—	—	—	—	—
Grammar School, Mountain Ash ..	452	233	219	5	3	2	1	1	—	1	—	1	3	2	1
Technical School, Bridgend ..	546	472	74	4	4	—	1	1	—	1	1	—	2	2	—
Grammar School, Neath ..	55	28	27	3	—	3	1	—	1	—	—	—	2	—	2
Miscellaneous, Neath ..	95	36	59	4	—	4	1	—	1	—	—	—	3	—	3
Junior Mixed, Clydach ..	363	190	173	15	8	7	—	—	—	4	2	2	11	6	5
Grammar School, Pontardawe ..	350	174	176	21	9	12	—	—	—	1	—	1	20	9	11
Hendrefadog Infants' School ..	77	46	31	—	—	—	—	—	—	—	—	—	—	—	—
Hendrefadog Secondary Modern ..	284	154	130	6	3	3	—	—	—	1	—	1	5	3	2
Infants' School, Tylorstown ..	133	77	56	1	—	1	—	—	—	—	—	—	1	—	1
Junior School, Tylorstown ..	356	188	168	5	2	3	—	—	—	—	—	—	5	2	3
Infants' School, Stanleytown ..	52	25	27	—	—	—	—	—	—	—	—	—	—	—	—
Infants' School, Pontygwaith ..	136	70	66	—	—	—	—	—	—	—	—	—	—	—	—
Junior Mixed School, Pontygwaith ..	174	76	98	—	—	—	—	—	—	—	—	—	—	—	—
Aberllechau Infants' School ..	137	72	65	4	3	1	—	—	—	1	1	—	3	2	1
Aberllechau Mixed School ..	266	134	132	4	—	4	1	—	1	1	—	1	2	—	2
Infants' School, Ynyshir ..	201	107	94	3	2	1	2	1	1	—	—	—	1	1	—
Boys' and Girls' School, Ynyshir ..	357	175	182	5	2	3	1	—	1	—	—	—	4	2	2
Grammar School, Porth ..	242	71	171	2	1	1	—	—	—	—	—	—	2	1	1
Secondary Modern, Porth ..	39	39	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ..	6,801	3,777	3,024	132	65	67	10	5	5	26	14	12	96	46	50

6. SCHOOL DENTAL SERVICE.

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

"I regret to have to report that the Dental Service of the County still suffered in 1951 from the great staffing shortage which hampered our activities in the preceding two years. We are, of course, not in any way different from other authorities in this respect, but in Glamorgan we have tried as far as possible to maintain some semblance of our established routine, although all too frequently it seemed to be in danger of becoming, in certain areas, an emergency service.

At the beginning of the year 1951 our dental staff consisted of eight whole-time dental officers and seven part-time dental officers. During the year three whole-time officers and one part-time officer resigned. Towards the end of the year we acquired one whole-time dental officer and three part-time officers, giving us at the end of the year six whole-time officers and nine part-time officers, the amount of service given us by part-time officers varying from one to four half-day sessions per week. With this depleted staff it became necessary to restrict our activities, but we were able to maintain services at twenty-six centres fairly regularly and, with the welcome addition of a whole-time officer in the late autumn, we were enabled to reopen three clinics in the Neath and Port Talbot Division, making twenty-nine centres which, with the five centres of the Rhondda Excepted area, gave a total of thirty-four centres for the whole County.

The loss of the services of a whole-time officer and a part-time officer in the Mid-Glamorgan Division in 1951 has had a disastrous effect upon the dental service in that Division and, at the moment, it is only possible to hold five half-day sessions fortnightly in the Division, three being held at Bridgend and one each at Ogmere Vale and Maesteg respectively. In the Pontypridd and Llantrisant Division it has been possible to hold only three, and occasionally four, half-day sessions weekly at Tonyrefail and Talbot Green. I very much regret that so far it has not been possible to hold any sessions at the very important centre of Pontypridd.

The loss of a whole-time officer in the South-East Division had an equally bad effect in this Division, bringing about a complete cessation of service there, but the engagement of three part-time officers in the autumn brought some slight relief to this Division. The appointment of a whole-time officer in the late autumn to the Neath Division holds promise that the dental service of this Division will greatly improve. This officer also gives two half-day sessions in the Port Talbot Division, which will give much needed relief in the Cymmer and Blaengwynfi areas.

During the year under review, 35,790 children were inspected, and 26,388 were found to require treatment. 20,874 were referred for treatment and 17,843 were actually treated or re-treated, and 38,871 attendances were recorded. 830 fillings were inserted into temporary teeth, and 6,824 fillings were inserted into permanent teeth, giving a total of 7,654 fillings. The Ministry now requires a return to be made of the number of teeth filled. It can be readily understood that any one tooth may require two or even more fillings, and our report to this effect is that 794 temporary teeth were filled and 6,264 permanent teeth were filled, giving a total of 7,058 teeth filled. 28,327 temporary teeth and 5,482 permanent teeth were extracted, a total of 33,809 extractions. 6,590 other operations were recorded, and 11,533 administrations of nitrous oxide and oxygen were given at our gas centres for dental extractions.

In former years I have frequently made the comment that the number of extractions in relation to the number of fillings is regrettably high. I am afraid the figures for 1951 are no exception. I consider the loss of so many temporary teeth a very disturbing factor because the early loss of the deciduous dentition has invariably serious effects upon the permanent dentition, loss of space invariably leading to overcrowding of teeth in the permanent dentition when, unfortunately, frequently the only

remedy is further extractions, this time of the offending permanent teeth. The high number of extractions is due to the fact that because of our depleted dental staff we are not always able to follow up our inspections with prompt treatment, and teeth originally charted as saveable are found to require extraction when the children present themselves for treatment. Our efforts to apply the principle of 'Prevention is better than cure,' which is the essence of public health service, are thus rudely undermined and our energies have to be directed towards cure and repair.

The high number of other operations is largely due to the application of temporary palliative measures to applicants for emergency treatment, pending a routine appointment.

Despite our difficulties, conservation work in those Divisions where we have been able to maintain a reasonable amount of service reflects creditably upon the dental officers concerned. With the greater numbers of children needing treatment and insistent demands from parents for their children to be seen and treated there is a temptation to carry out less treatment for individuals to enable us to offer treatment to more children. This aspect has been reported by other authorities also.

The problem of emergencies and how to deal with their numbers still remains with us, and will, until happier days arrive. At present we deal with them as best we can. No applicant applies in vain, although sometimes a waiting period is inevitable but, in these instances, the occurrence of pain is allayed by palliative treatment in the first instance.

The new well-equipped clinic at Whitchurch has been completed and was opened for service towards the end of the year. We have the services of a part-time dental officer there for one session each week. The area has a large school population and more sessions there would be advantageous. A Walton gas apparatus has been installed, but the fuller development of this clinic can only be realised by the employment of the services of more officers, whole-time or part-time.

The transfer of the Skewen clinic from Coedffranc School to the Maternity and Child Welfare Clinic at Cefn Parc was effected in June. This clinic is very adequately equipped for routine treatment and for gas sessions and, in spite of its out-of-the-way position, is well attended.

We have still considered it advisable to curtail orthodontic treatment, but a limited amount is still done, and I must congratulate some of our officers upon the admirable results that have been achieved. A fair number of partial dentures have been supplied, mainly to County grammar school pupils whose teeth have had to be extracted and replaced by dentures to maintain an aesthetic and functional result.

Our clinics, with few exceptions, and our equipment are very much improved. New materials and improved techniques have arrived, our patients are more than willing to accept our service, and it is unfortunate that shortage of dental staff prevents further expansion. Those who have been accustomed to receiving treatment at our clinics prefer to visit us, and often they are referred back to us if they seek treatment elsewhere. A complete and satisfactory School Dental Service would show a handsome dividend in much improved national health."

7. COLOUR VISION.

Testing of colour vision was carried out during the year by the Ishihara method. Children in the eleven year age group were tested. The figures obtained were as follows :—

	<i>Boys.</i>	<i>Girls.</i>
Total number examined	3,743	3,354
Number colour vision defective	168	17
Percentage colour vision defective	4.49	0.51

8. REFRESHER COURSE FOR HEALTH VISITORS AND SCHOOL NURSES.

Once again a course was held at Dyffryn House during Whit week. The programme was as follows :—

	Subject	Lecturer
1st day ..	1. The Rhesus Factor	The Deputy County Medical Officer.
	2. The Physical and Mental Development of the Child	The Deputy County Medical Officer.
	3. Orthopaedic Treatment in School Children ..	Mr. Dillwyn Evans, F.R.C.S., Orthopaedic Surgeon.
2nd day ..	1. Infant Care	Dr. J. Jacobs, Paediatrician.
	2. Health Education	County Superintendent Health Visitor and School Nurse.
	3. Maladjusted and Mentally-retarded Pupils	The Deputy County Medical Officer.
3rd day ..	1. The School Medical Service	The County Medical Officer.
	2. The Children's Department	Miss Beti Jones, the Children's Officer.
	3. B.C.G. Inoculation	Professor F. Heaf.
4th day ..	1. The Training of the Health Visitor	Miss M. E. Davies, Health Visitor Tutor, Welsh National School of Medicine.
	2. The Premature Baby	Dr. H. R. Stubbins, Divisional Medical Officer, Neath and District Health Division.
	3. Family Planning	Dr. Grace Phillips.
5th day ..	Discussion.	

9. NEW SCHOOLS OR ADDITIONS.

During the year the County Architect completed the following new schools or additions to existing schools :—

<i>School.</i>	<i>Details.</i>
Rhiwbina Junior	Two additional classrooms.
Gelligaer Girls' Grammar	One additional classroom.
Penarth Grammar	New laboratory and handicraft centre.
Baglan Junior Mixed and Infants	New school.
Margam Groes Primary	Extensions and improvements to offices. Two classrooms.
Sandfields Primary	New school.
Pencoed Primary	One classroom.
Bettws	One classroom.
Neath Technical College	Permanent extensions.
Gowerton Boys' Grammar	Two classrooms.
Rhigos Primary	One classroom.
Cilfrew Primary	New vegetable store.
Glynneath Girls' Primary	New canteen scullery.
Melyncryddan Infants	New canteen scullery.
Neath Road Primary	New canteen scullery.

<i>School.</i>	<i>Details.</i>
Clydach Secondary	Extension of dining room and provision of additional vegetable store facilities.
Gwaun-cae-Gurwen Secondary ..	Extension of ante-room to provide additional washing-up facilities.
Llangyfelach Primary	Provision of additional storage facilities.
Pontypridd Girls' Grammar ..	Two classrooms.
Beddau Junior	Two classrooms.
Penywaun Infants	New school.

10. GENERAL REMARKS.

The size and age distribution of the school population is dependent upon the birth rate in previous years, and it is only now that the increased birth rate during the latter part of the war and immediate post-war years is being reflected in the infant departments of schools.

In Glamorgan the recent peak in the birth rate was in 1947, so that for the next few years the infant school population will be swollen. The birth rate is now falling, and the "bulge" will move from the infant to the primary and then to the secondary departments of our schools.

With the advancement of the Maternity and Child Welfare Service and the general improvement in the awareness of the value of health it has been found that there has been a slow but significant change in the type of problem confronting the School Health Service. No longer does the incidence of uncleanness present a major problem. Disease due to a preventable dietary deficiency is almost unknown, and it is rare to find a child in a school medical inspection suffering from an obvious defect which should have been treated in the pre-school years.

No longer is it as true, as stated by the School Medical Officer of the L.C.C. in his report for the year 1926 :—

"The School Medical Service is a receiver of damaged goods and spends most of its time and energies in patching them up."

The function of the School Medical Service has become largely that of maintaining health, detecting early departures from normal health, and arranging for the special education of children who have disabilities which prevent the maximum educational progress in ordinary schools. The provision of special schools for handicapped pupils is, therefore, of paramount importance. It is also essential that through liaison with the general practitioner service physical defects discovered at medical inspections are promptly treated. The inherited and congenital defects are of particular interest and their prevention offers a wide field for research.

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1951.

GENERAL.

The total number of pupils on the registers of the schools in the district at the end of 1951 was 20,866, this number being the highest in any year since 1944. Of the above total, 279 were in the two nursery schools, 13,812 were in primary schools, and 6,775 were in secondary schools, the latter group including whole-time pupils attending a technical institute. There were 3,193 children under five years of age on the registers of the primary schools.

MEDICAL INSPECTION.

The number of children inspected in the three specified age groups was 2,141, of whom 1,368 were in the "entrant" group, 506 were in the "second" age group, and 267 in the "third" age group; the number of children examined as "specials" was 533, and 3,169 children were re-examined, so that the total number of medical examinations amounted to 5,843.

The amount of medical inspections carried out during the year was approximately one half of that undertaken in the previous year, because there was a deficiency in the medical staff equivalent to one and a half whole-time assistant medical officers as compared with the previous year.

FINDINGS OF MEDICAL INSPECTION.

The assessment of the "general condition" of the children examined in the three routine age groups as being "good," "fair" or "poor" was largely based on the nutritional condition and the general apparent state of fitness of the children. As compared with previous years the definitions of the terms "good" and "fair" underwent some modification to the extent that children classified as "good" were in a better general condition than what was conceived as being satisfactory, whilst those children who were considered as being in a satisfactory general condition have been classified as "fair." In previous years children were classified as "good" if they were considered in a good average or in an excellent condition, and as "fair" if they were in a low average or slightly subnormal condition.

Of the children examined in the three routine age groups during 1951 the general condition of 58·53 per cent was regarded as "good," 40·54 per cent were "fair," and the remaining 0·93 per cent were classified as being in a "poor" general condition. The following table indicates the classification of the general condition of children examined in the last four years :—

	Number of children inspected in the three age groups	Good %	Fair %	Poor %
1948	5,337	65·0	33·1	1·9
1949	5,675	73·4	25·7	0·9
1950	4,266	70·7	28·7	0·6
1951	2,141	58·53	40·54	0·93

The table indicates that the proportion of children classified as "poor" has not undergone marked variation, but the proportions classified as "good" and "fair" have undergone considerable change in 1951 as compared with previous years; these changes have largely been attributable to a variation in the definition of the terms "good" and "fair" as indicated above, and the assistant medical officers who carried out the inspections have expressed the opinion that there was no serious deterioration in the general condition of the children inspected in 1951 as compared with those inspected in the three previous years. Nevertheless there are grounds for some anxiety in regard to the maintenance of the standard of the general condition of the children in the schools because during recent years the children have been deprived of adequate inspection and dental treatment, and there has been a considerable diminution in the number of school meals consumed since 1948.

Amongst the defects scheduled in Table IIA it may be noted that there was an increased incidence of otitis media and other ear defects amongst children examined in 1951 as compared with those examined in 1950; the incidence of lung defects was also slightly higher than in 1950. Defects of the heart and circulation, which were considered to require treatment, were considerably less frequent than in 1950, and there was a similar diminution in the incidence of postural defects.

Dental disease requiring urgent attention continued to be observed in a large proportion—23.9 per cent of the children examined in the code groups.

TREATMENT.

Minor Ailments.

The number of attendances made by children at the school clinics for treatment of minor ailments was 604 as compared with 528 attendances in the previous year; there was an increase in the number of attendances of children suffering from eye defects, which were treated under the direction of the ophthalmologist, but there was a considerable decrease in the number of attendances of children suffering from ringworm of the scalp, scabies, other skin diseases, and uncleanliness.

Defective Vision.

Eight hundred and sixty children were examined for refractive errors in the Authority's clinics, and the appropriate forms (O.S.C.2) were forwarded to the Secretary of the Glamorgan Executive Council.

Ear, Nose and Throat Defects.

According to the information submitted from the local hospitals 1,047 children were operated on for chronic tonsillitis and adenoids, thirty-nine children received operative treatment for ear defects, and forty-five children were operated on for other defects of the nose or throat. These figures indicate that the existing arrangements for operative treatment, particularly of diseased tonsils and adenoids, appear to be adequate for the needs of the children in this district.

Orthopaedic Treatment.

Mr. Rocyn Jones, F.R.C.S., Orthopaedic Surgeon, examined twenty-six children for the first time and re-examined eighty-six children at the Carnegie Centre during the year, and eight children were admitted to the Prince of Wales Hospital, Cardiff, on his recommendation. The facilities available for orthopaedic treatment in four of the school clinics in the district remained unused owing to failure to secure the services of a physiotherapist or of an orthopaedic nurse.

Hospital Treatment.

Apart from the information relating to children who received operative treatment for ear, nose, and throat defects, as indicated above, the figures relating to the numbers of children of school age who received treatment either as in-patients or out-patients in the hospitals serving the district were incomplete, but during the year copies of reports relating to 315 children were received from the East Glamorgan and Porth

and District Hospitals. Amongst sixty children who were treated for diseases of the alimentary system, forty were operated on for appendicitis; nineteen children were treated for fractures of various bones, and of forty-six children treated for various diseases of the lungs, eleven had bronchiectasis, eleven had pulmonary collapse, and seven had asthma. Amongst twenty-eight children treated for various nervous diseases, eleven had epilepsy, and a similar number were found to be suffering from psychogenic or emotional disturbances. Of twenty-eight children treated for the genito urinary group of diseases, ten had nephritis. The reports received from the hospitals were of interest to the medical staff and enabled the school nurses to offer advice in after-care in many instances.

Reports were also received in respect of fifteen children who were seen by the consultant psychiatrist at the Child Guidance Clinic at the East Glamorgan Hospital.

Dental Treatment.

The dental inspection and treatment of the school children were inadequate owing to lack of dental surgeons, the staff employed during the year being equivalent to approximately one and a third whole-time dental officers, who also devoted some of their time to the treatment of nursing and expectant mothers and of children under school age. Routine dental inspection was undertaken at only two schools, when 496 children were inspected, of whom 364, or 73·4 per cent, were referred for treatment; in addition, 3,424 children were examined as "specials." The number of children actually treated during the year was 3,902; no orthodontic appliances were provided, but partial dentures were supplied to ten children.

SCHOOL MEALS AND MILK.

Dinners were provided in all the schools in the district, but the number of dinners provided during the year was nearly 16 per cent less than the number provided in the previous year and 40 per cent less than in 1948, though the number of pupils on the registers in these respective years was approximately the same. The number of milk meals consumed in the schools was approximately the same as in previous years, and the examination of 100 samples taken during the year indicated that the milk was efficiently pasteurised.

INFECTIOUS DISEASES.

No confirmed case of diphtheria or of meningococcal infection occurred amongst the school population during the year. Scarlet fever and measles were prevalent amongst school children, 156 cases of the former and 193 cases of the latter disease having been notified. Scarlet fever was particularly prevalent in Treorchy during December, whilst measles was fairly prevalent throughout the district, and especially in Pentre Treherbert, Ystrad, Ferndale, and Maerdy from the middle of March to the middle of June. One child of school age was notified as suffering from Paratyphoid B, and one child was notified as suffering from the non-paralytic form of acute poliomyelitis.

HEALTH EDUCATION.

During the year a tentative scheme was initiated by the Superintendent of the School Nurses for the instruction of girls between 14 and 15 years of age, i.e. the "leavers" in the County secondary schools, in domestic hygiene and mother-craft; the course consisted of a series of talks, demonstrations, and practical work, and visits to the child welfare clinics. The girls took a keen interest in the subjects discussed and the impression was obtained that they derived considerable benefit from the instruction; consequently, with the co-operation of the head teachers, arrangements are being made for similar courses to be available for the "leaver" girls in the secondary schools in the district.

CONCLUSIONS.

(a) Though there was no definite evidence of a deterioration in the general condition of the school population judging from the condition of the children examined in the schools during the year, some anxiety is expressed regarding the maintenance of a satisfactory state of nutrition because the number of school meals consumed in the schools has progressively decreased since 1948, the diminution being approximately 40 per

nt, without a corresponding increase in the amount and variety of the foods available in the homes, and
 ce that year the amount of dental inspection and treatment available for school children has also been
 nsiderably curtailed. Adequate nourishment and healthy teeth are two most important factors in
 omoting a satisfactory general physical condition of children and adolescents.

(b) There continues to be a lack of suitable residential schools for physically handicapped children.
 e parents of many handicapped children are reluctant to consent to the admission of their children to
 hools situated at considerable distances from their homes, and the home tuition provided for these children,
 ually for one hour a day, does not in most instances satisfy their educational needs. It would be of
 vantage if a residential school for such children could be provided in South Wales.

D. J. THOMAS,

District School Medical Officer.

1951.

STATISTICAL APPENDIX.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC 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	Tot
Entrants	3,454	1,695	1,666	1,257	1,255	744	1,893	1,466	1,368	14,79
Second Age Group	730	1,193	1,376	757	1,024	588	814	699	506	7,68
Third Age Group	633	670	1,208	1,065	589	438	939	588	267	6,39
Total	4,817	3,558	4,250	3,079	2,868	1,770	3,646	2,753	2,141	28,88
Bridgend Blind School ..	—	—	91	—	—	—	—	—	—	9
Grand Total	4,817	3,558	4,341	3,079	2,868	1,770	3,646	2,753	2,141	28,97

B.—OTHER INSPECTIONS.

Group	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Tot
Special Inspections	1,388	900	579	1,763	1,534	1,473	589	791	533	9,55
Re-inspections	2,880	3,603	2,156	1,572	2,537	1,952	1,189	1,089	3,169	20,14
Total	4,268	4,503	2,735	3,335	4,071	3,425	1,778	1,880	3,702	29,69

C.—PUPILS 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	Tot
Entrants	35	7	9	10	101	1	14	17	3	19
Second Age Group	65	128	62	30	46	51	74	59	49	56
Third Age Group	64	43	73	63	—	35	77	50	36	44
Total	164	178	144	103	147	87	165	126	88	1,20
Bridgend Blind School ..	—	—	—	—	—	—	—	—	—	—
Grand Total	164	178	144	103	147	87	165	126	88	1,20

TABLE I.C.—PUPILS FOUND TO REQUIRE TREATMENT—*continued.*

(ii) For any other conditions recorded in Table II.A :—

Group	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
nts	309	325	220	263	178	112	515	239	254	2,415
d Age Group	62	171	118	81	162	173	114	127	72	1,080
Age Group	72	58	30	73	—	31	143	67	40	514
Total	443	554	368	417	340	316	772	433	366	4,009
nd Blind School ..	—	—	3	—	—	—	—	—	—	3
Grand Total	443	554	371	417	340	316	772	433	366	4,012

(iii) Total number of individual pupils requiring treatment :—

Group	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
nts	341	329	228	270	256	112	525	252	256	2,569
l Age Group	119	278	177	106	186	198	179	171	115	1,529
Age Group	111	90	103	133	100	61	207	114	70	989
Total	571	697	508	509	542	371	911	537	441	5,087
nd Blind School ..	—	—	3	—	—	—	—	—	—	3
Grand Total	571	697	511	509	542	371	911	537	441	5,090

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1951.

(i) Periodic Inspections—Number of Defects requiring treatment :—

Defect or Disease.	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	To
Skin	17	25	8	10	6	15	15	23	25	1
Eyes—(a) Vision	164	178	144	103	147	87	165	126	88	1,2
(b) Squint	5	39	17	11	9	9	52	9	29	1
(c) Other	9	20	3	7	9	2	15	9	35	1
Ears—(a) Hearing	—	6	5	3	4	—	6	5	2	
(b) Otitis Media	4	16	1	4	1	4	9	2	10	
(c) Other	2	7	3	3	1	3	3	5	6	
Nose or Throat	62	86	185	132	90	160	54	133	92	9
Speech	4	25	15	4	11	5	32	5	14	1
Cervical Glands	1	15	6	17	2	7	7	5	12	
Heart and Circulation	4	3	6	13	—	7	5	1	34	
Lungs	18	43	17	79	8	28	8	15	85	3
Developmental—(a) Hernia	1	5	1	—	—	2	1	—	1	
(b) Other	3	7	1	3	1	—	1	—	6	
Orthopaedic—(a) Posture	46	30	8	3	10	8	30	14	19	1
(b) Flat Foot	92	138	30	40	89	38	316	42	16	8
(c) Other	205	112	45	60	156	26	282	33	24	9
Nervous System—(a) Epilepsy	—	2	—	1	1	1	1	2	1	
(b) Other	—	4	1	—	—	—	1	4	—	
Psychological—										
(a) Development	1	2	3	3	8	5	2	9	2	
(b) Stability	—	—	—	—	1	3	—	—	1	
Other Defects and Diseases	8	22	28	54	58	6	7	156	9	3
Totals	646	785	527	550	612	416	1,012	598	511	5,6

TABLE II.A—PERIODIC INSPECTIONS—*continued*.

(ii) Number of Defects requiring to be kept under observation, but not requiring treatment :—

Defect or Disease.	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total.
.. .. .	57	78	64	25	39	11	6	14	65	359
(a) Vision	75	49	—	4	35	22	71	1	27	284
(b) Squint	33	33	8	21	17	14	13	4	30	173
(c) Other	13	31	10	2	30	—	5	5	12	108
(a) Hearing	14	41	7	7	19	2	4	3	1	98
(b) Otitis Media	20	25	4	1	11	6	9	—	3	79
(c) Other	11	8	9	5	15	3	—	1	6	58
or Throat	780	475	408	234	537	157	166	310	533	3,600
h	19	17	14	16	22	5	5	4	19	121
al Glands	77	261	265	232	223	82	40	125	390	1,695
and Circulation	51	138	181	52	99	26	96	15	132	790
.. .. .	154	395	193	95	123	51	26	27	84	1,148
opmental—(a) Hernia	9	13	9	—	9	7	3	3	4	57
(b) Other	236	26	12	4	12	6	5	1	41	343
paedic—(a) Posture	18	15	21	—	8	13	17	1	9	102
(b) Flat Foot	82	100	81	3	60	30	34	4	8	402
(c) Other	337	103	82	11	151	29	38	32	46	829
us System—(a) Epilepsy	5	4	2	1	3	2	4	1	—	22
(b) Other	9	24	5	1	5	2	3	1	2	52
ological—										
) Development	6	12	5	—	9	3	2	—	4	41
) Stability	8	2	1	2	2	1	2	1	—	19
Defects and Diseases	36	120	24	65	162	8	20	6	22	463
Totals	2,050	1,970	1,405	781	1,591	480	569	559	1,438	10,843

TABLE II.A.—*continued.*

(iii) 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	Td
Skin	8	17	4	7	5	14	2	6	2	
Eyes—(a) Vision	35	27	18	44	84	42	20	21	40	3
(b) Squint	1	1	3	6	3	6	1	1	2	
(c) Other	1	2	—	7	11	—	1	2	4	
Ears—(a) Hearing	2	15	3	13	4	2	3	8	1	
(b) Otitis Media ..	3	9	2	2	—	4	—	4	5	
(c) Other	8	14	2	10	1	2	10	6	—	
Nose or Throat	170	168	73	249	165	267	155	149	15	1,4
Speech	4	7	3	8	19	8	2	2	4	
Cervical Glands	—	1	1	18	8	2	2	—	—	
Heart and Circulation ..	9	4	5	6	5	11	3	6	12	
Lungs	14	27	8	62	31	38	5	9	10	2
Developmental—(a) Hernia ..	1	1	—	2	—	3	1	2	—	
(b) Other	2	—	—	5	1	3	—	2	1	
Orthopaedic—(a) Posture ..	8	8	—	3	8	1	2	6	3	
(b) Flat Foot	10	5	—	12	25	9	4	3	4	
(c) Other	16	14	6	22	61	13	2	2	6	
Nervous System—(a) Epilepsy	1	8	—	2	—	3	—	—	—	
(b) Other	3	7	1	4	1	3	—	—	—	
Psychological—										
(a) Development	1	53	81	19	53	1	33	49	—	2
(b) Stability	—	2	2	3	—	3	1	1	—	
Other Defects and Diseases ..	17	25	15	49	102	1	5	66	3	2
Totals	314	415	227	553	587	436	252	345	112	3,5

TABLE II.A—SPECIAL INSPECTIONS—*continued.*

) 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
.. .. .	18	12	3	11	12	10	—	11	5	82
(a) Vision	19	4	1	3	16	19	5	1	15	83
(b) Squint	3	1	—	8	6	11	—	1	1	31
(c) Other	2	2	1	5	13	—	—	1	11	35
(a) Hearing	6	25	1	2	18	5	11	2	1	71
(b) Otitis Media ..	10	8	—	2	1	18	1	4	3	47
(c) Other	20	15	1	9	8	6	4	3	—	66
Throat	341	134	18	145	280	271	104	57	17	1,367
.. .. .	2	5	—	4	30	9	1	3	—	54
Salivary Glands	11	33	9	85	98	79	11	17	13	356
Respiratory and Circulation ..	32	41	7	39	94	43	17	10	30	313
.. .. .	101	111	6	114	92	127	4	15	9	579
Abdominal—(a) Hernia ..	3	2	—	—	4	8	—	—	—	17
(b) Other	21	1	1	2	7	5	1	2	2	42
Podiatric—(a) Posture ..	9	2	—	2	14	6	—	—	1	34
(b) Flat Foot	11	14	5	—	28	17	1	2	2	80
(c) Other	17	8	12	2	35	16	3	4	4	101
Nervous System—(a) Epilepsy	6	6	1	1	—	16	—	—	—	30
(b) Other	8	13	—	3	9	12	—	5	2	52
Orthopaedic— Development	6	19	—	—	21	7	3	9	—	65
Stability	—	1	—	—	1	9	—	—	—	11
Defects and Diseases ..	75	66	—	41	82	7	2	8	24	305
Totals	721	523	66	478	869	701	168	155	140	3,821

TABLE II—continued.
B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE 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 ..	1,380	39.95	380	22.42	370	22.21	138	10.98	515	41.04	177	23.79	331	17.49	1,129	77.01	863	63.08	5,283	35.70
B—Fair ..	2,046	59.24	1,148	67.73	1,254	75.27	1,079	85.84	675	53.78	549	73.79	1,537	81.19	310	21.15	492	35.97	9,090	61.43
C—Poor ..	28	0.81	167	9.85	42	2.52	40	3.18	65	5.18	18	2.42	25	1.32	27	1.84	13	0.95	425	2.87
Total ..	3,454		1,695		1,666		1,257		1,255		744		1,893		1,466		1,368		14,798	

(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 ..	267	36.58	240	20.12	332	24.13	287	37.91	374	36.52	197	33.50	224	27.52	486	69.53	230	45.46	2,637	34.31
B—Fair ..	453	62.05	809	67.81	962	69.91	462	61.03	544	53.13	349	59.36	513	63.02	186	26.61	269	53.16	4,547	59.15
C—Poor ..	10	1.37	144	12.07	82	5.96	8	1.06	106	10.35	42	7.14	77	9.46	27	3.86	7	1.38	503	6.54
Total ..	730		1,193		1,376		757		1,024		588		814		699		506		7,687	

(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 ..	258	40.76	129	19.25	428	35.43	385	36.15	95	16.13	109	24.88	187	19.91	454	77.21	160	59.93	2,205	34.47
B—Fair ..	363	57.35	507	75.67	760	62.91	663	62.25	389	66.04	309	70.55	640	68.16	121	20.58	107	40.07	3,859	60.33
C—Poor ..	12	1.89	34	5.08	20	1.66	17	1.60	105	17.83	20	4.57	112	11.93	13	2.21	—	—	333	5.20

TABLE II. B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR—*continued*.
 (iv) Bridgend Blind School :—

A—Good.		B—Fair.		C—Poor.		Total No. Inspected.
No.	%	No.	%	No.	%	
20	21.98	65	71.43	6	6.59	91

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

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhonddda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	1,905	39.55	749	21.05	1,150	26.49	810	26.31	984	34.31	483	27.29	742	20.35	2,069	75.16	1,253	58.53	10,145	35.02
B—Fair ..	2,862	59.41	2,464	69.25	3,041	70.05	2,204	71.58	1,608	56.07	1,207	68.19	2,690	73.78	617	22.41	868	40.54	17,561	60.61
C—Poor ..	50	1.04	345	9.70	150	3.46	65	2.11	276	9.62	80	4.52	214	5.87	67	2.43	20	0.93	1,267	4.37
Total ..	4,817		3,558		4,341		3,079		2,868		1,770		3,646		2,753		2,141		28,973	

	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	31093		12210		16393		14860		10034		10498		12894		18475		21879		148336	
Head—																				
Clean	30459	97.95	11684	95.69	16002	97.61	14510	97.64	9465	94.33	10182	96.99	12239	94.92	18258	98.83	20151	92.10	142950	96.37
Nits	633	2.04	498	4.08	380	2.32	337	2.27	566	5.64	307	2.92	630	4.89	217	1.17	1685	7.70	5253	3.54
Pediculi and sores	1	0.01	28	0.23	11	0.07	13	0.09	3	0.03	9	0.09	25	0.19	—	—	43	0.20	133	0.09
Body—																				
Clean	31065	99.91	12183	99.78	16353	99.76	14859	99.99	10009	99.75	10481	99.84	12873	99.84	18472	99.98	21871	99.96	148166	99.88
Dirty	28	0.09	27	0.22	40	0.24	1	0.01	24	0.24	17	0.16	20	0.15	3	0.02	8	0.04	168	0.11
Vermineous	—	—	—	—	—	—	—	—	1	0.01	—	—	1	0.01	—	—	—	—	2	0.01
Clothing—																				
Clean	31043	99.84	12180	99.75	16344	99.70	14857	99.98	10009	99.75	10483	99.86	12871	99.82	18470	99.97	21874	99.98	148131	99.86
Dirty	50	0.16	30	0.25	49	0.30	3	0.02	25	0.25	15	0.14	23	0.18	5	0.03	5	0.02	205	0.14
No. of re-examinations	4212		3546		2605		1600		5206		2155		2100		1331		21639		44394	
Head—																				
Clean	917	21.77	1551	43.74	874	33.55	183	11.44	3890	74.72	778	36.10	1283	61.09	594	44.63	20372	94.14	30442	68.57
Nits	3294	78.21	1925	54.29	1686	64.72	1339	83.69	1278	24.55	1345	62.41	799	38.05	737	55.37	1246	5.76	13649	30.75
Pediculi and sores	1	0.02	70	1.97	45	1.73	78	4.87	38	0.73	32	1.49	18	0.86	—	—	21	0.10	303	0.68
Body—																				
Clean	4138	98.24	3416	96.33	2408	92.44	1531	95.69	5023	96.48	2083	96.66	2090	99.52	1301	97.75	21635	99.98	43625	98.27
Dirty	68	1.62	130	3.67	197	7.56	69	4.31	178	3.42	72	3.34	10	0.48	30	2.25	4	0.02	758	1.71
Vermineous	6	0.14	—	—	—	—	—	—	5	0.10	—	—	—	—	—	—	—	—	11	0.02
Clothing—																				
Clean	4129	98.03	3399	95.85	2387	91.63	1530	95.63	5022	96.47	2077	96.38	2090	99.52	1312	98.57	21634	99.98	43580	98.17
Dirty	83	1.97	147	4.15	218	8.37	70	4.37	184	3.53	78	3.62	10	0.48	19	1.43	5	0.02	814	1.83

C.—VISITS TO HOMES BY SCHOOL NURSES.

	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Total number of visits paid to homes	5,334	4,291	3,071	2,533	1,635	2,584	1,020	4,337	2,956	27,761

TABLE IV.

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	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	T
A. Blind	—	—	—	—	—	—	—	—	—	
B. Partially Sighted	—	1	2	2	—	—	1	1	1	
C. Deaf	—	1	2	—	1	2	—	1	—	
D. Partially Deaf	1	2	—	1	—	—	—	—	—	
E. Delicate	11	—	—	1	—	1	—	—	—	
F. Educationally Sub-normal	18	—	1	1	2	—	1	—	—	
G. Epileptic	—	2	—	—	—	—	—	—	1	
H. Maladjusted	2	1	1	—	4	1	2	—	—	
I. Physically Handicapped	1	—	2	2	2	—	—	—	1	
Total	33	7	8	7	9	4	4	2	3	

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

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	T
A. Blind	—	—	—	—	—	—	1	—	—	
B. Partially Sighted	—	1	1	—	—	—	2	2	3	
C. Deaf	—	4	—	1	—	1	—	—	—	
D. Partially Deaf	1	1	—	1	1	—	—	—	1	
E. Delicate	13	—	—	1	—	1	—	—	—	
F. Educationally Sub-normal	17	19	4	—	13	6	5	7	5	
G. Epileptic	—	1	—	—	2	—	—	1	—	
H. Maladjusted	2	1	2	—	3	2	2	—	2	
I. Physically Handicapped	1	2	2	—	4	—	4	2	—	
Total	34	29	9	3	23	10	14	12	11	

TABLE IV—*continued.*

—(i) (a) NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL DAY SCHOOLS ON THE 1ST DECEMBER, 1951.

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Deaf	—	—	—	—	—	—	—	—	—	—
Delicate	33	—	—	—	—	—	—	—	1	34
Educationally Sub-normal	71	2	—	—	14	—	27	—	—	114
Epileptic	—	—	—	—	—	—	—	—	—	—
Maladjusted	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	9	—	—	—	—	—	—	—	—	9
Total	113	2	—	—	14	—	27	—	1	157

—(i) (b) NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL BOARDING SCHOOLS ON THE 1ST DECEMBER, 1951.

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	4	2	2	3	1	2	3	2	3	22
Partially Sighted.. ..	5	5	4	5	1	4	5	2	9	40
Deaf	1	13	10	6	4	4	5	3	7	53
Partially Deaf	2	3	1	2	—	—	2	—	1	11
Delicate	—	—	—	—	—	1	—	—	—	1
Educationally Sub-normal	—	—	4	1	3	1	1	—	—	10
Epileptic	—	1	—	—	1	—	—	—	4	6
Maladjusted	—	—	—	—	1	—	—	—	—	1
Physically Handicapped	2	3	2	2	5	1	2	—	1	18
Total	14	27	23	19	16	13	18	7	25	162

TABLE IV—*continued.*

D.—NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944.

(a) IN HOSPITALS.

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially Sighted ..	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Deaf	—	—	—	—	—	—	—	—	—	—
Delicate	—	—	—	—	—	—	—	—	—	—
Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	—	—	—	—
Maladjusted	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—

D.—NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944.

(b) ELSEWHERE.

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially Sighted ..	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Deaf	—	—	—	—	—	—	—	—	—	—
Delicate	—	—	—	—	—	3	—	—	—	3
Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
Epileptic	—	—	—	—	—	—	1	—	—	1
Maladjusted	—	—	—	—	—	—	—	—	—	—
Physically Handicapped	2	4	3	1	5	2	5	4	6	32
Total	2	4	3	1	5	5	6	4	6	36

TABLE IV—*continued*.

E.—NUMBER OF HANDICAPPED PUPILS REQUIRING PLACES IN SPECIAL SCHOOLS (INCLUDING ANY SUCH UNPLACED CHILDREN WHO ARE TEMPORARILY RECEIVING HOME TUITION).

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	2	—	3	9
B. Partially Sighted	—	—	—	2	—	—	—	1	—	3
C. Deaf	3	6	1	2	—	—	—	—	—	12
D. Partially Deaf	—	—	1	1	3	—	—	—	1	6
E. Delicate	—	—	6	—	1	1	1	—	43	52
F. Educationally Sub-normal	16	61	37	16	34	20	19	25	73	301
G. Epileptic	—	—	—	1	—	—	—	1	—	2
H. Maladjusted	—	2	1	—	—	—	—	—	—	3
I. Physically Handicapped	1	3	3	3	2	4	5	2	13	36
Total	20	72	49	26	41	27	27	29	133	424

TABLE V.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1. A.—DISEASES OF THE SKIN (excluding Uncleanliness for which see Table III).

Disease or Defect	Number of cases treated or under treatment during the year under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm— (i) Scalp	—	—	—	15	—	—	—	—	2	17
(ii) Body	5	—	—	13	—	2	1	—	6	27
Scabies	—	—	—	9	—	—	2	—	21	32
Impetigo	5	—	—	48	3	5	9	—	27	97
Other Skin Diseases	35	—	—	51	1	1	25	—	12	125
Total	45	—	—	136	4	8	37	—	68	298

TABLE V—*continued.*TREATMENT TABLE—*continued.*

GROUP 1. B.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III).

Disease or Defect	Number of cases treated or under treatment during the year otherwise than under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Scab— (i) Scalp	—	5	7	5	—	—	8	—	—	25
(ii) Body	—	8	1	—	2	—	—	1	—	12
Scabies	—	4	3	5	—	—	1	1	1	15
Scabies	—	12	1	3	—	—	2	3	1	22
Other Skin Diseases	10	58	2	6	2	—	6	9	26	119
Total	10	87	14	19	4	—	17	14	28	193

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

Disease or Defect	Number of cases 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
Myopia and other, excluding errors of refraction and squint	191	—	—	78	4	—	127	—	105	505
Errors of refraction (including squint)	941	1123	1343	345	651	857	582	1122	860	7824
Total	1132	1123	1343	423	655	857	709	1122	965	8329
Number of pupils for whom spectacles were										
(a) Prescribed	546	475	536	194	266	406	219	348	737	3727
(b) Obtained	419	402	342	106	302	349	122	248	—	2290

TABLE V—*continued.*TREATMENT TABLE—*continued.*

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

Disease or Defect	Number of cases dealt with otherwise than under the Authority's scheme									
	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
External and other, excluding errors of refraction and squint	—	21	—	33	3	28	2	1	18	106
Errors of refraction (including squint)	8	7	—	—	—	6	—	—	8	29
Total	8	28	—	33	3	34	2	1	26	135
Number of pupils for whom spectacles were										
(a) Prescribed	—	12	—	3	—	—	—	—	—	15
(b) Obtained	—	7	—	—	—	—	—	—	—	7

GROUP 3. A.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated under the Authority's scheme									
	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
(a) For diseases of the ear ..	—	—	—	—	—	—	—	—	5	5
(b) For adenoids and chronic tonsillitis	—	—	—	—	—	—	—	—	—	—
(c) For other nose and throat conditions	—	—	—	—	—	—	—	—	—	—
Received other forms of treatment	81	—	—	—	—	—	141	—	—	222
Total	81	—	—	—	—	—	141	—	5	222

TABLE V—continued.

TREATMENT TABLE—continued.

GROUP 3. B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated otherwise than under the Authority's scheme									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
a) For diseases of the ear ..	6	7	20	7	3	82	7	5	39	176
b) For adenoids and chronic tonsillitis	289	137	315	471	157	353	303	250	1047	3322
c) For other nose and throat conditions	3	3	16	17	12	94	4	—	45	194
Received other forms of treatment	—	28	323	19	22	—	10	—	127	529
Total	298	175	674	514	194	529	324	255	1258	4221

GROUP 4. ORTHOPAEDIC AND POSTURAL.

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. treated as in-patients in hospitals	12	12	23	9	3	7	11	6	8	91
No. treated otherwise, e.g. in clinics or out-patient departments under the Authority's scheme ..	762	545	939	716	884	513	1066	761	26	6212
No. treated otherwise, e.g. in clinics or out-patient departments other than under the Authority's scheme	—	4	—	29	14	—	48	—	—	95

TABLE V—*continued.*TREATMENT TABLE—*continued.*

GROUP 7. OTHER TREATMENT GIVEN.

	Number of cases treated under the Authority's scheme									
	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Miscellaneous minor ailments	693	—	—	516	105	32	277	—	5	1628
Other—										
(i) Alimentary system ..	—	—	—	30	—	—	—	—	—	30
(ii) Cardiovascular system	—	—	—	2	—	—	—	—	—	2
(iii) Rheumatic (including chorea)	113	—	—	—	—	—	—	—	—	113
(iv) Anaemia	—	—	—	8	—	—	—	—	6	14
(v) Respiratory system ..	—	—	—	43	—	—	—	—	—	43
(vi) Nervous system ..	—	—	—	2	—	—	—	—	—	2
(vii) Genito urinary system	—	—	—	1	—	—	—	—	—	1
(viii) Infectious diseases ..	—	—	—	—	—	—	—	—	—	—
(ix) Injuries	—	—	—	—	—	—	—	—	—	—
(x) Osteomyelitis	—	—	—	—	—	—	—	—	—	—
Total	806	—	—	602	105	32	277	—	11	1833

TABLE VI.

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 pupils inspected by the Authority's Dental Officers—										
(a) Periodic age groups	7,286	—	722	4,833	—	—	958	9,869	496	24,16
(b) Specials	1,622	1,466	1,105	308	512	1,411	1,371	407	3,424	11,62
Total (1)	8,908	1,466	1,827	5,141	512	1,411	2,329	10,276	3,920	35,79
(2) No. found to require treat- ment	4,082	1,354	1,437	2,867	469	1,392	1,849	9,191	3,747	26,38
(3) No. referred for treatment	2,993	1,850	2,493	2,448	468	1,380	1,684	3,811	3,747	20,87
(4) No. treated	2,421	1,172	1,441	1,991	307	1,374	1,586	3,649	3,902	17,84
(5) Attendances for treatment	5,925	4,986	3,186	5,789	974	4,599	2,136	5,105	6,171	38,87
(6) Half-days devoted to—										
Inspection	68	—	10	60	—	—	13	149	6	30
Treatment	510	421	391	546	97	546	192	542	605	3,85
Total (6)	578	421	401	606	97	546	205	691	611	4,15
(7) Filling—										
Permanent teeth	952	693	114	1,874	78	1,083	368	1,085	577	6,8
Temporary teeth	202	1	37	222	23	102	56	170	17	8
Total (7)	1,154	694	151	2,096	101	1,185	424	1,255	594	7,6
(8) No. of teeth filled—										
Permanent	940	555	92	1,809	73	1,082	368	1,043	302	6,2
Temporary	202	1	16	214	23	102	56	169	11	7
Total (8)	1,142	556	108	2,023	96	1,184	424	1,212	313	7,0
(9) Extractions—										
Permanent teeth	676	536	483	883	126	356	409	710	1,303	5,4
Temporary teeth	3,162	2,643	2,443	5,122	1,185	2,405	2,550	3,617	5,200	28,8
Total (9)	3,838	3,179	2,926	6,005	1,311	2,761	2,959	4,327	6,503	33,8
(10) Administrations of general anaesthetics for extractions	1,921	1,556	724	920	349	448	1,035	833	3,747	11,5
(11) Other operations—										
Permanent teeth	1,234	32	286	1,654	34	742	52	180	1,250	5,
Temporary teeth	245	3	79	227	24	25	55	161	307	1,
Total (11)	1,479	35	365	1,881	58	767	107	341	1,557	6,