[Report 1959] / School Medical Officer of Health, Glamorgan County Council.

Contributors

Glamorgan (Wales). County Council. nb2014013905

Publication/Creation

1959

Persistent URL

https://wellcomecollection.org/works/mfugbcq5

License and attribution

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

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

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



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 1959

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. 1960 6851



trousit lamin

definition is defined indistrict

Medical Inspection of Children in Maintained Princery and Secondary Schuols for the Year 1950

W. SVAN THOMAS, M.H. P.CS., SEC. MARCH, P.R. D. P. B.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report on the School Health Service, which has been prepared by my Deputy, Dr. R. T. Bevan.

The statistical details are compiled from the returns made by the Divisional Medical Officers, whose duty it is to administer and control the daily work of the medical and dental officers, school nurses, and others whose keen interest helps in no small measure to ensure the early detection of minor defects which could detrimentally affect a child's future.

The Divisional Office staff ensure that the programme of medical inspection and treatment is carried out by the planning and arranging of the work, not only of school visits, but ensuring that early appointments are given to those recommended for treatment and keeping general practitioners informed of defects ascertained.

In the School Dental Service, owing to the continued shortage of dentists, delays in arranging treatment are inevitable in many divisions. The first report of the newly-appointed Principal School Dental Officer, Mr. H. P. R. Williams, refers to the unsatisfactory position and he rightly draws attention to the need for health propaganda on the care of the teeth.

The number of pupils medically inspected during the year was 42,072, the decrease from 48,022 being largely in the number examined at special inspections. This is partly accounted for by the large amount of time devoted to the poliomyelitis immunisation campaign, 25,615 children being inoculated against this disease during the year.

The ascertainment of handicapped pupils with a view to recommending special education according to their needs is one of the more important duties of the School Health Service and we are fortunate in Glamorgan that the Education Committee have provided carefully planned suitable schools for their needs.

The reports of the Headmasters of the schools for the Blind at Bridgend, Educationally Subnormal at Hendre, near Monmouth, and the Physically Handicapped at "Erw'r Delyn", Penarth, are most encouraging and my thanks are due to them, not only for contributing the reports, but also for their whole-hearted co-operation during the year. Similar co-operation is also forthcoming from the Director of Education, Dr. Emlyn Stephens, and his staff, who are most helpful in all the frequent dealings between the two departments.

This can also be said of the County Architect's Department, whose staff gave much thought to the planning of the specially erected unit for young deaf children at Heol Don, Whitchurch, which was opened in January, 1960. A careful survey of all young deaf children was undertaken in the twelve months under review. I am happy to report that there has been a reduction in the number discovered by the health visitors who have been given special training in the performance of suitable tests of hearing in the clinics

9851



Runnal Report

deincipal Beineigal Officer

Medical Inspection of Children in Maintained Primary and Secondary Schools for the Year 1959

W. EVAN THOMAS, M.D. B.CH. B.S. MILECUL LECKER DAYS.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report on the School Health Service, which has been prepared by my Deputy, Dr. R. T. Bevan.

The statistical details are compiled from the returns made by the Divisional Medical Officers, whose duty it is to administer and control the daily work of the medical and dental officers, school nurses, and others whose keen interest helps in no small measure to ensure the early detection of minor defects which could detrimentally affect a child's future.

The Divisional Office staff ensure that the programme of medical inspection and treatment is carried out by the planning and arranging of the work, not only of school visits, but ensuring that early appointments are given to those recommended for treatment and keeping general practitioners informed of defects ascertained.

In the School Dental Service, owing to the continued shortage of dentists, delays in arranging treatment are inevitable in many divisions. The first report of the newly-appointed Principal School Dental Officer, Mr. H. P. R. Williams, refers to the unsatisfactory position and he rightly draws attention to the need for health propaganda on the care of the teeth.

The number of pupils medically inspected during the year was 42,072, the decrease from 48,022 being largely in the number examined at special inspections. This is partly accounted for by the large amount of time devoted to the poliomyelitis immunisation campaign, 25,615 children being inoculated against this disease during the year.

The ascertainment of handicapped pupils with a view to recommending special education according to their needs is one of the more important duties of the School Health Service and we are fortunate in Glamorgan that the Education Committee have provided carefully planned suitable schools for their needs.

The reports of the Headmasters of the schools for the Blind at Bridgend, Educationally Subnormal at Hendre, near Monmouth, and the Physically Handicapped at "Erw'r Delyn", Penarth, are most encouraging and my thanks are due to them, not only for contributing the reports, but also for their whole-hearted co-operation during the year. Similar co-operation is also forthcoming from the Director of Education, Dr. Emlyn Stephens, and his staff, who are most helpful in all the frequent dealings between the two departments.

This can also be said of the County Architect's Department, whose staff gave much thought to the planning of the specially erected unit for young deaf children at Heol Don, Whitchurch, which was opened in January, 1960. A careful survey of all young deaf children was undertaken in the twelve months under review. I am happy to report that there has been a reduction in the number discovered by the health visitors who have been given special training in the performance of suitable tests of hearing in the clinics

and this may result in a lower occupancy in the unit than at first thought. This reduction in the number of deaf and partially deaf pupils will also reflect on the numbers of children in the Llandrindod Wells Special Residential School, which is doing good work, being well staffed with trained teachers of the deaf and also suitably equipped for the specialised instruction needed.

The three classes provided for the partially deaf at Trehopcyn, Coedybrain, and Llansawel Schools have also had repercussions on the number sent to residential schools, but it is now agreed that these children should be taught in a hearing environment and the progress which they have made under the instruction of the teachers concerned bears this out.

The Child Guidance Service was further developed during 1959. The appointment of two educational psychologists by the Education Committee and of a psychiatrist (Dr. Aron) by the Regional Hospital Board, has resulted in an improved Service, although it cannot yet be regarded as adequate because of the shortage of trained staff.

"The Lindens" Hostel, Penarth, for maladjusted pupils, continues to play an important role and the report of the Warden, Mrs. Mathews, draws attention to the activities during the year.

The school nurses have played their part well in the programme of health education and both they and the school medical officers have been asked to take every opportunity of bringing home to the older pupils the dangers of smoking, although it is evident that some of the older boys in particular are much too ready to indulge in what is to them a sign of "growing-up".

The School Meals Service provided mid-day dinners to 42.74 per cent of children in the County, excluding the Rhondda (23.05) on a selected day in September, i.e. 43,702 meals, and the meals organisers and the canteen staffs are to be congratulated that no major outbreaks of food poisoning occurred during the year, although the account of an outbreak at a Pontyclun school party, unconnected with the School Meals Service, is a reminder of what can occur.

Organised physical education plays a most important part in promoting the health of school children and the excellent physique and development of the children seen at displays which are arranged from time to time, or on a visit to any school playing field, reflect credit on the physical training staff and teachers.

The annual report on the work of the School Health Service within the Borough of the Rhondda has been compiled by Dr. R. B. Morley Davies, the District School Medical Officer, and is printed at the end of this report.

Once again it is my privilege to record the help given by the Chairman and members of the Education Committee, all of whom have the children's interest at heart. Any success which the Department achieves is due to their encouragement, together with the combined efforts of individual members of the staff and I thank all concerned most sincerely.

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 1959 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. (To 16th June, 1959).

C. J. REVINGTON, M.B., B.CH., B.SC., D.P.H. (From 1st December, 1959.)

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. (To 24th September, 1959).

D. W. Foster, M.B., B.CH., B.SC. (From 1st October, 1959.)

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.

ALUN GARBETT ALEXANDER, B.SC., M.B., B.CH.

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

VALERIE G. DAVIES, M.B., B.CH.

JOHN LATIMER DAVIES, M.R.C.S., L.R.C.P., M.B., B.S.

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

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

GAYNOR HARRY, M.B., B.CH., B.SC. (From 1st December, 1959.)

ANNE E. E. HIRST, M.R.C.S., L.R.C.P., M.B., B.S.

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

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

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

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

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

TUDOR LEWIS JONES, B.SC., M.B., B.CH.

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., C.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.

CLIFFORD JOHN REVINGTON, B.SC., M.B., B.CH., D.P.H. (To 30th November, 1959.)

Donald John Thomas, M.B., B.CH., B.SC. (From 1st December, 1959.)

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

In addition to the above, twenty-two 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. (To 23rd September, 1959.)

H. P. R. WILLIAMS, L.D.S., R.C.S. (From 1st November, 1959.)

ASSISTANT DENTAL OFFICERS.

F. J. A. KAVANAGH.

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

H. P. R. WILLIAMS, L.D.S., R.C.S. (To 31st October, 1959.)

M. C. W. Nicholls, L.D.S., R.C.S. (From 2nd February, 1959.)

In addition to the above, twenty-two 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.

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

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

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

ELIZABETH A. SMITH, S.R.N., C.M.B., H.V.CERT.

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., D.P.H.

JEANNE MASON, M.B., B.CH., B.SC.

ENID O. VINCENT, M.B., B.CH.

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.

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, 1959, was 114.

The time devoted to School Health Service work during the year is equivalent to the whole-time of 32.79 nurses.

The staff engaged in ancillary services included :-

two whole-time physiotherapists;

four whole-time speech therapists;

six whole-time and twelve part-time dental attendants.

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 1949-1959.

	1949	1954	1955	1956	1957	1958	1959
A. STAFF. (i) Assistant Medical Officers	25	31	29	29	29	24	25
(ii) Consultants	4	5	6	6	6	6	6
(iii) Dental Surgeons	12	10	12	13	13	11	10
(iv) School Nurses	110	124	120	123	123	111	114
B. Medical Inspection.							
(i) Routine Examinations	33,668	31,360	30,459	36,791	31,400	26,387	27,469
(ii) Special Examinations	8,030	6,923	6,670	7,118	6,029	10,297	3,682
(iii) Re-examinations	28,455	21,805	14,062	12,250	19,903	11,338	10,921
Totals	70,153	60,088	51,191	56,159	57,332	48,022	42,072
C. Dental Inspection.					1000		
(i) No. of children inspected by	00.000	27.100		07.540	00.155	07.010	00.000
School Dentists	36,828	27,426	28,836	27,540	23,175	27,813	32,320
D. TREATMENT.					Silver	i negative	TANDEN .
(i) No. of Treatment Centres	50	58	56	58	57	57	58
(ii) Attendances at School Clinics.							
(a) Dental	48,942	52,575	54,742	51,076	47,493	46,548	49,908
(b) Refraction	11,824	11,686	12,361	11,678	12,001	11,436	12,675
(c) Orthopaedic	11,011	14,285	13,782	12,314	13,736	15,670	14,084
(d) Minor ailments	12,757	7,620	5,841	4,966	5,342	4,956	4,924
(e) Speech Therapy	3,526	13,900	11,170	11,692	10,940	12,514	11,628
Totals	88,060	100,066	97,896	91,726	89,512	91,124	93,219
(iii) Treatment.	NA TRUE			TO DA	10.10	A LUCASION	1
(a) No. of teeth extracted	41,552	37,926	32,243	32,240	28,292	29,005	25,987
(b) No. of fillings	13,592	13,896	14,705	13,713	12,387	11,414	12,494
(c) No. of other operations	10,410	8,635	10,323	9,953	9,977	8,310	10,404
Totals	65,554	60,457	57,271	55,906	50,656	48,729	48,885
E. School Nurses.	vie spile eus	ni entre	design bits	THE PERSON SELECTION OF SELECTI	of to the	ele lands	
 No. of examinations of chil- dren at school for uncleanli- 		1 113	olic base, garage	El simbre	al rate of	strong your parts	A 042 10
ness	290,576	320,366	315,891	310,612	286,463	274,131	273,176
(ii) No. of re-examinations	77,789	22,189	19,198	17,971	13,767	12,954	12,757
(iii) No. of visits paid to homes	36,065	19,905	16,194	14,384	12,341	12,203	11,882

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 Excepted District are also included.

SCHOOL MEDICAL INSPECTION.

It is sometimes said that routine school medical inspection is a waste of time, but it was the basis of the School Health Service when it was introduced at the beginning of this century. At that time detection of defects was a matter of prime importance, but the School Health Service, like all other Services, needs to change with the times so that whereas in the past routine inspection was considered the most important phase of the work, it is steadily being given less priority. The medical inspections that are carried out in schools today are not so much concerned with the purely clinical findings but with the medical conditions as they might affect the educational progress of children. When medical officers visit schools it is an important part of their work to discuss with the school staffs any medical problems raised by the teachers.

Health education is an important part of the School Health Service and there are many subjects which could form useful points for discussion, particularly with the older pupils in school. One such subject is the habit of cigarette smoking and its relation to cancer of the lung. It would seem that the answer has not yet been found as to how one can discourage the habit of cigarette smoking. The onset of cancer seems too remote a thing to young people, and they therefore cannot be persuaded of the risks involved in cigarette smoking.

Routine medical inspection is able to tell us very much about what constitutes normality. As time goes by it is being appreciated more and more what a wide range is covered by the term "normal", It is probable that many opportunities for valuable research are missed because the findings at routine school medical inspections are frequently not analysed in sufficient detail.

PERCENTAGE OF PUPILS CATEGORISED AS OF UNSATISFACTORY GENERAL CONDITION.

Year	Entrants	Others	Leavers
1954	1.4	1.5	2.0
1955	1.0	2.0	2.0
1956	0.8	1.1	1.3
1957	0.9	0.9	0.4
1958	0.4	0.7	0.5
1959	0.1	0.5	0.2

The above table shows the incidence of pupils whose general condition was regarded as unsatisfactory. It will be noted that the statistics for 1959 show an improvement on previous years.

CLEANLINESS.

The following table shows the incidence of uncleanliness in school children:-

	Nits i	n hair	Skin d vermi	
	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
1957	0.9	3-4	0.1	0.1
1958	1.0	3.7	0.2	0.2
1959	1.0	3.8	0.2	0.1

Although there is very little change in the figures in recent years it is disappointing to report that there is no clear improvement. It will be noted that nearly 4 per cent of girls have nits in their hair, and even in boys the figure is 1 per cent. No doubt the present-day long hair styles are related to these figures. There does seem to be a need to impress upon some young people the need of personal cleanliness. It is regarded as "old fashioned" if complaints are made about the untidiness or slovenliness of young people, and not all children go to school with shining morning faces. Health visitors during their visits to schools impress upon children the need for cleanliness, but in spite of their efforts and the efforts of the school staffs, further improvement is desirable. With the present day shortage of dentists it is obviously necessary to pay particular attention to the teeth of young people so that caries can be prevented as far as possible.

COLOUR VISION.

During the year the survey of colour blindness was continued in the County, and the following table shows the results:-

	11			
le	Girls	354	1	1
Total	Girls Boys	4,074	189	9-4
Rhondda		-1	1	1
Rhoı	Boys	323	28	8.7
West Glamorgan	Girls	1	1	1
	Girls Boys Girls	325	16	4.9
South-East Glamorgan	Girls	1	91	1
South	Girls Boys	364	6	2.5
Port Talbot and Glyncorrwg	Girls	1	-1	1
	Boys Girls Boys	- 1	1	1
Pontypridd and Llantrisant	Girls	1	1	-1
Ponty ar Llant	Boys	545	23	4.2
Neath and District	Girls	354	1	1
Neatl Dist	Boys	470	10	Ξ
Mid- Glamorgan	Girls	1	1	1
Mid- Glamorg	Boys Girls Boys Girls Boys Girls	733	39	5.3
Caerphilly and Gelligaer	Girls	1	1	1
	Boys	701	42	0.9
Aberdare and Mountain Ash	Girls	1	1	1
Aber al Mount	Boys	613	27	4.4
314		Cotal number examined	Vumber colour vision defective	ercentage colour vision defective

In view of the rarity of colour vision defects in girls it will be noted that in most divisional areas it has not been considered worth while to test girls.

MILK AND MEALS IN SCHOOL.

The pupils who have obtained milk and meals in school are shown in the table facing page 12. The following table shows the changing trends of the service since 1948:—

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

Date	No. of ch attend			-day meals ved	% of children taking	in attendance meals
Date	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
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
1957 October	 100,398	17,002	41,795	3,908	41-63	22.99
1958 October	 102,035	17,509	43,918	3,809	43-04	21.76
19 59 September	 102,244	17,823	43,702	4,108	42.74	23.05

RETURN MADE TO MINISTRY OF EDUCATION, 30TH SEPTEMBER, 1959.

								Num	ber of P	upils tak	ing Meal	8			N.	mbar of	Dunile te	sking Mil	le le	No. of	No. of Schools
		Number	of Pupi	s present			Primary		Se	condary		Nurseru	Special	Total	140	imber of	rupus te	sking mi	K	Schools	and Departments
Division	Prim- Second-	Nursery	Special	Total	Free	Pay- ment	Total	Free	Pay- ment	Total	ruisery	Special	Total	Prim- ary	Secondary		Special	Total	and Departments served	not served	
Aberdare	7,323	3,844	41	56	11,264	466	1,270	1,736	340	1,212	1,552	41	56	3,385	6,900	2,701	41	56	9,698	71	_
Caerphilly	9,496	3,707	38	-	13,241	742	2,606	3,348	389	2,369	2,758	38	-	6,144	9,114	2,610	38	-	11,762	74	-
Mid-Glamorgan	10,966	6,069	104	-	17,139	615	4,416	5,031	382	3,086	3,468	104	-	8,603	10,293	4,406	102	-	14,801	93	_
Neath	7,642	2,604	34		10,280	258	2,842	3,100	188	1,807	1,995	34	-	5,129	6,505	1,626	34	-	8,165	60	-
Pontypridd	7,874	3,787	33	_	11,694	466	1,698	2,164	314	1,287	1,601	33	-	3,798	7,534	2,975	33	-	10,542	57	1
Port Talbot	6,577	3,444	-	_	10,021	261	1,497	1,758	135	896	1,031	-	_	2,789	6,120	2,323	-	-	8,443	44	1
South-East Glamorgan	11,967	6,294	47	_	18,308	420	3,757	4,177	269	2,595	2,864	47	-	7,088	11,084	4,427	47	-	15,558	88	1
West Glamorgan	6,480	3,359	35	-	9,874	364	3,644	4,008	233	2,431	2,664	35	-	6,707	5,724	2,350	35	-	8,109	64	_
Weycock Cross School	-	_		25	25	-	-	-	-	-		-	25	25	-	-	-	25	25	1	-
Blind School	-	_		103	103	-	-		-	-	-						1000				
"Hendre" Residential											- 12	_	-		-	-	-	95	95	_	-
School	-	-		79	79	-	-		_	-				_	-		_	75	75	-	-
Ogmore School Camp	-	80		-	80	-	-	-		-		_	-	-	-	79	-	_	79	-	-
"Erw'r Delyn	-	-		81	81	-	-	-	-			-	-		-	-	-	81	81	-	-
Glamorgan Technical College	-	55	-	-	55		-	-	1	33	34	-	-	34	-	30	-	-	30	2	-
Total (excluding Rhondda)	68,325	33,243	332	344	102,244	3,592	21,730	25,322	2,251	15,716	17,967	332	81	43,702	63,274	23,527	330	332	87,463	554	3
Rhondda	11,011	6,624	188	-	17,823	-	-	-	-	-		_	_	4,108	10,363	4,571	188	_	15,122	93	_
Total	793,36	39,867	520	344	120,067	_	_	_	-	_		_	_	47,810	73,637	28,098	518	332	102,585	647	3

HANDICAPPED PUPILS.

The provision for handicapped pupils has become one of the most important functions of the School Health Service. Over the years there has been a gradual extension of the provisions for handicapped children suffering from physical and mental handicaps. It has always been easy to obtain sympathy for those who are physically handicapped, but those suffering from mental handicaps, particularly the maladjusted, have tended to be the ugly ducklings in the sphere of the handicapped pupil. It is pleasing to record that greater provision is now made both for the educationally subnormal and the maladjusted. The recent Mental Health Act has stimulated public interest in the mentally handicapped, but even so the public continue to react violently, on occasion, to the misdeeds of those who are unfortunate enough to suffer from mental illness. Some disappointment has been expressed that the Mental Health Act did not take the opportunity to absorb within the educational system the provision of Occupation Centres for those who are too backward to be taught within the present educational system.

It is virtually impossible to make a clear-cut distinction between children who are capable of education and those who are only capable of training. In practice a rough and ready borderline has been fixed at an intelligence quotient level of about 50. If occupational centres were a part of the educational system it would make it easier for parents to accept that their children should be removed from the "schools" and placed in "centres" which provide more in the way of training than academic education. In many ways the activities in occupation centres bear very close resemblance to the activities in nursery schools, the only real difference being the age and the size of the pupil.

The following table shows the number of Glamorgan handicapped pupils in special schools at 22nd January, 1960:—

CHILDREN IN SPECIAL SCHOOLS.

	G	lamorgan	England and Wale		
Category	Number	Rate per 1,000 school children	Rate per 1,000 school children		
Blind and Partially Sighted -	Alta di la la				
(a) Day pupils	1	0.008	0.12		
(b) Boarding pupils	52	0.40	0.31		
Deaf and Partially Deaf—					
(a) Day pupils	2	0.015	0.22		
(b) Boarding pupils	65	0.50	0.50		
Educationally Subnormal—	n=//5 0/10 1	S Washington			
(a) Day pupils	96	0.74	2.91		
(b) Boarding pupils	108	0.83	1.27		
Physically Handicapped and Delicate—	J 197				
(a) Day pupils	14	0.11	1.82		
(b) Boarding pupils	72	0.55	0.76		

(a) Educationally Subnormal 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 SUBNORMAL PUPIL	LS (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	1	662		Follow Levisor	663
Education at special day school	_	36	86	-	122
Education at Boarding School	3	221	10	107	341
Total	4	919	96	107	1,126

The numbers classified as educationally subnormal are steadily increasing, but nevertheless it is realised that the number ascertained falls considerably short of the true position. The examination necessary to classify a child as educationally subnormal is a lengthy one, and can only be done by a medical officer who has had special training for this purpose. It is hoped to introduce some screening method at about 8 years of age so that the picture, in time, can become complete.

I have very much pleasure in reproducing once again the annual report of Mr. Ian G. Anderson, the Headmaster of the "Hendre" Special Residential School for Boys:—

"In submitting my annual report I would like first of all to report on all the boys who have left the School having attained the age of 16.

Forty-nine boys have left the School over the period 23rd December, 1955 to 18th December, 1959. Of these, thirty-six are and have been in regular employment, ten are unemployable (two of these are in occupation centres, two are at Hensol Castle, and six are at home). The three other boys have not yet obtained employment although strenuous efforts are being made by the Youth Employment Officer. These three have all left within the last 6 months. The areas they come from are Caerau, Rhondda, and Bridgend.

In presenting this report I would like to pay tribute to the County Youth Employment Officer and the Divisional Education Officers for the co-operation given in obtaining this information—not always an easy task. Many reports from the Divisional Education Officers show that a large number of these boys are occupying their spare time in such worth-while pursuits as youth clubs, sports clubs, church and chapel activities, territorial army, etc.

Four of these boys have appeared in court since leaving the School, two for cases of petty larceny, one motoring offence, and one of unruly behaviour. In each of these cases I feel it was due to lack of sufficient supervision at home.

On the sporting side, the School association team did extremely well during the 1958-59 season, reaching the final of the Monmouth Junior Cup. We did not, unfortunately, win the Cup.

A new venture during 1959 was a combined athletics meeting with Hilston Park School, the Monmouthshire County Council Special School who are our neighbours. The final score was Hilston Park 162 points, "Hendre" 130. This aroused considerable interest in the area and other schools are interested in taking part this year.

Cricket is not forgotten and a combined staff and boys' team have played many matches in the area.

Another interesting new feature in 1959 was a combined camp of boys from the County School for the Blind, Bridgend, the Physically Handicapped School, "Erw'r Delyn", and the Glamorgan Residential School, Hendre. The camp was held at the "Hendre" and the boys were in the care of Mr. Garrett, Headmaster at "Erw'r Delyn". The camp was a great success and the boys had a really good time.

The Hendre Estate vacated the two rooms in the garage block where they had stored the family heirlooms. These rooms were taken over by the School and proved a valuable addition to our classroom space. This has meant that a large room in the main building can now be used as a recreational room.

There were no staff changes on the teaching side in 1959 but the School was short of two houseparents from Whitsun to November. This proves a serious handicap in a school of this nature and means curtailing certain activities whilst teaching staff are employed on houseparents' duties.

The weather during the summer was perfect and meant that boys were able to do quite a lot of camping. Unfortunately, it also meant that we had to be extremely careful of our water supply.

Another new venture in 1959 was the Commonwealth Youth Service held in Llangattock Church in May on Commonwealth Youth Sunday. This was a great success and was attended by over 200 children.

The advantage of having these children earlier, i.e. between 9 and 10, is clearly being shown after they have been here for a year or two. They settle down very much quicker and show better educational results when they reach the middle school.

Three boys attended a month's course in 1959 at the Demonstration Farm at Pencoed. The three boys did very well on the course and found it extremely interesting. One of the boys is now employed on a farm in the Bridgend area.

Courses attended by the teaching staff in 1959 were as follows:-

Conference at Nottingham University

19th April

Despite the wonderful summer we had a lot of sickness in the autumn term. However, the situation was eased by the appointment of two houseparents, Mr. and Mrs. I. James from "Erw'r Delyn". Both these young people have proved a valuable addition to the staff and have settled down very well.

The year was rounded off very well with a full week of Christmas festivities before the boys left for their holidays on 18th December."

(b) Blind and Partially Sighted Persons.

(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 régime 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.)

Dr. Gwladys Evans, the Senior Medical Officer, makes the following comments on the children at the School for the Blind:—

"The following table classifies the children according to the cause of their defective vision-

	orionice orionic	onstit	Congenital hereditary	Retrolental fibroplasia	Accident	Secondary to cerebral condition	Specific disease	Total
estina syryn	Boys		17	5	2	2	1	27
Blind	Girls		16	13	ens of a m	1	name to	30
	Total		33	18	2	3	1	57
	Boys		19			1,000	-	21
Partially sighted	Girls		17	3	an ine <u>st</u> a no an inest re	1		21
	Total		36	4	_	2		42
	Total		69	22	2	5	1	99

The above figures emphasise very definitely the change which has taken place in the causes of blindness and partial sightedness in the pupils in the School for the Blind. Most of the pupils are there because of congenital hereditary or developmental causes. Infection as a cause of blindness has virtually disappeared, so we no longer see the healthy, normal child whose only defect is blindness from a local infection of the eyes. Congenital defects tend to be multiple so that with the very much increased proportion of congenital cases there is a likelihood of increasing the number of double or even more defects.

Of the twenty-two cases of retrolental fibroplasia, which occurs in very premature babies of low birth weight, nine are of very much below average ability, six are below average, six are average, and one is above average. To illustrate the familial or hereditary influence of these lesions we have in the School, three members of one family; two members of two other familes, and three pupils have had either a mother or father in the School.

Much work needs to be done in the cause and prevention of congenital lesions and until a solution has been found there cannot be an appreciable diminution in the numbers of children requiring special education as blind or partially sighted pupils."

I have much pleasure again in reproducing the annual report of Mr. Exley, the Headmaster of the School for the Blind at Bridgend:—

"The story of a residential school is not unlike the story of a garden; at the end of a year the garden usually looks very much as it did twelve months' earlier. There are years when the general configuration of the garden is radically changed, but this does not occur often. Normally the trees, the bushes, the plants, and the flowers grow, produce their annual fruit or bloom, increase in size or die away—so with a school. In school children grow, develop mentally, produce the fruits of their labours which are admired at the time, and that briefly; cankers and diseases, blight and drought have their counterparts in illness, epidemic, domestic upsets and change of staff, but are treated and resolved as they appear. Memory at the end of a year glosses over the difficult times and occasionally arouses nostalgia over successful times. If all is well with the garden—with the school—nothing much will seem to have happened though, and a new year will be faced with the same hopes and the same fears that were present when last a new year was to be faced. New plants, new children, will have to be cultivated and cared for and some old plants, some former pupils, will be missing and their places have to be filled. In 1959 the garden of blind children progressed normally, producing its surprises, its successes, and weathering the normal storms.

The winter term is always the most trying of the year. Pupils and staff are confined largely to indoor pursuits and the problems of living together are accentuated. This is the term when tempers tend to shorten and faces to lengthen; the family within the school needs diplomatic handling and its ailments need patience and careful nursing. House staff and residents are always hard pressed in this term which does indeed contain the "dark days". This is the period when the devotion and loyalty of the staff is most needed, and the children need most care. The policy of allowing pupils to visit their homes regularly at weekends has its most valuable results in the winter term, bearing in mind that the youngster with a disinclination to work and good control over parents may on occasion discover on Sunday evening a strangely sudden onset of an indeterminate sickness that necessitates medical opinion and, of course, the inevitable absence from school for a time-for such are youngsters. In 1959 the Blind School was seriously affected by illness, and this underlined the fact that many of our children are far from robust and need close care. The visual defect of the children is not uncommonly associated with attendant defects, physical or mental, to a greater or lesser degree. The chief enemy in 1959 was mumps and this and other complaints caused the School Eisteddfod to be cancelled as an event for parents to attend. The Easter vacation came fairly early and was welcome.

The summer term was more satisfactory in every way and as it progressed we were able to take full advantage of one of the best runs of pleasant weather we have had for some years. The School grounds were used very fully for sports, games, and even sun-bathing. Cricket, roller skating, hockey, netball, and camping were indulged in by the various sections of the School—the several pairs of old stilts also came into their own. The blind pupils were particularly interested, of course, in cricket, roller skating, and stilt-walking—very good activity for developing mobility and balance.

The usual visits to the local swimming baths were especially popular this year, and we had about the usual number of successes in learning to swim. Among all this activity the older girls with a little sight made many efforts to learn tennis, and the older boys did cross-country running and "adventure walks" on which they had to find a way back to school after being set down, by car, a reasonable distance from School. Then the usual select few went away camping in the Usk district and also in the grounds of the County's other residential school in Monmouthshire. To help camping in future years, the local Rotary Club presented the older boys with a large tent which will allow more boys to enjoy the pleasures of living under canvas.

In a not unusually perverse way the weather for the School Sports Day was not as good as it might have been. After a beautiful week the sky clouded over for Sports Day but did not prevent the traditional events, however. Many parents from all over Wales attended and very many old pupils came back to watch what "the present lot can do".

The School trip went to Weston-super-Mare and this time the weather was largely in our favour, even if the wind in the Bristol Channel was a little keen. Having arrived at the pier in Weston, the School disappeared until miraculously assembling for high tea and a cool but happy journey home—sea and sand and shops in our minds or in our shoes. The very youngest waited for a later date when they visited Barry and found it to their liking.

School work has progressed normally and standards and curriculum have been adjusted to fit the preponderance of young children in the School and the very many who will not be able to reach the academic standards of former pupils. It has been found necessary to decrease the number of blind pupils in each class and shortly the maximum in any class will be nine or ten. To do this has meant the appointment of another teacher.

The autumn term was less disturbed than it might have been, but two of the staff had left for overseas destinations—Mr. Douglas for Nigeria and Miss Jenkins for Canada. At Christmas, Mrs. Newman left to assume new duties as a housewife. Their places are not easy to fill but staff should be complete again early in 1960.

Visitors again were numerous and from places as far apart as Toronto and the Transvaal.

As the School enters 1960, it has pleasant memories of Christmas parties and the School concert of 1959, and is grateful to the many friends who helped it in small ways or with substantial gifts or with kind works and good wishes during the year just past."

(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.)

It will be remembered that in April, 1958, a special class was set up at Trehopcyn Junior School for partially deaf children. The idea of these special classes has spread, and during the year additional centres were opened as follows:—

Llansawel County Primary School, and Coed-y-brain Junior School. During the year too, the new School for the very young deaf at Whitchurch was in the course of erection. This will be a school taking children from the age of two years who are severely deaf. Where possible the children will attend as day pupils, but it will be necessary for those living some distance away to be resident. Provision is also planned for mothers to be resident for short periods at the School. In next year's annual report I hope to be in a position to report the initial progress of this unit.

(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.)

It will be recalled that in 1958 "Erw'r Delyn", the special school for physically handicapped pupils was opened at Penarth. Since its establishment it has made very rapid strides, and by the end of 1959 the position was reached when there had to be careful selection of pupils as vacancies had become very limited. Each child is now seen by the Selection Panel, consisting of Dr. Gwladys Evans, Dr. Bevan, and Mr. Garrett, the Headmaster. This avoids accepting pupils who are unsuitable.

I have very much pleasure in reproducing the report of the Headmaster, Mr. J. Garrett :-

"Throughout 1959 the numbers of pupils in the School has risen steadily so that now (February, 1960) there are 100 children of whom eighty-six are boarders and fourteen are day children. Thirteen of the day children are transported daily in the School bus from Barry and Penarth. One is brought daily by taxi from Whitchurch, Cardiff.

Local a	uthori	ties.	
Glamorgan			77
Cardigan			3
Carmarthen			3
Swansea			2
Cardiff			5
Newport			2
Monmouthshi	ire		6
Flintshire			2

Method of Entry.

Children who need education in a residential school for physically handicapped children are first examined by Divisional Medical Officers who pass on their recommendations to the Principal School Medical Officer who then arranges for the children and their parents to be seen by the Assessment Panel at the School. This panel consists of the Deputy Principal School Medical Officer, the Senior Medical Officer, and the Headmaster. The purpose of this interview is mainly to assess the child's ability to profit from education in a boarding school, to enable the parent to see the school and talk to the staff, and to help both parent and child to prepare for the separation. We feel that this meeting is very important and helpful to the school in planning the child's education.

Summary of Types of Physically Handicapped.

The following is a summary of the types of physically handicapped:-

DISABILITIES OF P	UPILS.							
						Boys.	G	irls.
Respiratory cond	itions (non-	-tubero	culous)			2		-
Rheumatism, cho	rea, rheum	atic he	art dise	ase		_		1
Tuberculosis and	other diseas	ses of	bones ar	ad joir	nts	2		-
Congenital deform	nities					3		-
Amputations						1		_
Poliomyelitis						8		9
Cerebral palsy an	d other for	ms of p	paralysis			32	2	1
Muscular dystrop						8		-
Spina bifida						2		2
Congenital heart	defect					1		1
Others						2		5
						61	3	9
							-	-
EXTENT OF DISABI	LITIES.							
Children requiring	g crutches o	or stick	for wal	lking				23
Children requiring								36
Children requirin			ing, was	hing.		ng, or w	hen	
they go to the								46
Children who are		(a) w	ith blad	der				7
			ith bowe					8
						7.00	2000	

Establishing the School.

Four children have commenced a first year grammar school course.

The wide range of intelligence is typical of all schools for physically handicapped children and this, added to the fact that those children who are ascertained educationally subnormal often have severe physical handicaps (limited speech, limited control of hands, etc.), poses tremendous problems for the teaching staff. These problems and difficulties have been tackled with enthusiasm and serious thought, so that in the first year considerable progress has been made in the field of learning.

It is of course, important to realise that in the case of physically handicapped children, progress in learning is frequently hampered by severe emotional problems, the causes of which are many and varied, i.e. over-pampering, lack of normal child experience, frustration, etc., etc., so it is necessary for all members of staff who handle the children either in the classroom or on the residential side, to be aware of the needs of all the children and to be concerned about their mental health as well as their physical well-being.

During the first year we have attempted to establish an informal, non-critical permissive atmosphere in the School, in which the basic needs of all children (i.e. to be loved, to be wanted, to belong, and to have opportunities to play out missed stages of development and to share as many experiences as possible) can be provided. We have laid great emphasis on the need to maintain firm contact with the homes of the children; parents have been encouraged to come to School whenever they wish and many children go home every week-end. Many parents have benefited from informal "parent guidance" by contacts with the Headmaster and members of the staff at the week-ends or at functions run by the children which they have attended. A great deal of benefit to the mental health of the parents has also been gained by meeting other parents at the School on social occasions when mutual problems have been freely discussed.

The Community.

It has also been our aim to make the School an integral part of the community in which we live, as we feel that there is a danger that a boarding school might become an isolated group. Our children are encouraged to go out on their own with friends from the town. We are pleased to welcome children from the neighbourhood and many come to play with our children in the evenings and week-ends. Our society of parents and friends of "Erw'r Delyn" is very flourishing. The committee meet monthly and are responsible for organising a rota of cars to take the children to Saturday morning cinema or to church on Sunday morning. The society members take an interest in the children, taking them out, sharing their homes and their family pleasures with them. During the year they have assisted us to visit the pantomime, the circus, and the Zoo at Bristol. They also arranged and ran a very enjoyable party for the senior boys and girls. We feel that the people of Penarth enjoy coming to see our School and have taken our children to their hearts.

Aids for Movement.

A school bus, built to our specifications and containing special fittings to help our children was put into service on 28th April, 1959. It is driven by our groundsman-driver and collects and returns day children every morning and evening. This service had previously been carried out by the Ambulance Service and it was with mixed feelings that the children said good-bye to their ambulance driver-friends. The bus is invaluable at week-ends to take the children to the beach, etc.

Work has commenced on the erection of a garage for the bus and a storage space for invalid chairs and tricycles. Most of these invalid machines are provided by the Welsh Board of Health to individual children and they enable children to move easily on their own and to be adventuresome without restriction. An expensive electrically-driven wheel-chair was purchased for a very severely handicapped older boy during the year, and many new experiences have been brought within his reach because of this.

School Activities.

Our out-of-school activities are many and varied, all planned to help our children share as many experiences as possible and to do as much as they can for themselves as do ordinary boys and girls.

The School Scout Group (15th Penarth) has twenty-four members who have lots of fun at their weekly Scout meetings. The first annual canvas camp was held during the first week of the School summer holidays in the grounds of the residential school at the "Hendre", Monmouthshire. Great help was given to our boys by the pupils at the "Hendre" and I am indebted to my colleague, Mr. Anderson, for his personal help and co-operation. The twelve boys from our School were joined by three boys from the School for the Blind at Bridgend, and six boys from the "Hendre". The full camping equipment was purchased from a grant given to the Scouts and Guides by the Further Education Committee.

A timber-built hut has been purchased, dismantled, and transported from Cardiff to Penarth by voluntary helpers and is now being erected in the field near the School. Friends and parents are spending week-ends concreting, etc., and we hope that the hut will be ready for use by the Scouts and Guides by Easter, 1960. This hut will be invaluable to the children for uninhibited activities in a place of their own.

The School Guide Company (6th Penarth) also meets weekly in the School and now has fourteen members. They are looking forward to sharing a canvas camp this year with the Scouts, as last year they enjoyed themselves greatly by sleeping out in the tents in the School grounds during the summer.

Other out-of-school activities include swimming, Cubs, Brownies, stamp collecting, crafts, chess, camera club, printing club, etc. Archery has recently been introduced by a keen housefather and great interest and enthusiasm has been aroused.

Junior Three class visited the County Farm at Pencoed on three occasions last year. They are busy on a farm project and the results of their work are of a very high standard. We are grateful for the help and wholehearted, willing co-operation of the Head and staff of the Farm.

During the year the children have entertained their parents at a Prize Giving night and at the Christmas play concert. At the latter performance every child in the School took part and we were all thrilled to hear that Miss Sheppard Jones spoke highly of the performance in a B.B.C. talk. The harvest festival service and the carol service are two religious festivals that have been established as annual events to be shared by parents and friends. Gifts given by parents and staff are parcelled and given to the old age pensioners in Penarth.

Official Opening Day.

The highlight of the year was the official opening day on Saturday, 27th June. County Alderman Llewellyn Heycock, C.B.E., J.P., performed the ceremony which was attended by some three or four hundred visitors, parents, and friends. A cheque was handed to the Education Committee by Mrs. Moffit, the daughter of the late County Alderman Mrs. Rose Davies. This money will be used to make a rose garden in the School grounds in memory of Mrs. Rose Davies and of her work for the handicapped people in Glamorgan.

Medical.

Mr. Dillwyn Evans, Consultant Orthopaedic Surgeon, and Dr. Kenneth Lloyd, Consultant in Physical Medicine, have held clinics in the School on five occasions since the School was opened and during this time sixty-one children have been examined, treatment advised and carried out.

Professor Watkins (Consultant Paediatrician) and Dr. Royston have visited regularly and have seen most of the medical cases.

Dr. Gwladys Evans, the Senior Medical Officer has visited the School regularly throughout the year carrying out medical inspections, I.Q. testing, etc. She is very well liked by all the children and staff and we are grateful to her for her whole-hearted co-operation and her genuine interest in all the children.

In picking out these few items of interest from a very busy and profitable year's work, I have tried to show a little of what we are trying to do. I feel that good progress has been made this first year and it is my sincere hope that we shall be able to continue our progress at the same rate next year. We are now considering the placing of our children in employment and a great deal of thought and work will have to be done on this matter in the year ahead."

The following statistics show the position of Glamorgan physically handicapped pupils on 22nd January, 1960:—

Attending residential special schools in England			 	1
Attending "Craig-y-Parc" School, Pentyrch			 	3
Attending "Erw'r Delyn" School, Penarth, as da	y pupi	ls	 	14
Attending "Erw'r Delyn" School, Penarth, as res	sidentia	al pupils	 	60
Attending ordinary schools			 	148
Receiving home tuition			 	33

(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.)

During the year, Dr. Aron was appointed by the Regional Hospital Board as the Child Psychiatrist for the Glamorgan area. He has held clinics at the following Centres:—

County Council Clinic, Rock Gardens, Aberdare; Tynygarn House, Bridgend; County Council Clinic, Dyfed Road, Neath; County Council Clinic, Trafalgar Terrace, Ystrad.

In addition, Dr. Crosse has continued to hold clinics in the western part of the County, Dr. T. S. Davies held clinics at the East Glamorgan Hospital, and children from the South-East Division have continued to attend the Child Guidance Clinic at the Cardiff Royal Infirmary. Dr. Phillip Williams and Mrs. Lewis have worked in the Child Guidance Centres and have formed a most useful link between the clinics and the schools. In spite of this improvement in the Child Guidance Service for the area it is very obvious that the existing services are inadequate. Trained staff are extremely difficult to obtain. There is a shortage of child psychiatrists, psychologists, and psychiatric social workers. Until these specialist officers are available in sufficient numbers there can never be a completely satisfactory Child Guidance Service.

"The Lindens" Hostel, Penarth, continues to play a very useful part in the Child Guidance Services for Glamorgan. At the present time a follow-up survey is being conducted in relation to children who have been discharged in recent years. It is hoped that a report will eventually be prepared which will indicate the measure of success that one can expect from hostel treatment.

I am pleased to reproduce the annual report of Mrs. Matthews, the Warden of the Hostel, in which it will be noted that there is a wide variety of activities carried on in the Hostel:—

"Apart from a fortnight in August, the Hostel was open throughout the year. During term time up to twenty-one children were in residence and at no time did the number fall below nineteen. During holidays several of the children remain either because their homes are unsuitable or because in the specialists's opinion they are not sufficiently settled.

Dr. J. P. Spillane has been appointed Medical Superintendent of Whitchurch Hospital, and will therefore be unable to attend our weekly clinics. He has, however, consented to act as Consultant and advise on the general running of the Hostel. Dr. Graham Thomas sees parents and children each week and along with Dr. R. T. Bevan and Mrs. A. M. Jones, Educational Psychologist, plans the treatment of each child.

A home teacher has been appointed for the tuition of those children excluded from school, and those recently admitted to the Hostel. A part-time assistant housemother has also taken up her duties, which has enabled the children to enjoy more activities. These include craftwork, art, drama, music, imaginative and creative play therapy, music and movement, gardening, fishing and keeping pets (a dog, white mice, rabbits, hamsters, and guinea pigs).

1959 has seen a growth of admissions of children with school phobia, similar to that noted throughout the country and we have continued to take a large proportion of enuretics and encropetics. The number of girls in residence at one stage fell to two but there are now four at the Hostel. Parents continue to visit the weekly clinic, but there is still the difficulty to adjust them and the home conditions to accept a child after discharge. More home visits by the Warden are planned for 1960.

The Hostel has now been redecorated, new furniture has been purchased and a large amount of equipment transferred from the Neath Nurses' Home. The heating of the Hostel has been improved by the installation of electric convector heaters and new all-night burning fires.

In November, Dr. D. M. Llewellin, Medical Officer, Ministry of Education, and Miss J. M. Thomas, H.M.I., visited on two occasions. Throughout the year groups of students have made visits and have been talked to by Dr. Spillane and Dr. Bevan."

There is a group of children and young adolescents which has not received the attention that it should have had. I am referring to the young people for whom there is no adequate disposal. They are too mentally disturbed to be in a hostel or school for maladjusted children. Although their level of intelligence is sometimes well below average this is not always so. Fortunately there are few children in this group, but when they do appear their disposal creates a very real problem. In hostels or schools they are too disturbing an influence on the other pupils. Sometimes they are basically epileptic children with behaviour problems but few or no epileptiform fits. Schools for epileptics do not regard this type of child as suitable. When they are of low intelligence placing in a hospital for mental defectives can be justified, but there remains a group who should really be treated in a special psychiatric unit for juveniles. Such units are very few in number. From time to time we have been able to find vacancies for Glamorgan children in Tone Vale Hospital, Somerset. There would seem a real need for a special unit to cater for the problems arising in South Wales.

(f) Pupils Suffering from Speech Defects.

The following table gives the number of children who have attended speech therapy clinics in Glamorgan in recent years:—

the Warden of the House I account	samon.	1952	1953	1954	1955	1956	1957	1958	1959
Total number of individual cases seen		876	1,132	1,261	1,186	1,212	1,168	1,368	1,339
Total number of attendances		8,853	12,392	13,900	11,170	11,692	10,940	12,514	11,628

SPEECH THERAPY.

	New Lines				Divi	sion				
Analysis of work	Aberdare and Moun- tain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath	Pontypridd and Llantrisant	Port Talbot	South-East Glamorgan	West	Rhondda	Totals
Otal number of individual cases seen Total number of attendances Number of current cases at 31st Dec., 1959	1,393	63 485 25	200 2,045 65	117 1,349 48	90 569 25	108 998 28	115 1,279 60	146 1,348 63	306 2,162 66	1,339 11,628 425
Total number of cases remaining on waiting list at 31st Dec., 1959	27	23	40 9	32	8	9	16 85	4	73 77	209 277
Analysis of discharged cases: a) Non-treatment cases— (i) Treatment not considered necessary (ii) Failed to attend after diagnosis (iii) Travelling difficulties and loss of	_	1	9 9	15	5	4	3 —	_1	30 7	97 17
school work (iv) Unsuitable for treatment	0.0		3	Ξ	16	=	1	=	7	3 46
Total	50	3	21	15	21	4	4	1	44	163
b) Treatment cases— 1. Treatment discontinued for various reasons— (i) Poor health	36 1 2				- 222 - 1 3			 1 19 1	4 11 7 3 4 5	4 19 172 8 14 19
Discharged—speech improved Discharged—speech normal (cured)	11	5	35	3	5	6 22	13	1 13	13	68 148
4. Temporarily discharged	24	3	35	33	8	19	4	47	114	297
Total	- 00	35	114	54	44	76	51	82	194	749
General progress of cases: Much improved	18	12 8 5	23 27 15	29 12 7	9 9 7	11 9 8	29 19 12	29 25 9	22 29 17	179 156 92
Total	45	25	65	48	25	28	60	63	68	427
Table of symptoms of cases treated at clinics Stammering Dyslalia Cleft palate Deafness Lateral "s" Interdental "s" Rhinolalia (nasality) Dysarthria Dysphonia Low I.Q. Retarded speech Dysphasia	79 35 1 	18 25 5 -4 3 -2 3	67 48 7 8 12 24 4 1 — 3 5	22 34 4 4 5 15 2 6 2 8	26 12 5 4 8 3 3 1 2 -	33 37 1 3 9 12 2 — 1 6	30 59 8 1 5 4 — 1 1 2	51 56 3 1 8 18 2 2 2	92 66 9 2 36 29 2 4 3 6 12	418 372 43 23 99 115 17 20 9 26 33 1
Total	144	60	179	102	69	104	111	145	262	1,176

Miss Chislett, the Speech Therapist at the Port Talbot Clinic, makes the following interesting commer regarding children who move from other areas into Glamorgan:—

"There were thirty-seven children with dyslalia treated and they formed the majority of cases seen. Amongst these were three children who had only recently moved to Port Talbot. Two had come from England and one from Scotland, and all had marked dialectal variants in their speech. In the case of the Scottish boy it was sometimes hard to determine where "Glaswegianese" left off and dyslalia began. It was particularly interesting to note how these children coped with their change of environment. All normal children are anxious to conform with the accepted speech of the area in which they live, and dyslalic children are no exception. Their task is doubly difficult since their imitative faculty is usually inhibited or impaired. However the change of environment seemed to act as a stimulus. They became increasingly aware of their own speech, and made very good progress.

It would seem that there is not sufficient awareness of the speech problems of the children who move into the area and it would be a great help if teachers could see to it that at least they are not unduly teased during the period of settling down."

INFECTIOUS DISEASES.

(a) Tuberculosis.

B.C.G. Vaccination.

B.C.G. vaccination is now being offered to school leavers. During 1959 the Rhondda, for the first time, took part in this programme and it is of interest that in that Division alone more than 2,000 children were given B.C.G. The total immunised in the County during the year was 8,000.

The high percentage of children who, on testing, are found to be Mantoux negative gives some indication of the reducing risk of exposure to tuberculous infection.

The following table shows the work done during the year in relation to B.C.G. vaccination:

Division				Number of Accepted B.C.G.			N	N			
				parental consents requested	Number	%	Number tested	Number negative	% negative	Number given B.C.G.	
Aberdare					1,091	847	77-64	786	675	85.88	675
Caerphilly					1,143	815	71.30	671	574	85.54	570
Mid-Glamor	gan				2,117	1,708	80.68	1,498	1,225	81.78	1,225
Neath					1,744	1,339	76.78	1,238	1,092	88-21	1,044
Pontypridd					738	535	72.49	454	333	73-35	325
Port Talbot					771	640	83.01	574	473	82.40	467
South-East	Glamor	gan			2,070	1,808	87.34	1,630	1,270	77-91	1,267
West Glamo	rgan				658	464	70.52	437	345	78-95	331
Rhondda					4,105	2,935	71.50	2,671	2,107	78-88	2,102
	То	tal			14,437	11,091	76.82	9,959	8,094	81.27	8,006

(b) Food Poisoning.

An outbreak of food poisoning which affected children at the Pontyclun School is worthy of note.

The outbreak followed a Christmas Party held at the School on 10th December, 1959, when 273 children were present. At the party, tea, luncheon meat sandwiches, trifles, and cakes were consumed. On the following morning many of the children were absent because of abdominal pain and vomiting and others who were in the School also had severe symptoms. The Headmaster thought these symptoms were, possibly, due to the fact that the children had eaten too much and it was only later in the day that food poisoning was suspected because of the number of children involved and the severity of the symptoms.

The District Public Health Inspector was informed. He visited the School that afternoon and took specimens which remained of the food provided at the party. There were no complete trifles, but the remains of two were found in a classroom and trifle cases retrieved from the refuse bin. All the samples were taken to the Public Health Laboratory.

On the following day (Saturday) the local doctors were inundated with calls from the parents of the infected children and it was obvious that there was a severe outbreak. One of the local general practitioners informed the Divisional Medical Officer, who immediately arranged with Dr. Emrys Harris that twelve beds should be made available should cases require admission to hospital. The general practitioners were informed of this.

All the doctors concerned were informed by the County Medical Officer by telephone that the infection was probably due to Salmonella Typhimurium and they were advised as to the most suitable drugs for the treatment of the cases.

After visiting a number of homes it soon became evident that all those children who had eaten trifle were affected and in those instances where trifles had been taken home and given to other members of the family they also were showing symptoms.

On Monday, 14th December, only thirty-two children were present at school, only one of whom had eaten trifle. She subsequently proved to be a positive case.

On 17th December leaflets were distributed to the homes of all the children who were known to have attended the party, advising parents on the precautionary measures to be taken.

A total of twenty-nine children were admitted to hospital for treatment.

An investigation into the health of the staff and the hygienic condition at the bakery and the grocer's shop from which the various foods were purchased was undertaken by the Medical Officer of Health of the Rhondda Borough (Dr. R. B. Morley-Davies), in whose area these premises were situated.

Examination of the specimens of remains of food collected after the party showed that the trifles were associated with the infection, the source of which was thought to be contaminated imported egg used in their manufacture.

Four of the staff of the bakery were also found to be infected with Salmonella Typhimurium.

All the affected patients recovered.

(c) Other Infectious Diseases.

There was very little in the way of other infectious disease in the County during the year, except for measles which was widespread during the first half of the year.

There were only three cases of poliomyelitis notified.

HEALTH VISITING.

The Annual Postgraduate Course for Health Visitors was held at Dyffryn House during Whitsun week. This year, arrangements were resumed with the Bristol Authority whereby certain of their health visitors attended the Glamorgan course and a number of health visitors from Glamorgan attended the Bristol course later in the year.

In all, twenty-seven health visitors from this Authority and twelve health visitors from the Bristol Authority, attended the course at Dyffryn House. The programme of lectures was as follows:—

Subje						Lecturer.
The function of Public	Dr. W. E. Thomas.					
Mental Health Legisla	tion with	partic	ular	reference	to	
Local Authorities						Dr. R. T. Bevan.
Deaf Children						Dr. O. P. Grey.
Mental Health						Dr. J. P. Spillane.
Problems of the Elderly						Dr. A. R. Culley.
Educational Backwardn	iess					Mr. G. Matthews.
How to give an interest	ing talk					Miss Marjorie Hellier.
How to make the most	of your voi	ce				Miss Marjorie Hellier.
Putting Speech and Voi	ce into Pra	ctice				Miss Marjorie Hellier.
Preventive Measures in	relation to	Mental	Illne	ess		Dr. T. J. Hennelly.
Blood Tests in Pregnand	су					Dr. Beryl Bevan.
Demonstrations and Ta	lks in Clinic	cs				Miss E. G. Wright.
Demonstrations and Ta	iks in Clinic	cs				Miss E. G. Wright.

In addition, a visit was arranged to the Glamorgan Residential School for Physically Handicapped Children, "Erw'r Delyn", Penarth.

In September, twelve health visitors from this Authority attended a postgraduate course arranged by the City and County of Bristol. These arrangements were made on a "knock for knock" basis.

SCHOOL DENTAL SERVICE.

Mr. H. P. Williams reports as follows :-

"Having been appointed Principal School Dental Officer from 1st November, 1959, I am not unmindful of the difficult and heavy task that has fallen upon me. The demand and need for dental treatment is on the increase but unfortunately owing to the great shortage of dental man-power—not only under our employment but on a national scale—the facilities for providing treatment are limited, with the result that the dental surgeon's time is largely occupied in relieving pain and removing sepsis rather than concentrating on conservative work.

I would like to pay tribute to Mr. John Young upon his retirement as Principal School Dental Officer. Mr. Young has served the County well—being first appointed in 1924. His great experience and dental knowledge was always available in assisting those colleagues serving under him and he was always very proud of the Glamorgan County School Dental Service. Mr. Young's service will not be lost entirely as he will continue to work on a sessional basis. We are glad he has decided to continue.

The first dental officer (Mr. L. B. Lennard) was appointed in 1921. The Service thrived and rose to thirteen full-time dental officers in 1940. The war years took a heavy toll as most of the younger dental officers were called upon to do National Service. The staff remaining being only three full-time officers and two sessional colleagues. Following the cessation of hostilities the staff increased gradually—as the dental officers returned from National duty, until in 1948 we were eighteen full-time officers and three sessional workers. This was our peak figure. In July, 1948, the National Health Service was introduced. This soon had an adverse effect on our service as our dental officers were tempted by the greater monetary inducements in private practice and left us. The decline continued until 1955, when we were left with five whole-time and sixteen sessional dental officers. Since this date the number has remained fairly constant—the figure for 1959 being five whole-time and eighteen sessional officers. I have traced the history of the service to show that it has survived a difficult period.

Early in 1959 an additional dental officer in the person of Mr. M. C. W. Nicholls joined the staff. He is a welcome addition and is proving an efficient and able officer.

In September, 1958, the new School for Handicapped Pupils at "Erw'r Delyn", Penarth, was opened. This school has a modern and well-equipped dental surgery in keeping with the rest of the building and one of which the Authority can feel proud. It is being worked two sessions a week at present, the appointments being made by the nurse in charge of the School.

During the year 1959, 22,823 children were inspected, 15,540 were actually treated and 49,908 attendances were recorded. The number of fillings inserted in the temporary dentition was 805, while 11,689 fillings were inserted in the permanent dentition. The number of temporary teeth filled was 789 and those in the permanent teeth 10,511. The total number of extractions was—temporary teeth 17,876, and permanent teeth 8,111, making a total of 25,987 extractions. The total number of general anaesthetics was 8,738.

The dental officers have concentrated on the permanent teeth in the main and the number of fillings show a rise of slightly over a thousand—which, with our small staff, is very creditable. With the rise in conservative treatment is reflected a drop in the number of extractions required—which is as it should be.

The number of orthodontic cases treated remained very much the same as 1958, except in the Pontypridd and Llantrisant Division where there was a large drop in the number of new cases commenced. This is due to the grave shortage of man-power in the area. Orthodontic treatment is long and complicated and full co-operation between dentist and patient is essential. Our dental Officers try to choose with discretion those patients who will benefit most, wear their regulation appliances diligently, and be patient in the long period involved. Sometimes several appliances are necessary owing to the eruption of new teeth and the further growth of the jaws. We try not to exceed one-tenth of our sessional work on orthodontics so that our main duty of conservative work and the relief of pain should be given first priority. Much advice on complicated cases is often sought and those cases which in their opinion are too complicated are referred to the consultant or specialist.

Part IV of the Medical Inspection and Treatment Tables (p. 59) shows 268 new cases were commenced during the year 1959, 303 cases being carried forward from the previous year. This gives a total of 571 as compared with 563 in 1958. The treatment of 105 cases was discontinued due chiefly to the lack of co-operation by the patient—some children are rather disheartened by the length of time treatment takes and so begin to absent themselves from dental appointments. 416 appliances supplied by the Authority were in use during the year.

During 1959, 319 children were fitted with dentures—a slight increase for the worse on 1958. This large figure arises from staff shortage and also to quite a proportion of certain children postponing treatment until about to leave school. Knowing how keen certain industries are that applicants should have good teeth before being accepted, they often hasten at the last moment for dental treatment, only to find multiple extractions are needed and a denture necessary for restoration purposes.

The long-awaited Government scheme for the training of dental ancillaries commences in October, 1960—when sixty young girls will commence a course of training at the New Cross Hospital, London, S.E. The course will last two years and these students will be taught to do simple fillings, extract deciduous teeth, and scale, clean, and polish teeth. When fully trained they will be employed by local authorities in the Health Service, also in hospital services. They will work under the direction of a dental surgeon who will examine the patients and prescribe the necessary treatment to be carried out.

How can the dental profession be assisted in the vast problem of fighting the ravages of dental decay? I think it can be helped primarily by the practice of dental hygiene. Parents should take a keen interest in this and see that children do not neglect cleaning their teeth. Even in these enlightened days children do not clean their teeth at the most important times. They usually do so when washing in the morning and neglect the most important time—on retiring to bed.

The parents should practise restraint in buying their children sweets and other confections. Some children eat large quantities of sweets daily and quite a number receive sweet money as a daily routine on going to school. The large number of advertisements on Commercial T.V. every day—so cleverly presented by sweet manufacturers, is a great temptation to the children. I think propaganda on a national scale on the care of the teeth should be presented daily until parents as a whole are alive to the evil.

Regular routine visits to the dentist of one's choice should be practised, as once a mouth is rendered dentally fit then it is much easier to keep it under control and aseptic if inspected by a dentist twice a year.

Lastly, fluoridation of our water supplies, which has proved of great benefit to the children's teeth in several countries where it has been tried would, I think, be of enormous benefit to our own country if adopted here."

MEDICAL EXAMINATION OF TEACHING AND OTHER STAFFS.

New entrants to the Council's service are required to complete a questionnaire prepared by the County Medical Officer, a medical examination being arranged only if the necessity for one is indicated by the completed questionnaire. All new entrants to the Authority's teaching service are required to undergo chest X-ray examination and the appropriate arrangements are made with local chest clinics and mass radiography units.

During the year 1,257 new entrants to the County service completed the medical questionnaire. Of these, 174 were referred for medical examination and 680 for chest X-ray examination. These figures included 265 new entrants to the County teaching service, of whom 29 were referred for medical examination and 231 for chest X-ray examination.

Under the Ministry of Education regulations all new entrants to the teaching profession must be medically examined. Fifty-five such examinations were carried out, including fifteen on behalf of other authorities; in addition, 475 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four hundred and nineteen miscellaneous medical re-examinations (e.g. temporary staff, police pensioners, absentees, etc.) were carried out.

NEW SCHOOLS OR ADDITIONS.

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

Barry Boys' Grammar.

Barry College of Further Education.

Catwg Primary.

Graddfa Boys' Secondary.

Hirwaun Secondary Modern.

Llanharry Secondary.

Ystalyfera Grammar

Whitchurch Residential School for the Deaf.

Ystrad Mynach College of Further Education.

Ynysboeth Primary School.

Ynysboeth Primary School.	-			Ġ	
Abercynon Secondary					Two classrooms and Geography Room.
Baglan Primary					Four additional classrooms
Bettws Primary					Two additional classrooms.
Bridgend Boys' Grammar					(Additions). Five classrooms, laboratories, etc.
Bridgend Girls' Grammar					Laboratory.
Barry Girls' Grammar					do.
Caerffili Girls' Grammar					Practical room and classroom.
Cowbridge High School for	Girls	••			(Extensions). Twelve classrooms, labora- tories, etc.
Cwm Ifor Primary					Two additional classrooms.
Derwendeg Primary	10				do.
Duffryn Grammar					Laboratories.
Fochriw Primary					Two additional classrooms.
Glamorgan College of Techn	ology,	Trefo	rest		Hydraulics laboratory.
Do.					Three additional classrooms.
Glamorgan Training College	, Barr	y			do.
Glanafan Grammar					(Additions). Six classrooms and laboratory.
Lewis Boys' Grammar					Science block.
Llangewydd Junior					Four additional classrooms.
Llanilltud Fawr Secondary					Two additional classrooms.
Penarth Boys' Grammar					do.
Pencoed Secondary					Gymnasium.
Penywaun Primary					Two additional classrooms.
Rhws Mixed Infants					do.
Tirmorfa Primary					Four additional classrooms.
Tonyrefail Grammar School	1				Science laboratory.
Blaengwrach Junior Mixed					New kitchen and dining room.
Cwm Nedd Infants, Junior	and S	econda	ary Sch	nool	Canteens.
Gowerton Boys' Grammar					Extension to kitchen.
Llantrisant Primary School					New kitchen and dining room.
Twyn Secondary School					do.

do.

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 Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	61	1	13	7	7	4	14	8	14	65
Reinspection	36	26	38	16	160	18	18	14	20	376
Number referred for treatment	4	12	6	4	4	4	13	8	17	70
(b) Children in Children's Homes.	168.		and to							-
	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
Initial inspection	ıo	1	36	21	51	1	a I ya	1	1	113
Reinspection	44	1	137	41	199	1	1	1	1	421
Number referred for treatment	21	1	18	67	12	1		1	1	53
(c) Children in Family Homes.									211001	
	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West	Rhondda	Total
Initial inspection	1	1	9	1	2	61	I	-	1	12
Reinspection	1	9	24	п	11	20	52	91	1	140
Number referred for treatment	1	8	ю	1	1	61	28	7	I	46

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION

OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1959.

1. GENERAL.

There was no change in the medical staff of the School Medical Service during the year and the availability of individual doctors was as follows:—

- (a) Dr. A. R. Davis .. Available for eight sessions per week.
- (b) Dr. E. C. Vincent . . Available seven sessions per week.
- (c) Dr. G. Packer .. Available for four refraction sessions per week.
- (d) Dr. E. T. Lloyd ... Available three sessions weekly for dental gas.
- (e) Dr. J. Mason .. Available eleven sessions per week.

We thus had the equivalent of three full-time medical officers for work in connection with the School Service, and the distribution of their time by session is shown in the following table:—

TABLE I.

	Routine medical inspections	B.C.G. vaccination	Poliomyelitis vaccination	Maternity and child welfare	Others: school clinics, specials, etc.
(1) Dr. A. R. Davis	58	54	68	35	132
2) Dr. E. C. Vincent	73	54	71	59	51
(3) Dr. J. G. Mason	132	_	78	236	34
Totals	263	108	217	330	217

A large number of sessions (330) were again spent at maternity and child welfare clinics because of illness experienced by the two doctors who usually attend at all the infant welfare and ante-natal sessions held in the Division.

2. ROUTINE MEDICAL INSPECTION.

It will be seen from Table I that 263 sessions were spent on the routine medical inspection of pupils and their distribution by year of birth is shown in Table II. (The total school population at the end of 1959 was 19,150.)

TABLE II.

			Physic	al condition	of pupils in	spected
Age groups inspe (by years of bir	ected	Number of	Satisf	factory	Unsati	sfactory
(by years of bir	th)	pupils inspected	No.	% of col. (2)	No.	% of col. 2
(1)		(2)	(3)	(4)	(5)	(6)
1955 and later		274	272	99-3	2	0.7
1954		261	261	100-0	-	-
1953	·	106	105	99-0	1	1.0
1952		19	19	100-0	-	-
1951		4	4	100-0	1	-
1950		3	3	100-0	100	-
1949		418	418	100-0	190	_
1948		363	363	100-0	LiveLs	-
1947		1	1	100-0	-	-
1946		4	4	100-0	-	-
1945	1	868	868	100-0	Jung Vie	-
1944		683	683	100-0	_ (-
943 and earlier		213	213	100.0	-	-
Total		3,217	3,214	99.9	3	0.1

3. Defective Vision and Squint.

As before, Dr. G. Packer was able to be present at the five weekly refraction clinics held in the Division, which included special Saturday morning sessions attended by Mr. R. E. Packer.

During the year 1,080 children were examined at the refraction clinics.

4. ORTHOPAEDIC SERVICE.

During the year 859 pupils received treatment at our orthopaedic clinic, manned by the physiotherapist. In addition selected cases were seen by our visiting Consultant, Mr. D. N. Rocyn Jones.

5. Speech Therapy.

Following the resignation of Mrs. L. Clarke in October, 1958, we were without the services of a speech therapist until April, 1959, when we were fortunate to secure the services of Mrs. A. M. Price. From April until the end of the year, Mrs. Price was able to see 255 cases with defects as shown in the following table:—

TABLE III.

Stammering		 	92
Dyslalia		 	66
Cleft palate		 	9
Deafness		 	2
Lateral "s"		 	36
Interdental "s"		 	29
Rhinolalia (nasa	ality)	 	2
Dysarthria		 	4
Dysphonia		 	3
Low I. Q		 	6
Retarded speed	h	 	12
Dysphasia		 	1
	Total	 	262

6. DENTAL TREATMENT.

The establishment of dental officers working in the Division continued to be inadequate, with still only one whole-time dental surgeon in our employ, although we were fortunate to retain Mr. A. Owen for one session per week.

However, 4,026 children were routinely inspected at school and 1,755 examined as specials. In addition, 2,456 were treated at the Authority's dental clinics.

7. Infectious Disease.

Table IV shows numbers of notifications of various diseases amongst children during the year :-

TABLE IV.

Scarlet fever		 74
Measles		 711
Whooping cough		 5
Poliomyelitis		 1
Respiratory tubercu	losis	 10

The original single notification of poliomyelitis was not confirmed and so there were no cases of this disease reported in the area for the second year in succession.

However, it will be seen that there were ten cases notified of respiratory tuberculosis and this emphasises the point made earlier that public apathy to programmes of prevention against this illness is a matter of grave concern. (Tables V and VI show results of skin tests during 1959.)

RESULTS OF SKIN TEST (USING HEAF GUN.)

TABLE V.

4	Chi	ldren 13 yea	rs old	Child	ren 14 years	and over
School	No. tested	No. positive	% positive	No. tested	No. positive	positive
Ferndale Secondary Boys	51	8	16	6	-	-
Ferndale Secondary Girls	46	7	15	58	6	10
Ferndale Grammar	53	7	13	198	44	22
Hendrefadog	70	12	17	70	18	26
Ynyshir Secondary Girls	34	8	23	40	8	20
Islwyn Secondary Boys	32	1	3	26	3	11
Llwyncelyn	24	8	33	47	13	28
Cymmer	49	6	12	50	7	15
Porth Grammar	43	2	5	215	45	21
Porth County Boys	37	3	8	145	32	22
Porth County Girls	31	4	13	178	25	14
Γrealaw	36	8	22	44	9	20
Craig-yr-Eos Boys	61	9	15	56	5	9
Craig-yr-Eos Girls	49	2	4	45	4	9
Γonypandy Grammar	61	11	18	183	26	14
Γonypandy R.C	9	2	22	-	_	-
Blaenclydach Secondary Girls	37	5	13	38	7	18
Blaenclydach Secondary Boys	47	7	15	45	8	18
Bronllwyn Secondary Girls	34	4	12	39	4	10
Bronllwyn Secondary Boys	28	4	14	41	5	12
Bodringallt	64	6	9	63	6	9
Treorchy	74	4	5	-	-	-
Γreherbert Boys	69	11	16	-	-	-
Γreherbert Girls	40	8	20	-	-	-
Total	1,079	147	14	1,587	275	17.3

Unfortunately, the number of children available for testing is not available by the separate age-groups shown above but only combined as in the following table:—

TABLE VI.

School	Number of children 13 years and over	Number skin tested	Percentage skin tested
Ferndale Secondary Boys	152	57	37
Ferndale Secondary Girls	140	104	74
Ferndale Grammar	353	251	71
Hendrefadog	176	140	79
Ynyshir Secondary Girls	90	74	82
Islwyn Secondary Boys	93	58	62
Llwyncelyn	110	71	64
Cymmer	146	99	68
Porth Grammar	420	258	61
Porth County Boys	407	182	45
Porth County Girls	311	209	67
Гrealaw	150	80	53
Craig-yr-Eos Boys	170	117	69
Craig-yr-Eos Girls	130	94	72
Γonypandy Grammar	368	244	66
Γonypandy R.C	21	9	43
Blaenclydach Secondary Girls	101	75	75
Blaenclydach Secondary Boys	130	92	71
Bronllwyn Secondary Girls	95	73	77
Bronllwyn Secondary Boys	104	69	66
Bodringallt	165	127	77
Freorchy	112	74	66
Γreherbert Boys	100	69	69
Treherbert Girls	61	40	65
Total	4,105	2,666	65

The major causes of infectious illness amongst school children during the year were measles and dysentery. The notification of the latter disease by age and sex is shown in the following table:—

Dysentery Notifications. October to December, 1958.

TABLE VII.

Age grou	ıp	Male	Female	Total
0—		5	7	12
1		34	26	60
5—		54	34	88
10—		14	9	23
15—24		12	9	21
Total		119	85	204

Dysentery Notifications, 1959. TABLE VIII.

Age gro	oup	Male	Female	Total
0		15	20	35
1-		100	86	186
5— 10—		57 43	72 36	129 79
		40		75
15—24		37	43	80
Total		252	257	509

Intermingled with above dysentery outbreak were some cases of food poisoning and three of paratyphoid.

8. HANDICAPPED CHILDREN.

As a result of school visits, children found to have physical defects which merited some special recommendation as to education, were examined with a view to classification as handicapped pupils. During the year two blind, two partially sighted, two partially deaf, four physically handicapped, nine educationally subnormal, three maladjusted, and one epileptic were so classified.

9. CHILD GUIDANCE CLINIC.

As from June, 1959, the fortnightly Child Guidance Clinic held at Ystrad Clinic was manned by Dr. K. W. Aron, Consultant Psychiatrist, and Mrs. A. D. Lewis, Educational Psychologist. Previously the children had been seen by Dr. T. S. Davies of East Glamorgan Hospital and his staff, and our thanks are due to him for the very excellent work which he did in this Division.

During 1959, forty-nine new cases were seen at the clinic.

STATISTICAL APPENDIX. PART I.

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

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

(I) SUMMARY IN AGE GROUPS.

		PHYSICAL	CONDITION OF	PUPILS	INSPECTED
Age groups inspected (by years of birth)	No. of pupils	Satisf	factory	Unsati	isfactory
(by years of birth)	inspected	No.	Percentage of col. 2	No.	Percentage of col. 2
(1) 1955 and later	(2) 2,571	(3) 2,568	(4) 99·9	(5)	(6) 0·1
1954	6,222	6,205	99.7	17	0.3
1953	3,154	3,142	99-6	12	0.4
1952	646	645	99-8	1	0.2
1951	172	170	98-8	2	1.2
1950	140	139	99-3	1	0.7
1949	1,530	1,527	99-8	3	0.2
1948	3,584	3,558	99-3	26	0.7
1947	1,562	1,546	99.0	16	1.0
1946	325	322	99-1	3	0.9
1945	3,466	3,458	99-8	8	0.2
1944 and earlier	4,097	4,093	99-9	4	0.1
Total	27,469	27,373	99.7	96	0.3

(II) SUMMARY IN DIVISIONS.

		PHYSICAL	CONDITION OF	F PUPILS	INSPECTED
Division	No. of pupils	Sati	sfactory	Unsat	isfactory
	inspected	No.	Percentage of col. 2	No.	Percentage of col. 2
(1) Aberdare and Mountain Ash .	. (2)	(3) 4,009	(4) 99·98	(5) 1	(6) 0·02
Caerphilly and Gelligaer .	. 3,306	3,286	99-4	20	0.6
Mid-Glamorgan	. 4,245	4,241	99-9	4	0.1
Neath and District	. 2,970	2,952	99-4	18	0-6
Pontypridd and Llantrisant .	. 3,509	3,497	99-7	12	0.3
Port Talbot and Glyncorrwg .	. 1,573	1,572	99-9	1	0.1
South-East Glamorgan	. 3,095	3,060	98-9	- 35	1.1
West Glamorgan	. 1,544	1,542	99-9	2	0.1
Rhondda	. 3,217	3,214	99-9	3	0.1
Total .	. 27,469	27,373	99-7	96	0.3

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

(I) SUMMARY IN AGE GROUPS.

Age (t	e groups inspected by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
	(1) 1955 and later	(2) 34	(3) 222	(4) 240
	1954	99	638	702
	1953	68	301	367
	1952	17	56	71
	1951	8	14	17
	1950	3	10	12
	1949	83	85	160
	1948	245	226	451
	1947	101	107	199
	1946	19	17	35
	1945	155	144	274
1	944 and earlier	175	161	334
	Total	1,007	1,981	2,862

(II) SUMMARY IN DIVISIONS.

Division	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1) Aberdare and Mountain Ash	 (2) 102	(3) 205	(4) 277
Caerphilly and Gelligaer	 237	183	411
Mid-Glamorgan	 115	356	464
Neath and District	 113	365	465
Pontypridd and Llantrisant	 186	135	312
Port Talbot and Glyncorrwg	 39	113	133
South-East Glamorgan	 131	415	522
West Glamorgan	 46	128	171
Rhondda	 38	81	107
Total	 1,007	1,981	2,862

TABLE C.—OTHER INSPECTIONS.

Division	No. of speci inspection		Total
Aberdare and Mountain Ash .	. 519	1,966	2,485
Caerphilly and Gelligaer	. 774	2,751	3,525
Mid-Glamorgan	. 565	1,964	2,529
Neath and District	. 68	1,030	1,098
Pontypridd and Llantrisant .	. 354	920	1,274
Port Talbot and Glyncorrwg .	. 351	740	1,091
South-East Glamorgan	. 394	527	921
West Glamorgan	. 98	582	680
Rhondda	. 559	441	1,000
Total .	. 3,682	10,921	14,603

PART I—continued. TABLE D.

(I) INFESTATION WITH VERMIN.

		,
nurses or	other	
:	:	285,933
:	:	7,146
ces were	issued	
:	:	36
ers were	issued	
:	:	1
	nurses or	(i) Total number of examinations in the schools by the school nurses or other authorised persons (ii) Total number of individual pupils found to be infested (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)

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

BOYS.

	Total	%	1	98.95	0.03	99-852 0-146 0-002	99.83	1	59.26 39.91	0.83	91.73 8.21 0.06	8-83
	To	No.	138888	137426 1416	46	138682 203 3	138647	3375	2000	28	3096 277 2	3077
	Rhondda	%	1	98-53	0.03	99-87 0-12 0-01	99.85	1	36-57 63-14	0.29	95.43 4.29 0.28	95.71
	Rho	No.	23923	23572 344	7	23891 29 3	23886	350	128	1	334 15 1	335
	West Glam.	%	1	99-62	0.01	99.99	99-92		71.43 28.57	1	92.86	95.71
	West	No.	18039	17970 68	1	18037	18025	70	50	1	65	67
	Glam.	%	1	98.84	0.02	99.89	99.85	- 1	55·15 38·97	5.88	97.79	97.79
	S.E.	No.	13789	13629	10	13774	13768	136	75	80	133	133
	Port Talbot	%	1	98-91	0.07	99.73	99.85	1	76-29 23-49	0.22	85·34 14·66	85.56 14.44
	Port ?	No.	10577	10462	7	10548 29	10561	464	354 109	-	396	397
DOIS.	Pontypridd	%	-1	98·16 1·78	90.0	99.77	99.68 0.32	1	73.32 24.97	1.71	98-43	96.43
3	Ponty	No.	13962	13705	80	13930 32	13917	701	514 175	12	690	676
	Neath	%	1	99.15 0.85	1	99.97	99-92 0-08	1	57-64 41-32	1.04	93.06	90.28
	Ne	No.	11967	11865	1	11963	11957	288	166	8	268	260
	Mid-Glam.	%	1	99.56	0.01	99.73	99.79	1	57.79 42.21	1	77.32 22.49 0.19	79-29 20-71
	Mid-6	No.	17301	17224	2	17254	17264	507	293 214	1	392 114 1	402
	Caerphilly	%	1	99-00 0-94 75	90.0	99.77 0.23	99.74	1	46·12 53·44	0.44	92.24	90.91
	Caer	No.	11729	11612	7	11702	11698	451	208	2	35	410
	Aberdare	%	1	98.79	0.05	0.10	99.83	1	51.96 47.79	0.25	98.53	97.30
	Aber	No.	ni- 17601	17387	4	17583	17571	408	212	1	402	397
			No. of exami- nations	Head— Clean Nits	and sores	Body— Clean Dirty	Clothing— Clean Dirty	No. of re-ex- aminations	Head— Clean Nits	and sores	Body—Clean Dirty	Clothing— Clean Dirty

PART I—continued.
TABLE D—continued.

(III) UNCLEANLINESS.
GIRLS.

	Aber	Aberdare	Caery	Caerphilly	Mid-Glam.	lam.	Neath	th	Pontypridd	bpix	Port Talbot	Ubot	S.E. G	Glam.	West Glam.	lam.	Rhondda	dda	Total	le
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of exami- nations	ni- 16623	1	11026	1	15878	1-	11064	1	12789	1	9856	-	14156	1	17862	1	25064	1	134288	1
	15757	94.79	10678	96.84	15580	98.12	10788	97.51	11964	93.55	9435	3.87	13687	3.22	17541	98-20 2	23624	5.66	129054 5136	96·10 3·82
Pediculi and sores	.19	0-11	5	0.02	4	0.03	6	80-0	9	0.02	=	0.11	13	60.0	10	90-0	21	80.0	86	80.0
Body—Clean Dirty	16620	99-98 0-01 0-01	35	99.68	15858	99.87	11063	0.01	12770 18 1	99.85 0.14 0.01	39	0.40	14153	0.02	17860	0.01	25037	99.89	134139 147 2	99-889 0-109 0-002
Clothing— Clean Dirty	16619	99-98	11001	99-77	15859	99.88	11062	99.98	12760	99.77	9787	0.40	14152	0.03	17854	99-96	25037	99.89	134131	99.88
No. of re-ex- aminations	1269	1	1121	ı	1459	1	804	1	1670	1	821	1	334	1	383	1	1521	1	9382	e.le
Head— Clean Nits	422 832	33.26 65.56	285	25.42 72.44	477	32.69 67.10	278 512	34.58	926	55.45	238	28.99	156	46.71	174 205	45.43	453 1057	29.79	3409 5817	36.34
Pediculi and sores	15	1.18	24	2.14	60	0.21	14	1.74	51	3.05	26	3.17	00	2.39	4	1.04	Ξ	0.72	156	1-66
Body— Clean Dirty Verminous	1260 8 1	99-29 0-63 0-08	1065 55 1	95.00 4.91 0.09	1382	5.28	794	98.76	1666	99.76	728 91 2	88.68 11.08 0.24	333	99.70	378	98.69	1498 21 2	98.49 1.38 0.13	9104 272 6	97.04 2.90 0.06
Clothing— Clean Dirty	1262	99.45	1058	94.38	1373	5.89	794	98.76	1645	98-50	732 89	89.16 10.84	332	0.60	373	97.39	1498	98-49	9067	3.36

(IV) VISITS TO HOMES BY SCHOOL NURSES.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
otal number of visits paid to	874	1,719	2,042	1,057	1,469	1,066	458	1,959	1,238	11,882

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A. PERIODIC INSPECTIONS (ENTRANTS).

(I) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or Disease		Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin		5	4	1	3		_	14	3	_	30
(b) Squint		12 16 2	73 19 3	5 72 1	12 3 —	45 1 1	34 28 2	17 36 2	22 4 2	1 2 —	221 181 13
(b) Otitis Media			3 4 1	3 3	3 1	<u></u>	2 3 —	7 8 4	<u>_1</u>	=	18 24 6
Nose and throat		11	21	42	23	22	31	36	31	_	217
Speech		2	11	29	8	8	9	28	8	1	104
Lymphatic glands		2	1		9	1	2	4	6	-	25
Heart		2	2	6	_	1	3	5	_	2	21
Lungs		7	3	1	6	-	-	17	3	-	37
*		3 3	3 3	2 1	=	=	- 1	3	=		11 10
(b) Feet		$^{1}_{14}_{22}$	5 32 13	10 46 23	2 123 48	2 14 23	2 15 4	7 112 55	4 23 7	3 17 4	36 396 199
Nervous System—(a) Epileps (b) Other	зу		1	- 1	=	=	=	1	=	=	2 4
(I) C4-1-114		=	=			=	_	2 2	=	=	2 5
Abdomen		1	_	1	2	1	_	2	_	_	7
Other		_	-	-	-	1	_	2	13	_	16
Totals		108	203	249	244	121	136	365	127	32	1,585

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

(II) NUMBER OF DEFECTS REQUIRING OBSERVATION.

	Aber-	Caer-	Mid-		Ponty-	Port	S.E.	West		
Defect or Disease	dare	philly	Glam.	Neath	pridd	Talbot	Glam.	Glam.	Rhondda	Total.
Skin	 6	67	72	25	17	115	45	17	38	402
Eyes—(a) Vision (b) Squint (c) Other	 8 21 1	99 39 21	1 23 1	6 17 5	22 3 1	36 40 24	33 44 9	12 23 7	2 15 6	219 225 75
Ears—(a) Hearing (b) Otitis Media (c) Other	 3 14 4	31 40 5	8 18 5	4 20 17	31 16 4	16 78 5	25 47 2	6 4 1	6 8 1	130 245 44
Nose and throat	 63	244	261	221	167	289	141	78	134	1,598
Speech	 5	34	29	10	29	24	31	4	21	187
Lymphatic glands	 26	121	237	78	43	119	51	58	141	874
Heart	 10	111	139	46	16	165	127	3	49	666
Lungs	 22	- 73	73	52	49	130	86	44	5	534
Developmental—(a) Hern (b) Other	5 28	14 37	8 34	3 4	4 2	8 48	12 15	3 3	5 34	62 205
Orthopaedic—(a) Posture (b) Feet (c) Other	 2 16 18	14 106 31	10 76 141	1 68 19	2 25 69	23 43 198	20 98 59	2 18 20	13 84 68	87 534 623
Nervous System—(a) Epil (b) Oth	2 9	22 11	5 13	4 4	6 10	12	8	7	12	23 86
Psychological— (a) Development (b) Stability	 4	8 4	4 4	6 3	4 7	6 6	14 20	1 1	2 3	49 48
Abdomen	 4	15	11	4	7	24	11	2	2	80
Other	 2	10	2	7	12	7	6	7	2	55
Totals	 273	1,137	1,175	624	546	1,416	908	321	651	7,051

TABLE 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		4	1	1	2	_	_	8	1	4	21
Eyes—(a) Vision (b) Squint (c) Other	::	31 1 8	37 1	66 1	37 2 —	66 —		63 2 —	17 1	24 2 1	343 10 9
Ears—(a) Hearing (b) Otitis Media (c) Other	::	1 1	=			<u>_1</u>	=	1 6 2	- 1	4 _	6 8 4
Nose and throat		5	-	10	6	6	-	1	-	1	29
Speech		_	2	2	2	_	-	7	1	2	16
Lymphatic glands		-	-	-	-	-	-	-	-	1	1
Heart		1	-	1	-	1	-	_	-	1	4
Lungs		4	1	2	1	-	1	1	1	-	11
Developmental—(a) Hernia (b) Other		9		1 3	=	=	=		=	=	1 16
Orthopaedic(a) Posture (b) Feet (c) Other	::	5 7 7	7 10 2	12 12 11	6 23 27	5 9 2	1	5 14 17	7 8 4	4 1 2	51 85 72
Nervous System—(a) Epilep (b) Other	osy	1	=	=	=	=	=	=	Ξ	=	1 —
Psychological— (a) Development (b) Stability	::	_1	=	=	=	=	=	=	=	=	1 _
Abdomen		-	-	-	1	-	-	_	-	-	1
Other		_	2	-	_	1	_	_	-	1	4
Totals		86	65	123	107	91	4	129	41	48	694

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

(IV) NUMBER OF DEFECTS REQUIRING OBSERVATION.

							1		1	1 1	
Defect or Disease		Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin		1	23	35	9	7	4	3	10	38	130
Eyes—(a) Vision (b) Squint (c) Other		7	41 12	3 2	16 5	$\frac{3}{2}$	8 -	20 	5 2 1	63 8 10	166 18 27
Ears—(a) Hearing (b) Otitis Media		1	15 16	4 12	4 16	18 10	-	1 1	5	14 13	62 70
(c) Other Nose and throat		2	2 24	50	43	18	1	2	19	43	19 202
Speech		2	6	3	4	11	-	1	2	10	39
Lymphatic glands		-	14	47	8	-	3	2	8	45	127
Heart		4	30	69	21	19	1	8	6	74	232
Lungs		2	24	24	26	14	2	3	16	29	140
Developmental—(a) Hernia (b) Other	::	12	7	1 23		1 2	=			3 10	7 56
Orthopaedic—(a) Posture (b) Feet (c) Other		$\frac{1}{4}$	7 39 7	31 45 58	13 11 12	4 16 23	1 1	1 5 4	2 1	16 32 42	75 149 152
Nervous System—(a) Epilep (b) Other	sy 	2 1	<u>-</u>	2	3	3 2	=	1	2	8 4	21 11
Psychological— (a) Development (b) Stability		=	2 1	1	3	2	=	1 1	-	2 5	11 8
Abdomen		-	3	-	1	-	-	-	-	Consideration of the Constant	4
Other		-	4	3	12	3	-	_	8	9	39
Totals		41	282	418	211	158	23	56	90	486	1,765

TABLE A-continued.-PERIODIC INSPECTIONS (OTHERS).

(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		3	3		5	_	_	4			15
Eyes—(a) Vision (b) Squint (c) Other	.:	59 6 2	127 3 3	44 5	$\frac{64}{1}$	75 1	$\frac{3}{1}$	51 2 1	7 _	13	443 17 8
Ears—(a) Hearing (b) Otitis Media (c) Other	::	3	2 2	1	1 _	_ _ _	=	7	Ξ	4 =	12 11
Nose and throat		8	5	2	3	6	1	5	_	1	31
Speech		4	2	2	15	1	_	6	3	1	34
Lymphatic glands		_	_	_	_	_	-	2	-	_	2
Heart		2	_	1	-	1	_	2	-	-	6
Lungs		5	_	_	4	_	_	1	-	1	11
Developmental—(a) Hern (b) Othe	ia	3	1	1	-1	=	=			=	3 6
Orthopaedic—(a) Posture (b) Feet (c) Other	·	2 6 6	10 25 4	11 23 16	5 58 33	15 8	- 4 2	7 44 19	1 1	8 7 3	46 183 91
Nervous System—(a) Epi (b) Oth	lepsy er		3	=	=	=	=	1	=	=	4 1
Psychological— (a) Development (b) Stability		1	=	1 3	2	=	1 —	=	=	=	5 4
Abdomen		1	_	-	-	-	_	_	-	-	1
Other		-	1	-	-	-	-	5	_	-	6
Totals		113	191	110	193	110	12	160	13	38	940

TABLE A.—PERIODIC INSPECTIONS (OTHERS)—continued.

(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		2	38	14	20	23	2	6	3	29	137
(b) Squint		13 3 —	70 16 29	4 5 —	9 7 3	26 3 5	3 _ _	13 4 2	3 3	111 7 5	252 45 47
Ears—(a) Hearing (b) Otitis Media (c) Other		1 2 1	35 38 2	1 10 1	11 2	28 19 6	3	4 10 1	<u>1</u>	5 4 1	79 97 14
Nose and threat		10	77	42	74	120	9	7	12	64	415
Speech		2	12	3	12	30	-	1	1	5	66
Lymphatic glands		4	45	24	19	34	5	8	5	74	218
Heart		4	51	30	30	33	7	21	1	37	214
Lungs		7	48	17	54	30	5	6	8	18	193
Developmental—(a) Hernia (b) Other		2 11	6 34	2 14	1 3	5 6		3 2	1	1 16	21 88
Orthopaedic—(a) Posture (b) Feet (c) Other		$\frac{1}{6}$	21 70 41	16 45 29	5 15 25	4 31 60	2 1 3	14 37 12	2 4 3	14 42 47	79 245 226
Nervous System—(a) Epilep (b) Other	sy	5	2 9	4	4 3	4 7	=	3 2	1	4 5	22 31
Psychological— (a) Development (b) Stability	::	3	4 5	1 1	10 11	19 13	1	7 8	1 3	7	53 41
Abdomen		2	6	2	5	13	-	1	-	-	29
Other		1	17	1	21	12	_	2	_	_	54
Totals		80	676	266	348	531	43	174	52	496	2,666

TABLE A-continued.-PERIODIC INSPECTIONS (TOTALS).

(VII) 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		12	8	2	10		_	26	4	4	66
(b) Squint		102 23 12	237 23 6	115 78 1	113 5 1	186 2 1	39 28 3	131 40 3	46 5 2	38 4 1	1,007 208 30
(b) Otitis Media		3 5 2	5 6 1	5 3	4 1	3	3	9 21 6	- 1 1	8 -	36 43 10
Nose and throat		24	26	54	32	34	32	42	31	2	277
Speech		6	15	33	25	9	9	41	12	4	154
Lymphatic glands		2	1	_	9	1	2	6	6	1	28
Heart		5	2	8	_	3	3	7	-	3	31
Lungs		16	4	3	11	-	1	19	4	1	59
Developmental—(a) Hernia (b) Other	::	6 12	3 6	3 5		=	-1	3 4	-1		15 32
Orthopaedic—(a) Posture (b) Feet (c) Other		8 27 35	22 67 19	33 81 50	13 204 108	9 38 33	2 20 6	19 170 91	12 32 11	15 25 9	133 664 362
Nervous System—(a) Epilep (b) Other	sy 	$\frac{1}{2}$	4		=	=	=	2	-	=	7 5
Psychological— (a) Development (b) Stability		_2	=	1 5	2 2	_	1	2 2	=	=	8 9
Abdomen		2	_	1	3	1	-	2	_	-	9
Other			3	-	_	2	-	7	13	1	26
Totals		307	459	482	544	322	152	654	181	118	3,219

PART II—continued.

TABLE A.—PERIODIC INSPECTIONS (TOTALS)—continued.

(VIII) 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
kin	9	128	121	54	47	121	54	30	105	669
Eyes—(a) Vision (b) Squint (c) Other	25	210 55 62	8 30 1	31 29 9	51 6 8	47 40 25	66 48 11	20 25 11	176 30 21	637 288 149
Cars—(a) Hearing	17	81 94 9	13 40 11	12 47 20	77 45 10	16 82 5	30 58 4	12 4 3	25 25 10	271 412 77
Nose and throat	75	345	353	338	305	299	150	109	241	2,215
peech	9	52	35	26	70	24	33	7	36	292
ymphatic glands	30	180	308	105	77	127	61	71	260	1,219
Heart	18	192	238	97	68	173	156	10	160	1,112
.ungs	31	145	114	132	93	137	95	68	52	867
Developmental—(a) Hernia (b) Other		21 78	11 71	4 9	10 10	8 50	16 17	4 3	9 60	90 349
Orthopaedic—(a) Posture (b) Feet (c) Other	16	42 215 79	57 166 228	19 94 56	10 72 152	25 45 202	35 140 75	6 22 24	43 158 157	241 928 1,001
Nervous System—(a) Epilepsy (b) Other		4 24	7 17	11 7	13 19	12	8 10	2 8	12 21	66 128
Psychological— (a) Development (b) Stability		14 10	6 5	19 14	25 20	7 6	22 29	2 5	11 8	113 97
bdomen	6	24	13	10	20	24	12	2	2	113
Other	3	31	6	40	27	7	8	15	11	148
Totals	394	2,095	1,859	1,183	1,235	1,482	1,138	463	1,633	11,482

TABLE B.—SPECIAL INSPECTIONS.

(I) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or Diseas	e	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin		_	2	1	_	1	1	4	1	2	11
Eyes—(a) Vision (b) Squint (c) Other		11 1 1	4 1	8 2 1	1	7	5 - 1	11 6 —	12 2 —	5 3 —	64 14 4
Ears—(a) Hearing (b) Otitis Media (c) Other		6 1 2	9	12 2	1 _	3 1	10 4 —	2 1	10 1 2	$\frac{4}{3}$	57 11 7
Nose and throat .		34	47	31	21	13	45	22	70	17	300
Speech		6	2	6	12	4	1	10	12	8	61
Lymphatic glands .		11	8	_	1		5	-	7	ebes <u>ila</u> ye	32
Heart		3	5	6	-	-	1	9	_	1	25
Lungs		9	11	8	1	1	_	5	5	-	40
Developmental—(a) He (b) Ot	ernia ther	4 4	11	=	=	=	2 3	=	1 1	=	7 19
Orthopaedic—(a) Postu (b) Feet (c) Other		4 3	1 1	1 1 36	Ξ	- 4 2	三	7 13	2 2 3	3 30 18	6 49 76
Nervous System—(a) I (b) (Epilepsy Other	1 2	1 1	11 2	=	1 2	=	6 2	2	1	23 9
Psychological— (a) Development (b) Stability .	. ::	6 3	1 28	85 3	2	9 4	=	97 9	26 1	6	232 48
Abdomen		-	2	_	_	-	1	-	_	-	3
Other		2	6	6	2	2	-	12	16	4	50
Totals		114	142	222	41	53	79	216	176	105	1,148

TABLE B.—SPECIAL INSPECTIONS—continued.

(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	1	7	5	3	3	11	1	15	3	49
Eyes—(a) Vision (b) Squint (c) Other	5 3 1	23 4 5	3 2	<u>-</u>	1 -	10 1 2	=	5 1 3	=	44 12 14
Ears—(a) Hearing	$\frac{7}{4}$	40 10 2	4 9 1	$-\frac{1}{1}$	12 2 1	25 19 —	1 =	22 5	26 1 4	138 46 13
Nose and throat	13	141	38	5	23	59	21	71	8	379
Speech	11	5	7	1	7	9	1	11	1	53
Lymphatic glands	7	54	15	2	6	20	1810	24	8	136
Heart	15	41	16	1	. 7	17	16	13	11	137
Lungs	39	62	16	1	19	35	3	48	11	234
Developmental—(a) Hernia (b) Other	3 6	4 31	1 4	=	1 2	2 25	3	-3	2 3	13 77
Orthopaedic—(a) Posture (b) Feet (c) Other	3 2 6	11 14 4	6 10 20	=	2 4 5	3 4 5		1 2 25	- 4 6	26 40 73
Nervous System—(a) Epilepsy (b) Other	7 8	13 14	9 2	-1	5 1	6 4	1	7 12	1 6	49 48
Psychological— (a) Development (b) Stability	57 6	4 38	3 2	Ξ	10 7	30 1	3 2	22 9	8	137 65
Abdomen	2	14	-	1	5	4	-	5	<u> </u>	31
Other	14	25	3	-	6	4	2	9	3	66
Totals	220	566	176	18	129	296	56	313	106	1,880

PART III.

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

TABLE A .- EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

Disease or Defect			Numb	er of case	s known t	to have be	en dealt	with		
Disease of Defect	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 Errors of refraction (including squint)	27 1,385	5 1,031	1,341	172 549	1,162	3 857	49 624	1,295	1,080	256 9,324
Total	1,412	1,036	1,341	721	1,162	860	673	1,295	1,080	9,580
Number of pupils for whom spectacles were prescribed	780	313	400	392	464	228	277	387	724	3,965

TABLE B.-DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

		,	Number	of cases	known to	have beer	dealt wi	th		
	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	8	15	10	-	-	5	4	2	2	46
(b) For adenoids and chronic tonsillitis	51	72	423	93	198	254	256	52	311	1,710
(c) For other nose and throat conditions	3	3	6	6	38	8	7	1	-	72
Received other forms of treat- ment	5	1	13	-	-7	-	43	-	16	78
Total	67	91	452	99	236	267	310	55	329	1,906
Total number of pupils in schools who are known to have been provided with hearing aids										
(a) in 1959	2	2	6	1	7	4	1	1	4	28
(b) in previous years	9	17	11	2	24	8	- 4	4	6	85

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

A CLUM TEMPORAL TOTAL	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	282	482	1,265	936	165	241	539	449	859	5,218
(b) No. of pupils known to have been treated at school for postural defects	171	1827	kn k			IAI	_	_	_	171
Total	453	482	1,265	936	165	241	539	449	859	5,389

TABLE D.—DISEASES OF THE SKIN

(excluding Uncleanliness, for which see Table D of Part I).

D:			Num	ber of cas	es known	to have b	een treat	ed		
Disease or Defect	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm—(a) Scalp	 _	_	_	_	-	-	_	_	_	_
(b) Body	 -	_	3	-	-	-	-	-	-	3
Scabies	 -	_		-	_	-	3	2	_	5
Impetigo	 _	6	6	17	-	_	3	1	-	33
Other skin diseases	 -	-	21	16	13	-	18	9	32	109
Total	 _	6	30	33	13	-	24	12	32	150

TABLE E.—CHILD GUIDANCE TREATMENT.

Law Law I	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of cases known to have been treated	49	18	11	38	18	40	9	18	49	250

TABLE F.-SPEECH THERAPY.

Make I have been be	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of cases known to have been treated	144	60	179	102	69	104	111	145	262	1,176

TABLE G.—OTHER TREATMENT GIVEN.

No. of cases known to have been dealt with	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) Pupils with minor ailments	341	_	_	353	_	_	28	3	-	725
(b) Pupils who received con- valescent treatment under School Health Service arrangements	_	_	_	_				_	Line -	_
(c) Pupils who have received B.C.G. vaccination	675	570	1,225	1,044	325	467	1,292	331	2,771	8,700
(d) Other than (a), (b), and (c) above—								15	a man	
(i) Infective and Parasitic Diseases	-	-	-	-	_	-	-	1	48	49
(ii) Allergic Endocrine System Metabolic and Nutri- tional Diseases	1	_	_	_	_	_	_	2	4	7
(iii) Diseases of the Nervous System and Sense Organs	8	_	4	_	_	_	_	4	60	76
(iv) Diseases of the Circula- tory System	14	6	15	-	10	_	_	3	48	96
(v) Diseases of the Respiratory System	15	14	10	6	26	58	_	3	58	190
(vi) Diseases of the Digestive System	10	_	-	_	33	_	_	17	123	184
(vii) Diseases of the Genito- Urinary System	11	_	10	1	21	_	-	_	70	113
(viii) Accidents and Injuries	6	1	_	_	51	3	_	17	62	139
(ix) Neoplasms	_	_	_	_	_	_	_	_	2	2
(x) Others	-	-	6	-	-	10	-	2	-	18
Totals	1,081	591	1,270	1,404	466	538	1,320	383	3,246	10,299
									-	

PART IV.

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 (b) As specials	1,297	2,530 1,426	2,257 1,345	3,748 140	398	1,510 1,197	3,275 1,497	5,477 442	4,026 1,755	22,823 9,497
	Total (1)	1,297	3,956	3,602	3,888	398	2,707	4,772	5,919	5,781	32,320
(2)	No. found to require treatment	1,291	2,975	2,567	1,919	394	2,086	3,137	5,055	5,164	24,588
(3)	No. offered treatment	1,291	3,629	3,250	1,911	389	1,463	3,100	5,055	3,252	23,340
(4)	No. actually treated	1,237	2,036	2,451	1,478	326	1,302	1,790	2,464	2,456	15,540
(5)	No. of attendances made by pupils for treatment, including those recorded under heading 11 (h)	4,528	6,256	9,542	5,459	2,231	6,163	4,421	7,356	3,952	49,908
(6)	Half-days devoted to— Periodic (school) inspection Treatment	483	28 758	25 1,150	39 644	218	17 656	21 489	63 796	41 323	234 5,517
	Total (6)	483	786	1,175	683	218	673	510	859	364	5,751
(7)	Filling— Permanent teeth Temporary teeth	488 76	1,071 80	2,833 149	1,724 116	649 18	1,587 114	915 91	2,005 161	417	11,689 805
	Total (7)	564	1,151	2,982	1,840	667	1,701	1,006	2,166	417	12,494
(8)	No. of teeth filled— Permanent	466 76	1,016 80	2,473 140	1,643 113	523 17	1,562 114	833 91	1,793 158	202	10,511 789
	Total (8)	542	1,096	2,613	1,756	540	1,676	924	1,951	202	11,300
(9)	Extractions— Permanent teeth Temporary teeth	961 1,375	959 2,146	1,396 3,367	1,135 2,312	355 376	841 2,161	796 1,638	650 2,031	1,018 2,470	8,111 17,876
	Total (9)	2,336	3,105	4,763	3,447	731	3,002	2,434	2,681	3,488	25,987
(10	Administrations of general anaesthetics for extractions	_	1,623	1,324	1,018	182	749	1,109	879	1,871	8,755

PART IV-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—					10					
(a) Cases commenced during the year	19	5	91	45	17	22	23	16	30	268
(b) Cases carried forward from previous year	7	4	42	76	16	10	83	39	26	303
(c) Cases completed during the year	1	1	54	42	17	17	17	19	1	169
(d) Cases discontinued during the year	_	7	32	3	_	4	34	3	22	105
(e) Pupils treated with appliances	10	5	133	45	34	32	86	48	23	416
(f) Removable appliances fitted	9	5	81	22	32	17	36	55	23	280
(g) Fixed appliances fitted	_	_	12	23	2	5	7	-	_	49
(h) Total attendances	52	79	1,066	362	316	169	506	529	212	3,291
12) Number of pupils supplied with artificial teeth	17	38	78	41	23	42	29	41	10	319
(13) Other operations—										
Permanent teeth	690	110	2,845	1,924	416	634	622	828	400	8,469
Temporary teeth	67	_	924	77	8	_	245	425	189	1,935
Total (13)	757	110	3,769	2,001	424	634	867	1,253	589	10,404

PART V.

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

TABLE 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
Α.	Blind	_	1	1	_	_	_			1	3
B.	Partially sighted	_	1	1	_	_	_	_	-	2	4
c.	Deaf	_	1	_	_	_	_	_	_	-	1
D.	Partially deaf	-	_	_	_	_	_	_	12/0/20	_	_
E.	Delicate	1	1	_	_	_	1	_	_	_	3
F.	Physically handicapped	1	4	3	_	3	1	4	2	1	19
G.	Educationally subnormal	21	1	8	6	-	1	10	3	1	51
H.	Maladjusted	1		2	_	_	1	1	2	3	10
I.	Epileptic	-	-	-	1	1	-	_	1	1	4
	Total	24	9	15	7	4	4	15	8	9	95

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

	Category of Har	ndicaj	p	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Α.	Blind				3	_		_			_	2	5
В.	Partially sighted	١		_	1	1	_	1	_	_	_	2	5
C.	Deaf			1	1	1	_	_	_	1	_	_	4
D.	Partially deaf			-	1	_	_	_	_	_	_	2	3
E.	Delicate			1	3	1	_	_	1	_	_	-	6
F.	Physically handi	cappe	ed	1	2	4	1	3	2	4	2	3	22
G.	Educationally su	bnor	mal	21	12	15	5	3	3	20	4	9	92
H.	Maladjusted			1	_	2	1	_	1	1	2	3	11
I.	Epileptic			-	-	-	1	1	_	-	-	-	2
	Total			25	23	24	8	8	7	26	8	21	150

TABLE C.—NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF MAINTAINED SPECIAL SCHOOLS AS DAY PUPILS ON 22ND JANUARY, 1960. I (1) (a).

	Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
١.	Blind	_	_		_	_		_		_	_
3.	Partially sighted	_	_	1	_	_	_	_	_	Manager of the	1
	Deaf	_	_	_	-	-	_	1	_	_	1
).	Partially deaf	-	_	_	_	_	_	_	_	1	1
2.	Delicate	_	-	-	-	-	-	-	-	-	-
	Physically handicapped	-	_	-	-	-	-	14	-	-	14
ř.	Educationally subnormal	68	-	-	-	-	-	28	-	-	96
I.	Maladjusted	_	_	-	-	_	-	-	-	-	
	Epileptic	_	-	-	-	-	-	-	-	-	-
	Total	68	_	1	_	_	_	43	_	1	113

TABLE C.—NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF MAINTAINED SPECIAL SCHOOLS AS BOARDING PUPILS ON 22nd JANUARY, 1960. I (1) (b).

	Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
	Blind		2	8	2	3	1	2	1	7	26
3.	Partially sighted	_	2	6	_	_	1	- 4	3	4	20
	Deaf	1	1	1	_	_	1	1	_	- 1	6
	Partially deaf	_	_	_	_	_	_	_	_	1	1
	Delicate	3	3		1	_	1	_	-	-	8
	Physically handicapped	4	11	10	4	7	8	2	3	11	60
	Educationally subnormal	1	21	26	17	5	8	4	13	5	100
	Maladjusted	_	_	_	_	_	1		-	6-18	1
	Epileptic	-	-	_	-	_	-	-	-		Unit-
	Total	9	40	51	24	15	21	13	20	29	222

TABLE C.—NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF NON-MAINTAINED SPECIAL SCHOOLS AS DAY PUPILS ON 22ND JANUARY, 1960. I (2) (a).

	Category of Har	ndica	Р	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Α.	Blind			_	_	_	_	_	_		_	_	
B.	Partially sighted			_	_	- 1	_	_	_	_	_	_ 4	
C.	Deaf			_	_	_	_	_	_	_	-	_	-
D.	Partially deaf			_	_	_	_	_	_	_	_	_	- P
E.	Delicate			_	_	_	_	_		_	_	- The state of	The Part
F.	Physically handie	cappe	ed		_	_	_	_		_	_	_	Det I
G.	Educationally su	bnor	mal		_	_	_	_	_		The state of the s	and principles	1
H.	Maladjusted				_	_	_	_	_	_		TO BELLEVILLE	
	T					-			_		_	- being the	NAME OF
												-	opple of
	Total			_	_	_	_	_	_	-	_	_	-

TABLE C.—NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF NON-MAINTAINED SPECIAL SCHOOLS AS BOARDING PUPILS ON 22ND JANUARY, 1960. I (2) (b).

_						(2) (0).						
	Category of Handica	р	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Α.	Blind			_	1	_	_	. 1	3	_	_	5
В.	Partially sighted		_	_	_	_	_	_	_	-	1	1
C.	Deaf		2	8	5	8	3	5	3	4	3	41
D.	Partially deaf		1	1	2	_	3	_	2	1	-	10
E.	Delicate		_	_	-	_	_	-	_	-	-	_
F.	Physically handicappe	ed	_	_	-	1	-	_	_	-	-	1
G.	Educationally subnor	mal	_	1	3	1	_	_	2	_	_	7
H.	Maladjusted		-	-	_	_	-	_	_	_	1-11	_
1.	Epileptic		1		1	2	2	2	1	1	1	11
	Total		4	10	12	12	8	8	11	6	5	76

TABLE C.—(II) NUMBER OF HANDICAPPED PUPILS WHO WERE ON THE REGISTERS OF INDEPENDENT SCHOOLS UNDER ARRANGEMENTS MADE BY THE AUTHORITY ON 22ND JANUARY, 1960.

Category of H	Iandicap		Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
. Blind			_	_	_	_	_	_	_	_	_	_
. Partially sight	ed		-	_	_	_	_	-	_	_	_	-
. Deaf			1	1	_	-	_	1	1	-	-	4
. Partially deaf			-	-	-	-	-	2	-	_	1	3
. Delicate			_	_	_	-	-	-	-	-	-	-
. Physically har	ndicappe	ed	-	-	_	-	1	_	2	-	-	. 3
. Educationally	subnor	nal	1	_	_	-	_	_	-	-	-	1
I. Maladjusted			-	-	1	-	-	_	-	1	1	3
Epileptic			-	-	_	-	-	-	-	-	-	-
Total			2	1	1	-	1	3	3	1	2	14

TABLE C.—(III) NUMBER OF HANDICAPPED PUPILS BOARDED IN HOMES ON 22ND JANUARY, 1960.

Category of H	andicap		Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
. Blind			_	_	_	_	_	_	_	_	_	_
. Partially sighte	ed		-	-	_	_	-	_	_	-		- 6
. Deaf			_	-	-	_	-	_	_	_	_	-
. Partially deaf			-	_	_	-	-	_	_	-	-	-
. Delicate			_	_	-	-	-	_	_	_	_	-
. Physically han	dicapped	i	-	_	-	_	_	_	_	-	-	- 9
. Educationally	subnorm	nal	-	-	_		_	_	-	-	n —	-
. Maladjusted			1	_	3	2	_	_	3	-	4	13
Epileptic			-	-	-	-	-	-	_	-		-
Total			1		3	2		_	3	_	4	13

TABLE D.—NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGE-MENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944.

(I) IN HOSPITALS.

	Category of Handi	cap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Α.	Blind		_	_		_	_	_	_	_	_	em d
B.	Partially sighted		-	_	_	_	_	_	-	-	_	
C.	Deaf		_	_	_	_	_	_	_	_	_	-
D.	Partially deaf		_	_	_	_	_	_	_	_	_	_
E.	Delicate		_	_	_	_		_	-	-	_	_
F.	Physically handica	oped	_	1	1	_	1	1	1	_	-	5
G.	Educationally subn	ormal	_	_	_	_	_	_	_		_	-
H.	Maladjusted		1	_	_	_	_	_	_	1	_	2
I.	Epileptic		-	-	-	-	-	-	-	_	-	-
_	Total		1	1	1		1	1	1	1	_	7

(II) IN OTHER GROUPS.

	Category of Handicap		Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Α.	Blind		_		_	_	_	_	_	_	-	
В.	Partially sighted		_	_	_	_	_	_	_	-	-	-
C.	Deaf		_	_	_	_	-	_	-	-	-	_
D.	Partially deaf		_	_	-	_	_	_	-	-	-	_
E.	Delicate		-	_		-	_	_	_	-	-	
F.	Physically handicapped	١	_	_	-	-	_ 6	_	_	-	-	4-
G.	Educationally subnorm	al	_	_	_	_	-	_	_	- 16	00-10	-
H.	Maladjusted		_	_	_	_	_	_	_	-	-	-
I.	Epileptic		_	_	-	-		-	_	-	-	_
	Total		_	_						_	0-16	_

TABLE D-continued.

(III) TUITION AT HOME.

	Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
١.	Blind	_	_	_	_	_	_	_	_	_	_
3.	Partially sighted	_	_	_	-	_	-	_	-	-	_
).	Deaf	_	_	_	_	_	-	-	-	-	-
).	Partially deaf	_	-	_	-	-	_	_	-	-	-
3.	Delicate	1	-	_	-	- 1	1		-	1	4
7.	Physically handicapped	4	2	5	4	4	3	-	5	6	33
à.	Educationally subnormal	-	-	_	-	_	_	-	_	-	_
H.	Maladjusted	_	_	-	-	_	_	_	-	1	1
	Epileptic	-	-	-	-	-	-	-	-	-	_
	Total	5	2	5	4	5	4	-	5	8	38

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

-						Contract Con				1 1	
	Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
	Blind	_	2	_	1	_	_	-	_	1	4
	Partially sighted	_	-	_	_	-	-	-	-	-	_
	Deaf	-	-	_	_	_	-	1	-	-	1
	Partially deaf	_	1	_	_	_	_	_	_	-	1
	Delicate	_	3	3	-	_	-	_	1	1	8
	Physically handicapped	_	1	3	1	_	2	_	-	2	9
	Educationally subnormal	19	89	72	13	19	10	22	17	12	273
	Maladjusted	_	_	1	2	_	_	_	_	-	3
	Epileptic	-	-	- 9	-	-	-	-	1	-	1
	Total	19	96	79	17	19	12	23	19	16	300

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY.

							66									
	Others	Child Guidance: Tuesday mornings, fortnightly. Minor Ailments: Saturday mornings.	Minor Ailments: Friday mornings.	Minor Ailments: Wednes- day mornings.	Minor Ailments: Tuesday mornings. Minor Ailments: Thursday	mornings.		-			1			1		-
	Speech Therapy				1 1		11		Wednesdays and Thursdays.	Mondays and Thursdays.	1	Saturday mornings.			Fridays.	
Type of Clinic and Days held	Orthopaedic	Periodically as required. Consultant—once every four months.		1	Periodically as required. Consultant—once every four months.			-	Thursdays.	Tuesday afternoons. Wednesdays. Tuesday mornings	One Thursday monthly.					-
Type	Refraction	Periodically as required. Consultant—last Thursday morning in each month.	Periodically as required.	Periodically as required.			Periodically as required. Periodically as required.	1	Periodically as required.	Mondays and Wednesdays.	As required.					
	Dental	Mondays, Tuesday mornings, Wednesdays, and Fridays.	Monday afternoons, Tuesday afternoons except second Tuesday in each month which is held during morning session	Wednesday afternoons.			Mondays, Thursdays, and Fridays. Tuesdays and Wednesdays.	1	Tuesdays, Wednesdays, and Saturdays. Fridays	Mondays, Tuesdays, and Wednesday mornings. Fridays. Saturday mornings.	Mondays, Tuesdays, and Wednesday afternoons. Thursdays, Fridays, and Saturday mornings.		Monday, Tuesday and Wednesday mornings.	Friday mornings and	Wednesdays.	Thursdays.
Clinic of decor	cume address	ABERDARE AND MOUNTAIN ASH DIVISION. Rock Grounds Clinic, Aberdare	Aberdare Road, Mountain Ash	Walter Street, Abercynon	Avondale Street, Ynysboeth Penrhiw-ceibr Secondary School		CAERPHILLY AND GELLIGAER DIVISION. Old Cottage Homes, Park Road, Bargoed Tonyfelin Welsh Baptist Chapel Schoolroom, Bedwas Road, Caerphilly	Beulah Chapel Schoolroom, Aber-	County Offices, Caerphilly Road, Ystrad Mynach Penyrheol Clinic, Trecenydd	MID-GLAMORGAN DIVISION. County Council Clinic, Quarella Road, Bridgend	Old Secondary School, Maesteg	M. & C.W. Clinic, Ogwy Street, Nantymoel	M. & C.W. Clinic, Park Avenue, Ogmore Vale	Road, Pontycymmer	Porthcawl M. & C.W. Clinic, Church Street,	Maesteg Mynydd Cynffig Infants' School,

							•	67								
	Others		1	Minor Ailment: Tuesday afternoons. Friday mornings.	O.V.K.: 1 uesday mornings. Child Guidance: Tuesday afternoons, Wednesdays.	-	Minor Ailment: Wednesday mornings. Friday afternoons.		1	.: Tuesday is, Friday mo	quired. U.V.R.: Mondays and Friday afternoons.	Minor Ailment: As re-	quired. Minor Ailment: As re-	U.V.R. : Monday and Fri-	Minor Ailment: As required	Minor Ailment: As required Minor Ailment: As required
	Speech Therapy	Friday mornings.	1	Thursdays. Friday afternoons. Saturday mornings.					1					-	The same of the same	
Type of Clinic and Days held	Orthopaedic		-	Monday fortnightly, also when required.	Allers of the Chi				1	Fridays.	I	Obe appoint The next	1	1	The Compositional	Attendance of the party
Type	Refraction	As required.		As required.		When required.	When required.		As required.	As required.	As required.	As roder —	- Jupan så	As required.		As required.
	Dental	Fridays.	As required.	logariles ex-		Mondays and Tuesdays.	Tuesdays, Wednesdays, Thursdays, and Friday mornings during school terms.	Total State of the	Mondays and Thursdays weekly, and Wednesday mornings fortnightly.	Wednesdays.	Tuesdays.			1	- Control -	
Clinic address		NEATH AND DISTRICT DIVISION. M. & C.W. Clinic, Mary Street, Seven Sisters	Llangatwg County Secondary	School Clinic, Dyfed Road, Neath	Sur San Sala San Like	M. & C.W. Clinic, Addoldy Road, Glynneath	School Clinic, Hunter Street, Briton Ferry		M. & C.W. Clinic, Cefn Parc, Skewen	PONTYPRIDD AND LLANTRISANT DIVISION. Central Clinic, Ynysyngharad Park, Pontypridd	County Council Clinic, School Street, Tonyrefail	School Clinic, Thompson Street, Ynvsybwl	Pontshonnorton Clinic, Merthyr Road, Pontvoridd	Mount Pleasant, Beddau	Talkot Green	County Council Clinic, Gelliarael Road, Gilfach Goch

School Ceinics in the Abministrative Court Continued.

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—continued.

	ers	1 1	1 1	11	douce.	Alternate Monday afternoons.	lay	lay	lay	day	ings	day	day	ngs day	ments: mornings
	Others	9			Child Guidance:	afternoons.	afternoo	afternoo	afternoo	afternoons.	W	M	M	M	M
	Speech Therapy	Tuesdays and Wednesdays.		11	1			Alternate Mondays,	Alternate Mondays, Tuesdays weekly. Fridays.	Alternate Mondays, Tuesdays weekly. Fridays. Alternate Mondays, Saturdays weekly.	Alternate Mondays, Tuesdays weekly. Fridays. Alternate Mondays, Saturdays weekly. Tuesday and Wednedays weekly.	Alternate Mondays, Tuesdays weekly. Fridays. Alternate Mondays, Saturdays weekly. Tuesday and Wednedays weekly. Mondays, Tuesday afternoons fortnightly.	Alternate Mondays, Tuesdays weekly. Fridays. Alternate Mondays, Saturdays weekly. Tuesday and Wednedays weekly. Mondays, Tuesday afternoons fortnightly.	Alternate Mondays, Tuesdays weekly. Fridays. Alternate Mondays, Saturdays weekly. Tuesday and Wednedays weekly. Mondays, Tuesday afternoons fortnightly.	Alternate Mondays, Tuesdays weekly. Fridays. Alternate Mondays, Saturdays weekly. Tuesday and Wednedays weekly. Mondays, Tuesday afternoons fortnightly.
Type of Clinic and Days held	Orthopaedic	One Monday per month	plus session when specialist visits.	1	1			1 1	Tuesdays fortnightly.	Tuesdays fortnightly. As required. Tuesdays weekly.	Tuesdays fortnightly. As required. Tuesdays weekly. Friday mornings and Wednesday, once a month.	dy. cly. mgs onc onc aay a atth.	lays fortn quired. lays week lays week y morni nesday, h. Friday one Friday one Friday	lays fortn quired. lays week lays week nesday, h. Friday one Friday	lays fortn quired. lays week needay, h. Friday one Friday one Frida
Type	Refraction	As required.	As required.	As required.	As required.		As required.	As required.	As required.	As required. As required. As required.	As required. As required. As required. As required.	As required. As required. As required. As required.	As required. As required. As required. As required.	As required. As required. As required. As required. As required.	As required. As required. As required. As required. As required.
	Dental	Mondays and Tuesdays. Thursday mornings. Monday mornings.	Wednesday mornings.	mornings. Wednesday afternoons weekly. Alternate Wed-	Thursdays and Fridays.		Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons.	Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons.	Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons. Thursdays weekly.	Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons. Thursdays weekly. Fridays.	Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons. Thursdays weekly. Fridays. Wednesdays weekly.	Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons. Thursdays weekly. Fridays. Wednesdays weekly. As required.	Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons. Thursdays weekly. Fridays. Wednesdays weekly. As required. As required.	Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons. Thursdays weekly. Fridays. Wednesdays weekly. As required. As required. As required. As required.	Monday mornings. Tuesdays. Wednesday afternoons. Thursday afternoons. Thursdays weekly. Fridays. Wednesdays weekly. As required. As required. As required. As required. As required. Thursdays. Thursdays. Thursdays. Truesdays. Truesdays.
Clinic address	Seatton arriva	PORT TALBOT AND GLYNCORRWG DIVISION. Council Offices, Taibach, Port Talbot The Clinic, Pendarves Street, Aberavon	, Port Talbot Cwmavon	Council Offices, Cymmer	Dew Road, Sandfields, Port Talbot		South - East Glamorgan Division. Public Health Centre, Wood- lands Road, Barry	GLAMORGAN Centre, Wood- Barry Cadoxton, Barry							

68

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY-continued.

	y Others		. Child Guidance: Tuesday mornings fortnightly.		1	1	1	
	Speech Therapy	Tuesdays.	Monday afternoons.		Wednesdays.	Fridays.	Thursdays.	Monday mornings.
Type of Clinic and Days held	Orthopaedic	Tuesdays.	Wednesdays.	Mondays, Friday after- noons and Saturday mornings. Specialist—as required.	1	-	Thursdays.	
Type	Refraction	Monday mornings.	Tuesday afternoons.	Tuesday mornings.	1	1	Monday afternoons.	1
	Dental	Alternate weeks on Mondays, Tuesdays, Wednesdays, Fridays, Fridays, Saturday mornings	Alternate weeks on Mon- days, Tuesdays, Wednes- days, Thursdays, Fridays,	Saturday mornings. Wednesday afternoons.	1	1	Mondays fortnightly.	1
	Clinic address	RHONDDA EXCEPTED DISTRICT. Welfare Centre, Ynyswen, Tre- orchy	Welfare Centre, Trafalgar Terrace, Ystrad	Carnegie Welfare Centre, Trealaw	Welfare Centre, Hendrecafn	Welfare Centre, Ynys Villas, Varschir Road Varschir	Welfare Centre, Oakland Ter-	Welfare Centre, Courthouse, Tonypandy

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

