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Glamorgan County Council.

EDUCATION COMMITTEE.

Annual Report

OF THE

Principal School Medical Officer

ON

Medical Inspection of Children in Maintained Primary and
Secondary Schools for the Year 1956

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.
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To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN.

The annual report on the work of the School Health Service during 1956, which I have pleasure in presenting, has been prepared by Dr. R. T. Bevan, my Deputy, from the statistical returns and information supplied by the Divisional Medical Officers, together with reports from the Principals of the Bridgend Blind School (Mr. Geoffrey Exley) and the "Hendre" Residential School (Mr. I. G. Anderson), and also the Principal School Dental Officer (Mr. John Young). Dr. Morley-Davies contributes the report as District School Medical Officer for the Rhondda Exempted District.

No innovations have been introduced in so far as the routine school medical inspection is concerned, the three age groups entrants, intermediates, and leavers having been examined as hitherto. The School Health Service and Handicapped Pupils Regulations, 1953, allowed local authorities to arrange for fewer than three inspections, with the Minister's consent, but I am of the opinion that, although the number of defects discovered are much less than in the past, the examination gives not only an opportunity for a check on the child's health, but in addition a chance for discussions with the head teacher or parent on any problems concerning both the physical and mental development of the child.

During the year 36,791 routine inspections were made, an increase of over 6,000, while the number of special examinations also increased to 7,118.

The defects ascertained are mainly for ear, nose, and throat, eye, or orthopaedic conditions requiring observation. If treatment is required the general practitioner is informed, except for errors of refraction, when the parents are asked whether they wish treatment through the school clinic or the supplementary ophthalmic services. The numbers of refraction cases dealt with in the clinics depend on the availability of medical officers with refraction experience and, as these are few, it follows that in some divisions there is always a waiting list which has been the cause of some concern.

Handicapped pupils continue to receive the attention their varying types of defect warrant. There were 390 Glamorgan pupils in special schools at the end of the year, 274 being resident. Deaf children comprise a large proportion of the latter, there being seventy-four in this category. The importance of those with a degree of hearing utilising this to the full with, if need be, the use of hearing aids has been stressed and the policy should be to teach such children, as far as possible, in association with their hearing colleagues in an ordinary school.

The new "Erw'r Delyn" School at Penarth will be completed next year and will provide for those physically handicapped children now in widely scattered schools in England. While the problem of escorting these children, which has been a considerable task for the staff at the beginning and end of term, will be much lessened, there will be many new tasks to be faced in making the new school a success.

Mr. Exley, the Principal for the Blind School, in his report states that the school "is a home for children as well as a centre for imparting information." This is undoubtedly so, due to the policy of the Committee in making the necessary provisions to achieve this end and also the staff's efforts. It is hoped that the new school at Penarth will be as successful as the Blind School and the "Hendre", which received favourable comment from H.M. Inspectors at their recent visit of inspection.

The Principal School Dental Officer, Mr. John Young, in his report refers to our continued shortage of dental staff. It is not possible to give the attention necessary to saving teeth with early caries and the number of teeth filled is down to almost two-thirds of the previous year, while extractions remain at the same figure. Increasing time is, however, given to orthodontic treatment, although here also staff difficulties do not permit the service to undertake the more complicated procedures and, unfortunately, the Hospital Dental Service is unable to assist to any extent. The McNair report, in commenting on the shortage of dental manpower, refers to the need for a dental school in Wales and one can only hope that the plans under consideration for such a project are not unduly delayed.

The programme of inoculation procedures, which now includes B.C.G. vaccination for school leavers and poliomyelitis inoculation for selected groups, continues. Dr. Trevor Thomas, Divisional Medical Officer for the South-East Glamorgan Division, comments on factors influencing the consent rate for B.C.G. vaccination, which is 75 per cent for the whole County. He expresses the opinion that one of the main causes for refusal is the child's fear of injections, either from previous experience or from listening to exaggerated reports from his schoolmates, resulting in the persuasion of the parent against it. This is unfortunate as when we are young we do not always appreciate what is good for us.

The year was marked by the opening of two new clinics in Sandfields, Port Talbot, and Wyndham Street, Barry, both of which are now being used to good purpose.

In conclusion I desire to express my gratitude to the Committee for their continued interest and support and to the members of my staff for their excellent service during the year.

I am,

Your obedient servant,

W. E. THOMAS,

Principal School Medical Officer.

PRINCIPAL SCHOOL MEDICAL OFFICER'S DEPARTMENT.

STAFF.

The Medical, Dental, and Senior Nursing Staff of the School Health Service during the year 1956 was as follows:—

PRINCIPAL SCHOOL MEDICAL OFFICER.

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

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

R. T. BEVAN, M.D., B.SC., D.P.H.

SENIOR MEDICAL OFFICER.

GWLADYS EVANS, 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.

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.

SENIOR ASSISTANT MEDICAL OFFICER.

MOREEN WHELTON, M.B., B.S., B.SC., B.A.O., M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICERS.

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

JOHN LATIMER DAVIES, M.R.S.C., L.R.C.P., M.B.B.S. (From 4th April, 1956).

BETTY EVANS, M.B., B.CH.

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.

BRENDA JAMES, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.

ELIZABETH G. JAMES, M.B., B.CH., B.SC.

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

ESME S. JENKINS, M.B., B.CH., D.R.C.O.G. (To 29th February, 1956).

NAUNTON R. JENKINS, M.R.C.S., L.R.C.P., D.P.H. (Deceased 18th June, 1956.)

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

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

JOHN K. JONES, L.M.S.S.A.

O. CHRISTINE JONES, B.SC., M.B., B.CH. (From 1st May, 1956.)

I. M. L. KEBLE-WILLIAMS, M.B., B.CH., B.SC., D.R.C.O.G. (To 1st January, 1956.)

PATRICIA M. LEWIS, M.B., B.CH., B.SC.

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

IAN C. PEEBLES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., G.P.H.

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

ENID REED, M.B., B.CH., D.C.H.

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

CLIFFORD JOHN REVINGTON, B.SC., M.B., B.CH. (From 23rd July, 1956.)

JACK ROSEN, M.R.C.S., L.R.C.P., D.P.H.

JOHN FRANCIS ROWLAND, M.B., B.CH., C.P.H. (From 9th January, 1956.)

DORIS WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

In addition to the above, sixteen Medical Officers were engaged for varying periods during the year on a part-time or sessional basis.

CONSULTANT ORTHOPAEDIC SURGEONS.

DILLWYN EVANS, F.R.C.S.

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

E. W. MEURIG WILLIAMS, B.SC., M.B., B.CH.

CONSULTANT OPHTHALMOLOGIST.

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

CONSULTANT PAEDIATRICIAN.

F. W. NASH, M.D., B.S., M.R.C.P.

PRINCIPAL SCHOOL DENTAL OFFICER.

JOHN YOUNG, L.D.S., R.C.S.

ASSISTANT DENTAL OFFICERS.

F. J. A. KAVANAGH.

NANCE LEAVER, L.D.S., R.C.S.

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

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

In addition to the above, twenty-five Dental Officers were engaged for varying periods during the year on a part-time or sessional basis.

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.

CERIDWEN JONES, S.R.N., S.C.M., R.F.N., H.V.CERT.

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

O. M. HOWELLS, S.R.N., S.C.M., H.V.CERT.

E. C. THOMAS, S.R.N., S.C.M., C.S.I. (To 27th September, 1956.)

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

G. LOUGHER, S.R.N., S.C.M., H.V.CERT. (From 30th September, 1956.)

RHONDDA EXCEPTED AUTHORITY.

DISTRICT SCHOOL MEDICAL OFFICER.

R. B. MORLEY-DAVIES, M.B., B.CH., B.SC., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS.

A. R. DAVIS, L.M.S.S.A., M.R.C.S., L.R.C.P.

PATRICIA HERDMAN, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (To 15th July, 1956)

JEANNE MASON, M.B., B.CH., B.SC. (From 3rd September, 1956.)

GLENYS J. PACKER, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.C.H. (To 30th June, 1956.)

ENID O. VINCENT, M.B., CH.B. (From 12th November, 1956.)

CONSULTANT ORTHOPAEDIC SURGEON.

NATHAN ROCYN JONES, F.R.C.S.

ASSISTANT DENTAL OFFICERS.

MARGARET E. BYRNE, B.D.S.

Part-time.

ALUN R. OWEN, L.D.S.

D. G. E. ROBERTS, B.D.S., R.C.S.

SUPERINTENDENT OF HEALTH VISITORS AND SCHOOL NURSES.

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

NURSING AND ANCILLARY STAFF (INCLUDING RHONDDA).

The total number of Health Visitors and School Nurses (excluding Superintendents) in the employ of the Authority on the 31st December, 1956, was 121.

The time devoted to School Health Service work during the year is equivalent to the whole-time of 33.36 nurses.

The staff engaged in ancillary services included :—

one whole-time physiotherapist ;

four whole-time speech therapists ;

nine whole-time and nine part-time dental attendants ;

one audiometrician (school nurse employed whole-time on audiometric duties.)

The following statistics give an indication of the work of the Department during the last ten years.

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1946-1956.

	1946	1951	1952	1953	1954	1955	1956
A. STAFF.							
(i) Assistant Medical Officers ..	16	27	29	28	31	29	29
(ii) Consultants	1	4	4	5	5	6	6
(iii) Dental Surgeons	15	9	9	11	10	12	13
(iv) School Nurses	40	125	127	130	124	120	123
B. MEDICAL INSPECTION.							
(i) Routine Examinations ..	18,468	28,973	31,381	34,746	31,360	30,459	36,791
(ii) Special Examinations ..	2,977	9,550	9,155	9,060	6,923	6,670	7,118
(iii) Re-examinations	10,137	20,147	18,269	23,543	21,805	14,062	12,250
Totals	31,582	58,670	58,805	67,349	60,088	51,191	56,159
C. DENTAL INSPECTION.							
(i) No. of children inspected by School Dentists	49,201	35,790	31,765	36,550	27,426	28,836	27,540
D. TREATMENT.							
(i) No. of Treatment Centres ..	49	51	53	55	58	56	58
(ii) Attendances at School Clinics.							
(a) Dental	39,926	38,871	42,498	48,254	52,575	54,742	51,076
(b) Refraction	6,696	10,862	11,741	11,509	11,686	12,361	11,678
(c) Orthopaedic	2,984	12,170	11,140	14,537	14,285	13,782	12,314
(d) Minor ailments	—	9,241	9,140	8,698	7,620	5,841	4,966
(e) Speech Therapy	—	5,144	8,853	12,392	13,900	11,170	11,692
Totals	49,606	76,288	83,372	95,390	100,066	97,896	91,726
(iii) Treatment.							
(a) No. of teeth extracted	29,980	33,809	34,358	36,146	37,926	32,243	32,240
(b) No. of fillings	15,116	7,654	9,485	11,651	13,896	14,705	13,713
(c) No. of other operations	7,518	6,590	7,445	8,194	8,635	10,323	9,953
Totals	52,614	48,053	51,288	55,991	60,457	57,271	55,906
E. SCHOOL NURSES.							
(i) No. of examinations of children at school for uncleanness	280,950	310,127	333,824	325,939	320,366	315,891	310,612
(ii) No. of re-examinations ..	24,985	76,542	77,867	24,921	22,189	19,198	17,971
(iii) No. of visits paid to homes..	30,388	27,761	28,072	24,693	19,905	16,194	14,384

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

1. SCHOOL MEDICAL INSPECTION.

Routine medical examination of school children was the basis of the School Health Service when it was introduced half a century ago. It would be easy to enumerate all the benefits that have ensued from these examinations, but the time has come when one should not look so much to the past but to the future. A critical review of the service would be timely.

The original intention of the routine medical inspection was to detect defects, but to-day it is rare that a defect first comes to notice at these school inspections. One should consider whether the time of school doctors could be more profitably spent. It may be that doctors should concentrate more on the medical examination of children whose educational progress has been adversely affected by some medical condition, physical or mental.

The school doctor should be the adviser to the teaching staff and it is very essential that there should be a very close liaison between the School Health Service and Education Services. The time may soon come when children examined at school would only be those who are referred by the teaching staff, health visitors, or parents and children who have frequent absences from school. There would be much to be said for such an arrangement.

These changes would not mean that the school doctors would visit the school at less frequent intervals but, on the contrary, to work effectively they would entail more frequent contact with the schools. It would be very advisable that a particular school is visited by one doctor only who would become better known to the teaching staff and available to discuss with them the medical aspects of their educational problems.

It is not recommended that there should be a sudden departure from the present system of school medical inspection, but it is suggested that in the first instance one of the three routine inspections during a child's school life be abolished. Probably the intermediate examination of the ten-year olds could be the first to disappear. Parents attend the school "Entrants Examination" with interest and the "Leavers Examination" has a particular function in relation to future employment.

These suggested changes would be welcomed by the experienced school doctors who have made a particular study of the medical problems of education. The inexperienced doctor would not find the change so easy and, therefore, it is essential that the School Health Service should be manned by doctors who have chosen preventive and social medicine as their permanent vocation.

General Condition.

For the year 1956, the Ministry of Education have simplified the classification of the children's general condition at routine medical inspection. There are now only two categories provided for— "Satisfactory" and "Unsatisfactory", the Unsatisfactory corresponding to the previous "Poor" category.

The following table shows the percentage of children who have been classified on routine inspection as being of unsatisfactory general condition :—

PERCENTAGE OF PUPILS CATEGORISED AS OF UNSATISFACTORY GENERAL CONDITION 1952-56.

Division	Entrants					2nd Age Group					3rd Leavers				
	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956
Aberdare and Mountain Ash ..	0.61	0.17	0.16	0.2	0.15	1.40	0.23	0.79	0.2	0.10	0.31	0.57	0.12	—	0.0
Caerphilly and Gelligaer ..	6.92	4.95	3.10	3.0	3.37	10.02	5.76	2.46	3.0	8.26	4.48	2.49	6.08	4.0	5.0
Mid-Glamorgan ..	3.57	1.53	0.51	0.6	0.44	5.26	3.51	0.63	0.7	0.24	2.30	0.62	0.24	1.0	0.0
Neath and District ..	2.95	2.27	1.63	1.0	0.47	2.16	2.90	0.91	0.7	0.95	7.51	3.25	1.21	0.8	0.0
Pontypridd and Llantrisant ..	4.19	2.19	1.41	2.0	0.94	3.72	6.84	1.89	1.0	0.84	1.53	1.65	1.13	0.6	0.0
Port Talbot and Glyncoerwg ..	2.08	1.39	1.11	1.0	1.66	6.01	1.64	1.28	2.0	1.79	3.47	0.89	0.97	1.0	1.0
South-East Glamorgan ..	2.75	2.89	1.71	2.0	0.70	7.40	3.64	2.55	2.0	1.08	5.67	8.89	5.87	2.0	1.0
West Glamorgan ..	2.10	2.32	1.31	0.6	0.33	2.90	2.61	1.16	0.9	0.97	1.54	1.97	2.00	2.0	1.0
Rhondda ..	1.20	5.19	3.13	2.0	1.2	2.32	4.69	1.75	2.0	0.80	2.45	1.92	1.02	0.5	0.0
Whole Administrative County	2.69	2.44	1.38	1.0	0.81	4.71	3.83	1.46	2.0	1.10	2.79	2.61	1.96	2.0	1.0

The overall picture shows an improvement in all age groups. Due to the virtual impossibility of every doctor applying the same standard it would be quite fallacious to compare the statistics of one division with another and, similarly, because of changes in the medical staff it would be unwise to formulate firm deductions from the statistics over a period in any one division. It will be noted, however, that in the Caerphilly and Gelligaer division the percentage classified as unsatisfactory has risen in all three age groups, as compared with 1955. In the second age group in this division the figure shown is 8.26 per cent, which seems particularly high and quite out of keeping with the general statistics.

During the year, at the request of the Ministry of Education, a note was made at routine medical inspection as to whether children at any time had undergone tonsillectomy. The findings were as follows :—

NUMBER OF CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO HAVE UNDERGONE OPERATIVE TREATMENT FOR ENLARGED TONSILS AND ADENOIDS.

	Entrants			2nd Age Group			Leavers			Total		
	No. inspected	No. received operative treatment	%	No. inspected	No. received operative treatment	%	No. inspected	No. received operative treatment	%	No. inspected	No. received operative treatment	%
Aberdare	2222	90	4.05	1032	166	16.09	784	154	19.64	4038	410	10.15
Caerphilly	683	21	3.07	557	113	2.03	738	151	20.46	1978	285	14.41
Mid-Glamorgan	2489	151	6.07	2066	434	21.01	1082	226	20.89	5637	811	14.39
Neath	848	46	5.42	839	276	3.29	797	261	32.75	2484	583	23.47
Pontypridd	1176	31	2.64	1317	208	15.79	971	170	17.51	3464	409	11.81
Port Talbot	962	93	9.67	839	253	30.15	649	181	27.89	2450	527	21.51
South-East Glamorgan	2014	101	5.01	1391	218	15.67	1123	294	26.18	4528	613	13.54
West Glamorgan	1228	53	4.32	826	111	13.44	938	148	15.78	2992	312	10.43
Total	11622	586	5.04	8867	1779	20.06	7082	1585	22.38	27571	3950	14.33
Rhondda	3187	132	4.14	4325	960	22.20	786	181	23.03	8298	1273	15.34
Grand Total	14809	718	4.85	13192	2739	20.76	7868	1766	22.70	35869	5223	14.56

2. MILK AND MEALS IN SCHOOL.

The pupils who have obtained milk and meals in school are shown in the table facing page 13.

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
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
May	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
1953						
June	93,779	18,860	34,784	4,191	37·09	22·22
October	97,226	19,337	39,340	4,584	40·46	23·71
1954						
June	95,842	18,510	37,042	4,144	38·60	22·40
October	95,381	18,334	39,807	4,406	41·70	24·00
1955						
September	98,937	18,535	44,296	4,845	44·77	26·14
1956						
September	101,268	18,932	44,803	4,597	44·24	24·28

RETURN TO MINISTRY OF EDUCATION FOR 26TH SEPTEMBER, 1956.

Division	Number of Pupils present					Number of Pupils taking Meals									Number of Pupils taking 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	7723	3500	39	56	11318	435	1631	2066	286	1186	1472	66	—	3604	7234	2418	39	56	9747	51	73	—
Caerphilly	9838	3286	39	55	13218	614	3004	3618	257	2205	2462	39	—	6119	9309	2450	39	55	11853	73	73	—
Mid-Glamorgan ..	11286	5469	103	150	17008	471	4793	5264	316	3088	3404	103	—	8771	10662	3763	102	143	14670	80	93	—
Neath	7225	3414	35	—	10674	208	3282	3490	166	1855	2021	35	—	5546	6598	1999	35	—	8632	43	58	—
Pontypridd	7937	3991	38	15	11981	433	1888	2321	314	1415	1729	38	14	4102	7474	2796	38	15	10323	38	63	—
Port Talbot	6677	2699	—	—	9376	204	1741	1945	95	706	801	—	—	2746	6022	1726	—	—	7748	35	44	—
South-East Glamorgan	11997	5224	46	23	17290	396	3856	4252	154	2393	2547	46	23	6868	10997	3496	46	23	14562	64	93	—
West Glamorgan ..	7244	3127	32	—	10403	325	4129	4454	243	2318	2561	32	—	7047	6298	2004	32	—	8334	65	63	1
Totals (excluding Rhondda) ..	69927	30710	332	299	101268	3086	24324	27410	1831	15166	16997	359	37	44803	64594	20652	331	292	85869	449	560	1
Rhondda	12728	6005	199	—	18932	—	—	—	—	—	—	—	—	4597	11625	3704	199	—	15528	77	96	—
Totals (including Rhondda) ..	82655	36715	531	299	120200	—	—	—	—	—	—	—	—	49400	76219	24356	530	292	101397	526	656	1

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
1953	0.8	3.7	0.2	0.1
1954	0.8	3.4	0.2	0.1
1955	0.8	3.5	0.2	0.1
1956	0.8	3.4	0.1	0.1

Although the above statistics can be looked upon with some satisfaction it is clear that a further improvement is desirable, particularly regarding the incidence of nits in the hair of girls. To maintain even the present standard entails constant vigilance. In practice it is just a small group of families who require close supervision. The Health Visitors advise mothers of children found to be dirty and if they relaxed in their efforts there is no doubt that the incidence of dirty heads would immediately rise.

4. HANDICAPPED PUPILS.

Ever increasing attention is being paid to the care of handicapped persons. In considering the provisions which should be made for children it is essential on the one hand to ensure that the child's handicap interferes with his educational progress to the minimum extent but, at the same time, it must be remembered that over-protection can also be harmful. A child must be taught to live with his handicap and, therefore, whenever feasible it is to his advantage to live and be educated in a normal school environment. In practice only a small proportion of handicapped children require to be educated other than in ordinary schools.

The following table shows the number of Glamorgan handicapped pupils in special schools at the end of the year :—

CHILDREN IN SPECIAL SCHOOLS.

Type of handicap	Day	Residential	Total
Blind and partially sighted	1	55	56
Deaf and partially deaf	—	74	74
Delicate and physically handicapped ..	2	52	54
Educationally subnormal	113	81	194
Epileptic	—	12	12
Total	116	274	390

In addition to the above, fifty-three pupils received home tuition, four attended a special unit for spastic children, and at the end of the year there were thirteen Glamorgan children resident in the "Lindens" Hostel for maladjusted children.

(a) Educationally Sub-Normal Children.

(Educationally subnormal 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 educationally subnormal form the largest group of handicapped pupils. 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 ..	2	301	—	—	303
Education at special day school	—	9	101	2	112
Education at boarding school	—	188	12	79	279
Total	2	498	113	81	694

In Glamorgan there are 694 pupils ascertained as educationally sub-normal but it is realised that there are many more such children who for one reason or other have not been ascertained. The school staffs in some areas are reluctant to report such children to the medical department, particularly when there are no special facilities for providing special treatment. There is sometimes the tendency to report only those children who are a disturbing influence in the ordinary classes. In recent months, however, many more children are being brought to the notice of medical officers.

The examination which is required before a child is finally categorised is a lengthy one and the medical officers carrying out these examinations are required to have had especial experience. In some divisions there are few doctors who have had the necessary training and, therefore, there will be some delay in ascertainment. The number of doctors so trained is steadily increasing and it is hoped that eventually all school medical officers will be capable of carrying out the necessary examinations.

The "Hendre" Special Residential School for Boys has now established itself and is serving a very useful purpose. I have much pleasure in reproducing the annual report of the Headmaster, Mr. Ian G. Anderson :—

"1956 has been marked by steady progress on the educational side. It was particularly gratifying to note the progress made by the younger boys who have been at the school for two or three years. The advantage of early entry is very apparent in these cases.

There were a few staff changes in the spring term, Mr. T. Phillips taking up his duties in January to replace Mr. R. Thorne. Mr. M. Pritchard commenced in January for one term as a temporary teacher until Mr. B. Daly was released by Essex in April. Mr. P. Morris commenced his duties as Art and Craft teacher in the summer term in place of Mr. J. Goode who left to take up a teaching post at Bargoed.

Although staff changes cause disturbance in continuity, this was cut to a minimum and the school was in good order to be inspected in October. Difficulty has been experienced in retaining married teachers due to the lack of married quarters in the school and accommodation generally in the area.

Her Majesty's Inspectors, six in number, spent several days in inspecting all aspects of the School activities and organisation. I am still awaiting a report on this inspection and so feel that further comment should be left to a subsequent report.

Much attention has been paid to the heating of the school in the last year and, as a consequence, a new boiler was installed in the Craft Centre. This has proved invaluable as the Craft Centre is now useable in cold weather. A new boiler was also installed for the domestic hot water supply and this now adequately supplies all the domestic needs.

Minor alterations were made to the existing drying room and the M.I. room was converted to a washing-up room. These alterations have improved the efficiency of the domestic side of the school, and have released labour for other jobs.

The health of the children in 1956 has been excellent, thanks to the careful co-operation between the Matron, Miss H. Jenkins, S.R.N., and the local health services.

Once again the dental work has been carried out by the Monmouthshire County Council in a thoroughly efficient manner.

Twelve boys were discharged in 1956, ten having attained the age of sixteen and two who were ineducable. Of these ten, six are employed in various occupations in Glamorgan. I am, at the time of writing, awaiting information regarding three of the four boys who left at Christmas, and one boy has been considered incapable of employment due to epilepsy.

Eight boys were admitted to the school in 1956 maintaining the number on roll at fifty-nine.

Outside activities again played an important part in the life of the school. Youth Hostelling has proved its worth both from an educational and a social aspect, the senior boys being conversant with several areas within a 30 miles radius of the school.

The Garden Club has increased in popularity, there being seventeen allotments under cultivation now. These are successfully managed by the thirty members of the Club out of their own pocket-money accounts.

Another activity that proved successful was Folk and Country Dancing. Many of the local children come to the school on a Thursday evening and this has proved a very enjoyable and instructive weekly social event.

The school entered a team in the Monmouth Junior Association Football League, and have played many enjoyable games, both at home and away. The boys enjoy playing host to their visitors and after tea the visiting teams invariably stay to see the Saturday evening film show.

Parents' Day was again very popular in 1956. An exhibition of the boys' craft-work was held on the Parents' Day in the summer term. Many local people attended in addition to the parents and the exhibition proved of interest to all.

Many local organisations visited the school in 1956, displaying an interest in this particular educational field that has been aroused since the Glamorgan Residential School opened.

The general tone of the school has improved considerably in the past three years and it can now be safely stated that all departments are running smoothly. The general level of appearance, behaviour, manners, deportment, and social responsibility is considerably higher than it was two years ago. It is interesting to see the gradual improvement of the maladjusted boys. Parallel with their social awareness of their fellows and gradual loosening of their tensions can be seen a general improvement on the educational side. It can be truly stated that emotionally unstable children respond well after a period in a residential school."

(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 normal regime of ordinary schools 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 report that the School for the Blind at Bridgend continues to function most satisfactorily. Mr. Geoffrey Exley, the Headmaster, presents his annual report as follows :—

"We found the year 1956 to be one full of events in the life of the school. Several changes took place and the end of the year found the school in an even better position than ever to do its job of preparing young blind and partially sighted pupils for a healthy and useful living.

The year opened reasonably quietly. However, the rear of the building and the kitchen yard were considerably disturbed by the activities of builders laying the foundations of the new practical classrooms and the new boiler house. The milder weather of January led to a bitter early February and, when the weather eased once again, very many pupils and staff developed colds and influenza. The rest of the term was one long story of illness and, finally, the school had to close for Easter a few days before the intended date. The period from Christmas to Easter is always the most difficult in resident school life and it says much for the general spirit in the school that, despite the many difficulties of this particular term in 1956, everybody remained remarkably cheerful.

Unfortunately the Eisteddfod could not be held because at the time the doctor had placed the school in strict quarantine. It was during this term too that Miss Sharpe, our Knitting Instructress, was obliged to retire for health reasons. Miss Sharpe's place has not yet been filled. This has led to a reconsideration of technical education at the school.

Although the Eisteddfod could not be publically attended, the events were decided within the school and much enthusiasm was in evidence.

During the Easter break the Principal attended a course on Boarding Problems in Special Schools. Although resident schools dealing with specific defects must differ in some respects, the majority of problems are common to all boarding schools. The general trend of opinion is towards the provision of more homely accommodation for pupils. A resident school is a home for children as well as a centre for imparting information. Social training is of the utmost importance in a school for handicapped children.

Miss Lily Jones entered the school in April as Resident Mistress and soon found her feet and joined fully in the school routine.

The Special Services Committee of the Welsh Joint Committee met at the school at the invitation of the Chairman, County Alderman Mrs. F. Rose Davies. They toured the school and were entertained by a short concert during the afternoon. One afternoon in May, the annual Play Competition took place, and this year a more serious effort had been made with dressing. The five school houses put on plays which were extremely varied in character and presentation. The Principal had the unenviable task of doing the adjudication. The day was rounded off by a Literary and Debating Society Social held in the evening.

During the summer the school was presented with some budgerigars who have settled down happily in their little house in the girls' playground. On occasion, they can make as much noise as the children. During this period, too, one of the boys was given a small puppy, who had an eventful life at the boys' end. The puppy was an accepted member of the school until he unfortunately developed one of the many troubles that puppies are heir to and had to be destroyed.

Meanwhile, many visitors came to the school and the school has learnt to accept these many visitors, who are always welcome, as inevitable during the summer period.

It was in keeping with the tenor of the year that we were unable to carry out the Sports Day programme. Despite the very wet day, many parents visited the school and, instead of the athletic events, the children gave a short concert for their parents in the gymnasium. The events were run off one afternoon during the following week, and the atmosphere was very informal and extremely enjoyable to the children. The usual cups and shield were presented by the Principal.

In the autumn term Mr. Douglas, our resident master, was able to return to duty and assumed a new occupation in the school teaching Light Handicrafts to the older pupils.

During this term the new boiler-house and boiler started to be used and the supply of hot water and heating in the building have both shown a marked improvement. New equipment was installed in the school laundry, and more washing can now be done and a higher standard of clothes' cleanliness achieved. At the close of the term the new practical job at the rear of the school was completed. The Woodwork section can be used almost immediately, but the Domestic Science Centre with its attendant flat will not be in operation completely until the New Year. The second half of the autumn term saw the preparations for the annual school concert and this at least was able to be held. A large number of parents and friends attended a performance during which a selection of children from all parts of the school performed *Toad of Toad Hall*, so demonstrating their abilities in dramatics and also in singing. The usual Christmas dinner, tea, and party were as successful as ever this year, and Father Christmas dispensed presents to all from beneath a tall Christmas tree in the Gymnasium.

The New Year will see many more young children entering the school and the school has had to adjust itself in some particulars because of the many young children now in the school. An increased proportion of these young children now entering the school are well within the Braille category.

Meanwhile adjustments are being made to the training facilities offered by the school to its older pupils. Changes and adjustments are inevitable in school life and are necessary if the school is to continue serving to the best of its ability the needs of the children within its walls."

Included in the admissions to the School for the Blind at Bridgend in 1956 there were five cases of retrolental fibroplasia. This is a condition associated with premature births. These five children were born in 1951. Two have enough sight to move about unaided but have to be educated by methods not involving the use of sight—their visual acuity being less than 3/60ths. The other three have no vision. Four further cases of retrolental fibroplasia with no vision are to be admitted in January, 1957. This will bring the total number of children suffering from this defect, in the lower classes of the school, to thirteen. Physically they have caught up with their fellows and their mental ability follows the normal curve from below average to very bright. Their future progress in the school will be watched with considerable interest.

I am pleased to record that one boy has passed the entrance examination to the Worcester College, using Braille. He was seen by Dr. Gwladys Evans, my Senior Medical Officer, when he was recovering from an operation in hospital and he was admitted to the school in April, 1956. To bring this boy up to the standard required at Worcester College has involved a good deal of hard work on the part of the boy and of his Braille teachers.

Dr. Evans in her report on the school comments that there has been a marked improvement in the dental condition of the children since regular visits from the dentist have been arranged.

(c) *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 who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.)

In recent years greater interest has been shown in the education of deaf and partially deaf children. The concensus of modern opinion is that the training should start at as young an age as possible and that every effort must be made to make use of any residual hearing and to retain speech.

Ascertainment of deafness at a very early age is an essential part of any scheme for the care of deaf children. Health visitors are well aware of the need to detect deafness in babies and, therefore, no child should reach school age with a marked degree of deafness which had not been previously detected.

Once the deafness has been observed it is imperative that the child receives the appropriate treatment. Hearing aids can be provided for infants. Before a child can develop natural speech it must be able to listen and recognise sounds, thus it is necessary that the maximum use must be made of any residual hearing.

Nurseries for deaf children can do much to assist the child in the development of its speech. At present there are six deaf Glamorgan children in residential nurseries. It is unfortunate that these nurseries are so far away and the child is deprived of a normal home atmosphere, which many people believe is so important for the young child. Day centres would be preferable, particularly if the parents co-operate in the treatment. It is to be hoped that the nursery planned in Glamorgan will soon materialise and thus minimise the separation between child and home.

The importance of early training cannot be over-stressed, since if children do not learn to listen to and appreciate sounds at an early age it is far more difficult for them to develop speech. Some experts suggest that efforts made for the first time after a child is of normal school age are nearly always doomed to failure.

The problem of the partially deaf child who has a certain amount of naturally acquired speech is a matter of great concern. It is essential that partially deaf children should be in as normal an environment as possible. Ideally, they should be educated in ordinary schools with special facilities but, unless these are available the more severe cases make very indifferent scholastic progress. It would seem that special units attached to ordinary schools offer the best hope of good results, but to arrange for this in a county area with its scattered population presents obvious difficulties. There seems no doubt, however, that it is wrong to educate the partially deaf in association with the deaf since to do so they run the risk of losing some of the speech that they have acquired. The Committee appreciates that the educational opportunities for partially deaf children should be reviewed and a comprehensive scheme instituted to comply with the modern ideas.

During the year an audiometric survey of school children was carried out in the Neath division and the following statistics are of interest :—

	First test	Second test	Failures
Boys ..	3,615	1,006	424
Girls ..	3,597	1,039	460
Totals ..	7,212	2,045	884

CAUSES OF FAILURE.

Wax	Otorrhoea	Otitis Media	Catarrh	Mastoid-ectomy	E.N.T. (Sinus/Adenoids)	Otalgia	Wearing hearing aid	Other
519	43	45	25	14	53	124	2	15

FOLLOW-UP OF FAILURES.

Number of Failures	Number seen by A.S.M.O.	Failed to attend for examination at Clinic	Referred to Family Doctor	Observation at School	Referred to E.N.T. Specialist	Cured
884	840	44	68	85	107	580

It will be noted that the commonest cause of failure in the tests was due to wax in the ears. Parents were informed of the treatment required and a subsequent follow-up showed a remarkable improvement as a result of treatment.

The survey was well received and appreciated by the staffs of the schools, who were most helpful, often under difficult conditions and at inconvenience to themselves. The majority of the parents were also very co-operative.

(d) *Physically Handicapped and Delicate Children.*

(Physically handicapped pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.)

(Delicate pupils, that is to say, pupils not falling under any other category in this Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.)

Although many physically handicapped children can with advantage attend the ordinary school, there are some who require placement in special schools. Unfortunately at present there are very few vacancies obtainable within easy travelling distance from the homes of the children. However, the position will improve very considerably when the special school now being built in Penarth will be ready for occupation.

There are some children who are so badly crippled that they are unable to attend even at a special school. For these, home tuition is provided. It is realised, however, that home tuition is a poor substitute for education with other children. Children for whom there is a lengthy delay in obtaining special school vacancies are also given home tuition.

The following statistics show the present position of Glamorgan physically handicapped pupils :—

Attending residential special schools in England	36
Attending Craig-y-Parc School, Pentyrch	5
Attending Spastic Centre at Neath	4
Morfydd House Special Day School, Swansea	2
Attending ordinary schools	84
Receiving home tuition.. ..	51
	<hr/>
	182
	<hr/>

(e) *Maladjusted Pupils.*

(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.)

In December, 1955, the Committee set up by the Minister of Education issued their report regarding maladjusted pupils. This report was of particular interest to the School Health Service and during the year serious consideration has been given to its recommendations. It is abundantly clear that the services now being provided fall short of the ideal and, although it may take very many years to implement all of the suggestions, the time is opportune for a critical review of the existing services and for an improvement to be made in our services.

Much to-day is said about the importance of mental health. Historically the public health services have concentrated their preventive actions against physical disease brought about by insanitary conditions. An adequate child guidance service can in many ways be regarded as an important preventive measure against adult mental ill-health. In this problem we are not dealing with insanitary physical conditions, but rather the nurturing of children in an atmosphere of mental disharmony.

The Glamorgan Education Authority have not provided a self-contained Child Guidance Service, but have co-operated with the child psychiatric clinics of the Regional Hospital Board. In some instances premises have been provided and a very close liaison has been maintained.

The following clinics are now in operation for the Glamorgan children :—

<i>Centre.</i>	<i>Premises.</i>	<i>Frequency.</i>
Cardiff	Cardiff Royal Infirmary, Out-Patient Department	Weekly.
Church Village	Church Village Hospital	do.
Bridgend	Penyfael Hospital	do.
Neath	{ Dyfed Road L. A. Clinic Neath General Hospital	Fortnightly. Weekly.
Gorseinon	Gorseinon L.A. Clinic	Fortnightly.

(i) *Method of Operation.*

(1) *Reference to Clinics.*

Children can be referred to Child Guidance Clinics from :—

- (a) Local Authority—School Health or Maternity and Child Welfare Services.
- (b) General Practitioners.
- (c) Hospital services.

Where a child is referred from our own services the practice is that clinics be given reports from :—

- (a) A medical officer of the Authority. (This usually includes an I.Q. assessment.)
- (b) A health visitor, giving a picture of the home and school background.

If thought advisable reports are also forwarded from :—

- (c) Head teacher.
- (d) Children's visitor.
- (e) Probation Officer.

Where children are referred from other sources it is increasingly becoming the practice that the psychiatrist requests the Authority to obtain additional information about the child's background.

(2) *Method of Work at the Clinic.*

The child and parent or guardian are interviewed periodically. Due to the pressure of work the clinics tend to concentrate on advice to parents or guardians, although in many cases the children are requested to attend frequently over a long period for psychotherapy.

Play therapy is not usually given, but it is proposed that the Authority's Clinic at Whitchurch will be used for this purpose in the very near future for children referred from the Cardiff Royal Infirmary Child Psychiatric Clinic.

(3) *Liaison with Local Authority.*

There has been a steady improvement in the link between the clinics and the Health Department of the Authority during recent years. The attendance of a health visitor at the clinic has been one of the reasons for this improvement. Reports are received from the clinic, even though the child may not have been referred in the first instance by the Authority.

(ii) Prevention Services.

Preventive measures are never so tangible as therapeutic measures and it is always difficult to measure their effectiveness. In mental health this is particularly true. Since maladjustment in children is almost invariably the result of disharmony in the home background, it is important that all workers, particularly health visitors, should be conscious of the importance of the family in relation to mental health. With this in mind, at all of the Dyffryn refresher courses for our health visitors some part of the syllabus has been devoted to mental health. Dr. Spillane has given at least one lecture to each course.

Child guidance in the past has been concerned primarily with the school aged child but in many cases the maladjustment has been of long duration and it is, therefore, considered that greater attention should be focussed on the psychiatric problem of the pre-school child. There should be a close association between child welfare clinics and the child psychiatric services.

It is probable the preventive measures along these lines are the most likely to be of greatest benefit.

(iii) "The Lindens" Hostel.

During the year Mrs. Powell retired from the post of warden and her place was taken by Mrs. R. M. Matthews, whose husband is a teacher in one of the local schools. Mr. Matthews has some supervisory duties at the hostel and is able to further the relationship between the hostel and the local schools.

"The Lindens" continues to perform a useful function. Some children, however, are too mentally disturbed to attend any school and since places in residential schools for maladjusted children are very difficult to obtain these children are not receiving the education which would be desirable. Fortunately such children are very few in number and at any one time it is exceptional for more than two or three to be excluded from school.

Dr. Spillane, the Consulting Psychiatrist, and Mrs. Jones, the psychologist from Whitchurch Hospital, pay regular visits to the hostel and I am very grateful for their continued interest and advice.

The facilities available for maladjusted children in Glamorgan are, as yet, inadequate, but there is in existence a nucleus from which a satisfactory service can grow. Consultations with the Regional Hospital Board are in progress and it is to be hoped that in the not too distant future a satisfactory service will be developed.

(f) Pupils Suffering from Speech Defects.

There are at present four speech therapists covering the whole County. Although in most instances a satisfactory service can be provided there are some children who need treatment at more frequent intervals than can be arranged, since each speech therapist has to work at a number of centres and it may not be possible to provide treatment more often than once a week. Maximum success is only obtained where there is active co-operation from the parents. Some speech therapists believe that the response is so slow with children of low intelligence that the time spent with these children at the expense of the more intelligent cannot be justified.

Miss Chislett (Mid-Glamorgan Division) points out that very many of the children who require treatment are stammerers and in these cases, in particular, it is of importance to find the precipitating cause. Sometimes children who stammer have, in addition, behaviour difficulties. It is necessary, therefore, that there should be a close liaison between child guidance clinics and the speech therapy clinics. In the speech therapy clinic itself little can be done to treat the precipitating cause, which is often to be found in the home background.

A tape recorder has been made available and the speech therapists have found it particularly useful with the older pupils with speech defect and with the stammerer. It enables a child to hear his own voice and gives him confidence, particularly when improvements are recorded.

The following table gives an indication of the growth of the Speech Therapy Service in Glamorgan :—

	1949	1950	1951	1952	1953	1954	1955	1956
Total number of individual cases seen ..	325	356	570	876	1,132	1,261	1,186	1,212
Total number of attendances	3,526	3,641	5,144	8,853	12,392	13,900	11,170	11,692

The statistics show a slight improvement, as compared with 1955, but there is an obvious need for a further extension of the service.

SPEECH THERAPY.

Analysis of work	Division									Totals
	Aberdare and Moun-tain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath	Pontypridd and Llantrisant	Port Talbot	South-East Glamorgan	West Glamorgan	Rhondda	
Total number of individual cases seen ..	222	79	155	74	67	84	134	103	294	1,212
Total number of attendances	1,734	760	1,914	651	934	962	1,307	795	2,635	11,692
Number of current cases at 31st Dec., 1956	54	23	64	36	27	27	72	60	93	456
Total number of cases remaining on waiting list at 31st Dec., 1956	99	34	88	66	30	10	57	39	127	550
Number of cases under observation (immediate treatment not necessary) ..	24	16	6	2	6	—	37	—	30	121
Analysis of discharged cases :										
(a) Non-treatment cases—										
(i) Treatment not considered necessary	111	1	9	3	5	3	5	4	43	184
(ii) Failed to attend after diagnosis ..	2	—	—	1	3	—	—	3	12	21
(iii) Travelling difficulties and loss of school work	—	—	3	—	1	—	—	—	1	5
(iv) Unsuitable for treatment	8	—	4	—	3	—	1	2	14	32
Total	121	1	16	4	12	3	6	9	70	242
(b) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health	—	—	1	1	—	2	—	—	—	4
(ii) Lack of parental co-operation ..	1	3	2	—	—	—	4	1	4	15
(iii) Poor attendance or non-attendance	6	19	21	7	4	25	2	12	45	141
(iv) Pressure of school work	—	1	—	—	—	1	—	—	1	3
(v) Left district	—	—	1	—	—	1	—	2	8	12
(vi) Left school	3	1	—	1	—	1	4	2	9	21
2. Discharged—speech improved ..	—	11	2	1	3	1	20	4	21	63
3. Discharged—speech normal (cured)	21	16	30	12	11	14	21	13	16	154
4. Temporarily discharged	16	4	18	12	10	9	5	—	27	101
Total	47	55	75	34	28	54	56	34	131	514
General progress of cases :										
Much improved	23	7	25	11	15	7	28	25	35	176
Satisfactory	21	11	21	11	8	14	32	29	25	172
Little improvement	10	5	18	14	4	6	12	6	33	108
Total	54	23	64	36	27	27	72	60	93	456
Table of symptoms of cases treated at clinics :										
Stammering	48	27	71	25	25	39	34	33	88	390
Dyslalia	22	20	25	30	6	22	57	21	77	280
Cleft palate	3	11	7	3	3	—	10	9	5	51
Deafness	3	2	2	—	2	2	2	—	3	16
Lateral "s"	5	4	13	—	8	8	7	2	20	67
Interdental "s"	4	6	3	6	3	4	10	21	28	85
Rhinolalia (nasality)	5	1	3	—	1	3	—	—	—	13
Dysarthria	3	1	4	2	2	—	2	1	1	16
Dysphonia	2	1	—	—	—	—	—	1	—	4
Low I.Q.	3	4	6	3	1	3	4	3	1	28
Retarded speech	3	1	5	1	4	—	2	1	1	18
Aphasia	—	—	—	—	—	—	—	2	—	2
Total	101	78	139	70	55	81	128	94	224	970

5. INFECTIOUS DISEASES.

(a) 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 examined			Total abnormal			Referred to Chest Physician as cases requiring further investigation			Other Pulmonary abnormalities		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Coed-y-lan County Secondary	151	84	67	—	—	—	—	—	—	—	—	—
Mill Street County Secondary	223	110	113	—	—	—	—	—	—	—	—	—
St. Michael's R.C. Voluntary	13	8	5	—	—	—	—	—	—	—	—	—
Trefforest County Secondary	317	130	187	6	5	1	—	—	—	6	5	1
Hawthorn County Secondary	172	82	90	1	—	1	1	—	1	—	—	—
Pontypridd County Grammar School for Boys	388	388	—	2	2	—	2	2	—	—	—	—
Pontypridd County Grammar School for Girls	721	—	721	9	—	9	1	—	1	8	—	8
Gellidawel County Secondary	134	66	68	3	1	2	—	—	—	3	1	2
Tonyrefail County Grammar	250	142	108	—	—	—	—	—	—	—	—	—
Dolau Mixed Primary	90	36	54	1	—	1	1	—	1	—	—	—
Llanilltud Fawr County Secondary ..	139	76	63	1	—	1	1	—	1	—	—	—
Gowerton County Grammar School for Boys	379	379	—	20	20	—	6	6	—	14	14	—
Pontardawe County Grammar	335	170	165	6	3	3	—	—	—	6	3	3
St. Gabriel and Raphael R.C. Voluntary	19	11	8	—	—	—	—	—	—	—	—	—
Graig-yr-Eos, County Secondary	146	99	47	—	—	—	—	—	—	—	—	—
Tonypandy County Grammar	297	131	166	6	5	1	1	1	—	5	4	1
Blaenclydach County Secondary School for Boys	71	71	—	—	—	—	—	—	—	—	—	—
Blaenclydach County Secondary School for Girls	97	—	97	3	—	3	—	—	—	3	—	3
Frealaw County Secondary	93	49	44	1	—	1	1	—	1	—	—	—
Bodringallt County Secondary	124	57	67	—	—	—	—	—	—	—	—	—
Rhondda County Technical	125	125	—	—	—	—	—	—	—	—	—	—
Freherbert County Secondary School for Boys	58	58	—	1	1	—	1	1	—	—	—	—
Freherbert County Secondary School for Girls	61	—	61	1	—	1	1	—	1	—	—	—
Freorchi County Secondary	129	60	69	—	—	—	—	—	—	—	—	—
Bronllwyn County Secondary School for Girls	74	—	74	—	—	—	—	—	—	—	—	—
Bronllwyn County Secondary School for Boys	82	82	—	1	1	—	1	1	—	—	—	—
Pentre County Grammar	283	122	161	2	1	1	2	1	1	—	—	—
slwyn County Secondary School for Boys	47	47	—	1	1	—	—	—	—	1	1	—
llwyncelyn County Secondary	74	36	38	—	—	—	—	—	—	—	—	—
nyshir County Secondary	74	—	74	1	—	1	—	—	—	1	—	1
ymmer County Secondary	118	63	55	4	2	2	1	—	1	3	2	1
orth County Grammar (Mixed)	772	400	372	14	7	7	3	1	2	11	6	5
Pontlotyn County Secondary	103	48	55	2	1	1	2	1	1	—	—	—
Pontlotyn County Junior	198	95	103	3	1	2	2	1	1	1	—	1
Totals	6,357	3,225	3,132	89	51	38	27	15	12	62	36	26

It will be noted that 6,357 children received an X-ray examination, as compared with 4,876 in 1955.

B.C.G. Vaccination.

The following table shows the work done during 1956. Approximately three quarters of the parents gave their consent to B.C.G. vaccination for their children. It has been noted that there is considerable variation between different schools as to the numbers of parents who gave their consent. Dr. Trevor Thomas, the Divisional Medical Officer for South-East Glamorgan, made the following comment on this point :—

“With reference to the offer of B.C.G. Vaccination to thirteen year old school children, 26 per cent of the parents refused consent. The highest percentage of refusals in any school being 42 per cent and the lowest 3 per cent.

At the schools where the refusal rate was high, enquiries were made as to the probable reasons, and I came to the conclusion that some of the children in this age group were eminently capable of influencing their parents against giving consent, while the more timid children were often put off by the completely unjustified lurid description of the older children who had been vaccinated the previous year. To counteract this, and to obtain a higher rate of consent, it is intended in future to arrange for a school nurse to address the children concerned before issuing the combined explanatory leaflet and consent form to the parents, and indeed, if necessary, interview the parents.

It must be admitted that the degree of enthusiasm and co-operation of the head teacher has also a bearing on the consent rate.”

Division	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		Number	%	Number tested	Number negative	% negative	
Aberdare	856	733	85.63	642	514	80.06	514
Caerphilly	1,142	806	70.58	693	558	80.52	555
Mid-Glamorgan	1,387	995	71.74	891	668	74.97	636
Neath	603	442	73.30	427	361	84.54	355
Pontypridd*	1,415	1,027	72.58	927	540	58.25	540
Port Talbot	771	618	80.16	555	387	69.73	381
South-East Glamorgan	1,286	956	74.34	855	669	78.25	666
West Glamorgan	264	178	67.42	172	132	76.74	123
Total	7,724	5,755	74.51	5,162	3,829	74.18	3,770

* These figures include special visits made to the Pontypridd Grammar School for Girls by Dr. J. G. Cox, Chest Physician, when all the pupils in the school whose parents consented were Mantoux tested and, where necessary, vaccinated.

It will be noted that 3,770 were given B.C.G. vaccine. This corresponds with 2,981 in 1955. The West Glamorgan Division have not yet been able to develop their scheme to the same extent as the other divisions, but it is expected that in 1957 there will be a marked improvement.

The percentage of children who gave a negative reaction to the Mantoux test is of some interest. A low percentage negative would suggest a high incidence of infection in the area. It must be pointed out, however that the statistics for the Pontypridd area are not strictly comparable since they include a special survey in the Girls' Grammar School, which would contain a number of pupils older than the usual "leaver group" and, therefore, more likely to give positive reactions. Measured by these figures it would seem that the Neath Division is the area of least infection.

One method of assessing the chances of infection with tuberculosis is to examine the new notifications of pulmonary tuberculosis in an area. It is of interest, therefore, to compare the reaction to the Mantoux test of children with the notification rates in divisions :—

Division.	Percentage of School Leavers Mantoux Negative	Notification of Pulmonary T.B. per 100,000 population in 1956.
Pontypridd and Llantrisant	58.25	101
Port Talbot and Glyncoirwg	69.73	96
South-East Glamorgan	78.25	94
Caerphilly and Gelligaer	80.52	89
Mid-Glamorgan	74.97	84
Neath and District	84.54	77
Aberdare and Mountain Ash	80.06	74
West Glamorgan	76.74	46

It will be seen from the above that there is a tendency for the areas which show a low percentage of children who are Mantoux negative to have a high rate of notifications for pulmonary tuberculosis.

Special Investigation at Schools.

Dr. E. C. Powell, Divisional Medical Officer of the Caerphilly and Gelligaer area, reports as follows on an investigation at the Pontlottyn Senior and Junior Mixed Schools following the death of a pupil from tubercular meningitis :—

"Multiple puncture tuberculin tests were carried out at the school on 5th July, 1956. From the senior school 102 pupils were tested and twenty-two were found to be tuberculin positive, eight children being absent on the day results were being read.

From the junior school 200 pupils were tested and twelve were found to be tuberculin positive, twelve also being absent on the day results were read.

Five members of the staff of the junior school were tested and three found to be tuberculin negative. These three were recommended to be vaccinated with B.C.G. and agreed to contact the Chest Clinic, one member of the staff of the senior school was tested and found to be tuberculin positive.

Amongst the pupils the tuberculin positive children were evenly distributed throughout the schools and did not point to any particular focus of infection.

All pupils and members of staffs were X-rayed on the 23rd November, 1956, by the mobile X-ray unit, which made a special visit to the school.

Two pupils from the senior school and two from the junior school were recommended for further investigation at the Chest Clinic and one boy was subsequently diagnosed as suffering from pulmonary tuberculosis and was admitted to the Pontsarn Hospital".

(b) Poliomyelitis.

In recent years public attention has been focussed on Poliomyelitis. The County of Glamorgan have to date been fortunate that there have been no major epidemics of this disease in the area.

During 1956 there were, however, a number of sporadic cases, made up as follows :—

Under school age	..	..	6
School age	..	..	14
Over school age	..	..	6
Total	..	..	<u>26</u>

1956 was a notable year in respect of preventive measures since a large scale poliomyelitis vaccination scheme was introduced into the country for the first time. The vaccine was in limited supply and was given to restricted age groups. Nevertheless by the end of the year 5,042 children had received the two inoculations recommended and 871 one inoculation. As will be seen from the following tables, the majority were of school age :—

RECORD OF CHILDREN GIVEN ONE INJECTION OF POLIOMYELITIS VACCINE DURING THE YEAR, 1956.

Division	Year of birth								Total (all years)
	1947	1948	1949	1950	1951	1952	1953	1954	
Aberdare and Mountain Ash ..	3	1	3	3	10	8	3	5	36
Caerphilly and Gelligaer	21	15	27	31	27	20	26	22	189
Mid-Glamorgan	92	9	9	15	16	8	4	4	157
Neath and District	12	12	13	12	2	2	1	—	54
Pontypridd and Llantrisant ..	2	10	7	7	27	16	19	18	106
Port Talbot and Glyncoerwg ..	—	1	1	4	1	—	—	—	7
South-East Glamorgan	20	18	22	22	23	10	7	21	143
West Glamorgan	3	7	5	8	5	4	5	2	39
Rhondda	23	22	22	16	37	19	—	1	140
Total	176	95	109	118	148	87	65	73	871

RECORD OF CHILDREN GIVEN TWO INJECTIONS OF POLIOMYELITIS VACCINE DURING THE YEAR, 1956.

Division	Year of Birth								Total (all years)
	1947	1948	1949	1950	1951	1952	1953	1954	
Aberdare and Mountain Ash ..	70	93	76	57	92	86	59	57	590
Caerphilly and Gelligaer	117	104	110	107	98	72	71	59	738
Mid-Glamorgan	124	127	125	83	84	50	28	26	647
Neath and District	87	58	67	53	41	29	19	21	375
Pontypridd and Llantrisant ..	85	76	60	55	82	86	80	61	585
Port Talbot and Glyncoerrwg ..	72	60	52	54	51	13	12	16	330
South-East Glamorgan	118	124	116	103	98	46	54	41	700
West Glamorgan	60	69	38	40	51	34	32	26	350
Rhondda	162	120	135	73	138	83	9	7	727
Total	895	831	779	625	735	499	364	314	5,042

In 1957 it is expected that the number vaccinated will be much greater.

6. ORTHOPAEDIC CLINICS.

Local Authority Orthopaedic Clinics for school children are available in all parts of the County. Increased attention is being paid to postural defects and in this respect it is of interest to quote the comments of Miss E. M. Johns, the orthopaedic nurse, regarding the clinics in Aberdare :—

“The Postural Clinic has continued to prove its value again this year—both with parents and child alike. The group exercises are invaluable in obtaining and maintaining the interest of the child, and ensuring the co-operation of the parent.

Of special interest have been the Health Education talks—the modern-day mother seeming most anxious to obtain suitable and correctly fitting footwear for their children. This has been most keenly demonstrated amongst the mothers of younger children. The Postural Clinic provides a useful opportunity for giving talks to the older children—particularly teenage girls, of the importance of having firm, well-supporting shoes which do not cramp and malform their still growing feet—laying the foundation of many foot complaints in later years.

This long-term view of foot clinic health is one not often appreciated by the parents of children attending the Clinic, and it is in the Postural Clinic that much can be done to further the re-education of parents on this subject.”

7. MEDICAL EXAMINATION OF SCHOOL TEACHING AND NON-TEACHING STAFFS AND OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING.

The Education Committee at its meeting on the 9th October, 1956, agreed that the revised arrangements for assessing the medical fitness of new entrants to the service of the County Council, agreed by the Establishment Committee on the 1st March, 1956, be extended to members of the teaching staff. These arrangements require that, with certain exceptions, new entrants to the County Council's service should complete a medical questionnaire, medical examination being arranged only if the necessity for this is indicated by the completed questionnaire on its return to my Department.

Prior to the introduction of this scheme, 181 newly appointed teachers were medically examined by medical officers on the staff of my Department, twenty-four of these being examinations on behalf of other local education authorities. Arrangements were also made on my behalf by the Principal School Medical Officers of various other local education authorities for the medical examination of sixty-five school teachers appointed to teaching posts in Glamorgan.

Under the new arrangements outlined above, thirty-six teachers were dealt with. Of these, four were found to require medical examinations. All new entrants to the Authority's teaching service are required to undergo chest X-ray examination, and the appropriate arrangements were made with local chest clinics and mass radiography units.

The new arrangements for assessing medical fitness do not apply to new entrants to the teaching profession who are required by Ministry of Education regulations to be medically examined. Seventeen such cases were examined during the year.

Prior to the 1st September, 1956, 144 examinations of newly appointed members of non-teaching staffs, employed in the Authority's schools and school canteens were carried out. Since that date eighty-three such staff have been dealt with under the revised arrangements, and of these medical examination was indicated in eleven instances.

575 candidates for admission to courses of training for teaching were also medically examined during the year.

8. COLOUR VISION.
 During the year the survey of colour blindness was continued in the County, and the following table shows the results :—

COLOUR VISION.

	Aberdare and Mountain Ash		Caerphilly and Gelligaer		Mid-Glamorgan		Neath and District		Pontypridd and Llantrisant		Port Talbot and Glyncorrwg		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	—	—	233	—	559	—	417	380	493	—	276	—	1,271	—	441	497	—	—	3,690	877
Number colour vision defective	—	—	18	—	26	—	12	—	18	—	26	—	86	—	25	—	—	—	211	—
Percentage colour vision defective	—	—	7.73	—	4.65	—	2.88	—	3.65	—	9.42	—	6.77	—	5.67	—	—	—	5.72	—

The difference in the incidence of colour defectiveness as between boys and girls is what is to be expected bearing in mind the manner in which the condition is inherited.

9. HEALTH VISITING.

Post Graduate Course for Health Visitors and School Nurses.

(a) The seventh annual Refresher Course for Health Visitors and School Nurses held at Dyffryn House during Whit-week was attended by forty-one health visitors including ten from Bristol.

The theme of the Course was Mental Health and the following is a summary of the lectures given :—

<i>Subject.</i>	<i>Lecturer.</i>
"Preventive Aspects of Mental Health" ..	Dr. T. J. Hennelly, Physician Superintendent, Whitchurch Hospital.
"Ante-Natal Care"	Dr. Kathleen Davies, Divisional Medical Officer, Mid-Glamorgan Health Division.
"The Mother and Baby"	Dr. J. Jacobs, Consultant Paediatrician, St. David's Hospital, Cardiff.
"Deprived Children"	Dr. R. T. Bevan, Deputy County Medical Officer.
"The Aged"	Dr. A. R. Culley, Medical Member, Welsh Board of Health.
"Mental Health and the Adolescent" ..	Dr. J. P. Spillane, Deputy Physician Superintendent, Whitchurch Hospital.
"Mentally Deficient"	Dr. T. B. Jones, Medical Superintendent, Hensol Castle.
"Vaccination and Immunisation" ..	Dr. W. E. Thomas, County Medical Officer.
"The Child Welfare Centre"	Dr. A. E. M. Herbert, Medical Officer, Welsh Board of Health.
"Health Education and the Public" ..	Dr. Graham Grant, Senior Health Officer, Welsh National School of Medicine.
"The Health Visitor and Mental Health"	Miss E. G. Wright, County Superintendent Health Visitor and School Nurse.

A number of instructional films were shown and a visit was also paid to Hensol Castle.

(b) Ten Glamorgan Health Visitors also attended a similar refresher course in September organised by the Bristol Health Department.

10. SCHOOL DENTAL SERVICE.

The following is the report of Mr. John Young, L.D.S., R.C.S., Principal School Dental Officer :—

"In commencing this report for 1956, the thought that is uppermost in my mind is the very trite saying that 'Repetition breeds Boredom', but this is regrettably still applicable to our staffing position and its consequent effect upon our activities. Although our small whole-time staff remained intact, we did not secure any of the longed-for additions and we experienced some changes in our sessional staff, which entailed careful planning to ensure that areas did not suffer too much in the revision of our arrangements.

At the end of 1956 the number of our dental staff, including that of the Rhondda Exceeded area, was unchanged and consisted of six whole-time dental officers and twenty-two part-time officers. It is hoped that a new whole-time dental officer will commence duties early in 1957. The time given to us by our sessional dental officers still amounts to the equivalent of 6½ whole-time officers.

We were able to maintain our weekly clinic at the School for the Blind at Bridgend until the end of September, when the lady dental officer who conducted this clinic resigned. With our straitened staff condition we were obliged to allow this clinic to lapse pending fresh arrangements. At the end of the year we were able to make arrangements for its reopening early in 1957. I am happy to report this, for the adequate dental treatment of these unfortunates is difficult to arrange away from their establishment.

The satisfactory arrangements we made in the previous year for the dental treatment of pupils of our Residential School at Hendre, Monmouthshire, continued in the year 1956. Again I wish to express our thanks to Monmouthshire County Council for their kind co-operation.

The foregoing paragraphs will give some indication of the difficulties which confronted us in planning a service for a school population of 129,384 pupils but, with all our difficulties, we were able to maintain more or less regular services at thirty-six centres which, with the four centres of the Rhondda Exceeded area, give a total of forty centres for the whole County.

During the year under review 27,540 children were inspected, 23,952 were found to require treatment, 22,919 were referred for treatment, 15,695 were actually treated and 51,076 attendances were recorded. 1,067 fillings were inserted into temporary teeth and 12,646 fillings were inserted into permanent teeth, giving a total of 13,713 fillings. The number of temporary teeth filled was 1,004 and the number of permanent teeth filled was 11,426, giving a total of 12,430 teeth filled. 23,759 temporary teeth and 8,481 permanent teeth were extracted, a total of 32,240 extractions. 9,953 other operations were recorded. 10,460 administrations of nitrous oxide and oxygen were given for dental extractions.

In addition to the above figures, we are now required to give detailed returns about our orthodontic activities. This phase of our service has developed considerably since its introduction and occupies quite a considerable amount of our dental officers' time. Types of dental irregularities may range from the simple, often corrected by judicious extractions, to the more difficult corrected by one or more appliances, and the very difficult and complicated, the cure of which should be left to the specialist. We have encountered all types in our day to day activities. Fortunately the very difficult are in a minority, but no case should be lightly regarded and if a dental officer is in doubt about procedure he may ask for assistance. This assistance is rendered by myself and, taking everything into consideration, I feel I can say, modestly, that the results have been highly satisfactory.

The few very difficult and complicated cases are referred for specialist treatment. The greatest problem is the co-operation of the patient and parents. The large majority, anxious to secure the hoped-for improvement, co-operate in excellent fashion, but I regret that several who promise co-operation at the outset do not keep their promise and inevitably failure results. It is unsafe, indeed unwise to promise a cure within a definite period as a variety of factors, such as failure to attend for adjustments, fracture of the appliance, even loss of the appliance, can have a retarding effect upon the progress of a case. It can, therefore, be understood that a case can be very time-consuming and yet there are numbers which yield to treatment in an amazingly short time.

Another consideration is the large number of cases commenced in the previous year, which are carried forward into the year under review. In 1956 this figure was 154, which with the 215 cases commenced during the year, gives a total of 369 cases under treatment during the year, ninety-two of these cases were satisfactorily completed and fifty-three were discontinued during the year. 260 appliances were constructed during the year.

In 1956 224 pupils were supplied with artificial dentures, a regrettable necessity in many cases, where delay in receiving treatment left no other choice of treatment.

I have taken up some space about orthodontics but, because of its increased importance, I thought it advisable to go into some detail on this occasion.

An interesting survey was carried out in the West Glamorgan Division in an effort to probe the reasons for the somewhat unsatisfactory acceptance rate in parts of the Division. A questionnaire was sent out to the parents of the 327 pupils attending the Clydach County Secondary School. Out of the 327 questionnaires sent to parents 288 were returned. The replies generally indicated that 268 pupils had received treatment during the previous eighteen months and for the most part expressed a wish to continue treatment when necessary, the majority expressing a preference for treatment at the school clinic.

In another area in the same Division precisely the same investigation was carried out, but returns were disappointing. Out of a school of 314 pupils only 214 questionnaires were returned, showing that 207 had received treatment either at the local school clinic or privately during the preceding eighteen months. In this instance the majority stated that "when treatment was necessary" it would be sought privately. A short visit of inquiry on my part brought out the fact those people who stated that they were receiving private treatment only sought treatment when driven to it by the onset of pain. Regular routine treatment at the hands of the local practitioner was not sought in any one instance as far as I could ascertain.

It is perhaps remarkable that such wide differences should occur inside the area of one Division. The first area is a busy urban area, the other is a semi-rural area, largely agricultural. In such areas there is frequently a conservative outlook upon routines, which often takes time to modify. The schools selected in these areas were County Secondary Schools, where the pupils were all twelve years plus. I feel it would have given more satisfactory or revealing information if schools with younger age groups had been selected for this enquiry. As it was, it only in part answered our queries.

Referring to our statistics for 1956, it was inevitable that with the loss of staff during the year there would result a drop in figures. Inspections were rather more than 1,000 down. Attendances were over 3,000 down, due in great measure I feel to the increase in Maternity and Child Welfare patient attendances in certain areas. Fillings were 2,080 less than in 1955 and extractions only three less than in 1955. I have mentioned the staff reduction and the increase in Maternity and Child Welfare work being probable factors in producing these lowered figures and I must also draw attention to the much increased amount of orthodontic work which is unavoidably time consuming.

Clinic premises are constantly under consideration. Our new clinic at Sandfields in the Port Talbot Division has been functioning for some months now. It is a well planned and well equipped clinic sited in the middle of the estate in an effort to deal with the needs of the rapidly growing population there. Our new clinic at Ystalyfera will be, we hope, ready in 1957, when we shall be able to develop a more satisfactory service in this area. Alterations to improve facilities at Cadoxton, Barry, and at Trecenydd Clinics are also in hand. It is hoped to modify and improve some of our other clinics shortly.

It is unfortunate that nationally we have not yet got around to the dissemination of better knowledge of oral and dental hygiene to the public. It requires careful thought, I admit, for if a nation-wide demand for dental treatment arose, the profession, in its undermanned state, just could not cope with it, but a carefully planned campaign for the better education of the public in oral hygiene with instruction in the greater care of the teeth should have the effect of delaying the onset of caries, bringing its incidence down to more controllable figures. This was widely discussed at the annual conference of the British Dental Association last year at Brighton. A Council of Dental Health Education has been formed for the express purpose of preparing propaganda and to decide upon the most practicable method of conveying the information to the public.

The McNair Report issued in October of last year, dealing with the problem of recruitment to the profession, has much of interest for us who are perturbed about the situation. For instance, one table shows the number of children per whole-time equivalent dental officer for the various local authorities. As far as recruitment is concerned some authorities have been fortunate and the allocation of children per dental officer is, in a few instances, very good, but in the majority of cases the allocation is very poor and, in the case of Glamorgan, the allocation is 10,000 per whole-time dental officer, which is serious. The bright spot is the news that the training schools are full to capacity and our sincere hope is that upon qualifying many of these new dentists will elect to join us in our very important and rewarding work."

11. NEW SCHOOLS OR ADDITIONS.

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

Whitchurch Grammar School extension.		
Whitchurch Secondary School extensions.		
Talbot Green (Y Pant) Secondary School.		
Parc (Llangewydd, Bridgend) Primary School.		
Ystrad Mynach Secondary	One classroom and practical room.	
Gwyndy Girls' Secondary	Two classrooms.	
Cimla Infants' School	Two classrooms.	
Bishopston Primary School	Two classrooms.	
Ogmore Grammar School	Biology laboratory.	
Rhossilli Primary School	Provision of scullery and cloakroom.	
Pontardulais Secondary	New vegetable store.	
Llwynderw Girls' Secondary	New vegetable store.	
Cwrt Sart former Central Kitchen	Adaptation as kitchen and dining room to serve Cwrt Sart Group of schools.	
Penclawdd Junior School	Extension of kitchen.	

12. 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 Glyncoerrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	3	5	14	2	10	7	10	7	10	68
Reinspection	22	27	58	7	80	20	26	6	30	276
Number referred for treatment ..	1	11	21	—	23	8	10	4	14	92

(b) *Children in Homes.*

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoerrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	3	3	64	31	38	1	—	6	—	146
Reinspection	14	4	267	80	277	12	23	—	—	677
Number referred for treatment ..	—	4	26	26	50	3	7	1	—	117

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1956.

GENERAL.

Following a rather too optimistic report on the medical establishment of the School Health Service in 1955 it is with regret I have to report the following staff changes.

At the beginning of 1956 the medical staff of the School Health Service was constituted as follows :—

- (1) Dr. Patricia Herman—available for only eight sessions per week as she also held the appointment of Deputy Medical Officer of Health, Borough of Rhondda. In addition, two of these eight weekly sessions were spent in the Maternity and Child Welfare Service.
- (2) Dr. Allan Raymond Davis—available for eleven sessions per week.
- (3) Dr. Glenys Joan Packer—available for eleven sessions per week.
- (4) Dr. Ellen T. Lloyd—available two or three sessions per week as required, for the administration of dental gas.

In June, 1956, Dr. G. J. Packer, unfortunately, became unable to give her full-time services to the Authority and resigned her appointment. In July Dr. P. Herdman left the area to take a post with another authority. Following upon these changes Dr. A. R. Davis was appointed to the joint post previously held by Dr. P. Herdman and he also started to pursue the D.P.H. Course. Consequently, his available sessions for the School Health Service were reduced to four. In September, 1956, Dr. Jeanne Gloria Mason was appointed for whole-time employment with the Authority devoting three sessions to the Maternity and Child Welfare Service and eight sessions per week to the School Health Service. In November, 1956, Dr. Enid C. Vincent was appointed in a whole-time capacity to the Authority and during the absence of Dr. A. R. Davis it was decided that Dr. G. Packer be re-employed for four sessions per week—her time to be devoted to refraction work. In addition Dr. Alys M. Jenkins of the Aberdare and Mountain Ash Health Division was allowed to devote some sessions to refraction work in this area.

The situation, therefore, at the end of 1956 was as follows :—

- (1) Dr. Allan Raymond Davis—available for four sessions per week in the School Health Service.
- (2) Dr. Jeanne Gloria Mason—available for eight sessions per week.
- (3) Dr. Enid C. Vincent—available for eleven sessions per week.
- (4) Dr. Glenys Joan Packer—available for four sessions refraction work per week.
- (5) Dr. Ellen T. Lloyd—available for two to three sessions to administer dental anaesthesia as required.

The distribution of sessions devoted to the School Health Service by the Assistant Medical Officers during 1956 is shown in the following table :—

TABLE I.

Doctor	Sessions spent at School Health Service work including (1) routine examinations, (2) school clinics, (3) dental gas, (4) Others	Special examinations
Dr. P. Herdman	87	42
Dr. G. Packer	237 (100 on refraction)	2
Dr. A. R. Davis	254	29
Dr. J. G. Mason	85	7
Dr. E. C. Vincent	53	5
Dr. E. T. Lloyd	111 (Gas)	—
Dr. A. M. Jenkins	22 (refraction)	—

Of the 934 sessions which were spent on work in relation to the School Health Service, 508 were devoted entirely to the statutory routine medical inspections in schools.

The total school population of the district at the end of 1956 was 20,186—some seventeen more than at the corresponding period in 1955. The distribution of these pupils amongst the various types of school is shown in the following table :—

TABLE II.

Type of School	Number of Pupils
1. Nursery schools	230
2. Primary schools	*13,634
3. Secondary schools	6,322
All schools	20,186

* 2,306 of these children were under 5 years.

MEDICAL INSPECTION.

The number of children inspected in the three statutory age groups was 8,298 and their distribution is shown in the following table :—

TABLE III.

Group	No.
Entrants	3,187
Second age group ..	4,325
Leavers	786
Total	8,298

In addition to those children examined by virtue of the statutory requirement, 525 were examined as "specials".

FINDINGS OF MEDICAL INSPECTION.

Of the 8,298 children examined in the three routine age groups and as shown in the following table, 99.1 per cent were classified as satisfactory :—

TABLE IV.

Age groups inspected	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
Entrants	3,187	3,150	98.8	37	1.2
Second age group ..	4,325	4,289	99.2	36	0.8
Third age group ..	786	781	99.4	5	0.6
	8,298	8,220	99.1	78	0.9

Handicapped Pupils.

As a result of the routine inspection and also from information received from head teachers, certain pupils were examined during the year to ascertain whether they needed special educational treatment.

Treatment—Defective Vision and Squint.

Defects of vision discovered during routine inspections were referred to the Authority's refractions clinics where the cases were seen by Dr. A. M. Jenkins and Dr. G. Packer. During the year Dr. G. Packer devoted 100 sessions to this work—some in conjunction with Dr. A. M. Jenkins who gave twenty-two sessions. In addition Mr. R. E. Packer was available in a consultant capacity on certain Saturday mornings.

Six hundred and sixty-three children were examined for refractive errors in the Authority's clinics and ten children received operative treatment for the correction of squint in the Ophthalmic Department at Llwynypia Hospital.

Defects of the Ear, Nose, and Throat.

During 1956 as part of a national survey, a count was made at routine medical inspections of those children who had received operative treatment for diseased tonsils and/or adenoids. The results are shown in the following table :—

TABLE V.

Age group	Sex	No. of pupils inspected	No. undergone tonsillectomy	% treated
Entrants	Boys ..	1,613	65	4.0
	Girls ..	1,574	67	4.3
Second age group ..	Boys ..	2,200	477	21.7
	Girls ..	2,125	483	22.7
Third age group ..	Boys ..	425	95	22.4
	Girls ..	361	86	23.8
Total ..		8,298	1,273	15.3

During 1956, 414 children received operative treatment for diseased tonsils and adenoids whilst forty children underwent operations for other defects of the throat, nose, and ear.

Orthopaedic Treatment.

It was again unfortunate that no physiotherapist was available in the Authority's clinics to carry out treatment on those children who were known to have orthopaedic defects. However, the services of the Orthopaedic Consultant—Mr. D. N. Rocyn Jones, continued to be in great demand and we are indebted to him for his willing co-operation and great efforts in the service during the year.

Speech Therapy.

The number of children who received speech therapy during 1956 was 224. The work of the speech therapist continued to be facilitated by the happy co-operation and interest shown by the teaching staffs of the schools she has visited.

Infectious Diseases.

The following table shows the numbers of notifications of certain infective diseases which occurred amongst children in the age group 0-16 years during the year :—

	Boys.	Girls.	Total.
Scarlet Fever ..	72	58	130
Poliomyelitis ..	—	—	—
Dysentery	4	3	7
Measles	68	73	141

Dental Treatment.

The establishment of Dental Officers in the Division remained as in 1955—i.e., one whole-time dental officer and two part-time dental officers who gave one session each per week to the Local Education Authority. 2,153 children were inspected in the schools and in addition 2,370 children were examined as "specials". The number treated at the dental clinics during the year was 2,473.

Hospital Treatment.

From reports on children admitted to hospital or seen at Out-Patient Departments it was found that during 1956, eighty-nine children were admitted for appendicectomy, nineteen for investigation of probable epilepsy, eighty-eight for treatment for accidental injury and thirty-one for psychological investigation.

CONCLUSION.

Once again I should like to thank the members of both the indoor and outdoor staffs of my Department whose willingly co-operation and loyalty have contributed much to the work that has been carried out in the School Health Service.

R. B. MORLEY-DAVIES,
District School Medical Officer.

Group	Age-Group	Inspected	Examined	Treated	Admitted to Hospital	Out-Patient
School Children	5-14	1,453	1,453	1,453	89	88
	15-17	187	187	187	19	19
	Total	1,640	1,640	1,640	108	107
Specials	5-14	1,717	1,717	1,717	88	88
	15-17	653	653	653	19	19
	Total	2,370	2,370	2,370	107	107
Total						
School Children						
Specials						
Grand Total						

Information in respect of the Park Lane Special Day School has been included with Alderley Division in respect of the Cheshire Residential School, "Hawthorn", with the Cheshire Division in respect of the Cheshire Residential School for the Blind with 111-113 Grosvenor Division and in respect of the Park Lane Special Day School with the South East Cheshire Division.

1956.

STATISTICAL APPENDIX.

TABLE I.

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

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected and Number of Pupils examined in each :—

Group	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants	2,731	683	2,489	848	1,176	962	2,014	1,228	3,187	15,318
Second Age Group	1,032	557	2,066	839	1,317	839	1,391	826	4,325	13,192
Leavers	784	738	1,082	797	971	649	1,123	938	786	7,868
Total	4,547	1,978	5,637	2,484	3,464	2,450	4,528	2,992	8,298	36,378
Additional Periodic Inspections	172	67	100	—	—	—	74	—	—	413
Grand Total	4,719	2,045	5,737	2,484	3,464	2,450	4,602	2,992	8,298	36,791

B.—OTHER INSPECTIONS.

Group	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Number of Special Inspections	758	976	739	1,271	1,637	513	436	450	338	7,118
Number of Reinspections ..	1,733	1,477	2,226	534	1,374	1,834	1,462	1,423	187	12,250
Total	2,491	2,453	2,965	1,805	3,011	2,347	1,898	1,873	525	19,368

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
Entrants	6	23	35	64	9	15	15	14	31	212
Second Age Group	56	44	103	66	134	58	122	43	172	798
Leavers	19	43	71	76	74	59	139	57	17	555
Total	81	110	209	206	217	132	276	114	220	1,565
Additional Periodic Inspections	1	6	—	—	—	—	5	—	—	12
Grand Total	82	116	209	206	217	132	281	114	220	1,577

Information in respect of the Park Lane Special Day School has been included with Aberdare Division, in respect of the Glamorgan Residential School, "Hendre", with the Caerphilly Division, in respect of the Glamorgan Residential School for the Blind with Mid-Glamorgan Division, and in respect of the Barry Special Day School with the South East Glamorgan Division.

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

(ii) For any of the other conditions recorded in Table III :—

Group	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Entrants	176	143	269	149	165	98	529	87	59	1,675
Second Age Group	45	81	195	83	112	76	249	29	47	917
Leavers	21	78	104	41	41	31	117	16	8	457
Total	242	302	568	273	318	205	895	132	114	3,049
Additional Periodic Inspections	1	13	10	—	—	—	15	—	—	39
Grand Total	243	315	578	273	318	205	910	132	114	3,088

(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	179	163	298	209	172	113	536	100	90	1,860
Second Age Group	101	122	290	143	228	131	336	70	219	1,640
Leavers	39	117	164	109	112	90	223	73	25	952
Total	319	402	752	461	512	334	1,095	243	334	4,452
Additional Periodic Inspections	2	19	10	—	—	—	16	—	—	47
Grand Total	321	421	762	461	512	334	1,111	243	334	4,499

TABLE I—continued.

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I A.

(i) Entrants :—

Classification	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Satisfactory ..	2,727	99.85	660	96.63	2,478	99.56	844	99.53	1,165	99.06	946	98.34	2,000	99.30	1,224	99.67	3,150	98.8	15,194	99.19
Unsatisfactory	4	0.15	23	3.37	11	0.44	4	0.47	11	0.94	16	1.66	14	0.70	4	0.33	37	1.2	124	0.81
Total ..	2,731		683		2,489		848		1,176		962		2,014		1,228		3,187		15,318	

(ii) Second Age Group :—

Classification	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Satisfactory ..	1,031	99.90	511	91.74	2,061	99.76	831	99.05	1,306	99.16	824	98.21	1,376	98.92	818	99.03	4,289	99.20	13,047	98.90
Unsatisfactory	1	0.10	46	8.26	5	0.24	8	0.95	11	0.84	15	1.79	15	1.08	8	0.97	36	0.80	145	1.10
Total ..	1,032		557		2,066		839		1,317		839		1,391		826		4,325		13,192	

(iii) Third Age Group :—

Classification	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Satisfactory ..	780	99.49	697	94.44	1,072	99.08	794	99.62	967	99.59	639	98.46	1,105	98.40	928	98.93	781	99.4	7,763	98.67
Unsatisfactory	4	0.51	41	5.56	10	0.92	3	0.38	4	0.41	10	1.54	18	1.60	10	1.07	5	0.6	105	1.33
Total ..	784		738		1,082		797		971		649		1,123		938		786		7,868	

TABLE I. D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE IA—(continued).

(iv) Additional Periodic Inspections :—

Satisfactory		Unsatisfactory		Total No. Inspected
No.	%	No.	%	
409	99.03	4	0.97	413

(v) Combined Age Groups and Additional Periodic Inspections :—

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.	%
Satisfactory ..	4,709	99.79	1,933	94.52	5,711	99.54	2,469	99.40	3,438	99.25	2,409	98.33	4,554	98.96	2,970	99.26	8,220	99.1	36,413	98.97
Unsatisfactory	10	0.21	112	5.48	26	0.46	15	0.60	26	0.75	41	1.67	48	1.04	22	0.74	78	0.9	378	1.03
Total ..	4,719		2,045		5,737		2,484		3,464		2,450		4,602		2,992		8,298		36,791	

TABLE II.

A.—INFESTATION WITH VERMIN.

	Glamorgan	Rhondda	Total
(i) Total number of examinations in the schools by the School Nurses or other authorised persons	278,211	50,372	328,583
(ii) Total number of individual pupils found to be infested	6,885	1,710	8,595
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	2	25	27
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—

B.—(i) UNCLEANLINESS.

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.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations	20130	—	16648	—	18531	—	12886	—	13896	—	11397	—	18457	—	22983	—	24705	—	159633	—
Head—																				
Clean	19979	99.25	16467	98.91	18481	99.73	12835	99.60	13716	98.71	11276	98.94	18285	99.07	22895	99.617	24438	98.92	158372	99.21
Nits	147	0.73	150	0.90	49	0.26	48	0.38	177	1.27	119	1.04	165	0.89	87	0.379	261	1.06	1203	0.75
Pediculi and sores	4	0.02	31	0.19	1	0.01	3	0.02	3	0.02	2	0.02	7	0.04	1	0.004	6	0.02	58	0.04
Body—																				
Clean	20097	99.84	16610	99.77	18500	99.83	12882	99.97	13858	99.73	11384	99.89	18436	99.89	22982	99.996	24656	99.80	159405	99.857
Dirty	33	0.16	38	0.23	31	0.17	4	0.03	35	0.25	13	0.11	21	0.11	1	0.004	48	0.19	224	0.140
Verminous	—	—	—	—	—	—	—	—	3	0.02	—	—	—	—	—	—	1	0.01	4	0.003
Clothing—																				
Clean	20034	99.52	16603	99.73	18499	99.83	12880	99.95	13842	99.61	11384	99.89	18433	99.87	22967	99.93	24640	99.74	159282	99.78
Dirty	96	0.48	45	0.27	32	0.17	6	0.05	54	0.39	13	0.11	24	0.13	16	0.07	65	0.26	351	0.22
No. of re-examinations	286	—	1025	—	609	—	530	—	936	—	678	—	291	—	297	—	280	—	4932	—
Head—																				
Clean	151	52.80	613	59.81	418	68.64	410	77.36	669	71.47	531	78.32	164	56.36	233	78.45	129	46.07	3318	67.28
Nits	131	45.80	388	37.85	190	31.20	120	22.64	253	27.03	143	21.09	124	42.61	64	21.55	145	51.79	1558	31.59
Pediculi and sores	4	1.40	24	2.34	1	0.16	—	—	14	1.50	4	0.59	3	1.03	—	—	6	2.14	56	1.13
Body—																				
Clean	277	96.85	939	91.61	441	72.41	511	96.42	909	97.12	637	93.95	273	93.81	284	95.62	260	92.86	4531	91.87
Dirty	9	3.15	84	8.20	168	27.59	19	3.58	27	2.88	40	5.90	18	6.19	13	4.38	20	7.14	398	8.07
Verminous	—	—	2	0.19	—	—	—	—	—	—	1	0.15	—	—	—	—	—	—	3	0.06
Clothing—																				
Clean	269	94.06	913	89.07	423	69.46	509	96.04	896	95.73	627	92.43	272	93.47	280	94.28	258	92.14	4447	90.17
Dirty	17	5.94	112	10.93	186	30.54	21	3.96	40	4.27	51	7.52	19	6.53	17	5.72	22	7.86	485	9.83

TABLE II—continued.

B—(ii).
GIRLS.

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
No. of examinations ..	18700	—	15234	—	17333	—	11791	—	13231	—	10713	—	18851	—	21169	—	23957	—	150979	—	
Head—																					
Clean ..	17745	94.89	14737	96.74	17126	98.81	11599	98.37	12533	94.73	10433	97.39	18201	96.55	20811	98.31	22483	93.85	145668	96.48	
Nits ..	949	5.08	447	2.93	202	1.16	185	1.57	687	5.19	277	2.58	635	3.37	341	1.61	1440	6.01	5163	3.42	
Pediculi and sores	6	0.03	50	0.33	5	0.03	7	0.06	11	0.08	3	0.03	15	0.08	17	0.08	34	0.14	148	0.10	
Body—																					
Clean ..	18675	99.87	15190	99.71	17328	99.97	11788	99.97	13219	99.91	10711	99.98	18838	99.93	21168	99.995	23932	99.90	150849	99.914	
Dirty ..	25	0.13	44	0.29	5	0.03	3	0.03	10	0.08	2	0.02	13	0.07	1	0.005	21	0.09	124	0.082	
Vermineous	—	—	—	—	—	—	—	—	2	0.01	—	—	—	—	—	—	4	0.01	6	0.004	
Clothing—																					
Clean ..	18620	99.57	15200	99.78	17330	99.98	11785	99.95	13194	99.72	10711	99.98	18839	99.94	21162	99.97	23919	99.84	150760	99.85	
Dirty ..	80	0.43	34	0.22	3	0.02	6	0.05	37	0.28	2	0.02	12	0.06	7	0.03	38	0.16	219	0.15	
No. of re-examinations	1278	—	2365	—	1552	—	1127	—	2436	—	1283	—	863	—	705	—	1430	—	13039	—	
Head—																					
Clean ..	354	27.70	798	33.74	586	37.75	633	56.17	1265	51.93	662	51.60	366	42.41	440	62.41	447	31.26	5551	42.57	
Nits ..	918	71.83	1461	61.78	960	61.86	484	42.94	1097	45.03	603	47.00	481	55.74	264	37.45	964	67.41	7232	55.47	
Pediculi and sores	6	0.47	106	4.48	6	0.39	10	0.89	74	3.04	18	1.40	16	1.85	1	0.14	19	1.33	256	1.96	
Body—																					
Clean ..	1256	98.28	2304	97.42	1455	93.75	1121	99.47	2424	99.51	1270	98.99	853	98.84	702	99.57	1412	98.74	12797	98.15	
Dirty ..	22	1.72	61	2.58	97	6.25	6	0.53	10	0.41	12	0.93	10	1.16	3	0.43	18	1.26	239	1.83	
Vermineous	—	—	—	—	—	—	—	—	2	0.08	1	0.08	—	—	—	—	—	—	3	0.02	
Clothing—																					
Clean ..	1242	97.18	2289	96.79	1454	93.69	1119	99.29	2404	98.69	1263	98.44	853	98.84	696	98.72	1408	98.46	12728	97.61	
Dirty ..	36	2.82	76	3.21	98	6.31	8	0.71	32	1.31	20	1.56	10	1.16	9	1.28	22	1.54	311	2.39	

C.—VISITS TO HOMES BY SCHOOL NURSES.

	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Total number of visits paid to homes	816	3,378	1,738	1,119	1,611	1,101	1,037	2,732	852	14,384

TABLE III.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1956.

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

Defect or Disease.	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	3	3	6	2	5	2	12	1	8	42
Eyes—(a) Vision	6	23	35	64	9	15	15	14	31	212
(b) Squint	12	11	9	4	19	3	48	5	43	154
(c) Other	6	2	—	1	6	—	2	2	6	25
Ears—(a) Hearing	2	2	5	—	4	—	4	2	6	25
(b) Otitis Media	1	4	2	—	2	1	11	2	3	26
(c) Other	—	—	2	—	1	—	1	1	2	7
Nose and Throat	26	41	73	41	42	58	55	28	26	390
Speech	8	4	8	3	2	5	51	2	19	102
Lymphatic Glands	—	5	7	—	12	—	24	1	6	55
Heart	4	1	11	—	1	2	4	1	2	26
Lungs	33	9	17	3	1	5	17	3	8	96
Developmental—(a) Hernia	—	3	2	—	2	2	2	—	4	15
(b) Other	—	1	1	—	—	—	3	1	3	9
Orthopaedic—(a) Posture	1	8	6	—	2	1	15	—	9	42
(b) Feet	27	65	64	51	12	16	252	18	33	538
(c) Other	40	23	61	16	74	4	197	5	34	454
Nervous System—(a) Epilepsy	1	—	—	—	1	—	1	—	1	4
(b) Other	4	—	2	—	9	—	3	1	—	19
Psychological—										
(a) Development	7	—	5	—	—	—	1	—	1	14
(b) Stability	—	—	—	—	1	—	—	—	2	3
Abdomen	3	—	1	—	—	—	3	—	—	7
Other	5	3	8	11	—	—	2	16	2	47
Totals	189	208	325	196	205	114	723	103	249	2,312

TABLE III.A—(continued)—PERIODIC INSPECTIONS (ENTRANTS).

(ii) Number of Defects requiring observation :—

Defect or Disease.	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total.
Skin	33	38	108	11	16	17	19	70	85	397
Eyes—(a) Vision	12	21	—	8	1	11	5	20	31	109
(b) Squint	27	24	12	7	7	11	18	49	45	200
(c) Other	8	13	13	1	9	8	7	16	13	88
Ears—(a) Hearing	4	8	9	6	18	5	7	5	23	85
(b) Otitis Media	19	33	34	3	—	15	6	7	45	162
(c) Other	3	2	35	—	7	1	1	4	12	65
Nose and Throat	160	141	428	151	243	166	110	304	428	2,131
Speech	17	17	35	8	16	13	24	17	46	193
Lymphatic Glands	41	96	285	61	109	39	69	293	264	1,257
Heart	22	60	203	11	23	22	87	33	130	591
Lungs	92	95	198	40	44	39	55	113	130	806
Developmental—(a) Hernia	6	3	16	—	5	17	9	5	16	77
(b) Other	73	8	28	1	6	15	6	14	63	214
Orthopaedic—(a) Posture	4	17	7	2	4	15	4	17	21	91
(b) Feet	80	60	94	8	14	56	65	25	100	502
(c) Other	132	18	226	8	83	32	51	40	147	737
Nervous System—(a) Epilepsy	4	3	6	2	1	2	4	12	11	45
(b) Other	6	4	7	—	6	3	8	5	18	57
Psychological—										
(a) Development	7	2	8	1	7	2	8	1	14	50
(b) Stability	1	18	1	—	1	1	12	2	6	42
Abdomen	1	6	2	1	2	3	13	2	—	30
Other	9	18	24	5	3	1	14	21	13	108
Totals	761	705	1,779	335	625	494	602	1,075	1,661	8,037

TABLE III.A—(continued)—PERIODIC INSPECTIONS (LEAVERS).

(iii) Number of Defects requiring treatment :—

Defect or Disease	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	—	7	2	—	4	—	13	—	2	28
Eyes—(a) Vision	19	43	71	76	74	59	139	57	17	555
(b) Squint	—	—	—	—	1	2	5	—	8	16
(c) Other	—	1	—	—	1	—	3	—	2	7
Ears—(a) Hearing	—	3	8	1	1	2	2	—	2	19
(b) Otitis Media	—	5	—	2	—	—	—	—	—	7
(c) Other	—	—	—	1	—	—	1	1	—	3
Nose and Throat	—	20	36	1	9	14	5	3	12	100
Speech	1	—	2	4	2	—	1	—	1	11
Lymphatic Glands	—	2	2	—	—	—	1	—	4	9
Heart	1	1	9	—	2	2	3	1	1	20
Lungs	3	6	3	4	1	3	5	1	1	27
Developmental—(a) Hernia	—	1	—	—	1	3	—	—	—	5
(b) Other	—	1	—	—	—	—	1	—	—	2
Orthopaedic—(a) Posture	6	19	2	1	3	1	14	1	8	55
(b) Feet	4	27	27	27	9	3	46	9	1	153
(c) Other	5	2	31	1	13	1	10	1	4	68
Nervous System—(a) Epilepsy	1	—	1	—	—	—	—	—	1	3
(b) Other	1	—	—	—	—	—	—	—	—	1
Psychological—										
(a) Development	—	—	—	—	—	—	—	—	—	—
(b) Stability	—	—	—	—	—	—	—	—	—	—
Abdomen	—	—	—	—	—	—	—	—	—	—
Other	1	—	7	1	—	—	3	1	3	16
Totals	42	138	201	119	121	90	252	75	67	1,105

TABLE III.A—(continued)—PERIODIC INSPECTIONS (LEAVERS).

(iv) Number of Defects requiring observation :—

Defect or Disease	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	1	8	16	5	1	6	21	6	5	69
Eyes—(a) Vision	14	16	1	4	5	54	31	—	3	128
(b) Squint	—	5	—	—	—	7	2	3	3	20
(c) Other	—	1	1	—	—	—	—	2	2	6
Ears—(a) Hearing	2	9	4	3	7	1	2	2	3	33
(b) Otitis Media	1	7	—	2	—	5	2	1	1	19
(c) Other	—	1	1	1	1	—	—	4	1	9
Nose and Throat	12	29	83	34	17	22	13	10	24	244
Speech	2	6	5	1	1	4	—	1	2	22
Lymphatic Glands	—	20	41	6	5	7	8	6	23	116
Heart	3	27	53	9	6	13	30	16	22	179
Lungs	7	42	19	18	11	12	13	6	3	131
Developmental—(a) Hernia	—	1	—	—	—	2	—	1	1	5
(b) Other	—	—	4	—	—	2	2	—	2	10
Orthopaedic—(a) Posture	—	13	13	1	1	6	2	—	1	37
(b) Feet	2	19	35	2	3	13	4	1	10	89
(c) Other	6	11	28	4	5	3	5	8	22	92
Nervous System—(a) Epilepsy	—	1	1	4	3	—	4	2	—	15
(b) Other	—	3	1	—	1	—	3	1	—	9
Psychological—										
(a) Development	—	4	—	—	—	—	2	—	—	2
(b) Stability	—	—	—	—	—	1	4	—	1	10
Abdomen	—	—	1	—	1	1	—	—	—	3
Other	2	8	6	—	2	1	7	13	—	39
Totals	52	231	313	94	70	160	155	83	129	1,287

TABLE III.A—(continued)—PERIODIC INSPECTIONS (ALL AGE GROUPS).

(v) Number of Defects requiring treatment :—

Defect or Disease	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	4	21	13	2	11	7	33	1	16	108
Eyes—(a) Vision	82	116	209	206	217	132	281	114	220	1,577
(b) Squint	15	16	9	7	25	7	81	7	86	253
(c) Other	8	6	1	2	10	—	13	2	14	56
Ears—(a) Hearing	3	6	23	1	7	2	11	3	25	81
(b) Otitis Media	1	12	8	2	2	3	12	2	9	51
(c) Other	—	—	3	1	3	—	3	2	2	14
Nose and Throat	36	69	138	56	84	101	72	35	69	660
Speech	11	5	17	16	9	8	63	2	51	182
Lymphatic Glands	—	8	9	1	20	—	29	2	16	85
Heart	7	3	27	—	4	11	10	2	7	71
Lungs	42	22	33	11	7	11	26	5	18	175
Developmental—(a) Hernia	—	9	2	—	3	6	2	—	6	28
(b) Other	3	13	2	—	1	—	7	1	7	34
Orthopaedic—(a) Posture	12	35	21	4	9	3	67	4	41	196
(b) Feet	38	126	160	109	45	36	399	37	71	1,021
(c) Other	54	32	124	24	113	8	272	9	73	709
Nervous System—(a) Epilepsy	2	—	1	—	2	1	2	—	8	16
(b) Other	6	—	2	—	20	—	4	1	1	34
Psychological—										
(a) Development	7	—	14	—	—	—	3	—	7	31
(b) Stability	—	—	—	—	—	—	1	—	3	4
Abdomen	3	—	1	1	3	—	6	—	—	14
Other	6	7	16	12	3	—	7	21	5	77
Totals	340	506	833	455	598	336	1,404	250	755	5,477

TABLE III.A—(continued)—PERIODIC INSPECTION (ALL AGE GROUPS).

(vi) Number of Defects requiring observation :—

Defect or Disease	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	42	56	176	22	29	31	52	104	144	656
Eyes—(a) Vision	47	49	4	17	31	100	82	31	184	545
(b) Squint	50	38	18	11	7	30	34	59	76	323
(c) Other	11	17	16	3	10	9	13	28	30	137
Ears—(a) Hearing	9	30	24	15	37	11	10	10	60	206
(b) Otitis Media	26	56	51	15	1	30	13	10	83	285
(c) Other	4	4	56	2	18	4	5	9	18	120
Nose and Throat	229	241	742	240	389	247	157	363	641	3,249
Speech	28	29	55	11	22	23	26	19	81	294
Lymphatic Glands	69	174	453	96	140	61	96	341	462	1,892
Heart	33	108	370	27	42	50	138	64	368	1,200
Lungs	117	177	305	81	84	69	94	133	207	1,267
Developmental—(a) Hernia	8	10	18	—	8	24	10	6	21	105
(b) Other	80	25	81	1	8	22	14	16	152	399
Orthopaedic—(a) Posture	12	49	47	4	7	28	13	22	63	245
(b) Feet	88	122	212	12	42	102	91	33	200	902
(c) Other	151	46	360	18	119	43	77	55	255	1,124
Nervous System—(a) Epilepsy	7	9	10	7	5	4	9	16	23	90
(b) Other	11	10	17	—	12	4	16	7	35	112
Psychological—										
(a) Development	8	8	13	1	13	9	30	5	34	121
(b) Stability	4	27	3	—	2	1	17	3	11	68
Abdomen	2	13	3	5	5	6	16	2	—	52
Other	11	30	47	9	23	4	28	37	16	205
Totals	1,047	1,328	3,081	597	1,054	912	1,041	1,373	3,164	13,597

TABLE III.B.

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

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	2	23	4	2	6	1	2	1	1	42
Eyes—(a) Vision	12	40	8	6	47	6	12	14	2	147
(b) Squint	3	6	—	1	3	2	2	1	1	19
(c) Other	3	12	—	4	8	—	1	—	—	28
Ears—(a) Hearing	5	9	8	3	19	5	10	8	—	67
(b) Otitis Media	—	5	1	4	1	10	—	1	—	22
(c) Other	3	25	1	3	11	2	2	—	—	47
Nose and Throat	55	153	45	98	207	50	36	63	7	714
Speech	3	10	55	18	28	8	13	5	1	141
Lymphatic Glands	—	—	—	13	72	—	1	3	—	89
Heart	2	2	—	5	6	5	8	2	4	34
Lungs	15	34	5	23	17	4	28	4	8	138
Developmental—(a) Hernia	—	2	—	—	3	—	—	—	—	5
(b) Other	1	10	—	1	3	—	6	—	—	21
Orthopaedic—(a) Posture	1	23	2	1	4	—	4	—	1	36
(b) Feet	1	27	2	24	16	5	8	1	—	84
(c) Other	5	24	9	12	27	—	13	10	4	104
Nervous System—(a) Epilepsy	3	10	2	—	3	—	8	—	2	28
(b) Other	5	1	1	1	44	—	6	—	1	59
Psychological—										
(a) Development	25	111	71	—	25	—	56	35	2	325
(b) Stability	5	8	4	1	—	—	8	9	—	35
Abdomen	—	4	—	2	2	—	2	—	—	10
Other	11	11	1	21	20	—	15	10	—	89
Totals	160	550	219	243	572	98	241	167	34	2,284

TABLE III.B.—SPECIAL INSPECTIONS—(continued).

(ii) Number of Defects requiring observation :—

Defect or Disease	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	9	6	34	19	12	10	1	7	1	99
Eyes—(a) Vision	3	8	—	1	4	10	—	1	1	28
(b) Squint	1	4	3	21	2	4	—	—	—	35
(c) Other	5	6	1	9	4	2	—	4	4	35
Ears—(a) Hearing	18	12	1	7	37	53	—	11	9	148
(b) Otitis Media	23	1	2	17	2	25	—	—	2	72
(c) Other	19	11	9	6	11	8	1	3	—	68
Nose and Throat	167	77	96	243	334	61	20	56	5	1,059
Speech	2	4	15	3	27	3	5	3	1	63
Lymphatic Glands	36	20	31	68	109	28	1	19	3	315
Heart	5	50	42	52	49	21	6	12	17	254
Lungs	35	67	30	182	106	35	3	36	8	502
Developmental—(a) Hernia	1	4	1	—	6	—	—	—	—	12
(b) Other	6	19	3	2	9	2	1	4	4	50
Orthopaedic—(a) Posture	—	11	9	4	8	5	—	—	—	37
(b) Feet	2	6	9	3	19	1	1	1	11	53
(c) Other	12	4	32	11	48	2	1	14	21	145
Nervous System—(a) Epilepsy	3	—	3	7	6	5	—	1	2	27
(b) Other	4	14	1	1	32	11	1	2	14	80
Psychological—										
(a) Development	11	16	7	2	57	6	7	11	3	120
(b) Stability	1	4	2	1	8	2	1	—	—	19
Abdomen	1	12	—	24	14	4	1	—	6	62
Other	8	32	—	22	27	8	2	12	4	115
Totals	372	388	331	705	931	306	52	197	116	3,398

TABLE IV.

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

GROUP 1. A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

Disease or Defect	Number of cases known to have been dealt with by the Authority									
	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	104	—	—	88	2	—	25	—	—	219
Errors of refraction (including squint)	1,369	999	756	523	716	981	560	1,515	663	8,082
Total	1,473	999	756	611	718	981	585	1,515	663	8,301
Number of pupils for whom spectacles were										
Prescribed	929	398	199	346	366	419	272	529	458	3,916

GROUP 1. B.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

Disease or Defect	Number of cases known to have been dealt with otherwise than by the Authority									
	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	2	8	—	—	—	5	3	2	—	20
Errors of refraction (including squint)	2	25	—	12	20	31	7	20	10	127
Total	4	33	—	12	20	36	10	22	10	147
Number of pupils for whom spectacles were										
Prescribed	—	17	—	12	—	—	6	—	—	35

TABLE IV—*continued*.
TREATMENT TABLE—*continued*.
GROUP 2. A.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated by the Authority									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
(a) For diseases of the ear ..	—	—	—	—	—	—	—	—	—	—
(b) For adenoids and chronic tonsillitis	—	—	—	—	—	—	—	—	—	—
(c) For other nose and throat conditions	—	—	—	—	—	—	—	—	—	—
Received other forms of treatment	87	—	—	—	—	—	15	—	—	102
Total	87	—	—	—	—	—	15	—	—	102
Total number of pupils in schools who are known to have been provided with hearing aids										
(a) in 1956	—	1	—	—	—	—	—	—	—	1
(b) in previous years ..	—	2	—	—	—	1	—	—	1	4

GROUP 2. B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated otherwise than by the Authority									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment—										
(a) For diseases of the ear ..	—	1	2	1	—	21	7	4	4	40
(b) For adenoids and chronic tonsillitis	156	84	447	86	3	97	87	223	414	1,597
(c) For other nose and throat conditions	2	—	14	1	237	14	7	7	7	289
Received other forms of treatment	—	21	—	—	40	—	5	—	29	95
Total	158	106	463	88	280	132	106	234	454	2,021
Total number of pupils in schools who are known to have been provided with hearing aids										
(a) in 1956	3	4	2	—	4	—	1	—	—	14
(b) in previous years ..	7	7	4	2	12	2	3	3	1	41

TABLE IV—*continued.*TREATMENT TABLE—*continued.*

GROUP 3. ORTHOPAEDIC AND POSTURAL.

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) No. of pupils known to have been treated at clinics or out-patient departments by the Authority	504	405	906	845	402	187	985	717	257	5,208
(b) No. of pupils known to have been treated at clinics or out-patient departments otherwise than by the Authority..	5	31	—	27	9	7	12	84	24	199

TABLE IV.

GROUP 4. —DISEASES OF THE SKIN (excluding Uncleanliness for which see Table II).

Disease or Defect	Number of cases treated or under treatment during the year by the Authority									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm— (i) Scalp ..	—	—	—	1	—	—	—	—	—	1
(ii) Body	—	—	—	1	1	—	1	—	—	3
Scabies	1	—	—	—	2	—	10	—	—	13
Impetigo	2	—	—	34	—	—	2	—	—	38
Other Skin Diseases	9	—	—	34	19	—	7	—	—	69
Total	12	—	—	70	22	—	20	—	—	124

TABLE IV—*continued.*TREATMENT TABLE—*continued.*

GROUP 5. CHILD GUIDANCE TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of pupils treated at Child Guidance Clinics under arrangements made by the Authority	13	7	45	14	6	1	6	5	29	126

GROUP 6. SPEECH THERAPY.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of pupils treated by Speech Therapists under arrangements made by the Authority	101	78	139	70	55	81	128	94	224	970

TABLE IV—*continued.*TREATMENT TABLE—*continued.*

GROUP 7. OTHER TREATMENT GIVEN.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) Number of cases of miscellaneous minor ailments treated by the Authority	403	—	—	432	139	—	254	—	—	1,228
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—	—	—	—	—	—	—	—	—	—
(c) Pupils who have received B.C.G. vaccination ..	514	555	636	355	540	381	666	123	—	3,770
(d) Other than (a), (b), and (c) above—										
(i) Infective and Parasitic Diseases	—	—	—	—	—	2	—	2	92	96
(ii) Allergic Endocrine System Metabolic and Nutritional Diseases ..	12	3	8	—	—	5	—	7	29	64
(iii) Diseases of the Nervous System and Sense Organs	18	5	5	—	—	2	—	7	66	103
(iv) Diseases of the Circulatory System	45	1	14	—	10	—	—	7	44	121
(v) Diseases of the Respiratory System	19	14	23	22	7	22	—	19	64	190
(vi) Diseases of the Digestive System	10	1	—	—	90	—	—	47	148	296
(vii) Diseases of the Genito-Urinary System ..	4	—	4	—	—	2	—	11	89	110
viii) Accidents and Injuries..	10	—	2	—	—	25	—	47	146	230
(ix) Neoplasms	—	—	1	—	—	—	—	—	2	3

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(1) No. of pupils inspected by the Authority's Dental Officers—										
(a) At periodic inspec- tions	—	1,919	449	3,564	—	—	879	6,379	2,153	15,343
(b) As specials	2,019	1,367	1,779	187	1,143	1,616	1,312	404	2,370	12,197
Total (1) ..	2,019	3,286	2,228	3,751	1,143	1,616	2,191	6,783	4,523	27,540
(2) No. found to require treat- ment	1,812	2,915	2,108	2,725	1,143	1,525	1,810	5,699	4,215	23,952
(3) No. offered treatment ..	1,812	3,263	2,099	2,713	1,378	1,399	1,782	5,699	2,774	22,919
(4) No. actually treated ..	1,336	2,183	2,090	1,798	1,104	1,158	1,181	2,372	2,473	15,695
(5) No. of attendances made by pupils for treatment, including those recorded under heading 11 (h) ..	4,964	7,539	6,497	7,289	4,207	4,700	4,382	7,524	3,974	51,076
(6) Half-days devoted to—										
Periodic (school) inspec- tion	—	26	5	39	—	—	9	77	21	177
Treatment	468	648	807	857	450	631	558	708	394	5,521
Total (6) ..	468	674	812	896	450	631	567	785	415	5,698
(7) Filling—										
Permanent teeth ..	567	1,946	1,341	2,209	1,424	1,299	1,563	1,707	590	12,646
Temporary teeth ..	35	70	79	349	120	100	139	170	5	1,067
Total (7) ..	602	2,016	1,420	2,558	1,544	1,399	1,702	1,877	595	13,713
(8) No. of teeth filled—										
Permanent	532	1,874	1,192	2,000	1,242	1,291	1,383	1,565	347	11,426
Temporary	33	69	57	340	104	100	132	166	3	1,004
Total (8) ..	565	1,943	1,249	2,340	1,346	1,391	1,515	1,731	350	12,430
(9) Extractions—										
Permanent teeth ..	900	1,004	1,304	1,010	887	620	712	891	1,153	8,481
Temporary teeth ..	2,517	3,338	3,551	3,114	1,851	1,683	1,829	2,778	3,098	23,759
Total (9) ..	3,417	4,342	4,855	4,124	2,738	2,303	2,541	3,669	4,251	32,240
(10) Administrations of general anaesthetics for extractions	725	1,754	1,224	1,167	754	631	888	1,038	2,279	10,460

TABLE V—*continued.*DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY—(*continued.*)

Analysis of Work	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(11) Orthodontics—										
(a) Cases commenced during the year ..	6	6	42	54	17	23	29	22	16	215
(b) Cases carried forward from previous year ..	7	7	10	54	8	9	22	21	16	154
(c) Cases completed during the year ..	3	4	3	49	5	1	6	13	8	92
(d) Cases discontinued during the year ..	4	5	5	12	1	7	12	2	5	53
(e) Pupils treated with appliances	11	13	52	51	24	23	48	20	18	260
(f) Removable appliances fitted	11	13	35	30	11	23	49	16	8	196
(g) Fixed appliances fitted	—	—	7	21	1	—	8	4	—	41
(h) Total attendances ..	65	91	412	828	83	189	364	217	155	2,404
(12) Number of Pupils supplied with dentures	17	21	24	30	21	40	34	25	12	224
(13) Other operations—										
Permanent teeth ..	836	89	1,735	2,598	938	669	440	585	744	8,634
Temporary teeth ..	118	38	140	72	—	79	154	587	131	1,319
Total(13)	954	127	1,875	2,670	938	748	594	1,172	875	9,953

TABLE VI.

RETURN OF HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

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

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	2	1	1	—	2	1	—	7
B. Partially Sighted	—	—	—	—	—	1	2	—	—	3
C. Deaf	1	1	1	—	—	2	—	1	1	7
D. Partially Deaf	1	—	1	—	1	1	—	—	—	4
E. Delicate	3	1	—	—	—	1	—	—	—	5
F. Educationally Sub-normal	12	4	4	1	4	1	8	—	—	34
G. Epileptic	—	—	—	—	—	—	1	—	—	1
H. Maladjusted	2	—	—	1	1	—	—	—	—	4
I. Physically Handicapped	1	2	—	—	—	1	2	2	5	13
Total	20	8	8	3	7	7	15	4	6	78

B.—NUMBER OF HANDICAPPED PUPILS NEWLY ASSESSED AS NEEDING SPECIAL EDUCATIONAL TREATMENT AT SPECIAL SCHOOLS OR IN BOARDING HOMES.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	2	1	1	—	1	—	—	5
B. Partially Sighted	—	—	—	—	—	1	2	—	—	3
C. Deaf	1	—	3	—	—	—	—	1	—	5
D. Partially Deaf	1	—	—	—	1	1	—	—	—	3
E. Delicate	4	1	—	—	—	—	—	—	1	6
F. Educationally Sub-normal	12	32	22	4	7	4	11	6	8	106
G. Epileptic	—	—	—	1	—	—	2	—	—	3
H. Maladjusted	2	—	1	1	1	—	—	1	1	7
I. Physically Handicapped	3	3	3	—	2	—	—	1	2	14
Total	23	36	31	7	12	6	16	9	12	152

TABLE VI.—(continued.)

C.—(i) (a) NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF SPECIAL SCHOOLS AS DAY PUPILS ON 31ST JANUARY, 1957.

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	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	60	2	—	—	16	—	35	—	—	113
G. Epileptic	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	—	—	—	—	—	—	—	2	—	2
Total	60	2	1	—	16	—	35	2	—	116

C.—(i) (b) NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF SPECIAL SCHOOLS AS BOARDING PUPILS ON 31ST JANUARY, 1957.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	2	1	6	4	4	3	5	1	6	32
B. Partially Sighted.. ..	1	4	4	—	1	2	5	2	4	23
C. Deaf	4	10	5	9	6	8	2	6	7	57
D. Partially Deaf	1	3	1	1	2	—	—	—	—	8
E. Delicate	5	2	—	1	—	1	—	—	2	11
F. Educationally Sub-normal	4	19	22	7	9	6	3	8	3	81
G. Epileptic	1	—	2	1	1	1	5	1	—	12
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	1	7	2	2	4	2	4	1	11	34
Total	19	46	42	25	27	23	24	19	33	258

TABLE VI—(continued).

C.—(ii) NUMBER OF HANDICAPPED PUPILS WHO WERE ON THE REGISTERS OF INDEPENDENT SCHOOLS UNDER ARRANGEMENTS MADE BY THE AUTHORITY ON THE 31ST JANUARY, 1957.

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	1	4	—	—	—	1	1	—	—	7
D. Partially Deaf	—	—	—	—	—	1	—	—	1	2
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	—	—	—	—	—	—	—
G. Epileptic	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	—	1	1	1	—	—	1	—	3	7
Total	1	5	1	1	—	2	2	—	4	16

C.—(iii) NUMBER OF HANDICAPPED PUPILS BOARDED IN HOMES ON THE 31ST JANUARY, 1957.

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	5	—	1	2	1	—	—	2	2	13
I. Physically Handicapped	—	—	—	—	—	—	—	—	—	—
Total	5	—	1	2	1	—	—	2	2	13

TABLE VI—(continued).

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

(i) IN HOSPITALS.

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

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

(ii) IN OTHER GROUPS (e.g., UNITS FOR SPASTICS, CONVALESCENT HOMES).

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted.. ..	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially Deaf	—	—	—	—	—	—	—	—	—	—
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Educationally Sub-normal	—	—	—	1	—	—	—	—	—	1
G. Epileptic	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	—	—	—	2	—	1	—	—	—	3
Total	—	—	—	3	—	1	—	—	—	4

TABLE VI.—(continued.)

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

(iii) TUITION AT HOME.

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
F. Educationally Sub-normal	—	—	—	—	—	1	—	—	—	1
G. Epileptic	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Physically Handicapped	3	3	5	4	7	2	9	8	10	51
Total	3	3	5	5	7	3	9	8	10	53

TABLE VI—(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	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	1	1	—	1	—	—	1	4
B. Partially Sighted	—	—	—	—	—	—	—	1	—	1
C. Deaf	—	1	2	—	—	—	—	—	—	3
D. Partially Deaf	—	—	1	—	2	1	—	—	—	4
E. Delicate	2	2	—	—	—	—	—	1	1	6
F. Educationally Sub-normal	15	74	43	11	10	9	7	30	9	208
G. Epileptic	—	—	—	1	—	—	1	1	—	3
H. Maladjusted	1	—	1	1	—	1	—	1	—	5
I. Physically Handicapped	2	5	5	3	6	—	4	3	2	30
Total	20	82	53	17	18	12	12	37	13	264

Clinic address	Type of Clinic and Days held					Others
	Dental	Refraction	Orthopaedic	Speech Therapy		
ABERDARE AND MOUNTAIN ASH DIVISION. Rock Grounds Clinic, Aberdare	Mondays, Tuesday afternoons, Wednesdays, Thursdays, Friday afternoons. Alternate Friday mornings.	Periodically as required. Consultant—last Thursday morning in each month.	Alternate Thursdays. Postural—three Wednesdays in four. Consultant—once every four months.	Mondays. Tuesday mornings. Saturday mornings.	<i>Paediatric</i> : Tuesday mornings, fortnightly. <i>Minor Ailment</i> : Saturday mornings. <i>Minor Ailments</i> : Friday mornings.	
Aberdare Road, Mountain Ash	Tuesday mornings and three Tuesday afternoons out of four. Friday mornings. Wednesdays.	Periodically as required.	—	Tuesday afternoons Thursdays.	<i>Minor Ailments</i> : Wednesday mornings.	
Walter Street, Abercynon	—	—	Alternate Mondays. Consultant—once every four months.	—	<i>Minor Ailments</i> : Tuesday mornings.	
Avondale Street, Ynysboeth	—	—	—	—	<i>Minor Ailments</i> : Thursday mornings.	
Penrhiw-ceibr Secondary School	—	—	—	—	—	
CAERPHILLY AND GELLIGAER DIVISION. Old Cottage Homes, Park Road, Bargoed Tonyfein Welsh Baptist Chapel Schoolroom, Bedwas Road, Caerphilly Beulah Chapel Schoolroom, Abertridwr County Offices, Caerphilly Road, Ystrad Mynach	Daily. Tuesdays. Fridays.	Periodically as required. Periodically as required.	— —	— —	— —	
MID-GLAMORGAN DIVISION. County Council Clinic, Quarella Road, Bridgend	Mondays, Wednesdays, and Saturdays.	Periodically as required.	Thursdays.	Tuesdays and Wednesdays.	—	
Old Secondary School, Maesteg	Monday mornings. Wednesday mornings. Friday mornings. Saturday mornings.	As required.	Wednesdays.	Mondays and Thursdays	—	
M. & C. W. Clinic, Ogwy Street, Nantymoel	Monday, Tuesday, and Wednesday afternoons. Thursdays.	As required.	One Thursday monthly.	—	—	
M. & C. W. Clinic, Park Avenue, Ogmore Vale	Monday mornings and Tuesday mornings.	As required.	—	—	—	
M. & C. W. Clinic, Alexandra Road, Pontycymmer	Thursday mornings and Friday mornings.	As required.	—	—	—	
M. & C. W. Clinic, South Place, Porthcawl	Monday afternoons and Wednesdays.	—	—	Saturday mornings.	—	
M. & C. W. Clinic, Church Street, Maesteg	—	—	—	Fridays.	—	

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—*con.*

Clinic address	Type of Clinic and Days held					Others
	Dental	Refraction	Orthopaedic	Speech Therapy		
NEATH AND DISTRICT DIVISION. M. & C.W. Clinic, Mary Street, Seven Sisters	Tuesdays and Wednesdays.	As required.	—	—	—	—
Llangatwg County Secondary School, Cadoxton, Neath School Clinic, Dyfed Road, Neath	Tuesdays.	As required.	Monday fortnightly, also when required.	Thursdays, Fridays, Saturday mornings.	—	Minor Ailment: Tuesday afternoons. Friday mornings. U.V.R.: Tuesday mornings. Child Guidance: Tuesday afternoon fortnightly.
Girls' Department, Ynysfach Secondary School, Resolven M. & C.W. Clinic, Addoldy Road, Glynneath	—	As required.	—	—	—	—
School Clinic, Hunter Street, Briton Ferry	Thursdays.	When required.	—	—	—	—
Boys' Department, Blaendulais County Secondary School, Seven Sisters	Tuesdays, Wednesdays, Thursdays, and Friday mornings during school terms.	When required.	—	—	—	—
M. & C.W. Clinic, Cefn Parc, Skewen	—	As required.	—	—	—	—
Mondays. Wednesdays. Thursdays. Fridays.	As required.	—	—	—	—	Minor Ailment: Wednes- day mornings. Friday afternoons.
PONTYPRIDD AND LLANTRISANT DIVISION.						
Central Clinic, Ynysyngharad Park, Pontypridd	Tuesdays, Thursdays, and Fridays	As required.	Fridays.	—	—	U.V.R.: Tuesday after- noons Friday mornings. Minor Ailment: Tuesday and Thursday mornings. U.V.R.: Monday and Fri- day afternoons.
County Council Clinic, School Street, Tonyrefail	Mondays and Fridays.	As required.	—	—	—	—
School Clinic, Thompson Street, Ynysybwl	—	—	—	—	—	Minor Ailment: Monday mornings.
Pontshonorton Clinic, Merthyr Road, Pontypridd	—	As required.	—	Wednesdays. Friday mornings.	—	—
Mount Pleasant, Beddau	—	—	—	—	—	—
Talbot Green County Council Clinic, Gelliarael Road, Gilfach Goch	Thursdays.	As required.	—	Friday afternoons.	—	U.V.R.: Monday and Fri- day afternoons.

Clinic address	Type of Clinic and Days held					Others
	Dental	Refraction	Orthopaedic	Speech Therapy		
PORT TALBOT AND GLYNCORRWG DIVISION. Council Offices, Taibach, Port Talbot	Mondays, Tuesdays, Wed- days. Thursday mornings. Thursdays. Saturday mornings.	As required. As required.	— —	Tuesdays and Wednesdays.	— —	
The Clinic, Pendarves Street, Aberavon	—	—	One Monday per month plus session when specialist visits.	—	—	
Ynys Street, Port Talbot ..	—	—	—	—	—	
Depot Road, Cwmacon ..	Wednesday mornings.	—	—	—	—	
Villiers Road, Blaengwynfi ..	Alternate Tuesday mornings.	—	—	—	—	
Council Offices, Cymmer ..	Alternate Tuesday mornings.	As required.	—	—	—	
Dew Road, Sandfields, Port Talbot	Fridays, Saturday morn- ings.	As required.	—	—	—	
SOUTH - EAST GLAMORGAN DIVISION.						
Public Health Centre, Wood- lands Road, Barry	Monday mornings. Tuesday mornings. Thursdays. Friday mornings.	As required.	—	—	—	
Church Road, Cadoxton, Barry	—	—	—	Alternate Mondays Thurs- days weekly.	—	
"Beecroft," 112, Stanwell Road, Penarth	Fridays.	As required.	Alternate Tuesdays.	Fridays.	—	
Bishops Road, Whitchurch ..	Wednesday afternoons and Saturdays	As required.	As required.	Alternate Mondays Satur- days weekly.	—	
Wyndham Street, Barry Dock	—	—	Tuesdays.	—	—	
WEST GLAMORGAN DIVISION.						
West Street, Gorseinon ..	As required.	As required.	Friday mornings and Wednesday, once a month.	—	—	
Infants' School, Pontardawe ..	As required.	As required.	One Friday and one Friday afternoon per month.	—	—	
Welfare Hall, Gwauncaegurwen	Thursdays.	—	—	—	—	
Wern Infants' School, Ystalyfera	Wednesdays.	As required.	—	—	—	
Secondary School, Pontardulais	As required.	As required.	—	—	—	
Junior Mixed and Infants' School, Bishopston	As required.	—	—	—	—	
Welfare Hall, Penclawdd ..	Monday afternoons.	—	—	—	—	
Junior Mixed School, Clydach..	Tuesdays.	—	—	—	—	

Minor Ailments
Tuesday mornings

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—*con.*

Clinic address	Type of Clinic and Days held				
	Dental	Refraction	Orthopaedic	Speech Therapy	Others
RHONDDA EXCEPTED DISTRICT Welfare Centre, Ynyswen, Tre- orchy	Alternate weeks on Mon- days, Tuesdays, Wednes- days, Thursdays, Fridays, Saturday mornings.	As required.	—	Thursdays.	—
Welfare Centre, Trafalgar Ter- race, Ystrad	Alternate weeks on Mon- days, Tuesdays, Wednes- days, Thursdays, Fridays, Saturday mornings.	As required.	—	Saturday mornings	—
Carnegie Welfare Centre, Trealaw	Wednesday afternoons.	As required.	Specialist—as required.	Tuesday afternoons.	—
Welfare Centre, Hendrecafn Road, Penygraig	—	—	—	Wednesdays.	—
Welfare Centre, Ynys Villas, Ynysshir Road, Ynysshir	—	—	—	Fridays.	—
Welfare Centre, Oakland Ter- race, Ferndale	Monday mornings.	As required.	—	Monday.	—
Welfare Centre, Courthouse, Tonypandy	—	—	—	Tuesday mornings.	—

Other miscellaneous examinations of a non-specialist nature are held at the above clinics as required.

