

**[Report 1952] / School Medical Officer of Health, Glamorgan County Council.**

**Contributors**

Glamorgan (Wales). County Council. nb2014013905

**Publication/Creation**

1952

**Persistent URL**

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

**License and attribution**

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

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

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



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

# 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 1952

BY

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

---

CARDIFF :

WILLIAM LEWIS (PRINTERS) LTD.

1953



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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Health Service for the year ended 31st December, 1952. While many have contributed to its compilation, I must mention, particular, my Deputy, Dr. R. T. Bevan, who has been responsible for its preparation and has commented on the main features of the year's work, excluding the Dental Service, which has been contributed by Mr. J. Young, the Senior Dental Officer, and also the report on the Blind School at Bridgend prepared by Mr. Geoffrey Exley, the Principal. The Rhondda being an excepted district is dealt with separately and includes the comments of Dr. D. J. Thomas, the District School Medical Officer.

There have been no major changes during the year under review. The routine examinations of the pupils in the appropriate age groups have been carried out and arrangements made, where necessary for treatment, either through the clinic, e.g. refraction or, if outside the scope of the clinic, through the family doctor, with whom there has been the closest co-operation in many parts of the County. The part played by the School Health Service in achieving the better health of the school child is becoming increasingly recognised by the general practitioner.

The original aim of the Service when introduced in 1907 was the physical improvement of the coming generations, but the preventive aspect was somewhat overshadowed by the need to provide treatment for the many defects discovered. With the marked improvement in the general health of the young, and the table included in the Report shows the marked decline in deaths in the 5-15 year age group, emphasis must continue to be placed on prevention and health education is one of the major duties of those engaged with the School Health Service.

The provision of schools for the handicapped, mentioned in last year's Report, again receives considerable attention, and the adaptation of Hendre Hall as a School for Educationally Sub-normal Pupils will soon be completed, thus easing the problem of dealing with the large number (over 200) of children in this category who have been recommended for education in a special residential school. The erection of a school for physically handicapped children is one of the priorities and it is hoped that a start will be made on the erection of such a school in the near future. Once provided it will do much to deal with the victims of cerebral palsy and other crippling disorders.

It will be noted from Mr. Exley's Report that the Bridgend Blind School has been reorganised to provide, as far as possible, for the separation of the blind from the partially sighted, which is of importance as the latter will later have to take up employment in competition with their sighted colleagues. While the ideal would be to have separate schools, this is unlikely to be attained in the immediate future.

Provision for the deaf at Llandrindod Wells is adequate to meet the needs, with the exception of those children under five. As early instruction is important for this type of handicap, the Education Committee have agreed to arrange as an experiment, classes for the teaching of lip-reading and also the instruction of mothers in the care and handling of those so afflicted.

Included in the Report is an account by Dr. Llewellyn Williams of the Audiometric Survey undertaken in the Aberdare and Mountain Ash Division. The survey brought to light many children whose deafness could be remedied by treatment. A high proportion were deaf because of wax only. This can soon be put right, but there were 61 with discharging ears and a number with other conditions which called for more prolonged treatment, either from their own doctor or at hospital. It is intended that all divisions should be surveyed in turn, South-East Glamorgan being already completed and the Pontypridd and Rhondda Divisions are now being done.



One of the major problems has been to keep pace with the large number of refractions for those children found with defective vision. The examinations should be carried out by experienced refractionists and those on the staff have been unable to deal with all cases referred following medical inspections, although towards the end of the year some of the leeway was being made up. It had been thought that the hospitals could have taken over some of this work, but owing to the shortage of ophthalmologists they have not as yet been able to do so. Operative treatment for squint is now being dealt with, however, and the conversion of the Tonna Isolation Hospital into a paediatric unit dealing with this type of case, and also other children's diseases, has considerably eased the position in the Mid-Glamorgan and Neath areas.

The improvement in the cleanliness of the children, which has been marked during recent years, was maintained, as will be seen from the tables. There were, however, two outbreaks of ringworm, and these were commented upon by Dr. Kathleen Davies and Dr. E. C. Powell from the Mid-Glamorgan and Caerphilly and Gelligaer Divisions respectively.

The main item of note with regard to notifiable infectious disease was the high incidence of measles, particularly in the Penarth area. A small outbreak of Sonne dysentery occurred in a Penarth school, which was the only instance of food poisoning reported. Great care is taken to guard against the possibility of food poisoning occurring in canteens and further lectures were given during the year to canteen staffs. The school meals provided are wholesome and nutritious and the decline, particularly in the Rhondda, in the number of children taking meals is commented on.

Another feature of note during the year was the mass radiography survey of over 8,000 school children and it is satisfactory to report that only two cases of definite tuberculosis were found.

A careful check of all children in contact with cases of Tuberculosis at home was made and B.C.G. vaccination offered to all who were found to be Mantoux Negative.

Through the auspices of the British and Swiss Red Cross Society 24 pre-tuberculous children were sent to Switzerland for a period of six weeks for a recuperative holiday. The generous help of the Society in providing free accommodation for the children in Switzerland is appreciated as it resulted in a marked improvement in the health of those sent.

The work done in the School Health Service in Glamorgan in 1952 again reflects great credit on the staff and I wish to thank them for their zeal in carrying out the duties assigned to them, and also the members of the Education Committee for their help and encouragement.

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 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. H. J. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H. (From 1st October, 1952.)

D. J. DAVIES, M.B.E., M.D., B.SC., B.S., D.P.H. (To 30th April, 1952.)

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.

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.*

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.

GWEN EDWARDS, M.R.C.S., L.R.C.P., D.O.M.S. (From 3rd March, 1952, to 30th September, 1952)

ELIZABETH G. JAMES, M.B., B.CH., B.SC. (To 31st March, 1952.)

E. JOYCE JENKINS (*née* EVANS), M.B., B.CH. (From 19th May, 1952.)

ALLEN SPENCER JONES, M.B., B.CH., B.SC.

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

JOHN K. JONES, L.M.S.S.A. (From 1st February, 1952.)

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

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



*Temporary—continued.*

JEAN E. MORGAN, M.B., CH.B. (To 31st January, 1952.)

IAN C. PEEBLES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., C.P.H. (From 3rd November, 1952.)

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.

GWEN EDWARDS, M.R.C.S., L.R.C.P., D.O.M.S. (To 2nd March, 1952.)

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.

ELIZABETH G. JAMES, M.B., B.CH., B.SC. (From 1st April, 1952.)

IAN C. PEEBLES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., C.P.H. (To 2nd November, 1952.)

MARY REES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P. (To 22nd February, 1952.)

D. H. J. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H. (To 30th September, 1952.)

*CONSULTING ORTHOPAEDIC SURGEONS.*

DILLWYN EVANS, F.R.C.S.

G. ROWLEY, F.R.C.S.

E. W. MEURIG WILLIAMS, B.SC., 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., R.C.S.

*DENTAL SURGEONS.*

I. APTER, B.D.S. (From 21st January, 1952, to 14th April, 1952.)

W. U. AUERBACH, M.D. (Berlin).

F. S. S. BAGULEY, L.D.S., R.C.S. (To 31st March, 1952.)

H. JONES, L.D.S., R.C.S. (To 27th July, 1952.)

C. I. T. MORGAN, L.D.S., R.C.S.

R. K. MULDERY, L.D.S., R.C.S. (From 8th September, 1952.)

D. M. PARSONS, L.D.S., R.C.S. (From 1st April, 1952.)

H. P. R. WILLIAMS, L.D.S., R.C.S.

*Part-time.*

D. J. ANDREWS, L.D.S.

MARY M. M. DAVIES, L.D.S.

T. J. DAVIES, L.D.S.

D. R. EDWARDS, L.D.S. (From 8th December, 1952.)

F. G. EVANS, L.D.S.

H. PARRY EVANS, L.D.S. (From 1st September, 1952.)

D. V. GIBBS, L.D.S., R.C.S.

D. HAMILTON, L.D.S. (From 11th August, 1952.)

F. J. A. KAVANAGH. (From 3rd September, 1952.)

D. MACDOUGALL, L.D.S. (From 1st September, 1952.)

R. DREW MORGAN. (From 2nd September, 1952.)

W. A. PEACH, L.D.S.

PAULINE THOMAS, L.D.S., R.C.S.

A. W. TIPPLE.



*SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE.*

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

*DIVISIONAL SUPERINTENDENTS OF HEALTH VISITORS AND SCHOOL NURSES.*

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

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

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

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

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

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

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

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

## 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. (To 31st March, 1952.)

PATRICIA HERDMAN, M.B., B.CH., M.R.C.S., L.R.C.P. (From 3rd March, 1952.)

JOY A. MASON, M.B., B.CH.

NESTA G. MORGAN, M.B., B.CH., M.R.C.S., L.R.C.P. (To 29th January, 1952.)

ROYDEN B. MORLEY-DAVIES, M.B., B.CH., B.SC. (From 9th June, 1952, to 30th September, 1952,  
as a Temporary W/T A.M.O.—commenced 17th December, 1952, as a Temporary P/T A.M.O.)

GERALD THOMAS, M.B., B.CH., B.SC. (From 18th February, 1952.)

*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 31st December, 1952, was 124.

The time devoted to School Health Service work during the year is equivalent to the whole-time work of 39.40 nurses.

The staff engaged in ancillary services included :—

two whole-time physiotherapists ;

four whole-time speech therapists ;

eleven whole-time and one part-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 1942-1952.

STAFF.	1942.	1947.	1948.	1949.	1950.	1951.	1952.
Assistant Medical Officers ..	13 <sup>†</sup>	20*	21	25	27	27	29
Consultants .. ..	1	1	3	4	4	4	4
Dental Surgeons .. ..	11	19 <sup>†</sup>	15	12	13	9	9
School Nurses .. ..	28 <sup>§§</sup>	40	84	110	119	125	127
<b>MEDICAL INSPECTION.</b>							
Routine Examinations ..	7,916	22,690	34,167	33,668	29,232	28,973	31,381
Special Examinations ..	3,902	5,033	7,943	8,030	8,341	9,550	9,155
Re-examinations .. ..	8,958	12,678	25,625	28,455	24,931	20,147	18,269
Totals .. ..	20,776	40,401	67,735	70,153	62,504	58,670	58,805
<b>DENTAL INSPECTION.</b>							
No. of children inspected by School Dentists .. ..	21,089	54,224	59,059	36,828	51,479	35,790	31,765
<b>TREATMENT.</b>							
No. of Treatment Centres ..	44	57	60	50	48	51	53
Attendances at School Clinics.							
(a) Dental .. ..	28,256	49,281	67,022	48,942	48,970	38,871	42,498
(b) Refraction .. ..	5,248	9,067	13,385	11,824	12,068	10,862	11,741
(c) Orthopaedic .. ..	2,463	5,748	9,004	11,011	10,066	12,170	11,140
(d) Minor ailments ..	—	—	18,793	12,757	10,797	9,241	9,140
(e) Speech Therapy ..	—	—	2,361	3,526	3,641	5,144	8,853
Totals .. ..	35,967	64,096	110,565	88,060	85,542	76,288	83,372
Treatment.							
(a) No. of teeth extracted	29,013	34,075	48,472	41,552	49,245	33,809	34,358
(b) No. of fillings .. ..	8,255	20,244	25,337	13,592	10,987	7,654	9,485
(c) No. of teeth filled ..	—	—	—	—	9,661	7,058	9,117
(d) No. of other operations	3,475	10,270	17,156	10,410	6,740	6,590	7,445
Totals .. ..	40,743	64,589	90,965	65,554	76,633	55,111	60,405
<b>SCHOOL NURSES.</b>							
No. of examinations of children at school for uncleanliness .. ..	240,806	266,506	326,991	290,576	298,550	310,127	333,824
No. of re-examinations ..	41,712	31,573	73,185	77,789	75,637	76,542	77,867
No. of visits paid to homes..	40,905	32,255	34,257	36,065	28,104	27,761	28,072

\* Including six part-time Assistant School Medical Officers.

† Including four part-time Assistant Dental Officers.

‡ Including six temporary Assistant School Medical Officers.

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

The figures for 1949 to 1952 relating to Staff are expressed in terms of equivalent full-time officers and include time spent on general health services. Details in respect of the Rhondda Exempted District are also included.



## 1. SCHOOL MEDICAL INSPECTION.

The routine medical inspection of school children has always been regarded as the foundation of School Medical Service. Severe defects are not newly discovered these days as frequently as in the past. This is probably due to the increased interest that has been taken generally in child welfare by parents in addition to the increased facilities available through the general practitioner services, paediatric hospital departments, and the growth of infant welfare clinics of local authorities. Significant defects are, however, from time to time revealed by the routine school inspection.

The treatment of these defects is primarily the responsibility of the general practitioner, who is informed of them by the school health service. It frequently happens that the general practitioner is pleased for the local authority to arrange for the appropriate treatment to be carried out by the school clinics or at hospitals. There would appear to be a slowly improving liaison developing between the branches of the health service so that the child receives adequate treatment with the minimum of delay. The practice which is in existence in many parts of the County, of the health visitor providing the hospital paediatrician with a description of the home and school background can be of great value in deciding the method of treatment—whether the child can be treated at home or whether it would be more expedient to admit the child to hospital. In a similar way the hospital service very frequently provides valuable reports to the local authority following a child's stay in hospital. These reports are a copy of those sent to the general practitioner. The school child in hospital becomes no longer "a case" but an individual who is to return to the community to live its life at home and at school.

*Nutrition.*

The following table shows the percentage of children who have on routine medical inspection been classified as of poor nutrition :—

PERCENTAGE OF PUPILS CATEGORISED AS OF POOR NUTRITION, 1949-52.

Division	Entrants				2nd Age Group				3rd Age Group		
	1949	1950	1951	1952	1949	1950	1951	1952	1949	1950	1951
Aberdare and Mountain Ash ..	1.12	0.56	0.81	0.61	0.20	Nil	1.37	1.40	0.37	0.55	1.89
Caerphilly and Gelligaer .. ..	10.13	7.20	9.85	6.92	13.15	12.76	12.07	10.02	7.10	6.30	5.08
Mid-Glamorgan .. .. .	2.52	1.98	2.52	3.57	5.55	2.84	5.96	5.26	1.41	1.42	1.66
Neath and District .. .. .	2.41	5.43	3.18	2.95	1.55	3.04	1.06	2.16	1.27	1.53	1.60
Pontypridd and Llantrisant ..	3.23	2.61	5.18	4.19	7.48	7.82	10.35	3.72	13.17	9.63	17.83
Port Talbot and Glyncoed .. ..	6.57	4.00	2.42	2.08	16.23	11.61	7.14	6.01	12.62	4.44	4.57
South-East Glamorgan .. .. .	3.53	1.39	1.32	2.75	3.73	4.20	9.46	7.40	6.54	8.54	11.93
West Glamorgan .. .. .	2.20	2.56	1.84	2.10	5.41	4.51	3.86	2.90	4.08	2.35	2.21
Rhondda .. .. .	0.80	0.58	0.95	1.20	1.47	0.72	1.38	2.32	0.55	0.50	Nil
Total .. .. .	3.08	2.33	2.87	2.69	5.76	4.87	6.54	4.71	4.65	3.44	5.20

This table shows a fall in the percentage of children classified as of poor nutrition in each of the age groups. There is considerable variation between the various divisions of the County, but unimportance should not be attached to the figures as they are the result of observations of numerous doctors and it is practically impossible to ensure a uniform standard. The figures show that the second age group have the greatest incidence of poor nutrition, but it must be borne in mind that this is the age group which



Children are growing rapidly and have normally a lean appearance in contrast to the chubbiness of the infant school entrant and robustness of the school leaver.

#### MILK AND MEALS IN SCHOOL.

The provision of milk and meals to school children has played an important part in the improvement of the physique of school children.

The pupils who have obtained milk and meals in school are shown in the table facing page 10. The following table shows the growth of the service :—

MID-DAY MEALS SERVED IN SCHOOLS ON A SELECTED DAY IN THE MONTH STATED.

Date	No. of children in attendance		No. of mid-day meals served		% of children in attendance taking meals	
	Excluding Rhondda	Rhondda	Excluding Rhondda	Rhondda	Excluding Rhondda	Rhondda
1947						
October .. .. .	85,232	18,262	41,275	9,645	48.43	52.81
1948						
February .. .. .	83,250	18,037	43,152	9,416	51.83	52.20
June .. .. .	85,993	18,641	44,452	9,236	51.69	49.55
October .. .. .	87,517	19,188	45,101	9,760	51.53	50.87
1949						
February .. .. .	84,184	18,150	44,301	9,045	52.62	49.83
June .. .. .	87,401	18,554	44,257	8,162	50.64	43.99
October .. .. .	88,208	19,129	45,850	8,834	51.98	46.18
1950						
February .. .. .	82,712	17,721	39,463	7,045	47.71	39.76
June .. .. .	87,360	18,363	39,458	6,490	45.17	35.34
October .. .. .	87,699	18,846	42,406	6,873	48.35	36.47
1951						
February .. .. .	82,144	17,022	40,094	6,001	48.81	35.25
June .. .. .	87,254	18,379	38,652	5,739	44.30	31.23
October .. .. .	91,310	19,155	41,209	6,063	45.13	31.65
1952						
February .. .. .	87,873	18,251	40,180	5,478	45.73	30.01
June .. .. .	91,185	18,794	39,807	5,121	43.66	27.25
October .. .. .	93,905	19,300	44,681	5,799	47.58	30.05

It will be seen from the above table that there has been a reduction in the percentage of children in the Rhondda area making use of the school meals service. There are a number of possible explanations. It may be that as food has slowly become more plentiful the saving on the family rations as a result of children taking their mid-day meal in school is not of such importance to the housewife. Perhaps there has been a falling off of mothers in full-time employment and it has become easier for the children to return to their homes at lunch time.

It is probably true that the cost of the meals has been an important factor where the family income is at a low level. The meals are, however, provided free or at reduced rates for the lowest income groups.



The following table shows that it is the practice wherever possible to provide children with pasteurised milk :—

	Number				Percentage			
	1949	1950	1951	1952	1949	1950	1951	1952
Pasteurised .. .. .	93,813	91,601	93,154	96,039	87.98	86.52	84.33	84.84
Tuberculin Tested .. ..	578	250	1,382	780	0.54	0.24	1.25	0.69
Accredited .. .. .	64	131	Nil	Nil	0.06	0.12	Nil	Nil
Ungraded .. .. .	466	182	16	13	0.44	0.17	0.01	0.01
Number not receiving milk ..	11,704	13,715	15,913	16,373	10.98	12.95	14.41	14.46

### 3. CLEANLINESS.

The following table shows the incidence of uncleanness in school children :—

	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
1952 .. ..	0.7	2.8	0.2	0.1

When children with dirty heads are found, the health visitor follows up the cases and the above figures reflect great credit upon their efforts. It is now very unusual to find a mother who will not co-operate in the cleansing of the child and mothers are generally very ready to carry out the advice given to them. A problem which is sometimes met is the older girl who is reluctant to disturb her hair style, and this is often a contributing factor in the breeding of head lice. However, gentle or firm persuasion normally succeeds and the girl herself is encouraged to take a pride in her own cleanliness. The influence of school teachers plays a vital part in this problem and it is probable that they do more than anyone to create in their pupils a personal pride in their appearance.

The persistently dirty child is, with the parent's consent, sometimes treated in school clinics by the health visitor when the mother is reluctant to or incapable of carrying out the prescribed treatment. In practice, use is never made of the legal provisions to cleanse school children.

RETURN TO MINISTRY OF EDUCATION FOR 8TH OCTOBER, 1952.

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 .. ..	7519	3367	38	92	11016	343	1595	1938	207	1149	1356	38	92	3424	7026	2396	38	92	9552	—	57	76	—
Caerphilly .. ..	9511	3041	38	—	12590	593	3716	4309	164	1945	2109	38	—	6456	8870	2305	38	—	11213	—	63	75	—
Mid-Glamorgan ..	11091	4246	103	102	15542	452	5318	5770	204	2549	2753	103	102	8728	10352	2640	103	—	13095	5	79	92	—
Neath .. ..	8145	1817	31	—	9993	221	3842	4063	47	1271	1318	31	—	5412	7293	1140	31	—	8464	—	46	57	—
Pontypridd .. ..	8804	2872	35	11	11722	447	2180	2627	176	1102	1278	35	8	3948	8129	1956	35	11	10131	—	40	62	1
Port Talbot .. ..	6966	1240	—	—	8206	251	2117	2368	45	573	618	—	—	2986	6192	790	—	—	6982	—	32	41	—
South-East Glamorgan	12157	2762	47	—	14966	277	4264	4541	38	1733	1771	47	—	6359	11072	1846	47	—	12965	—	62	89	—
West Glamorgan ..	6918	2926	26	—	9870	307	4595	4902	164	2276	2440	26	—	7368	6045	1830	26	—	7901	—	58	67	—
Totals .. ..	71111	22271	318	205	93905	2891	27627	30518	1045	12598	13643	318	202	44681	64979	14903	318	103	80303	5	437	559	1
Rhondda .. ..	—	—	—	—	19300	—	—	2824	—	—	2736	239	—	5799	11967	4311	251	—	16529	—	82	97	—
Totals .. ..	—	—	—	205	113205	—	—	33342	—	—	16379	557	202	50480	76946	19214	569	103	96832	—	519	656	1

Percentage of pupils present who took meals (excluding Rhondda) 47.5. Increase on June return 3.85  
 Percentage of pupils present who took meals (Rhondda) 30.0. Increase on June return 2.75  
 Percentage of pupils present who took meals (including Rhondda) 44.6. Increase on June return 3.75





#### 4. HANDICAPPED PUPILS.

Ever-increasing stress is being placed on the necessity of providing special educational facilities for the handicapped pupil. The education provided will enable these children to meet the difficulties of their future with greater ease and nearly always make them capable of being self-supporting. Special educational facilities are, therefore, not only sound from a humanitarian viewpoint but also pay economic dividends.

The number of children categorised as handicapped appears to be mounting steadily. One is tempted to ask if there is a true increase in incidence, or is it that they now come to light more readily, rather than be put aside as children for whom nothing can be done and left as a permanent burden for parents to shoulder willingly or unwillingly. Both concepts are probably true. Modern medical science is undoubtedly saving lives but sometimes leaves residual handicaps which occur in those who might otherwise have died. Of this there can be no better example than tuberculous meningitis, which was, until quite recently, a fatal disease, but now, as a result of treatment with streptomycin, many survive but some have a residual deafness. At the same time parents are no longer resigned to accept severe handicaps as a reason for prohibiting education and later employment. It has been said that the measure of a civilisation can be assessed by the manner in which it treats its weak and its handicapped. Judged by such a standard it can be said with assurance that rapid progress is now being made in this County.

Special educational treatment can be provided at special schools or at the home of the child. Many parents are reluctant to allow their children to go away to residential schools. This is understandable in that they are apprehensive for the welfare of their weak child—sometimes one who has already spent prolonged periods in hospital. The alternative is home tuition, but it must be borne in mind that this is a poor substitute, for a school education is not merely the learning of facts from the instruction of a teacher, but the living with a group of comparable age and abilities. Parents are, therefore, encouraged to permit their children to be sent to residential special schools and, in fact, Ministerial Regulations ensure that home tuition is given only for those pupils where other forms of education are impracticable. It is unfortunate that there is a shortage of special school accommodation and in many instances children are sent long distances from their homes. Visits of parents during term times become difficult and expensive. Elaborate arrangements are made for the children, even those severely crippled, to spend their holiday periods at home. The importance of maintaining the family contact cannot be overstressed.

It is pleasant to record that there are now springing up in Wales a few special schools and there is every hope that the number will be increased in the near future.

#### *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 .. .. .	—	330	—	—	330
Education at Special Day School .. .. .	—	63	100	—	163
Education at Boarding School .. .. .	10	193	18	15	236
Total .. .. .	10	586	118	15	729



This, it will be seen, is a far from satisfactory position. Many pupils are not receiving the education which will profit them most, with the result that they attain school-leaving age without even reaching the standard of education of which their limited intelligence is capable. Far too many leave school without being able to read or perform simply money calculations, but if they had been given appropriate education they would have attained that standard. These children, handicapped by an inherent lack of intelligence have their handicap exaggerated and so find it needlessly difficult to find a suitable place in society later in life.

(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.)

It is pleasing to record that this is a category of handicapped pupil for which a reasonable adequate provision has been made. In the School for the Blind at Bridgend, Glamorgan has an institution of which it can rightly feel proud. It is now well established and there are innumerable old pupils who can be witness to its success.

Once again I have pleasure in reproducing the annual report of the Principal, Mr. Geoffrey Exley :

"The school has had another very eventful year and the character of the school has changed to some measure. The coming into the school of more partially sighted children caused some reorganisation to be made.

The school is now divided into two streams, one for braille users and one for non-braille users. The increase in the number of partially sighted children has caused the activities of the school to extend considerably, and more apparatus and equipment has been introduced to allow the sighted children to develop their capabilities to the full.

Most sighted children now leave at the age of 16 to take up occupations in the sighted world.

Other reorganisation has improved facilities for social training.

The dining room especially has been changed and staff members can now regularly join the children for meals.

In out-of-school time also new games and pastimes are being experimented with, and both blind and sighted children are being given full opportunities to develop interests and hobbies in their leisure time.

Two of the classrooms have been set aside as experimental classrooms for the partially sighted and re-equipped with modern strip lighting and new adjustable desks. These classes are even beginning to produce printing matter for themselves on a small printing press.

The usual activities of the school have continued with success. The annual eisteddfod was a particular success. Almost every child in the school took part, especially in the house play. This year we introduced, as an award for the best performance, a facsimile bardic chair bearing a suitable inscription.

Later in the year another innovation was the school excursion to London, where the House of Parliament, the Zoo, and the National Institute for the Blind Centenary Exhibition were visited.

The annual sports were held in very favourable weather and, among other awards, was a certificate presented by Mr. D. J. Parry, Clerk of the Council.



The Winter term activities culminated in the usual Christmas festivities, which this year were rounded off by a most enjoyable party in Cardiff provided by a group of Welsh sportsmen.

Among many visitors during the year were Mr. Ramzan, the Headmaster of a blind school in Pakistan, a German delegation of high ranking Government officials, and a party of Japanese editors.

Three students spent a fortnight at the school during the Summer and many other students from local colleges made visits.

In October the school lost the services of Matron M. Jones, who left to take up an appointment in England.

The school also lost the services of the new Kindergarten Mistress, Miss M. Williams, who returned to sighted work.

Two new members of the staff, Miss Vaughan and Miss Smith, joined us to teach the younger children.

Mr. Morgan was unfortunately unable to complete the Winter term and was absent for a prolonged period.

Two members of the staff were successful in obtaining the diploma of the College of Teachers of the Blind.

A new resident master is to be appointed to bring the resident staff on the men's side to full strength.

One of the pupils was successful in obtaining a prize, presented by the Western Mail, for a St. David's Day essay.

Another pupil, a Greek refugee now resident in Barry, brought the name of the school to public notice during a short B.B.C. interview preceding the Queen's Speech on Christmas Day."

#### *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.)

Maladjustment in a child is not such a tangible handicap as blindness or deafness, yet none the less if untreated it can have far-reaching effects on its future life. The maladjusted child does not make educational progress comparable with its level of intelligence. This is sometimes the first symptom of a child's unhappiness. Commonly the child exhibits other symptoms, such as temper tantrums, nocturnal enuresis, and petty pilfering. It would be a mistake, however, to state that all lapses of behaviour are due to maladjustment.

The parents have a responsibility in the training and the discipline of a child. They must teach the child by good example, which is probably the most effective method of training. To a lesser extent the teacher has a responsibility in the formation of the characters of his pupils. There is, however, a small but significant group of children whose behaviour problems are the result of maladjustment.

In the Administrative County of Glamorgan there are no child guidance clinics run by the local authority. However, clinic facilities are available through the Regional Hospital Board. There are three Child Psychiatric Centres—Cardiff Royal Infirmary, Church Village Hospital, and at Bridgend. There is an excellent liaison between these centres and the School Health Service.

Before a child is referred to one of these clinics from the School Service he or she is examined by one of the school doctors and accompanying the doctor's report there is a health visitor's report. This report of the health visitor was introduced as a routine during this year. She reports on the child's home background and, after consultation with the school staffs, gives an account of any behaviour problems at



school. It frequently happens that the health visitor has known the family over a long period of time and her observations on the home atmosphere are proving of valuable assistance to the psychiatrist in assessing the cause and the treatment of the maladjustment. Experience is showing that almost invariably the cause originates in the home of the child. Disharmony between the parents is a common feature and frequently the child is rejected by its parents. The treatment of the maladjusted child is usually the treatment of its parents.

In addition to the child psychiatric clinics, the Education Authority have "The Lindens" Hostel in Penarth, which accommodates 20 children. Dr. J. P. Spillane, the Consultant Psychiatrist, attends the Hostel weekly and, once again, our thanks are due to him and to Mrs. A. M. Jones, the Psychologist for the intense interest they take in the individual children.

Mrs. Powell has now completed her first year as matron. She has been the means of providing the affection and discipline which these children have frequently lacked before admission to the hostel. For her and the other members of the staff we are indebted.

When at "The Lindens" the children attend the local day schools and the tolerance of the teachers towards these children assists materially in the treatment of these difficult children. It must not be imagined that success always follows admission to "The Lindens" Hostel. In a proportion, about a third of those admitted, the maladjustment seems to be so deeply rooted that treatment does not apparently succeed. A few have committed offences in Penarth, which have resulted in appearances in juvenile court but once again the understanding attitude of the magistrates has been of considerable assistance. The kindness shown to the children by local churches and organisations is much appreciated by the children and staff.

Some people are under the misapprehension that it is a hostel for delinquent children, but this is not so as only a comparatively small proportion of the children have ever appeared in juvenile courts. The aim of the hostel is to bring about a readjustment of the child to its parents and home and, as soon as this is reasonably established, the child is discharged to his home.

The children spend their holidays at home and parents are encouraged to visit as frequently as possible. For this reason the majority of the children come from South Wales, although numerous applications for admission are made from distant authorities.

*(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.)

It has been said that whereas the blind child receives a maximum of sympathy, the handicap of deafness is not so appreciated. In Wales there is a residential school for the deaf at Llandrindod Wells and no less than 61 Glamorgan children attend. There is usually no difficulty in finding a vacancy for a child at this school. The problem here is to decide which children should, in fact, receive education in a residential school. The partially deaf child must be encouraged by every possible means to make the maximum use of all his residual faculty for hearing and speech. It may, therefore, be argued that the deaf and partially deaf should neither be taught nor live in close association with one another since there is a tendency for the partially deaf child to dispense with his limited powers of hearing and speech. Great care must, therefore, be taken in the recommendation of partially deaf children for admission to a special school which caters for both the deaf and the partially deaf. Ideally the partially deaf child should be provided with a hearing aid and encouraged to associate with normal hearing and speaking children.



The very early education of the totally deaf and dumb child is of importance and, if they are to develop lip reading and speech, their training should commence as early as possible. On the other hand, the separation of the very young child (pre-school age) from his parents is not without its hazards. Perhaps the answer can be found in the provision of small classes which the infants can attend near their homes. It is clear that this involves a difficult and expensive administrative problem in a county area.

During the last year an audiometric survey was completed in the Aberdare and Mountain Ash Division and was commenced in the Pontypridd and Llantrisant Division. Dr. Llewellyn Williams reported the survey in the Aberdare and Mountain Ash Division as follows :—

“The Glamorgan County Council in recognising the importance of the ability of the school child to hear oral instruction and realising the severe educational difficulties and psychological disorders which might arise through deafness, arranged for a member of the Health Visiting staff, Miss N. J. Sage, of the South-East Glamorgan Division, to attend at London for special training in the use of the gramophone audiometer. This instrument is used for group testing of children and is an effective screen enabling subsequent investigation and treatment to be carried out of those children found to have defective hearing.

The instrument consists of a gramophone with a record which plays over headphones a list of digits or simple words at intensities decreasing in volume until they are no longer audible to the normal ear. In order to try and eliminate the element of nervousness, etc., during the tests all children who failed the first test were given a second test at a subsequent session. Each group tested consisted of approximately 15 children, and all children in the 7–12 year age group were tested in each school, as it is considered that seven is the earliest age at which a child is able to understand and give full co-operation in audiometric testing.

This group testing brings to light border-line failures which tests with a pure tone apparatus would probably pass, as pure tone tests are undertaken in a sound-proof room and each child is given an individual test.

#### *Results of Survey.*

The results of the survey are as indicated below :—

	First test	Second test	Failures	Pure tone test	Third test after treatment
Boys .. .. .	2,222	236	120	—	61
Girls .. .. .	2,076	251	119	—	60
Total .. .. .	4,298	487	239	—	121

All children who failed were subsequently examined by the Assistant Medical Officers at special clinics and herewith are the recommendations of the examining doctors :—

#### *Follow-up of Failures.*

Seen by doctor at centre	Referred to E.N.T. Specialist	Referred to G.P.	Referred to hospital for removal of T's and A's	Referred for re-examination	Still attending	Treated and subsequently removed from list of failures	Permanently impaired
239	40	19	9	22	58	83	8



It will be appreciated that all the cases referred for examination by an E.N.T. Specialist have not yet been examined due to the long hospital waiting lists, but herewith is the present position regarding these cases.

Twenty-four children have already been examined by the E.N.T. Specialist ; of these, one has been referred for a hearing aid, two have been referred to their own doctors for treatment, eight were found to have no defect, three were treated at the hospital and condition cured, one has been referred to the Cardiff Royal Infirmary for further test, two were referred for operative treatment, five were referred for removal of tonsils and adenoids, of which three have already had the necessary operative treatment, one case has been referred for examination by an Assistant Medical Officer with a view to being admitted to a special school, and the other case, in Mr. Owen's opinion, nothing can be done to restore hearing on one side.

Of the 16 cases still awaiting examination, two have already failed to attend on one occasion and further appointments are being arranged.

Nine children were referred to hospital for removal of tonsils and adenoids.

Twenty-two children were referred by the Assistant Medical Officers for re-examination at a later date and are due for examination in December and January.

The 19 cases referred to the general practitioners were referred for syringing of ears, removal of wax, and for opinion regarding removal of tonsils and adenoids. Of these 19 cases, 10 children have now received the treatment recommended and are now cured, and the remainder attend periodically for treatment.

The 58 children shown as still attending are attending the various minor ailment clinics throughout the Division for periodic syringing and removal of wax from ears. The work of the health visitors and school nurses in assisting by carrying out treatment at minor ailment clinics and following up these cases at home has been of very great value.

In the case of the eight children found to be permanently impaired, the defect was found to be in one ear only, due to a previous history of mastoiditis.

#### *Causes of Failure.*

The following table shows the various causes for failure which were discovered by the Assistant Medical Officers when the children were examined at the various clinics. Some of the children were found to be suffering from more than one cause :—

CAUSES OF DEAFNESS.

Otorrhoea	Catarrh	Wax	Mastoidectomy	Polypi and other causes
61	61	80	8	43

It will be noted that one of the main causes of deafness was the presence of wax in the ear which can be removed by careful syringing.



The children who were examined by the Assistant Medical Officers attended the following clinics :—

Abercynon, Ynysboeth, Mountain Ash, Aberdare.

*Conclusion.*

I am sure that this work has been well worth while and the vast amount of work involved has been justified by the results. Undoubtedly treatment has been arranged for defects which would not have been found so rapidly in any other way, and in the course of her visits to schools Miss Sage was able to indicate to the teachers concerned that particular children should be brought to the front of the class."

(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.)

At present there are 95 children categorised as physically handicapped. They suffer from a variety of medical conditions. Included in this category there are many who are spastic, others have residual effects of infantile paralysis, and there are some who are crippled by reason of congenital or rheumatic heart defects. Of the children in this category there are 20 in special boarding schools, seven in a special day school, and 38 are receiving home tuition.

The need for additional residential school provision is, therefore, apparent. The Education Committee have been aware of this deficiency for some considerable time and Ministerial approval has now been obtained for the building of a special school in this area for these handicapped children. In view of the variety of medical defects and the associated defects of speech and intelligence which are sometimes also present, the design of such a school presents innumerable problems. The Committee and officers have, of late, devoted much energy to the detailed planning and their labours are now arriving at the blue print stage. It is to be hoped that within the next year these plans will be converted to solid material construction.

(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.)

Very many children suffering from epilepsy respond well to modern therapeutics and do not require special educational facilities. If left untreated epilepsy results in a deterioration of intelligence and it is, therefore, essential that treatment is instituted as quickly and as effectively as possible. The epileptic who requires special educational facilities is often one who has associated behaviour problems and it is for this very type that a vacancy in a special school is difficult to obtain. The quiet, well-behaved epileptic can readily be found a vacancy, but unless home conditions are very poor or the fits are frequent despite treatment there is no reason why these children could not be educated in the ordinary schools.

Although numerically the problem is a small one, it is not unimportant. It would appear that it can best be solved on a national basis by the provision of a special school for epileptics who have associated behaviour defects.

(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 as additional trained speech therapists become available, and in September it became possible to cover the whole of the County with the exception of the Rhondda.



Teachers and parents have been most helpful in carrying on with the advice given at clinics. Children who stammer form the biggest group and if this defect can be satisfactorily treated during childhood it is the means of removing a very serious handicap in later life.

The growth of the service is clearly seen in the following table :—

	1948	1949	1950	1951	1952
Total number of individual cases ..	175	325	356	570	876
Total number of attendances ..	2,361	3,526	3,641	5,144	8,853

The following extracts from the reports of the Speech Therapists are of interest :—

*Miss B. M. Edwards, South-East Glamorgan and Caerphilly and Gelligaer Divisions.*

In the Autumn a clinic was opened at Whitchurch on Saturday mornings. The building is new, but unfortunately there is limited space. The attendance is good and the parents are grateful they no longer have to travel to Penarth and Pontypridd.

The number of sessions held in Barry and Penarth has been increased to four and two respectively. Cases in the Barry area are receiving treatment almost immediately as the waiting list has been reduced to three.

In Ystrad Mynach a large number of children have been undergoing treatment, but the waiting list is still long. In the new year arrangements will be made to interview parents of these children and give advice on treatment at home while they are awaiting admission to the clinic.

The most satisfactory feature of the year is that as waiting lists are reduced children can be given treatment at an earlier age. This should produce very satisfactory results in the future.

*Miss E. I. Chislett, Mid-Glamorgan and Port Talbot and Glyncoerwg Divisions.*

During the year the attendance at the clinics in the Mid-Glamorgan and Port Talbot and Glyncoerwg areas has been good. The waiting lists for the Port Talbot and Maesteg Clinics have been considerably reduced, but that for the Bridgend Clinic is unfortunately still high.

The teachers of the patients have been most co-operative. Several of them, whose pupils have a general or multiple dyslalia, have volunteered to help the children with their home practice. This aid is invaluable and is greatly appreciated by both the parents and myself.

*Miss R. M. Davies, West Glamorgan and Neath and District Divisions.*

The Gorseinon and Pontardawe Speech Clinics were opened in September, 1952, the Neath Clinic having been in operation since September of the previous year.

It is interesting to note in West Glamorgan, especially in the Pontardawe area, the comparatively high number of Welsh-speaking children, some of the infant school children being unable to converse in English. In such cases, treatment has been given in Welsh, with favourable results. In some cases it has been difficult to decide in which language treatment should be given, since it has been noted that speech defects in some cases have been caused by the child, on learning to speak being confused by being spoken to in Welsh by one parent and in English by the other.

There also appears to be a high incidence of stammering among grammar school pupils in the area.



## SPEECH THERAPY.

Analysis of work	Clinics														Totals
	Aberdare	Bridgend	Cadoxton (Barry)	Gorseinon	Maesteg	Mountain Ash	Nantymoel	Neath	Penarth	Pontardawe	Pontypridd	Port Talbot	Whitchurch	Ystrad Mynach	
Number of individual cases seen .. .. .	114	83	74	17	50	36	17	125	43	40	91	60	20	106	876
Number of attendances .. .. .	1150	1186	582	79	523	569	306	1107	298	263	884	922	77	907	8853
Number of current cases at 31st December, 1952 .. .. .	36	37	24	15	19	20	8	43	22	30	35	29	10	31	359
Number of cases remaining on a waiting list at 31st December, 1952 .. .. .	12	69	3	76	16	40	11	115	39	34	6	6	26	54	507
Number of cases under observation (immediate treatment not necessary) .. .. .	1	2	11	—	—	—	—	—	6	4	15	1	6	8	54
Analysis of discharged cases :															
Non-treatment cases—															
(i) Treatment not considered necessary .. .. .	17	10	4	—	12	1	1	6	5	5	—	6	1	2	70
(ii) Failed to attend after diagnosis .. .. .	—	9	9	—	2	—	1	4	—	1	5	3	—	4	38
(iii) Travelling difficulties and loss of school work .. .. .	—	2	1	—	2	—	—	—	—	—	—	—	—	—	5
(iv) Unsuited for treatment .. .. .	2	3	—	—	2	—	—	1	—	—	1	—	—	5	14
Total .. .. .	19	24	14	—	18	1	2	11	5	6	6	9	1	11	127
Treatment cases—															
Treatment discontinued for various reasons—															
(i) Poor health .. .. .	—	—	—	—	—	—	—	2	—	2	—	—	—	—	4
(ii) Lack of parental co-operation .. .. .	—	—	1	1	—	1	1	—	—	2	—	1	—	3	10
(iii) Poor attendance or non-attendance .. .. .	33	12	6	—	5	7	—	19	3	2	19	8	—	17	131
(iv) Pressure of school work .. .. .	5	—	—	—	1	—	1	—	—	—	—	—	—	—	7
(v) Left district .. .. .	1	1	4	—	2	—	—	2	3	—	7	—	—	1	21
(vi) Left school .. .. .	2	—	—	—	—	1	—	4	—	—	1	1	—	5	14
Discharged—speech improved .. .. .	5	3	4	—	3	2	1	1	—	1	8	3	—	13	44
Discharged—speech normal (cured) .. .. .	17	14	10	1	8	6	2	16	5	3	9	11	3	17	122
Total .. .. .	63	30	25	2	19	17	5	44	11	10	44	24	3	56	353
General progress of cases :															
Speech improved .. .. .	15	12	10	5	6	9	3	14	7	8	8	10	1	11	119
Satisfactory .. .. .	11	11	12	6	9	8	2	18	11	15	20	11	6	9	149
Little improvement .. .. .	10	14	—	6	4	3	3	9	3	6	7	8	1	5	79
Temporarily discharged .. .. .	—	4	2	—	2	—	3	—	—	5	—	4	2	6	28
Removal of symptoms of cases treated in clinics :															
Stammering .. .. .	26	41	14	8	18	12	10	20	8	11	15	27	8	45	263
Dyslalia .. .. .	3	14	38	2	10	3	4	11	22	17	7	11	11	34	187
Deaf palate .. .. .	1	2	9	2	4	1	—	3	1	1	7	3	1	8	43
Deafness .. .. .	—	4	1	—	2	—	1	—	—	—	—	—	—	1	9
Lateral "s" .. .. .	1	1	9	1	—	—	1	3	5	2	2	3	—	4	32
Interdental "s" .. .. .	—	2	3	1	—	1	—	4	2	3	1	4	—	3	24
Rhinolalia (nasality) .. .. .	—	1	—	—	1	1	—	—	1	3	—	2	—	1	10
Dysarthria .. .. .	—	3	—	3	—	—	—	2	—	—	2	1	—	—	11
Dysphonia .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Low I.Q. .. .. .	4	—	—	—	—	1	—	1	3	1	—	1	—	6	17
Retarded speech .. .. .	1	2	—	—	1	1	—	—	1	1	1	1	—	3	12
Aphasia .. .. .	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1



*(h) Diabetic Pupils.*

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

Where home conditions are satisfactory so that effective medical treatment can be carried out there is no reason for admission to a hostel and, therefore, such diabetic children are not classified as handicapped under the Handicapped Pupils Regulations.

In the County of Glamorgan only one child is classified as "Diabetic" within the meaning of the above definition. At present he is awaiting admission to a hostel. The need for hostel accommodation in his case was due to the fact that his behaviour at home was difficult.

There are other children known to suffer from diabetes, but at present the necessary treatment is being satisfactorily carried out at home.

During the year one child was sent to a holiday camp for diabetic children run under the auspices of the Diabetic Association.

## 5. INFECTIOUS AND CONTAGIOUS DISEASES.

*(a) Ringworm.*

During the year numerous children suffered from ringworm and in this respect I quote from a report by Dr. Kathleen Davies, the Divisional Medical Officer for the Mid-Glamorgan Division, regarding an outbreak in the Garw Valley :—

"During the third quarter of 1952 an outbreak of *microsporon canis* ringworm occurred among children living in Pantygog. The first cases were noted at the beginning of September, 1952, when the children returned to school after the summer holiday. Although 38 children in six schools were affected (Ffaldau Junior Mixed 19, Ffaldau Infants 10, Pontyrhyl three, Llest four, Secondary Modern one, Garw Grammar one) on investigation it was found that 20 of these children lived in one street and the remaining 18 in nearby streets. Twenty-eight of the children had either a dog, a cat, or both as pets, and some of the remaining 10 children admitted to playing with their friends' pets. On the advice of Dr. Rook, the Dermatologist, all the cats and dogs of infected children were examined under a Woods lamp, and three cats and one dog were found to be infected, and the owners had them destroyed.

The lesions, which were situated most commonly on either the face, neck, arms, and legs—only in seven cases was the trunk affected—cleared quickly following treatment, and the date of onset of the last case was on the 11th November, 1952.

In addition to the children of school age, 10 children under school age were infected."

Similarly, I quote from a report by Dr. E. C. Powell, the Divisional Medical Officer for Caerphilly and Gelligaer :—

"During the year there were a considerable number of cases of ringworm in the Senghenydd and Pantywaun schools, the infection assuming minor epidemic forms.

Twelve children were excluded from Pantywaun schools in November for ringworm of the skin out of a school population of 33. The majority of these were back in school within a few days after treatment by the family doctor. In addition, one case of scalp infection was found and referred to hospital by the family doctor for treatment.



In the Senghenydd schools the infection was more insidious and persistent, cases cropping up frequently over a period of several months. Altogether 14 cases were reported in the infants' department, four cases in the boys' school, and three cases in the girls' school. Of these cases 10 were scalp infections.

Towards the end of July we visited the school with a Woods lamp and discovered six unsuspected cases of scalp infection in the infants' department—a ready source of infection. In addition, on follow-up by the health visitor, nine cases were discovered amongst pre-school children. The infection was of human type. The investigation took place a few days before the schools broke up for the summer holidays and only one new case was reported from the commencement of the new term in September to the end of the year.

Ringworm is not a serious infection in itself, but a great deal of school time is lost amongst children with scalp infection.

Most of these cases require X-ray treatment and some are away from school six months and more.

In the Gelligaer area X-ray treatment can be carried out at St. James Hospital, Tredegar, where the skin specialist attends once weekly. There is no such service in the Caerphilly district and X-ray treatment can only be obtained at the Cardiff Royal Infirmary. It is a long and tedious journey from outlying districts like Senghenydd and it would be of great help if specialist treatment could be obtained at the Caerphilly District Miners' Hospital."

#### *b) Measles.*

Of the notifiable infectious diseases measles has the highest incidence. It must be remembered that, in addition, there are certainly very many cases which are not notified. The disease is sometimes very mild and parents may not recognise the infection or not consider it is worth calling in their family doctor.

The total statistics have been included in this report, although a proportion of the notifications are in respect of pre-school children. However, measles is an important factor in school absence rates in infant and primary departments.

The graph shows the weekly notifications for 1950, 1951, and 1952. It will be noted that in 1950 and 1952 there was an autumn epidemic, in contrast to 1951, when there was a severe spring epidemic. The graph shows the districts which have been most affected in the various epidemics. There is some evidence which suggests that epidemics travel from one district to another.

Of particular interest is the epidemic in the autumn of 1952, in which Penarth was particularly affected. No fewer than 641 cases occurred during a period of six weeks. This is a very high incidence when one bears in mind that the total population of Penarth is approximately 18,300. As will be seen by reference to the graph, in previous epidemic periods Penarth was only slightly affected. It would appear, therefore, that there was very little immunity in Penarth prior to this last epidemic. It may be reasoned that in 1953 there will be no local epidemic of measles in Penarth, such as that which occurred in 1952.

Another point of interest is the relation of school holidays to the epidemic periods. It will be noted that quite frequently an epidemic commences a few weeks after the children return from their holidays. There is then a gathering together of children and the opportunity exists for a rapid spread of infection.



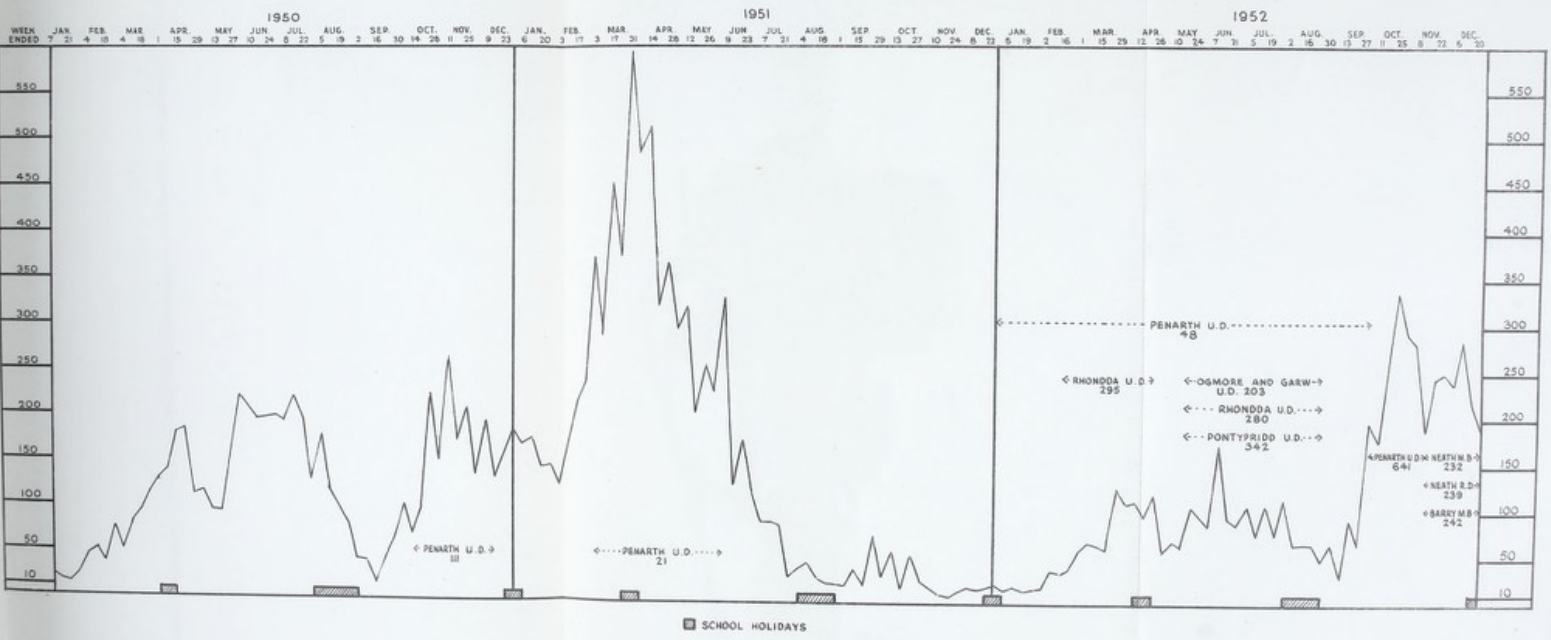
## (c) Tuberculosis.

Use has again been made of the facilities offered by the Mass Radiography Unit of the Welsh Regional Hospital Board for the X-ray of school children. The following table shows the schools in which X-ray surveys have been carried out during the year:—

School	Total number examined			Total number abnormal			Definite pulmonary tuberculosis			Needing further observation for pulmonary tuberculosis			Other abnormalities of the chest		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Pontardawe Technical .. .. .	68	68	—	2	2	—	—	—	—	—	—	—	2	2	—
Ystalyfera Grammar .. .. .	462	247	215	19	10	9	—	—	—	4	2	2	15	8	—
Coedffranc Senior .. .. .	206	111	95	7	3	4	—	—	—	1	1	—	6	2	—
Neath Boys' Grammar .. .. .	459	459	—	16	16	—	—	—	—	3	3	—	13	13	—
Neath Technical .. .. .	267	243	24	21	17	4	—	—	—	3	2	1	18	15	—
Neath Girls' County .. .. .	518	—	518	22	—	22	—	—	—	4	—	4	18	—	18
Gorseinon Schools .. .. .	102	76	26	9	6	3	—	—	—	1	1	—	8	5	—
Caerphilly Grammar .. .. .	629	342	287	15	8	7	—	—	—	—	—	—	15	8	—
Caerphilly Technical .. .. .	48	48	—	1	1	—	—	—	—	—	—	—	1	1	—
Gilfach Fargoed Junior .. .. .	290	138	152	6	2	4	—	—	—	2	—	2	4	2	—
Gilfach Fargoed Infants .. .. .	130	53	77	1	—	1	—	—	—	1	—	1	—	—	—
Park Junior, Aberdare .. .. .	277	134	143	12	4	8	—	—	—	3	1	2	9	3	—
Aberdare Grammar .. .. .	333	333	—	21	21	—	1	1	—	3	3	—	17	17	—
Gadlys Secondary Modern .. .. .	172	—	172	4	—	4	—	—	—	2	—	2	2	—	—
Park Infants', Aberdare .. .. .	182	94	88	7	6	1	—	—	—	1	1	—	6	5	—
Heolgam Secondary .. .. .	177	68	109	3	2	1	1	—	1	—	—	—	2	2	—
Bridgend Grammar .. .. .	403	195	208	13	4	9	—	—	—	1	—	1	12	4	—
Bridgend Blind .. .. .	32	14	18	—	—	—	—	—	—	—	—	—	—	—	—
Bridgend Technical .. .. .	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Bridgend R.C. .. .. .	8	1	7	—	—	—	—	—	—	—	—	—	—	—	—
Pencoed Secondary .. .. .	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Coed-y-Mwster Approved .. .. .	13	—	13	1	—	1	—	—	—	—	—	—	1	—	—
Barry Grammar .. .. .	476	253	223	6	4	2	—	—	—	—	—	—	6	4	—
Holton Road, Barry .. .. .	53	—	53	1	—	1	—	—	—	—	—	—	1	—	—
High Street, Barry .. .. .	32	—	32	—	—	—	—	—	—	—	—	—	—	—	—
Gladstone Secondary, Barry .. .. .	35	35	—	2	2	—	—	—	—	1	1	—	1	1	—
Romilly Secondary, Barry .. .. .	43	43	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Helen's Secondary .. .. .	21	11	10	1	1	—	—	—	—	—	—	—	1	1	—
Jenner Park Secondary .. .. .	39	—	39	—	—	—	—	—	—	—	—	—	—	—	—
Cadoxton Junior, Barry .. .. .	229	104	125	4	—	4	—	—	—	—	—	—	4	—	—
Cadoxton Senior, Barry .. .. .	58	58	—	—	—	—	—	—	—	—	—	—	—	—	—
Barry Training College .. .. .	172	—	172	6	—	6	—	—	—	2	—	2	4	—	—
Penarth Grammar .. .. .	242	115	127	7	2	5	—	—	—	—	—	—	7	2	—
Cogan Senior .. .. .	38	38	—	—	—	—	—	—	—	—	—	—	—	—	—
Albert Road, Penarth .. .. .	31	—	31	1	—	1	—	—	—	—	—	—	1	—	—
Penarth C. of E. .. .. .	11	3	8	—	—	—	—	—	—	—	—	—	—	—	—
Headlands Approved .. .. .	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—
Penarth R.C. .. .. .	13	9	4	—	—	—	—	—	—	—	—	—	—	—	—
Victoria .. .. .	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Hawthorn Junior and Infants' .. .. .	809	421	388	13	4	9	—	—	—	2	—	2	11	4	—
Pontypridd Grammar .. .. .	474	287	187	5	4	1	—	—	—	—	—	—	5	4	—
Pontypridd Technical .. .. .	89	51	38	—	—	—	—	—	—	—	—	—	—	—	—
Lanwood .. .. .	53	23	30	1	1	—	—	—	—	—	—	—	1	1	—
Hawthorn Secondary .. .. .	69	40	29	—	—	—	—	—	—	—	—	—	—	—	—
St. Michael's R.C., Pontypridd .. .. .	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Maesycloed Secondary .. .. .	39	20	19	—	—	—	—	—	—	—	—	—	—	—	—
Mill Street .. .. .	104	42	62	4	1	3	—	—	—	—	—	—	4	1	—
Treforest Secondary .. .. .	79	24	55	—	—	—	—	—	—	—	—	—	—	—	—
Total .. .. .	8,009	4,214	3,795	231	121	110	2	1	1	34	15	19	195	105	90



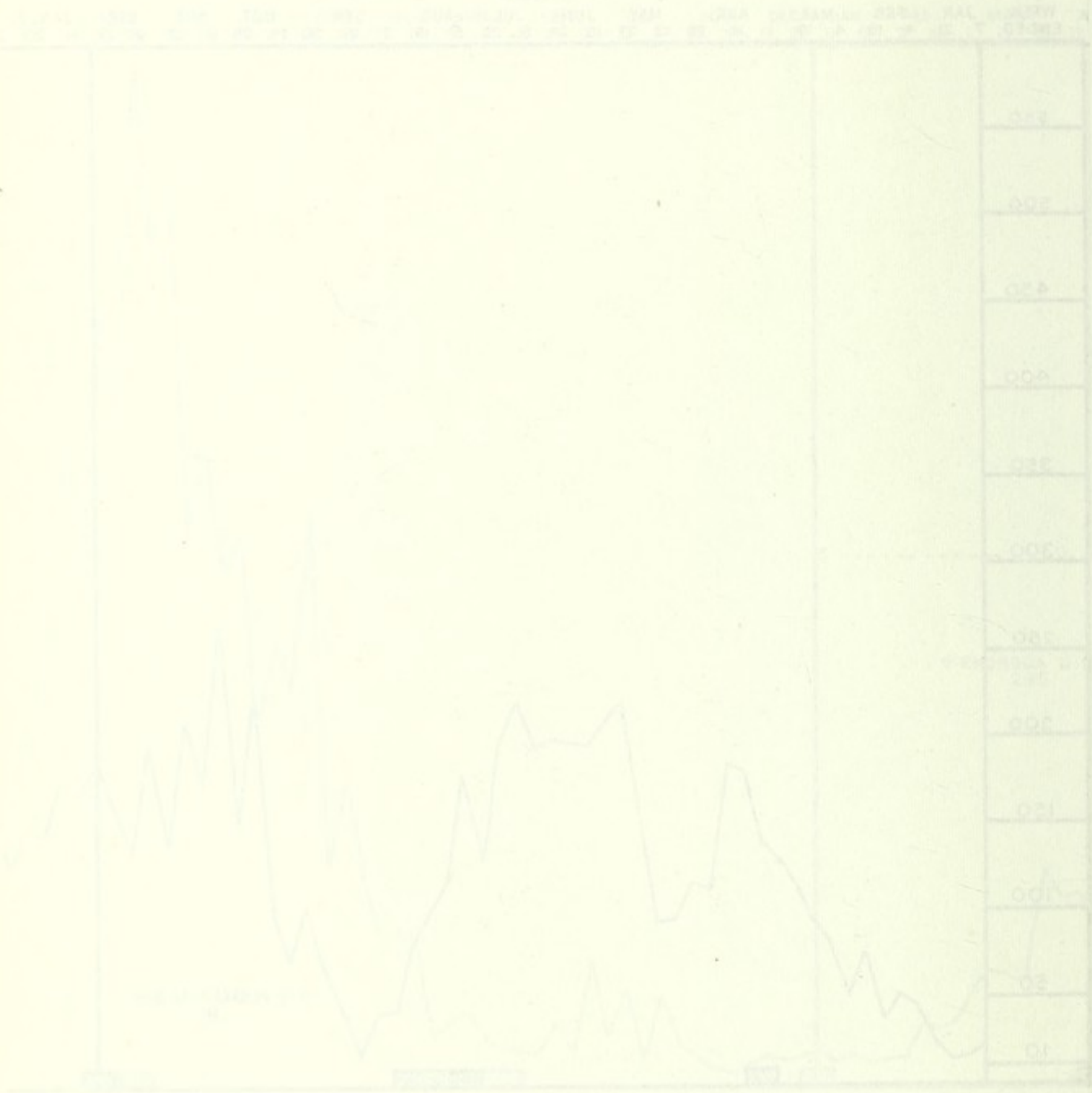
ADMINISTRATIVE COUNTY OF GLAMORGAN  
 NOTIFICATION OF INFECTIOUS DISEASES - MEASLES  
 1950-52





ADMINISTRATIVE COUNTY OF GEAMORGAN  
 REPORT OF EPIDEMIOLOGICAL DISEASES - MEASLES  
 1950-52

1951 1952



150 200 250 300 350 400 450 500



During 1952 use was made of the facilities offered by the Swiss Red Cross so that 24 children spent a period in Switzerland. The Education Authority were financially responsible only for the travelling costs. The children considered suitable for selection were in the following categories :—

- (i) Children who live in contact with a person suffering from active tuberculosis.
- (ii) Children who come from a family where tuberculosis has been prevalent.
- (iii) Children who come from an environment much affected by the war ; refugees, evacuees, victims of disaster, living under very bad social conditions.
- (iv) In addition to belonging to one of the above categories, they had themselves some evidence of tuberculous infection.

The Chest Physicians in Glamorgan were very ready to co-operate with our own Medical Officers in the selection of suitable candidates and the final selection was made by a visiting Swiss doctor, who examined the children at various centres in Glamorgan. The British Red Cross Society played a very active part in the detailed arrangements and acted as escorts for the children to Switzerland. The scheme has proved of undoubted value to the children who were fortunate enough to be selected.

A notable step in the prevention of tuberculosis in school children was the issue of regulations requiring the medical examination of entrants to the teaching profession to include in all cases an X-ray examination of the chest. This provision is to come into effect on 1st April, 1953. Glamorgan County Council, in addition, have passed the following resolution :—

“That all entrants to the service of the Authority as teachers shall be required to undergo a medical examination by the School Medical Officer, including an X-ray examination, unless they have taken up a teaching appointment under the Authority immediately upon completing their period of professional training as teachers.”

Teachers are also encouraged to avail themselves of the facilities of the Mass Radiography Units wherever possible.

During the year 152 newly-appointed school teachers were medically examined and X-rayed, in accordance with this resolution, in addition to 337 members of the non-teaching staffs examined in accordance with a previous decision of the Authority.

#### 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 our activities have again been considerably affected by the still unsatisfactory staffing position which we have suffered from for the past three years. Our position was very gloomy at the beginning of the year and worsened after a few months, but in the latter part of the year showed a marked degree of improvement. Reports from other authorities show much the same state of affairs, but in the last few months there is heartening news of improved staffing here and there, which gives us reason to hope that eventually we shall share more fully in this improvement. The services of an increased number of private practitioners have materially assisted us and we have been able, all things considered, to maintain, with reservations a routine fairly close to our established practice.

At the beginning of the year 1952 our dental staff consisted of seven whole-time dental officers and 10 part-time officers. Before the end of January we had the services of an additional whole-time officer, unfortunately only temporarily, as he left us in April to join the Services. His services were much appreciated in the hard-hit South-East Division. Two other whole-time officers also left us during the year. However, we secured the services of one whole-time officer in April and another in



September, which helped to offset our loss. We also secured the services of six part-time officers, following upon the joint circular issued by the Ministries of Education and Health, which advised authorities to explore this field. These part-time officers were fortunately for our needs resident in various parts of the County, which permitted us to improve the service in the South-East, Mid-Glamorgan, and West Divisions, and so at the end of the year we had seven whole-time officers and 16 part-time officers.

When one considers that the school population of the County is in the region of 120,000 and that the required establishment to deal adequately with this number is in the region of 35 whole-time dental officers, it can well be understood that planning has been a large-sized problem, but with all our difficulties we have been able to maintain services fairly regularly at 32 centres, which, with the four centres of the Rhondda Excepted Area, gives a total of 36 for the whole County. It is pleasing to note that the recruitment at long last of a whole-time officer to work in Pontypridd brought much needed relief to this very important centre. In Maesteg also the position has improved since our part-time officer in this populous area found it possible to give four half-day sessions there, but so great has been the loss of service in Maesteg that sessions there are still more of an extraction character than otherwise.

During the year under review 31,765 children were inspected, and 25,071 were found to require treatment, 24,897 were referred for treatment, and 17,007 were actually treated or re-treated, 42,498 attendances were recorded. 1,860 fillings were inserted into temporary teeth and 7,625 fillings were inserted into permanent teeth, giving a total of 9,485. As I explained last year, the Ministry now requires a return to be made of the number of teeth filled, and our figures to comply with this return are that 1,798 temporary teeth were filled and 7,319 permanent teeth were filled, a total of 9,117 teeth filled, an increase of over 2,000 upon the previous year. 28,477 temporary teeth and 5,881 permanent teeth were extracted, a total of 34,358 extractions. 7,445 other operations were recorded, and 11,535 administrations of nitrous oxide and oxygen were made for dental extractions.

In past years I have frequently deplored the large number of extractions in relation to the number of fillings. This year a similar state of affairs exists, as it will, I am afraid, until we are sufficiently well staffed to be able to overtake the formidable arrears of necessary extraction work. The present report shows an encouraging improvement in this aspect. Indeed, the number of temporary teeth saved is very inspiring, although the number of temporary teeth lost is still regrettably high. As I have explained before, the too early loss of the temporary dentition can have very unfortunate results, leading to overcrowding of the permanent dentition, which can only be remedied by extraction of the offending permanent teeth, or by orthodontic interference.

The need for large numbers of extractions still remains and will, until we can proceed upon the ideal plan of early treatment following closely upon regular routine inspections.

Considering the number of staff at our disposal during the past year our figures for conservation work are in the main satisfactory and reflect creditably upon the dental officers, who are frequently harassed by the appeals of 'casual' patients requiring emergency extractions.

The incidence of 'emergencies' is still with us, but I do not think it is so great as in the past three years, and much of this work can now be directed into routine channels. I must remark, however, that many who present themselves for emergency treatment state that they have tried to get treatment from private practitioners, who refer them to our clinics, in spite of their appeals for immediate relief of their suffering, and in spite of the altered conditions in private practice.



I think a word of praise for our chairside attendants is long overdue. They have shown great aptitude for their work and in their respective capacities of chairside attendant, receptionist and secretary, they render invaluable service.

Porthcawl is an area which has been without a dental clinic for over two years, and patients requiring treatment often of an urgent nature have had to proceed to Bridgend, which at present only functions for five half-day sessions each week. This, of course, is quite insufficient for Bridgend alone apart from the needs of children from the adjacent areas. Early in 1953 a temporary clinic will be established on school premises in Porthcawl to deal with local patients pending the construction of the new Porthcawl clinic. We also hope to reopen a clinic on school premises at Clydach to relieve the pressure upon Pontardawe clinic.

Orthodontic treatment is a problem which the dental services of all local authorities have to face, and no progressive authority can afford to ignore it, since apart from aesthetic reasons mal-positioned teeth and mal-occlusion in the mouth afford lodgment room for food debris, thus encouraging the ravages of caries. In Glamorgan, although it was considered necessary to curtail these activities somewhat, we do a fairly satisfactory amount of the simpler forms of regulation work and our officers are to be congratulated upon the many satisfactory results achieved.

The past year has been a very important one for the dental profession in this country, with the very important and highly successful International Dental Congress in London in July. At the Congress the accent was definitely upon preventive dentistry, and the knowledge and experience of dentists from all over the world were most enlightening. The impressive Dental Health Exhibition in London County Hall, held in connection with the Congress still further emphasised prevention. Later, in September, the Annual General Meeting of the British Dental Association was held in Cardiff, and here again it was very evident that preventive dentistry was the main theme. In a very important paper, 'The Paediatrician and the Dentist,' read before the Association, Professor A. G. Watkins, of the Welsh National School of Medicine, explored the possibilities and gave an illuminating report upon what has already been done.

Also, this year the Department of Health for Scotland issued a report upon Preventive Dental Services. This excellent report has been studied by public dental officers all over the country and I am sure to their benefit and the benefit of their authorities. The theme of Prevention is, as I mentioned last year, the vital principle of public authorities, and I think it is heartening to find that its need has been given so much prominence. Prevention can only be assisted by active research, and this has not been overlooked. Fluoridation of water supplies is under consideration, the use of topical applications of sodium fluoride is under observation at several centres in the country, and the possibility of adding a substance to sugar in order to reduce its liability to lactobacilli fermentation is also being explored.

I have at varying times urged the need of dental propaganda; this is difficult to undertake because we are a depleted staff, there is almost a queue of persons who feel they have a mission to enlighten the public upon their own pet theories.

The main difficulty facing us is that of staff shortage—I regret to have to repeat it. Suggestions have been made in other quarters to meet this, but I am convinced that for the vast number of children in our schools, school dentistry conducted by local authorities' staff upon local authorities' clinic premises is the most successful form of treatment."



7. COLOUR VISION.

During the year an interesting survey of colour blindness was carried out in the County and the following table shows the results of the survey :—

COLOUR VISION.

	Aberdare and Mountain Ash		Caerphilly and Gelligaer		Mid-Glamorgan		Neath and District		Pontypridd and Llantrisant		Port Talbot and Glyncofwrwg		South-East Glamorgan		West Glamorgan		Rhondda		Total		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Total number examined . . . . .	1,092	1,099	63	12	671	545	245	128	682	496	247	235	486	313	334	—	—	—	—	3,799	2,849
Number colour vision defective . . . . .	72	2	2	—	22	—	19	—	8	—	6	2	34	18	—	—	—	—	—	181	4
Percentage colour vision defective	6.59	.18	3.17	—	3.28	—	7.76	—	1.17	—	2.43	.85	7.0	5.75	—	—	—	—	—	4.76	.14



## REFRESHER COURSE FOR HEALTH VISITORS AND SCHOOL NURSES.

A course was held at Dyffryn House during Whit-week and was attended by 37 health visitors and school nurses. The programme was as follows:—

<i>Subject</i>	<i>Lecturer</i>
Handicapped School Child .. .. .	Dr. W. E. Thomas, County Medical Officer.
Health Visitor and Social Work .. .. .	Dr. R. T. Bevan, Deputy County Medical Officer.
Residential Care of Maladjusted Children .. .. .	Dr. J. P. Spillane, Consultant Psychiatrist, Whitchurch Hospital.
Medico-Medical Problems associated with a Paediatric Department	Dr. P. T. Bray, Consultant Paediatrician, Llandough and East Glamorgan Hospitals.
Work of the Health Visitor in relation to the Children's Department	Miss Beti Jones, Children's Officer.
Social Problems of the Mental Defective .. .. .	Dr. T. B. Jones, Medical Superintendent, Hensol Castle.
Compilation of Case Notes .. .. .	Miss E. G. Wright, County Superintendent Health Visitor and School Nurse.
Rehabilitation and Resettlement of the Disabled.. .. .	Dr. Idris Davies, Medical Adviser (Wales), Ministry of Labour and National Service.
The Aged, the Chronic Sick, and the Senile Dement .. .. .	Dr. Marjory W. Warren, Deputy Medical Director, West Middlesex Hospital.

In addition, two visits of interest were arranged—one to Hensol Castle, near Pontyclun, and the other to the Geriatric Unit at St. David's Hospital, Cardiff.

## CAUSES OF DEATH OF CHILDREN OF SCHOOL AGE.

## DEATHS OF CHILDREN OF SCHOOL AGE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN, 1921-1951.

	1921 Population in age group 5-15 = 182,987		1931 Population in age group 5-15 = 156,711		1943 Population in age group 5-15 = 114,640		1951 Population in age group 5-15 = 107,110	
	Number of deaths	Death rates per 100,000	Number of deaths	Death rates per 100,000	Number of deaths	Death rates per 100,000	Number of deaths	Death rates per 100,000
Tuberculosis .. .. .	79	43.19	51	32.54	26	22.67	12	11.20
Other infectious diseases..	103	56.31	54	34.45	16	13.95	5	4.66
Heart disease and rheumatic Fever .. .. .	60	32.80	32	20.41	9	7.85	5	4.66
Respiratory diseases (ex- cluding tuberculosis) ..	47	25.69	36	22.97	12	10.46	4	3.73
Deaths due to violence (in- cluding road deaths) ..	47	25.69	45	28.71	31	27.04	22	20.53
Nephritis and nephrosis ..	5	2.73	13	8.29	5	4.36	3	2.80
Other causes .. .. .	132	72.17	84	53.60	46	40.12	23	21.47
<b>Total .. .. .</b>	<b>473</b>	<b>258.61</b>	<b>315</b>	<b>201.00</b>	<b>145</b>	<b>126.48</b>	<b>74</b>	<b>69.08</b>

The above table shows the remarkable saving of life which has taken place during the last 30 years in children of school age in the County of Glamorgan. Whereas in 1921 there was an annual death rate of 58.6 per 100,000, the figures for 1951 show a rate of 69.1—an approximate four-fold decrease.



Tuberculosis deaths have shown a steady and satisfying reduction. This is evidence of the improved general conditions and it is probable that there are a number of factors concerned—safer milk supplies, improved housing conditions, and the earlier detection of persons suffering from pulmonary tuberculosis with the possibility of removing sources of infection. It may be that the general improvement in health has been associated with an increase in resistance to the disease.

An even more striking reduction in deaths has occurred in other infectious diseases. The prevention of diphtheria by inoculation has been a major factor. Improved sanitary conditions have also had an effect in reducing the chances of spread of infection. The part played by modern methods of treatment must not be ignored, but it is considered that this is of secondary importance as compared with preventive measures.

A similar picture is seen in rheumatic and heart disease. In the age group under consideration heart disease is frequently a sequel to juvenile rheumatism. The School Health Service has always paid particular regard to rheumatic symptoms in the child and it is probable that early detection and treatment of rheumatism has been a major factor in the reduction of rheumatic heart disease. There has also been a steady improvement in housing conditions—prevention of dampness and a reduction of overcrowding. An improved standard of living has also probably had an important effect in the reduction of illness due to this group of diseases.

Respiratory diseases have also shown a marked fall in mortality, as compared with 1931. The introduction of the sulphonamide group of drugs just before the 1939–45 war has had a marked influence in this group of diseases. Pneumonia is no longer the dreaded disease that it was in the early part of the century.

Deaths due to violence, including road accidents, have not decreased in a similar way. In 1921 this group accounted for a tenth of the total deaths of children of school age, but in 1951 it was responsible for more than a quarter of the deaths. The increase in road traffic has an important bearing on this problem and if it were not for the road safety campaigns it is very probable that the death rate in this group would have shown an actual increase as compared with 1921. None the less the figures point to the importance of safety measures being intensified in the prevention of accidents, both on the roads and in the homes.

#### 10. MEDICAL EXAMINATION OF TEACHING STAFF AND ENTRANTS TO COURSES OF TRAINING FOR TEACHING.

During the year 152 newly-appointed school teachers were medically examined by Medical Officers on the staff of my department and were X-rayed at local chest clinics or mass radiography units. This number included three teachers examined on behalf of other Education Authorities. Arrangements were also made on my behalf by the Medical Officers of Health of various counties and county boroughs for the medical and X-ray examinations of a further 81 school teachers appointed to teaching posts in Glamorgan.

At the direction of the Minister of Education, School Medical Officers became responsible from the 1st April, 1952, for the medical examination of candidates for admission to courses of training for teaching who were resident or attending school in their areas. Under these arrangements 389 candidates were examined during the last nine months of the year.

#### 11. MEDICAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

The following table gives an indication of the work done by School Medical Officers in the medical care of children who are in the Local Authority's care :—



## INSPECTION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

(a) *Boarded-out Children.*

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection . . . . .	12	7	7	2	31	4	14	6	13	96
Reinspection . . . . .	32	38	40	6	230	9	44	9	52	460
Number referred for treatment . . . . .	2	12	7	1	10	1	17	5	16	71

(b) *Children in Homes.*

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection . . . . .	24	—	104	38	38	—	5	—	—	209
Reinspection . . . . .	75	—	302	74	329	—	9	—	—	789
Number referred for treatment . . . . .	2	—	42	13	45	—	5	—	—	107



## 12. NEW SCHOOLS OR ADDITIONS.

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

*Aberdare and Mountain Ash Division.*

- |  |                                    |
|--|------------------------------------|
| (1) Aberdare Boys' Intermediate School .. .. | Equipment store on playing field.  |
| (2) Mountain Ash Intermediate School .. ..   | Additional sanitary accommodation. |

*Caerphilly and Gelligaer Division.*

- |   |                           |
|---|---------------------------|
| (1) Gelligaer Girls' Grammar School .. .. | One additional classroom. |
|---|---------------------------|

*Mid-Glamorgan Division.*

- |   |                                       |
|---|---------------------------------------|
| (1) Bridgend Girls' Grammar School .. ..          | Domestic science and practical rooms. |
| (2) Nottage, Porthcawl Jr. M. and I. School .. .. | New school.                           |
| (3) Bettws Primary School .. ..                   | Two additional classrooms.            |
| (4) Brynmenin Primary School .. ..                | Two additional classrooms.            |
| (5) Tynyrheol Primary School .. ..                | Two additional classrooms.            |

*Neath and District Division.*

- |   |                            |
|---|----------------------------|
| (1) Rhyd Hir Neath Secondary School .. .. | New school.                |
| (2) Brynhyfryd Primary School .. ..       | One additional classroom.  |
| (3) Rhigos Primary School .. ..           | Two additional classrooms. |

*Pontypridd and Llantrisant Division.*

- |                                       |                            |
|---------------------------------------|----------------------------|
| (1) Beddau Junior School .. ..        | Two additional classrooms. |
| (2) Glamorgan Technical College .. .. | Two additional classrooms. |

*Port Talbot and Glyncoerwog Division.*

- |  |  |
|--|--|
| (1) Port Talbot College of Further Education .. .. | New college.                             |
| (2) Sandfields Primary School .. ..                | New hutted kitchen and dining room unit. |

*South-East Glamorgan Division.*

- |  |  |
|--|--|
| (1) Colcot Jr. M. and I. School .. ..  | New school.                                    |
| (2) Gwaelodygarth Primary School .. .. | Conversion of classrooms into central kitchen. |
| (3) Whitchurch Infants' School .. ..   | One new classroom.                             |
| (4) Whitchurch Grammar School .. ..    | Two new classrooms.                            |

*West Glamorgan Division.*

- |  |                            |
|--|----------------------------|
| (1) Bishopston Primary School .. ..          | One additional classroom.  |
| (2) Penllergaer Primary School .. ..         | One additional classroom.  |
| (3) Gowerton Boys' Intermediate School .. .. | Two additional classrooms. |

*Rhondda Exempted District.*

- |                                 |             |
|---------------------------------|-------------|
| (1) Maerdy Primary School .. .. | New school. |
|---------------------------------|-------------|

## GENERAL REMARKS.

In the early days of the School Medical Service, medical officers devoted nearly all their efforts to the detection of medical defects. Stress was also placed on cleanliness surveys. It is true that medical defects much fewer in number continue to be found and occasionally a dirty child is detected, but the School Medical Service widened its field of activity. The relationship between health and educational progress was realised and every effort was made to obtain treatment for defects which could be a handicap to education. The ever increasing attention that was paid to the handicapped pupil and the provision of special schools are ample evidence of this change in orientation.



Although there is still this emphasis on the child in relation to his scholastic environment, yet at the same time it is realised that the child is a member of a family. The bringing together of the School Health Service and the Maternity and Child Welfare Service has been of very considerable value, so that the child is looked upon in relation to his whole background—home and school. There is no longer a division of health visiting services. The same nurse visits the school and the home and so a complete picture of the child is obtained.

Health, home life, and education of a child are all closely associated and very frequently inter-related. When a problem arises all three facets are usually affected.

There has existed for very many years a very close liaison between the school and health authorities. It is pleasant to record the happy relationships which exist between head teachers, teachers, doctors, and school nurses. The ready co-operation of the Education and Health Services has, no doubt, been one of the major factors in the progress which has been made by the School Health Service. Sometimes the health services have assisted in the education of a child by the detection and treatment of handicapping defects. Probably far oftener have school teachers been the means of instilling the habits of health and cleanliness in their pupils.

It is gratifying also to report the close liaison that exists between the Children's Department and the Health Department, not only at office level but also between individual workers in the field. The Children's Department can be regarded as having special responsibilities for those children who are handicapped by reason of being deprived of a normal home life.

There must of necessity be a very close relationship between the Education, Health, and Children's Services, and it is obvious that frequently there can be no clear cut distinction between their functions. The aim of child care must surely be that each child shall have appropriate education, optimum health, and a normal home life. This can only be done by the integrated action of all the services concerned.



**GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.**

**OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES  
IN RHONDDA (EXCEPTED DISTRICT) DURING 1952.**

**GENERAL.**

The total number of pupils on the registers of the schools in the district at the end of 1952 was 21,110 as compared with 20,866 pupils at the end of the previous year. Of the above total 292 were in the two nursery schools, 13,796 were in primary schools, and 7,022 were in secondary schools, the latter group including whole-time pupils attending a technical institute. There were 2,929 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 3,084, of whom 1,914 were in the "entrant" group, 517 were in the "second" age group, and 653 were in the "third" age group; the number of children examined as "specials" was 410 and 2,202 children were re-examined, so that the total number of medical examinations amounted to 5,696.

**FINDINGS OF MEDICAL INSPECTION.**

The assessment of the general condition of the children examined in the three routine age groups and their classification into the three categories—"good," "fair," and "poor"—were largely based on the nutritional condition of the children and their apparent state of fitness. The children classified as "good" were considered to be in an excellent general condition, children classified as "fair" were in a satisfactory state, whilst those classified as "poor" were considered to be in a definitely unsatisfactory state of nutrition and of general well-being.

Of the 3,084 children examined in the three routine age groups the general condition of 11.35 per cent was regarded as "good," 87 per cent were "fair," and the remaining 1.65 per cent were "poor." The proportions classified as "poor" for 1948, 1949, 1950, and 1951 were 1.9, 0.9, 0.6, and 0.93 respectively, so that the figure for 1952 is the highest since 1948; the corresponding figure in respect of school children throughout England and Wales classified as "poor" during 1951 was 2.94 per cent.

A further analysis of the figures for Rhondda children examined in 1952 shows that 1.2 per cent of the entrants, 2.3 per cent in the second age group, and 2.5 per cent in the third age group were classified as "poor" and, though amongst the entrants the percentages were equal as between boys and girls, the percentage of boys classified as "poor" in the second age group was double that of girls and in the third age group the percentage of boys was nine times that of the girls.

There was a general diminution in the percentage incidence of the defects scheduled in Table II amongst children examined in the routine age groups as compared with the previous year with the exception of slight increases in the percentages referred for treatment and observation in respect of defective hearing and for observation in respect of orthopaedic defects and other defects of development. The incidence of defects of the heart and circulation and of the lungs was considerably less than in the previous year. Amongst defects of the skin it may be noted that no case of scabies or impetigo was discovered amongst the children examined in the routine age groups and only one case of ringworm amongst these children.

Dental disease requiring urgent attention was noted in 23.8 per cent of the children medically examined in the routine age groups.



## TREATMENT.

### *Minor Ailments.*

The number of school children treated at the minor ailment clinics was 86 as compared with 93 children in the previous year, and the number of attendances for treatment amounted to 189; the principal ailments treated were minor eye defects, impetigo, ringworm, and some attendances were made for the washing of heads. The frequent visits of the nurses to the schools has had a favourable influence in reducing the incidence of minor ailments amongst the children and likewise the need for attendance at the clinics for treatment.

### *Refractive Vision.*

One thousand and forty-four were examined for refractive errors in the Authority's clinics.

### *Operative Treatment of Ear, Nose, and Throat Defects.*

During the year 769 children received operative treatment for chronic tonsillitis and adenoids in the district hospitals, 35 children received similar treatment for ear defects, and 62 children were treated for other defects of the nose and throat. These figures indicate that the facilities available for the operative treatment of diseased tonsils and adenoids appear to be adequate.

### *Orthopaedic Treatment.*

Mr. Rocyn Jones, Orthopaedic Surgeon, examined 32 children for the first time and re-examined 10 children during his monthly visits to the Carnegie Centre and four children were admitted on his recommendation to the Prince of Wales Hospital, Cardiff. At the beginning of the year a whole-time physiotherapist was appointed on the staff and, under the supervision of Mr. Rocyn Jones, she undertook a considerable amount of treatment, including remedial exercises, electrical treatment, massage, light therapy, etc., in the Authority's clinics, and 3,170 attendances were made by children to the clinics for these various forms of treatment during the year.

### *Hospital Treatment.*

In addition to the information relating to operative treatment for chronic tonsillitis and adenoids particulars were received from various hospitals serving the district in relation to the treatment of 492 children of school age. Amongst 98 children who were treated for diseases of the alimentary system 63 were operated on for appendicitis, and of 55 children treated for respiratory diseases 17 had bronchiectasis and 14 had asthma. Amongst 85 children treated for various injuries, fractures were discovered in 45 instances; 39 children treated for diseases of the nervous system 15 had epilepsy. Reports were also received in respect of 18 children who were seen at the Child Guidance Clinic at East Glamorgan Hospital.

### *Dental Treatment.*

The dental treatment of school children under the Authority's scheme continued to be handicapped by a lack of sufficient dental staff. Only 638 children were inspected in the schools and 68.7 per cent of these were referred for treatment; in addition, 3,533 children were examined as "specials." The number of children actually treated during the year was 3,747.

## SCHOOL MEALS AND MILK.

The number of school dinners provided during the year was nearly 6 per cent less than in the previous year and 43 per cent less than in 1948; it is satisfactory to note however that the number of milk meals provided increased by nearly 7 per cent.



### INFECTIOUS DISEASES.

The most prevalent notifiable infectious disease amongst the school population was measles, of which disease 398 cases were notified, 354 of these being children between 5 and 10 years of age ; there were also 107 cases of scarlet fever notified amongst children of school age. A number of cases of paratyphoid B. fever, amounting to 13, was notified amongst school children, but there was no evidence implicating the school meal service or school milk as vehicles for the transmission of the infection. No confirmed case of diphtheria or meningococcal meningitis occurred amongst school children but one child was notified as suffering from poliomyelitis and in this instance the residual paralysis was very slight. Nine school children were notified as suffering from respiratory tuberculosis and five children from various non-respiratory forms of the disease.

The number of deaths amongst children of school age was seven ; three were due to heart disease, two of which were definitely of rheumatic origin, two were due to injuries caused by motor accidents, and the remaining two were due to appendicitis and leukaemia respectively.

### MISCELLANEOUS WORK.

In addition to numerous special examinations of children at the clinics the school medical staff examined 84 candidates applying for admission to training colleges and three other applicants prior to entry to the teaching profession. One of the assistant medical officers also commenced a special investigation relating to the social, environmental, and medical circumstances of children who were classified as being in a "poor" general condition.

### CONCLUSIONS.

(a) The work carried out during the year was mainly devoted to the routine medical inspection and supervision of the health of the school children but dental inspection and treatment continued to be severely restricted owing to inadequacy of the dental staff, and it is disappointing that the facilities available for dental treatment in the clinics provided by the authority should remain idle or unused owing to lack of dental staff.

(b) There has been a further diminution in the number of meals provided in the schools, the number of meals provided in 1952 being over 43 per cent less than in 1948, though the school population was approximately the same in both years ; the provision of school meals during and immediately after the war undoubtedly had a favourable influence in promoting the health of the children and efforts should be made to restore the greater use of the facilities available for school feeding.

**D. J. THOMAS,**

*District School Medical Officer.*



1952.

## 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	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Boys .. .. .	3,600	1,735	2,355	1,189	1,266	1,248	2,616	1,095	1,914	17,018
5-10 Age Group .. ..	855	479	1,216	786	727	632	1,623	861	517	7,696
11-15 Age Group .. ..	648	715	1,219	373	1,178	692	441	647	653	6,566
Total .. .. .	5,103	2,929	4,790	2,348	3,171	2,572	4,680	2,603	3,084	31,280
Special and Blind School ..	—	—	101	—	—	—	—	—	—	101
Grand Total .. .. .	5,103	2,929	4,891	2,348	3,171	2,572	4,680	2,603	3,084	31,381

## B.—OTHER INSPECTIONS.

Group	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Special Inspections .. ..	1,774	1,350	567	1,132	1,980	1,076	275	591	410	9,155
Other Inspections .. ..	2,753	2,733	1,978	1,341	1,946	2,342	1,234	1,740	2,202	18,269
Total .. .. .	4,527	4,083	2,545	2,473	3,926	3,418	1,509	2,331	2,612	27,424

## C.—PUPILS FOUND TO REQUIRE TREATMENT.

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

Group	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Boys .. .. .	14	5	23	—	3	5	30	14	2	96
5-10 Age Group .. ..	43	31	76	80	33	61	166	72	26	588
11-15 Age Group .. ..	25	37	109	27	51	65	52	36	35	437
Total .. .. .	82	73	208	107	87	131	248	122	63	1,121
Special and Blind School ..	—	—	—	—	—	—	—	—	—	—
Grand Total .. .. .	82	73	208	107	87	131	248	122	63	1,121



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

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

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. ..	259	245	284	254	168	137	786	268	166	2,567
Second Age Group .. ..	58	52	76	93	37	75	333	111	35	870
Third Age Group .. ..	62	40	56	31	46	68	58	24	46	431
Total .. ..	379	337	416	378	251	280	1,177	403	247	3,868
Bridgend Blind School ..	—	—	4	—	—	—	—	—	—	4
Grand Total .. ..	379	337	420	378	251	280	1,177	403	247	3,872

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

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants .. ..	268	246	306	254	170	140	804	278	166	2,632
Second Age Group .. ..	91	74	147	166	66	126	467	176	59	1,372
Third Age Group .. ..	80	72	163	57	90	130	98	60	76	826
Total .. ..	439	392	616	477	326	396	1,369	514	301	4,830
Bridgend Blind School ..	—	—	4	—	—	—	—	—	—	4
Grand Total .. ..	439	392	620	477	326	396	1,369	514	301	4,834



TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1952.

(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	Total
ain .. .. .	6	15	16	5	2	19	37	27	12	139
es—(a) Vision .. ..	82	73	208	107	87	131	248	122	63	1,121
(b) Squint .. .. .	27	21	10	25	16	15	89	9	21	233
(c) Other .. .. .	1	17	3	4	18	3	31	25	19	121
rs—(a) Hearing .. ..	—	2	4	6	2	1	15	5	7	42
(b) Otitis Media ..	6	6	4	3	5	10	12	3	5	54
(c) Other .. .. .	3	2	2	4	2	1	12	3	1	30
se or Throat .. ..	82	52	215	136	40	112	98	102	100	937
eech .. .. .	5	15	26	16	6	2	63	13	9	155
rvical Glands .. ..	1	5	4	11	—	6	34	2	5	68
art and Circulation ..	3	3	5	9	1	4	6	9	12	52
ngs .. .. .	31	12	31	16	2	18	7	64	43	224
velopmental—(a) Hernia ..	2	1	2	1	2	3	2	2	—	15
(b) Other .. .. .	5	2	—	1	—	2	7	5	26	48
thopaedic—(a) Posture ..	18	—	2	11	1	11	12	11	14	80
(b) Flat Foot .. ..	97	110	43	40	44	43	608	68	21	1,074
(c) Other .. .. .	115	86	37	63	107	33	386	46	31	904
rvous System—(a) Epilepsy	—	1	1	—	—	1	4	1	2	10
(b) Other .. .. .	1	—	—	2	—	2	—	4	2	11
chological—										
(a) Development .. ..	—	—	1	2	—	4	1	3	2	13
(b) Stability .. .. .	—	—	—	1	—	1	—	—	2	4
er Defects and Diseases ..	14	5	46	42	9	1	22	52	11	202
Totals .. .. .	499	428	660	505	344	423	1,694	576	408	5,537



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

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

Defect or Disease.	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total.
Skin .. .. .	59	71	37	23	28	13	19	50	69	369
Eyes—(a) Vision .. ..	53	38	1	6	30	34	113	4	18	297
(b) Squint .. ..	66	29	1	28	18	13	18	11	37	221
(c) Other .. ..	32	22	4	7	22	2	6	22	8	125
Ears—(a) Hearing .. ..	5	28	8	7	25	3	21	4	11	112
(b) Otitis Media .. ..	41	18	6	5	18	23	16	4	28	159
(c) Other .. ..	49	11	7	5	21	2	5	4	9	113
Nose or Throat .. ..	639	368	409	165	410	215	261	342	430	3,239
Speech .. .. .	21	16	20	26	21	6	10	20	23	163
Cervical Glands .. ..	148	147	206	185	200	133	141	186	359	1,705
Heart and Circulation ..	108	90	125	36	73	64	117	50	126	789
Lungs .. .. .	279	339	141	116	113	71	70	70	60	1,259
Developmental—(a) Hernia ..	13	10	8	1	13	7	4	2	7	65
(b) Other .. ..	201	20	5	3	9	3	9	33	77	360
Orthopaedic—(a) Posture ..	21	18	10	3	7	7	5	7	38	116
(b) Flat Foot .. ..	327	102	70	5	53	23	28	23	40	671
(c) Other .. ..	594	104	78	15	150	19	40	25	113	1,138
Nervous System—(a) Epilepsy	11	1	3	4	2	4	5	1	3	34
(b) Other .. ..	19	6	6	—	5	10	4	5	8	63
Psychological—										
(a) Development .. ..	8	6	—	5	4	7	6	2	8	46
(b) Stability .. ..	10	3	—	—	1	2	1	1	7	25
Other Defects and Diseases ..	36	79	27	42	46	4	28	38	24	324
Totals .. .. .	2,740	1,526	1,172	687	1,269	665	927	904	1,503	11,393



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	Total
.. .. .	8	19	—	6	1	2	2	8	—	46
(a) Vision .. ..	28	34	15	12	48	25	8	10	14	194
(b) Squint .. ..	7	3	1	10	5	2	1	—	—	29
(c) Other .. ..	6	3	—	5	17	1	1	—	3	36
(a) Hearing .. ..	4	21	—	4	41	1	8	4	2	85
(b) Otitis Media ..	1	7	2	2	—	5	4	1	—	22
(c) Other .. ..	24	30	2	8	12	—	2	1	1	80
.. or Throat .. ..	149	236	56	149	134	159	57	113	—	1,053
.. .. .	16	18	3	5	13	15	3	10	1	84
.. .. .	18	2	—	19	—	—	2	—	—	41
.. .. .	8	3	1	2	5	3	1	9	2	34
.. .. .	39	52	7	15	10	15	2	23	2	165
Developmental—(a) Hernia ..	—	3	—	—	3	2	—	—	—	8
(b) Other .. ..	2	4	—	2	—	—	—	16	2	26
.. .. .	5	8	1	—	7	1	—	3	—	25
(b) Flat Foot .. ..	10	9	—	11	9	5	4	—	2	50
(c) Other .. ..	16	14	3	15	42	15	3	11	2	121
.. .. .	1	5	1	1	1	—	5	14	—	28
(b) Other .. ..	8	7	—	—	2	2	1	3	1	24
.. .. .	8	77	28	—	11	2	17	37	1	181
(b) Stability .. ..	2	3	—	—	5	2	5	3	—	20
.. .. .	18	35	3	48	16	3	4	24	—	151
Totals .. .. .	378	593	123	314	382	260	130	290	33	2,503



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.	%	
17	16·83	81	80·20	3	2·97	101

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

Classification.	Aberdare.		Caerphilly.		Mid-Glam.		Neath.		Pontypridd.		Port Talbot.		S.E. Glam.		West Glam.		Rhondda.		Total.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
A—Good ..	608	11·91	323	11·03	1,537	31·43	283	12·05	778	24·54	560	21·77	375	8·01	1,464	56·24	350	11·35	6,278	20·01
B—Fair ..	4,459	87·38	2,406	82·14	3,175	64·91	1,985	84·54	2,295	72·37	1,924	74·81	4,088	87·35	1,081	41·53	2,683	87·00	24,096	76·78
C—Poor ..	36	0·71	200	6·83	179	3·66	80	3·41	98	3·09	88	3·42	217	4·64	58	2·23	51	1·65	1,007	3·21
Total ..	5,103		2,929		4,891		2,348		3,171		2,572		4,680		2,603		3,084		31,381	



B.—(i) UNCLEANLINESS (excluding Rhondda Exempted District).  
SHOWING THE RESULT OF THE EXAMINATION AND RE-EXAMINATION OF PUPILS IN REGARD TO CLEANLINESS BY THE SCHOOL NURSES.  
BOYS.

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations	29102		16622		21118		16176		12610		11277		16325		26784		150014	
Head—																		
Clean	28952	99.49	16442	98.92	21003	99.46	16141	99.78	12375	98.14	11155	98.92	16186	99.15	26702	99.69	148956	99.30
Nits	141	0.48	160	0.96	112	0.53	35	0.22	231	1.83	111	0.98	128	0.78	82	0.31	1000	0.67
Pediculi and sores	9	0.03	20	0.12	3	0.01	—	—	4	0.03	11	0.10	11	0.07	—	—	58	0.03
Body—																		
Clean	29053	99.83	16556	99.60	21011	99.49	16176	100.0	12580	99.76	11240	99.67	16282	99.74	26757	99.90	149655	99.76
Dirty	49	0.17	66	0.40	107	0.51	—	—	27	0.22	37	0.33	43	0.26	27	0.10	356	0.23
Vermineous	—	—	—	—	—	—	—	—	3	0.02	—	—	—	—	—	—	3	0.01
Clothing—																		
Clean	29006	99.67	16541	99.51	20976	99.33	16175	99.99	12586	99.81	11238	99.65	16279	99.72	26761	99.91	149562	99.70
Dirty	96	0.33	81	0.49	142	0.67	1	0.01	24	0.19	39	0.35	46	0.28	23	0.09	452	0.30
No. of re-examinations	886		1718		1613		226		3178		1102		768		350		9841	
Head—																		
Clean	403	45.48	1191	69.33	942	58.40	170	75.22	2882	90.69	890	80.76	655	85.29	259	74.00	7392	75.11
Nits	481	54.29	505	29.39	668	41.41	55	24.34	283	8.90	207	18.79	108	14.06	91	26.00	2398	24.37
Pediculi and sores	2	0.23	22	1.28	3	0.19	1	0.44	13	0.41	5	0.45	5	0.65	—	—	51	0.52
Body—																		
Clean	749	84.54	1482	86.26	1209	74.95	172	76.11	3061	96.32	986	89.47	735	95.70	270	77.14	8664	88.04
Dirty	137	15.46	235	13.68	404	25.05	54	23.89	115	3.62	116	10.53	33	4.30	80	22.86	1174	11.93
Vermineous	—	—	1	0.06	—	—	—	—	2	0.06	—	—	—	—	—	—	3	0.03
Clothing—																		
Clean	712	80.36	1471	85.62	1103	68.38	172	76.11	3062	96.35	995	90.29	739	96.22	286	81.71	8540	86.78
Dirty	174	19.64	247	14.38	510	31.62	54	23.89	116	3.65	107	9.71	29	3.78	64	18.29	1301	13.22

(i) Total number of examinations in the schools by the School Nurses or other authorised persons  
(ii) Total number of individual pupils found to be infested  
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)  
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)

Glamorgan  
Rhondda  
Total

317,641  
9,085  
411,691  
9,800



TABLE III—continued.  
B—(ii).—GIRLS.

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations	26110		14065		19031		14832		12316		10175		15803		24402		136734	
Head—																		
Clean	25532	97.79	13576	96.52	18656	98.03	14560	98.17	11453	92.99	9848	96.79	15136	95.78	24104	98.78	132865	97.17
Nits	575	2.20	448	3.19	369	1.94	261	1.76	842	6.84	315	3.09	653	4.13	298	1.22	3761	2.75
Pediculi and sores	3	0.01	41	0.29	6	0.03	11	0.07	21	0.17	12	0.12	14	0.09	—	—	108	0.08
Body—																		
Clean	26057	99.80	14032	99.76	18981	99.74	14830	99.99	12302	99.89	10167	99.92	15788	99.91	24386	99.93	136543	99.86
Dirty	53	0.20	32	0.23	50	0.26	2	0.01	14	0.11	8	0.08	15	0.09	16	0.07	190	0.13
Vermineous	—	—	1	0.01	—	—	—	—	—	—	—	—	—	—	—	—	1	0.01
Clothing—																		
Clean	26032	99.70	14013	99.63	18979	99.73	14830	99.99	12316	100.0	10159	99.84	15787	99.90	24387	99.94	136503	99.83
Dirty	78	0.30	52	0.37	52	0.27	2	0.01	—	—	16	0.16	16	0.10	15	0.06	231	0.17
No. of re-examinations	3318		3258		3229		1495		4956		2063		1484		1249		21052	
Head—																		
Clean	766	23.09	1303	39.99	1117	34.59	171	11.44	3179	64.14	939	45.52	848	57.14	536	42.91	8859	42.08
Nits	2538	76.49	1831	56.20	2096	64.91	1234	82.54	1725	34.81	1095	53.08	613	41.31	713	57.09	11845	56.27
Pediculi and sores	14	0.42	124	3.81	16	0.50	90	6.02	52	1.05	29	1.40	23	1.55	—	—	348	1.65
Body—																		
Clean	3259	98.22	3161	97.02	2920	90.43	1454	97.26	4857	98.00	1975	95.73	1474	99.33	1211	96.96	20311	96.48
Dirty	57	1.72	97	2.98	309	9.57	41	2.74	98	1.98	88	4.27	10	0.67	38	3.04	738	3.51
Vermineous	2	0.06	—	—	—	—	—	—	1	0.02	—	—	—	—	—	—	3	0.01
Clothing—																		
Clean	3221	97.08	3148	96.62	2838	87.89	1451	97.06	4850	97.86	1956	94.81	1472	99.19	1220	97.68	20156	95.74
Dirty	97	2.92	110	3.38	391	12.11	44	2.94	106	2.14	107	5.19	12	0.81	29	2.32	896	4.26

C.—VISITS TO HOMES BY SCHOOL NURSES.

	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Total
Total number of visits paid to homes	3,666	4,647	3,507	2,165	1,838	2,485	1,216	3,102	28,072



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	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind .. .. .	—	—	—	—	1	—	1	—	1	3
Partially Sighted .. .. .	—	1	—	1	—	—	—	1	1	4
Deaf .. .. .	2	4	—	1	1	—	1	—	1	10
Partially Deaf .. .. .	—	1	—	2	—	—	—	—	—	3
Delicate .. .. .	2	1	1	—	—	1	—	—	—	5
Educationally Sub-normal	13	3	1	—	3	—	12	—	—	32
Epileptic .. .. .	—	—	—	—	1	—	—	—	1	2
Maladjusted .. .. .	1	1	1	1	1	—	1	—	2	8
Physically Handicapped	2	2	—	—	1	—	—	—	4	9
Total .. .. .	20	13	3	5	8	1	15	1	10	76

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

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind .. .. .	—	—	1	—	—	—	2	—	—	3
Partially Sighted .. .. .	—	1	—	1	—	—	—	—	—	2
Deaf .. .. .	2	1	—	1	2	1	—	—	—	7
Partially Deaf .. .. .	—	1	—	1	1	—	1	—	—	4
Delicate .. .. .	2	1	1	2	—	2	—	2	—	10
Educationally Sub-normal	10	21	20	1	7	2	7	4	—	72
Epileptic .. .. .	1	—	—	—	—	—	1	—	1	3
Maladjusted .. .. .	1	2	2	2	—	—	1	—	3	11
Physically Handicapped	2	1	8	—	2	—	2	2	—	17
Total .. .. .	18	28	32	8	12	5	14	8	4	129



TABLE IV—*continued.*

## C.—(i) (a) NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL DAY SCHOOLS ON THE 1ST DECEMBER, 1952.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	1	—	—	—	—	—	—	1
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	28	—	—	—	—	—	—	—	1	29
F. Educationally Sub-normal	73	2	—	—	13	—	30	—	—	118
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	7	—	—	—	—	—	—	—	—	7
Total .. .. .	108	2	1	—	13	—	30	—	1	155

## C.—(i) (b) NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL BOARDING SCHOOLS ON THE 1ST DECEMBER, 1952.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	4	2	1	2	2	2	2	1	4	20
B. Partially Sighted.. ..	3	6	3	6	1	2	6	3	9	39
C. Deaf .. .. .	3	14	10	7	5	4	6	3	8	60
D. Partially Deaf .. .. .	—	3	1	4	—	—	2	—	—	10
E. Delicate .. .. .	—	1	1	—	—	2	—	—	—	4
F. Educationally Sub-normal	—	3	4	1	3	1	3	—	—	15
G. Epileptic .. .. .	—	—	—	—	2	—	—	—	4	6
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	1	4	1	2	5	—	2	—	5	20
Total .. .. .	11	33	21	22	18	11	21	7	30	174







TABLE IV—*continued.*

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

(a) TUITION AT HOME—PENDING ADMISSION TO SPECIAL SCHOOLS.

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
G. Epileptic .. .. .	—	—	—	—	—	—	—	—	—	—
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	—	2	—	—	2	1	1	—	4	10
Total .. .. .	—	2	—	—	2	1	1	—	4	10

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

(b) TUITION AT HOME—UNSUITABLE FOR ADMISSION TO SPECIAL SCHOOLS.

Category of Handicap	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind .. .. .	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf .. .. .	—	—	—	—	—	—	—	—	—	—
E. Delicate .. .. .	—	—	—	1	1	1	—	—	—	3
F. Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
G. Epileptic .. .. .	—	—	—	—	—	—	1	—	—	1
H. Maladjusted .. .. .	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	1	3	4	1	3	2	3	3	8	28
Total .. .. .	1	3	4	2	4	3	4	3	8	32



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
Blind .. .. .	—	—	1	1	—	1	2	—	1	6
Partially Sighted .. .. .	—	—	—	1	—	—	—	—	1	2
Deaf .. .. .	3	3	—	2	1	1	—	—	—	10
Partially Deaf .. .. .	—	—	—	—	1	—	1	—	—	2
Delicate .. .. .	—	1	3	2	—	2	—	2	—	10
Educationally Sub-normal	3	69	44	14	32	18	9	24	53	266
Epileptic .. .. .	1	—	—	—	—	—	1	2	—	4
Maladjusted .. .. .	—	3	2	1	—	—	—	—	1	7
Physically Handicapped	1	3	11	3	6	2	4	4	6	40
Total .. .. .	8	79	61	24	40	24	17	32	62	347

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
worm— (i) Scalp .. .. .	1	—	—	7	—	—	—	—	7	15
(ii) Body .. .. .	—	—	—	11	1	—	5	—	18	35
es .. .. .	2	—	—	3	—	—	6	—	6	17
tigo .. .. .	65	—	—	22	4	—	28	—	19	138
r Skin Diseases .. .. .	48	—	—	57	13	—	37	—	13	168
Total .. .. .	116	—	—	100	18	—	76	—	63	373



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
Ringworm— (i) Scalp .. ..	1	3	5	6	—	—	—	—	—	15
(ii) Body .. ..	—	9	36	2	—	—	—	—	1	48
Scabies .. .. .	—	4	—	2	—	—	2	—	1	9
Impetigo .. .. .	4	20	4	5	—	—	1	2	1	37
Other Skin Diseases .. ..	—	36	16	5	—	22	11	11	21	122
<b>Total .. .. .</b>	<b>5</b>	<b>72</b>	<b>61</b>	<b>20</b>	<b>—</b>	<b>22</b>	<b>14</b>	<b>13</b>	<b>24</b>	<b>231</b>

## 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
External and other, excluding errors of refraction and squint	138	—	—	56	4	—	74	—	45	317
Errors of refraction (including squint) .. .. .	1,448	688	1,241	430	573	1,067	868	1,266	1,044	8,625
<b>Total .. .. .</b>	<b>1,586</b>	<b>688</b>	<b>1,241</b>	<b>486</b>	<b>577</b>	<b>1,067</b>	<b>942</b>	<b>1,266</b>	<b>1,089</b>	<b>8,942</b>
Number of pupils for whom spectacles were										
(a) Prescribed .. .. .	792	320	660	238	237	456	336	547	810	4,396
(b) Obtained .. .. .	664	293	220	298	246	396	261	332	N.A.	2,710



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									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Internal and other, excluding errors of refraction and squint	7	6	3	1	19	29	2	3	7	77
Errors of refraction (including squint) .. .. .	4	7	—	41	72	5	8	—	13	150
Total .. .. .	11	13	3	42	91	34	10	3	20	227
Number of pupils for whom spectacles were										
(a) Prescribed .. .. .	—	24	—	41	—	—	2	—	—	67
(b) Obtained .. .. .	—	17	—	41	—	—	2	—	—	60

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

	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
Received operative treatment—										
For diseases of the ear ..	—	—	—	—	—	—	—	—	—	—
For adenoids and chronic tonsillitis .. .. .	—	—	—	—	—	—	—	—	—	—
For other nose and throat conditions .. .. .	—	—	—	—	—	—	—	—	—	—
Received other forms of treatment .. .. .	131	—	—	—	—	—	63	—	—	194
Total .. .. .	131	—	—	—	—	—	63	—	—	194



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									
	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
(a) For diseases of the ear ..	28	—	1	1	2	43	1	4	35	115
(b) For adenoids and chronic tonsillitis .. ..	176	143	242	235	262	403	135	361	769	2,726
(c) For other nose and throat conditions .. ..	10	1	3	—	3	34	1	—	62	114
Received other forms of treatment .. .. .	20	26	5	7	17	—	3	1	40	119
Total .. .. .	234	170	251	243	284	480	140	366	906	3,074

## GROUP 4. ORTHOPAEDIC AND POSTURAL.

	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) No. treated as in-patients in hospitals .. ..	7	13	7	8	7	16	3	8	4	73
(b) No. treated otherwise, e.g. in clinics or out-patient departments under the Authority's scheme ..	706	530	853	698	643	281	995	808	32	5,546
(c) No. treated otherwise, e.g. in clinics or out-patient departments other than under the Authority's scheme .. .. .	1	7	—	30	3	19	12	35	—	107







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

## GROUP 7. OTHER TREATMENT GIVEN.

	Number of cases treated under the Authority's scheme									Total
	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	
(a) Miscellaneous minor ailments .. .. .	728	—	—	500	108	—	407	—	4	1747
(b) Other—										
(i) Alimentary system ..	—	—	—	—	—	—	—	—	—	—
(ii) Cardiovascular system	—	—	—	—	—	—	—	—	—	—
(iii) Rheumatic (including chorea) .. .. .	99	—	—	—	—	—	—	—	—	99
(iv) Anaemia .. .. .	—	—	—	3	—	—	—	—	1	4
(v) Respiratory system ..	—	—	—	51	—	—	—	—	—	51
(vi) Nervous system ..	—	—	—	2	—	—	—	—	—	2
(vii) Genito urinary system	—	—	—	4	—	—	—	—	—	4
(viii) Infectious diseases ..	—	—	—	—	—	—	—	—	—	—
(ix) Injuries .. .. .	—	—	—	—	—	—	—	—	—	—
(x) Osteomyelitis ..	—	—	—	—	—	—	—	—	—	—
(xi) Plastic Surgery ..	—	—	—	—	—	—	—	—	—	—
(xii) Hernia .. .. .	—	—	—	—	—	—	—	—	—	—
Total .. .. .	827	—	—	560	108	—	407	—	5	1,907



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

## GROUP 7. B.—OTHER TREATMENT GIVEN.

	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
Miscellaneous minor ailments .. .. .	—	5	6	59	—	—	—	15	3	88
Other—										
(i) Alimentary system ..	—	—	—	—	26	—	—	31	4	61
(ii) Cardiovascular system	—	—	6	13	8	15	—	1	24	67
(iii) Rheumatic (including chorea) .. ..	—	—	—	1	4	16	—	4	4	29
(iv) Anaemia .. .. .	—	6	—	7	1	10	—	3	31	58
(v) Respiratory system..	2	14	11	32	10	42	—	7	141	259
(vi) Nervous system ..	19	2	—	1	7	4	—	—	9	42
(vii) Genito urinary system	—	4	2	18	16	2	2	6	5	55
(viii) Infectious diseases ..	—	2	—	—	2	—	—	23	—	27
(ix) Injuries .. .. .	—	1	—	—	36	20	—	17	—	74
(x) Osteomyelitis .. .. .	—	—	—	—	—	2	—	1	—	3
(xi) Plastic surgery .. .. .	—	—	—	—	—	—	—	3	—	3
(xii) Hernia .. .. .	—	—	—	—	—	—	—	6	—	6
Total .. .. .	21	34	25	131	110	111	2	117	221	772



TABLE VI.

## DENTAL INSPECTION AND TREATMENT.

	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(1) No. of pupils inspected by the Authority's Dental Officers—										
(a) Periodic age groups	158	2,509	618	5,986	1,262	378	151	8,040	638	19,740
(b) Specials .. .. .	1,257	1,492	1,334	174	562	1,985	1,359	329	3,533	12,025
Total (1) ..	1,415	4,001	1,952	6,160	1,824	2,363	1,510	8,369	4,171	31,765
(2) No. found to require treatment .. .. .	1,201	3,604	1,547	3,444	1,773	2,275	1,458	5,705	4,064	25,071
(3) No. referred for treatment	1,201	3,604	1,543	3,338	1,765	2,219	1,458	5,705	4,064	24,897
(4) No. treated.. .. .	780	1,805	1,173	2,253	807	1,990	1,341	3,111	3,747	17,007
(5) Attendances for treatment	3,276	5,999	2,770	7,426	2,875	6,176	3,236	5,912	4,828	42,498
(6) Half-days devoted to—										
Inspection .. .. .	2	32	6	68	14	4	1	99	8	234
Treatment .. .. .	287	519	297	790	283	654	321	658	514	4,323
Total (6) ..	289	551	303	858	297	658	322	757	522	4,557
(7) Filling—										
Permanent teeth ..	350	1,018	186	2,346	530	1,158	594	1,380	63	7,625
Temporary teeth ..	339	82	23	757	147	206	78	226	2	1,860
Total (7) ..	689	1,100	209	3,103	677	1,364	672	1,606	65	9,485
(8) No. of teeth filled—										
Permanent .. .. .	343	990	126	2,246	509	1,155	574	1,325	51	7,319
Temporary .. .. .	334	81	16	735	139	195	77	220	1	1,798
Total (8) ..	677	1,071	142	2,981	648	1,350	651	1,545	52	9,117
(9) Extractions—										
Permanent teeth ..	255	522	499	800	404	922	599	705	1,175	5,881
Temporary teeth ..	1,254	3,153	2,554	4,869	1,911	3,829	2,754	3,348	4,805	28,477
Total (9) ..	1,509	3,675	3,053	5,669	2,315	4,751	3,353	4,053	5,980	34,358
(10) Administrations of general anaesthetics for extractions	702	1,642	433	1,140	740	929	1,158	1,056	3,735	11,535
(11) Other operations—										
Permanent teeth ..	593	241	299	2,355	415	655	376	257	390	5,581
Temporary teeth ..	158	117	136	436	260	234	250	91	182	1,864
Total (11) ..	751	358	435	2,791	675	889	626	348	572	7,445