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Contributors

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Glamorgan County Council.

EDUCATION COMMITTEE.

Annual Report

OF THE


Principal School Medical Officer

ON

**Medical Inspection of Children in Maintained Primary and
Secondary Schools for the Year 1960**

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

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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 in the Administrative County for 1960, including the report on the Rhondda excepted district compiled by Dr. Morley-Davies. The years pass all too quickly but, even so, progress and change are evident since the first report I was called upon to compile almost twenty years ago. This change is insignificant compared with the change which has taken place since the service was introduced just over fifty years ago to deal with the many ailments which the school children of that time suffered from and for which there were not the treatment facilities which there are today.

The history of the development of the Service was dealt with in detail in a previous report, but it is pertinent to reiterate the need for an alteration in the form of school medical inspection now that treatment and advice is so freely available to all, either from the general practitioner or hospital service. Consideration was given by the Committee during the year to an alteration in routine inspection procedure and it was agreed that as from January, 1961, the inspection of eight-year-old children would be discontinued and replaced by a system of special inspections.

However, during 1960, the survey^{of}/work shows that there was an increase of almost 10,000 in the number of inspections undertaken and over 3,000 more re-examinations, so it will be seen that the medical and nursing staff have had a busy year bearing in mind the many sessions spent on the poliomyelitis campaign and other duties.

The findings at these inspections show that the number of children categorised as being in poor or unsatisfactory physical condition was 1 in 250 examined, which is a clear indication of the good general health of the present-day school child.

The defects discovered requiring treatment in individual pupils were 5,763, of which 1,507 were defects of vision, while orthopaedic conditions account for 2,519, these in the main being postural defects and flat feet.

There is still room for improvement in the cleanliness of girls' hair which was commented on last year, as there was an increase from 3.8 to 4.1 per cent in the number of girls with nits in the hair despite the continued efforts of the school nurses in advising parents on the measures needed to deal with this condition which, with the preparations now available, should not present an insuperable problem. On the other hand, it is unusual to find a child with a "dirty or verminous skin"—approximately 1 per 1,000 examined.

Health education in all its aspects is one of the main functions of the School Medical Officers and School Nurses. If the rules of healthy living could be inculcated at an early age, the consequent reduction in the many ailments which beset us in later life would result in a considerable lessening of the demand on the National Health Service with its enormous annual drug bill.

The better physique of the child is not only due to a higher standard of child care, but also to the emphasis placed on physical education which forms a part of the general education of today. In referring to the School Health Service the considerable contribution of the teaching staff must be acknowledged, and I wish to thank Head Teachers and others who have been so co-operative through the years.

The ascertainment and care of handicapped pupils of all categories continued to be one of the major functions and my Deputy, Dr. R. T. Bevan, who has been largely responsible for the compilation of this report, has continued to take a special interest in the placement of these pupils in the schools most suited to their needs. It is satisfying to realise that the provision of special schools by the Committee has made it possible in most cases to implement the recommendations of the examining Medical Officers promptly, and the reports of the Headmasters are very satisfactory.

Staff shortages have hampered the work of establishing a Child Guidance Service but a foundation has been laid and clinics have been established which give cover to all areas without excessive travelling distance. Speech Therapists are also in short supply and it has not been possible to fill two vacancies, but it is in the dental field that the greatest shortage exists. Mr. H. P. R. Williams, Principal School Dental Officer, in his report draws attention to the continual difficulty. The position is so desperate that it will not be possible to continue treatment facilities except for a small proportion of the school population, leaving the remainder to receive treatment from private dentists who are hard pushed to cope with the demand made upon them.

Dr. Morley-Davies's report contains some most interesting data on certain attributes of thirteen-year-old boys in the Rhondda which will form the basis for a five-year follow-up survey. In addition, he and Dr. Revington, Divisional Medical Officer, Caerphilly and Gelligaer Health Division, carried out special surveys on tuberculin sensitivity.

Once again, it is my pleasure to thank the Committee for their support and consideration and also it is my duty to express a special debt of gratitude not only to my own staff centrally and in the Divisions, but also to other chief officers for their help during the year.

I am,

Your obedient servant,

W. E. THOMAS,

Principal School Medical Officer.

PRINCIPAL SCHOOL MEDICAL OFFICER'S DEPARTMENT.

STAFF.

The Medical, Dental, and Senior Nursing Staff of the School Health Service during the year 1960 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.

GWLDYDYS 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.

C. J. REVINGTON, M.B., B.CH., B.SC., D.P.H.

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

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

D. W. FOSTER, M.B., B.CH., B.SC., D.P.H.

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

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

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

SENIOR ASSISTANT MEDICAL OFFICER.

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

ASSISTANT MEDICAL OFFICERS.

ALUN GARBETT ALEXANDER, B.SC., M.B., B.CH. (To 4th December, 1960.)

BETTY ALEXANDER, M.B., B.CH.

JAMES A. BROWN, L.R.C.P., L.R.C.S., L.R.F.P. and S.G. (From 12th December, 1960.)

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

ALAN CROWLEY, M.B., B.CH., B.A.O., T.C.D., D.OBST., R.C.O.G. (From 3rd October, 1960.)

EDNA L. DAVIES, M.B., B.CH., B.SC., D.R.C.O.G. (From 28th November to 10th December, 1960.)

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

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

CREIGHTON E. EDWARDS, M.B., B.CH., B.SC., D.P.H. (From 6th July, 1960.)

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

PATRICIA R. EVANS, M.B., B.CH. (From 26th November, 1960.)

SHIRLEY P. FRANCIS, L.R.C.P., M.R.C.S. (From 11th April, 1960.)

GAYNOR HARRY, M.B., B.CH., B.SC.

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.
 DAVID S. B. JAMES, M.B., B.CH.
 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. (To 31st October, 1960.)
 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.
 JOHN F. ROWLAND, M.B., B.CH., D.P.H. (From 20th July, 1960.)
 DONALD J. THOMAS, M.B., B.CH., B.SC. (To 24th July, 1960.)
 ISABEL K. WAKELY, M.B., B.CH., D.R.C.O.G. (From 10th October, 1960.)
 DORIS WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (To 6th August, 1960.)

In addition to the above, twenty-six 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, M.CH.
 E. R. TREASURE, F.R.C.S.

CONSULTANT OPHTHALMOLOGIST.

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

PRINCIPAL SCHOOL DENTAL OFFICER.

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

ASSISTANT DENTAL OFFICERS.

F. J. A. KAVANAGH.
 C. I. T. MORGAN, L.D.S., R.C.S.
 M. C. W. NICHOLLS, L.D.S., R.C.S. (To 29th May, 1960.)

In addition to the above, eighteen 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. (To 30th September, 1960.)
 L. D. HOWELL, S.R.N., S.C.M., H.V.CERT. (From 1st October, 1960.)
 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, R.R.C., 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. (To 19th February, 1960.)
 EILEEN G. WATKINS, M.B., B.CH., B.A.O., D.P.H. (From 1st February, 1960.)
 ALEXANDER C. STEWART, M.B., B.CH. (From 1st September, 1960.)
 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. (Deceased 26th December, 1960.)

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, 1960, was 116.

The time devoted to School Health Service work during the year is equivalent to the whole-time of 33.27 nurses.

The staff engaged in ancillary services included :—

two whole-time physiotherapists ;
 three whole-time speech therapists ;
 five whole-time and sixteen 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 1950-1960.

	1950	1955	1956	1957	1958	1959	1960
A. STAFF.							
(i) Assistant Medical Officers ..	27	29	29	29	24	25	30
(ii) Consultants	4	6	6	6	6	6	6
(iii) Dental Surgeons	13	12	13	13	11	10	10
(iv) School Nurses	119	120	123	123	111	114	116
B. MEDICAL INSPECTION.							
(i) Routine Examinations ..	29,232	30,459	36,791	31,400	26,387	27,469	37,135
(ii) Special Examinations ..	8,341	6,670	7,118	6,029	10,297	3,682	3,905
(iii) Re-examinations	24,931	14,062	12,250	19,903	11,338	10,921	14,072
Totals	62,504	51,191	56,159	57,332	48,022	42,072	55,112
C. DENTAL INSPECTION.							
(i) No. of children inspected by School Dentists	51,479	28,836	27,540	23,175	27,813	32,320	26,265
D. TREATMENT.							
(i) No. of Treatment Centres ..	48	56	58	57	57	58	60
(ii) Attendances at School Clinics.							
(a) Dental	48,970	54,742	51,076	47,493	46,548	49,908	47,089
(b) Refraction	12,068	12,361	11,678	12,001	11,436	12,675	10,670
(c) Orthopaedic	10,066	13,782	12,314	13,736	15,670	14,084	14,739
(d) Minor ailments	10,797	5,841	4,966	5,342	4,956	4,924	4,696
(e) Speech Therapy	3,641	11,170	11,692	10,940	12,514	11,628	7,024
Totals	85,542	97,896	91,726	89,512	91,124	93,219	84,218
(iii) Treatment.							
(a) No. of teeth extracted	49,245	32,243	32,240	28,292	29,005	25,987	26,359
(b) No. of fillings	10,987	14,705	13,713	12,387	11,414	12,494	12,935
(c) No. of other operations	6,740	10,323	9,953	9,977	8,310	10,404	9,780
Totals	66,972	57,271	55,906	50,656	48,729	48,885	49,074
E. SCHOOL NURSES.							
(i) No. of examinations of children at school for uncleanliness	298,550	315,891	310,612	286,463	274,131	273,176	252,329
(ii) No. of re-examinations ..	75,637	19,198	17,971	13,767	12,954	12,757	12,205
(iii) No. of visits paid to homes ..	28,104	16,194	14,384	12,341	12,203	11,882	12,015

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

SCHOOL MEDICAL INSPECTION.

When the School Health Service was inaugurated more than forty years ago, routine medical inspection of school children was the basis of the Service. The original objective was the bringing to light of defects, but conditions have changed over the years. It is now unusual for a defect to be initially discovered at these inspections. An improved Maternity and Child Welfare Service and the National Health Service have made it much easier for children to receive adequate medical treatment.

For some time it has been apparent that a modification of the old procedures was desirable and it has, therefore, been resolved that routine inspection should be limited to school entrants and school leavers. This does not mean that doctors will visit schools less frequently, but much of their time will be taken up by seeing children with specific health problems—some of these will be referred as a result of information already known to health departments and others following requests from the teaching staffs of schools.

The School Health Service should not be regarded as the isolated responsibility of the school doctor, but rather of all people who come into contact with the child in his school environment. Already the value of discussion between doctor and teacher is proving of benefit to the child. To ensure that a child's physical condition causes the minimum handicap to his educational progress must be the objective of the School Health Service.

The following table shows the incidence of pupils whose general condition was regarded as unsatisfactory :—

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
1960	0.3	0.4	0.4

It will be noted that only three to four children in every thousand are regarded as physically unsatisfactory but, even so, there should be no complacency in dealing with the problems of this minority group.

CLEANLINESS.

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

			Nits in hair		Skin dirty or verminous	
			Boys	Girls	Boys	Girls
			%	%	%	%
1908-1911	..		9.3	38.9	4.3	4.1
1918-1921	..		0.7	17.2	0.9	0.3
1935-1938	..		0.5	2.6	0.6	0.3
1945-1948	..		0.9	5.6	0.6	0.3
1949	..	..	1.0	5.0	0.4	0.2
1950	..	..	0.8	4.2	0.2	0.1
1951	..	..	0.8	3.5	0.2	0.1
1952	..	..	0.7	2.8	0.2	0.1
1953	..	..	0.8	3.7	0.2	0.1
1954	..	..	0.8	3.4	0.2	0.1
1955	..	..	0.8	3.5	0.2	0.1
1956	..	..	0.8	3.4	0.1	0.1
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
1960	..	..	1.1	4.1	0.1	0.1

The slowly increasing incidence of nits in the hair of school girls during the last few years is a matter of some concern. The statistics reveal that an average of at least one girl in every class had nits in her hair when examined at school. Although it is realised that the incidence is probably mainly due to children coming from problem families, one cannot help wondering if there is a lessening in pride of personal appearance amongst young people today. Whatever may be the basic reason it is, nevertheless, clear that there is a need for an intensification of health education directed towards personal cleanliness.

COLOUR VISION.

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

	Aberdare and Mountain Ash		Caerphilly and Gelligaer		Mid-Glamorgan		Neath and District		Pontypridd and Llantrisant		Port Talbot and Glyncoerrwg		South-East Glamorgan		West Glamorgan		Rhondda		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
total number examined . . .	669	—	544	—	781	—	627	—	496	413	—	—	1,032	—	335	—	935	—	5,419	413
number colour vision defective . .	38	—	38	—	31	—	43	—	10	—	—	—	46	—	8	—	5	—	219	—
percentage colour vision defective	5.7	—	7.0	—	4.0	—	6.9	—	2.0	—	—	—	4.5	—	2.4	—	0.5	—	4.0	—

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 children in attendance		No. of mid-day meals served		% of children in attendance taking meals	
	Excluding Rhondda	Rhondda	Excluding Rhondda	Rhondda	Excluding Rhondda	Rhondda
1948						
February	83,250	18,037	43,152	9,416	51·83	52·20
June	85,993	18,641	44,452	9,236	51·69	49·55
October	87,517	19,188	45,101	9,760	51·53	50·87
1949						
February	84,184	18,150	44,301	9,045	52·62	49·83
June	87,401	18,554	44,257	8,162	50·64	43·99
October	88,208	19,129	45,850	8,834	51·98	46·18
1950						
February	82,712	17,721	39,463	7,045	47·71	39·76
June	87,360	18,363	39,458	6,490	45·17	35·34
October	87,699	18,846	42,406	6,873	48·35	36·47
1951						
February	82,144	17,022	40,094	6,001	48·81	35·25
May	87,254	18,379	38,652	5,739	44·30	31·23
October	91,310	19,155	41,209	6,063	45·13	31·65
1952						
February	87,873	18,251	40,180	5,478	45·73	30·01
June	91,185	18,794	39,807	5,121	43·66	27·25
October	93,905	19,300	44,681	5,799	47·58	30·05
1953						
June	93,779	18,860	34,784	4,191	37·09	22·22
October	97,226	19,337	39,340	4,584	40·46	23·71
1954						
June	95,842	18,510	37,042	4,144	38·60	22·40
October	95,381	18,334	39,807	4,406	41·70	24·00
1955						
September	98,937	18,535	44,296	4,845	44·77	26·14
1956						
September	101,268	18,932	44,803	4,597	44·24	24·28
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
1959						
September	102,244	17,823	43,702	4,108	42·74	23·05
1960						
September	101,351	16,678	47,592	4,043	46·96	24·24

RETURN MADE TO MINISTRY OF EDUCATION, 30TH SEPTEMBER, 1960.

Division	Number of Pupils present					Number of Pupils taking Meals						Number of Pupils taking Milk					No. of Schools and Departments served	No. of Schools and Departments not served			
						Primary			Secondary										Nursery	Special	Total
	Prim-ary	Second-ary	Nursery	Special	Total	Free	Pay-ment	Total	Free	Pay-ment	Total										
Aberdare	6,512	4,451	33	66	11,062	409	1,351	1,760	359	1,571	1,930	33	66	3,789	6,239	2,986	33	66	9,324	70	1
Caerphilly	7,385	5,571	35	—	12,991	622	2,724	3,346	443	2,825	3,268	35	—	6,649	7,152	4,371	35	—	11,558	67	—
Mid-Glamorgan ..	9,902	7,066	104	—	17,072	558	4,402	4,960	438	3,867	4,305	104	—	9,369	9,339	4,697	104	—	14,140	92	—
Neath	5,879	4,134	30	—	10,043	238	2,820	3,058	185	2,029	2,214	30	—	5,302	5,554	2,414	30	—	7,998	60	—
Pontypridd	6,616	4,910	36	—	11,562	381	1,761	2,142	344	1,674	2,018	35	—	4,195	6,413	3,830	36	—	10,279	56	2
Port Talbot	6,272	3,988	—	—	10,260	218	1,622	1,840	134	1,185	1,319	—	—	3,159	5,959	2,440	—	—	8,399	44	—
South-East Glamorgan	11,433	6,642	45	—	18,120	318	3,961	4,279	252	3,376	3,628	45	—	7,952	10,742	4,514	45	—	15,301	88	1
West Glamorgan ..	5,684	4,159	29	—	9,872	304	3,684	3,988	312	2,813	3,125	29	—	7,142	5,019	2,769	29	—	7,817	66	—
Weycock Cross School	—	—	—	35	35	—	—	—	—	—	—	—	35	35	—	—	—	35	35	1	—
Blind School	—	—	—	95	95	—	—	—	—	—	—	—	—	—	—	—	—	95	95	—	—
"Hendre" Residential School	—	—	—	77	77	—	—	—	—	—	—	—	—	—	—	—	—	75	75	—	—
Ogmore School Camp	—	64	—	—	64	—	—	—	—	—	—	—	—	—	—	63	—	—	63	—	—
"Erw'r Delyn	—	—	—	98	98	—	—	—	—	—	—	—	—	—	—	—	—	98	98	—	—
Total (excluding Rhondda)	59,683	40,985	312	371	101,351	3,048	22,325	25,373	2,467	19,340	21,807	311	101	47,592	56,417	28,084	312	369	85,182	544	4
Rhondda	9,551	6,936	191	—	16,678	—	—	—	—	—	—	—	—	4,043	9,094	4,968	188	—	14,250	93	—
Total	69,234	47,921	503	371	118,029	—	—	—	—	—	—	—	—	51,635	65,511	33,052	500	369	99,432	637	4

HANDICAPPED PUPILS.

The following table shows the number of Glamorgan handicapped pupils in special schools and classes at 20th January, 1961 :—

CHILDREN IN SPECIAL SCHOOLS AND CLASSES.

Category	Glamorgan		England and Wales
	Number	Rate per 1,000 school children	Rate per 1,000 school children
Blind and Partially Sighted :—			
At Special Schools—			
(a) Day pupils	2	0.015	0.16
(b) Boarding pupils	49	0.37	0.31
Deaf and Partially Deaf :—			
(1) At Special Schools—			
(a) Day pupils	1	0.008	0.28
(b) Boarding pupils	66	0.51	0.49
(2) At Special Classes	22	0.17	—
Educationally Subnormal :—			
(1) At Special Schools—			
(a) Day Pupils	118	0.91	3.24
(b) Boarding Pupils	109	0.84	1.26
(2) At Special Classes	234	1.81	—
Maladjusted :—			
(a) Special Schools	1	0.008	0.42
(b) Hostels	12	0.09	0.10
Physically Handicapped and Delicate :—			
At Special Schools—			
(a) Day Pupils	15	0.11	1.79
(b) Boarding Pupils	66	0.51	0.90

(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 PUPILS (INCLUDING RHONDDA).

Recommendation	Not attending school	At ordinary school	At special day school	At special boarding school	Total
Education at ordinary school with special treatment	1	763	—	—	764
Education at special day school ..	2	38	113	—	153
Education at Boarding School ..	1	198	5	110	314
Total	4	999	118	110	1,231

The number classified as educationally subnormal continues to be low.

During the year a system of screening tests at the schools for children in the eight to nine-year age group was introduced. This procedure avoided the necessity of Medical Officers carrying out the full intelligence tests for all children thought to be educationally subnormal. As a result it is expected that a more realistic picture of the magnitude of the problem will in the future become apparent. Every school child on reaching the age group will be tested so that eventually there should be a complete assessment of all Glamorgan school children. The appropriate educational recommendation for each child is made as a result of the observations of teachers, doctors, and psychologists.

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

"1960 will certainly go down in the history of the school as the wettest on record. Despite this, many outside activities were performed during the year and the record of health was a very favourable one indeed.

The year was a particularly busy one for outside activities and every opportunity was taken to ensure the closest co-operation with other youth organisations in the area.

Youth hostel week-ends were held at Welch Bicknor, St. Briavels and Mitcheldean, in the Forest of Dean area and at Crickhowell, in the Brecon Beacon area. Ten to fifteen boys were taken at one time and invariably accompanied by two members of the staff. These week-ends prove a valuable aid to meeting children from other areas and, of course, as a centre of interest for educational projects.

Another interesting activity was a school camp held in the grounds of the "Hendre". Ten educationally subnormal boys from St. John's School, Newport, camped at the school for a week under the supervision of Mr. Bastin and Mr. Essler. Our boys thoroughly enjoyed having them in their midst and some most enjoyable activities ensued. We had the added advantage inasmuch as Mr. Bastin applied for the vacancy of temporary qualified teacher at the "Hendre" and is now engaged in that capacity.

Ten boys and two members of the staff spent a very enjoyable week-end camping at Ysgol Erw'r Delyn in June. The weather was good and they thoroughly enjoyed the experience. I am indebted to my colleague, Mr. John Garrett and Mrs. Garrett for their help in ensuring the camp's success.

Many new friends have been made in the Monmouth area since we invited the youth clubs at Monmouth and Llanishen to visit us at the school. Visits are now exchanged every month and these are looked forward to with keen interest by the boys. Six senior boys were invited to the Monmouth Youth Club annual dance and had a most enjoyable time.

The danger of running a residential school as a homogeneous group must always be guarded against and these opportunities of mixing with other youth organisations help in this respect.

The situation with regard to the leavers is a favourable one. Fifty-nine boys have left the school having attained the age of sixteen. Forty-six of these are in employment and have been since leaving. Four are in occupation centres or in Hensol Castle; five are unemployable (one of very small physical stature and low intelligence, one a severe heart case; one very low intelligence and deaf and the other two are of very low intelligence (one of these may be working but I have yet to have this confirmed)).

Nineteen admissions and seventeen discharges were made in 1960. Ten boys were discharged having attained the age of sixteen, four were classified as ineducable and discharged, two were transferred to other schools and one, a boy of fourteen, was discharged as unmanageable.

Of the ten boys who left having attained the age of sixteen, seven are in employment. I have, as yet, received no news of the other three who left at Christmas.

Staff changes were very few in 1960 and, as the school was fully staffed on the houseparent side, we were able to carry out a fairly comprehensive time table.

Mr. Trotman, assistant teacher, left at Easter to take up an appointment as a peripatetic remedial teacher in the Rhondda. His place was taken for six weeks in the summer term by Mr. G. H. Morgan, of Gilwern. Mr. Morgan terminated his temporary appointment on 30th June, and his place was filled by Mr. Maldwyn Jones, the new Deputy Headmaster. Mr. R. Hurton, assistant teacher, is now on a twelve-month course at Caerleon Training College. His place has been taken by Mr. R. Bastin, of Newport.

The religious life of the school has been a full one in 1960. Twenty-three boys are members of a confirmation class and attend once a week. They are to be confirmed in March, 1961. Several combined services were held in Llangattock Church, e.g. The Carol Service, Commonwealth Youth Service and Harvest Festival, Remembrance Service etc. Opportunities are given for boys to attend other churches whenever this is practical. Distance, of course, is a handicap in this respect.

The school was honoured by the visit of Sir Ben Bowen Thomas, Permanent Secretary to the Welsh Department of Education. This took place in March, 1960.

On the sporting side the school soccer eleven are still giving a good account of themselves in the Monmouth Junior League. They finished up third last year and are at present lying second.

Parents' Day, 1960, was a great success. Two coaches were arranged and these were fully booked. Many other parents and friends arrived in their own transport and in all some 140 parents, relations, and friends attended.

The staff of the children's homes now send pocket money to their children who are at the school. This extra work and co-operation is greatly appreciated by the staff at "Hendre". The children receive their letters on Saturday morning, when the bulk of the children's mail arrives, and consequently they do not feel any different from the others.

I would also like to pay tribute to the staff of the Steel Company of Wales. The children from "Preswylfa" have their birthdays remembered every year by a gift or a letter and this again helps tremendously.

Another interesting event in 1960, was the formation of a Cub Pack by Mr. and Mrs. I. James, Houseparents. Twenty-two boys are members of this pack and spend a very enjoyable hour at pack meetings every Wednesday. This has been found to be an excellent recreational activity for the younger boys and it is, of course, another way of maintaining a link with outside organisations.

The health of the boys in 1960 was very good, close supervision on their health being maintained by Miss Jenkins, the Matron, and her staff of three houseparents. I would like to take this opportunity of mentioning the work done by Dr. Griffiths, the medical practitioner, who attends the school. He maintains a very close interest in the welfare of the boys and is always ready with advice and help when needed.

On the whole 1960 was a good year and steady progress was made in all departments. Again, progress among the group of boys who were admitted at an early age, i.e. nine to ten years, makes it abundantly clear that early admission pays big dividends."

(b) *Blind and Partially Sighted Pupils.*

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

(Partially sighted pupils, that is to say, pupils who by reason of defective vision cannot follow the normal 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.)

I have pleasure in reproducing the annual report of Mr. Exley, the Headmaster of the Ysgol Penybont Glamorgan School for Visually Handicapped Children :—

"Perhaps most people in these islands will regard the year just past as the wettest they can remember, but at the Blind School the year will be remembered chiefly because during its course the new infants' extension was built. Otherwise, the year passed by in a very straightforward way, with little except the fairly usual attacks of children's ailments—chicken pox and the like—to disturb the routine. Of course, there was the rain which, however, almost forgot its job and only arrived just towards the end of sports day—the rain hates the school sports and the older pupils have suggested winter sports in January, in the hope that the sun will shine on that event. Actually, January, 1960, was an unpleasant month of snow and cold winds, and the subsequent weeks brought such a succession of minor illnesses that the Annual Eisteddfod was not even attempted. One cold night

in January we did slip away, however, to a Port Talbot pantomime; and we managed to hear several very interesting local speakers in our literary and debating society. We took note in February of the birth of the Queen's new baby and marked the occasion with a tea party and a special games evening in the school gymnasium. Two new members of the staff joined us during the winter term—Mr. Nicholas and Miss Jones—and they have fitted very well into the atmosphere and way of life of the school.

The summer term was, as always, the time when we were 'well visited' by students, teachers, social workers, etc. There is little foundation, however, for the rumour that the British Holidays and Travel Association intends including the Bridgend Blind School on the list of places of unusual interest! The school could scarcely be classed as a 'historical monument' though with the 'modern' building arising adjacent. This 'modern building' is the infants' extension, and its shape and attractive cedar-clad façade have aroused much favourable comment. During the summer-time this building was quickly erected but as soon as the roof was on the rain came down every day for the rest of the term. Fitting as neatly as we could into the periods of sun that punctuated the rain, we managed to carry on with several summer activities. We made a canoe and sailed it on the River Ogmore; two of the boys got lost in the canoe 'down in the reeds by the river', but they emerged unscathed and dry. One day in July we rode through the rain to Windsor, visited St. George's Chapel and the Castle. Relenting fate allowed us a warm afternoon on a steamer up the Thames to Runnymede Island, but the rain resumed for the journey home.

The winter term was dismal outside the school but inside the school was warm enough. In the early part of the term we were 'well visited' once again by students, teachers, and dignitaries from places like Greece, Iran, Penttyrch, St. Lucia, Thailand, and Dyffryn. We started a new venture in our adoption of the motor vessel *Wellpark*, a doughty vessel bringing iron ore to Margam Steel Works. It is an open question whether the ship's master, Captain McNab, has adopted us or we him, but the correspondence between the ship's crew and the children is lively and rewarding.

Christmas time was again a time for parties and presents. Margam Steel Works invited us again to an annual party and presented us with a mammoth Christmas tree. Unfortunately, at the end of the term the tree looked down, not on a scene of revelry, but on a school sadly depleted by chicken pox, and we all went home.

'What's in a name' is a question that has occupied our thoughts this year, as so often in recent years. The name 'Blind School', so well known in our particular area, and indeed in many parts of Wales, would seem to be inappropriate to the variety of pupils now within the school, very many of whom are not blind. Moreover, in the case of many of the blind pupils there are concomitant defects or handicaps that are at least as serious as the visual defect. The amount of 'sight' in the school is now so great that an altogether wrong impression is often created in the minds of parents about to send their children to the school and in the minds of employers and the general public meeting the pupils on social occasions or prior to employment. It would seem sad to make the school's name yet another handicap to children who have already heavy burdens to bear. These thoughts may lead to the name of the school being changed to one more appropriate; the new name may well include the words 'visually handicapped' just as the newer school for handicapped pupils at Penarth includes the words 'physically handicapped'. Both blind and partially sighted pupils would then go to a school for the 'visually handicapped', and the term 'Blind School' with its (to some people) forbidding sound and dreaded associations would cease to be used."

The following table shows the causes of defective vision in age groups of the children attending Ysgol Penybont :—

Age Years	Myopia	Retrolental fibroplasia	Genetic	Developmental	Tumors	Acquired	Traumatic	Total
5	—	1	—	—	—	—	—	1
6	—	1	—	—	—	—	1	2
7	—	1	2	—	1	1	—	5
8	1	3	3	2	—	2	—	11
9	1	7	2	1	—	1	—	12
10	—	8	5	2	—	1	—	16
11	1	2	7	2	—	4	—	16
12	—	—	7	4	—	1	—	12
13	2	—	4	—	—	1	—	7
14	3	—	3	2	—	—	—	8
15	—	—	1	—	—	1	—	2
16	—	—	1	—	—	—	—	1
Total ..	8	23	35	13	1	12	1	93

It will be noted from the above table that genetic causes form a large proportion of the total. The high incidents of Retrolental Fibroplasia is confined to the nine and ten-year age group and it is likely that few cases will occur in the future.

(c) *Deaf and Partially Deaf Pupils.*

(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.)

The first step in dealing with the problem of the education of deaf children is the correct assessment of hearing loss, at the earliest possible age in order that suitable training can be arranged.

A complete survey of all children in attendance at primary schools was carried out some time ago, with the result that the number requiring special training facilities was known. Since that time particular attention has been paid by the Health Visiting Staff to the children in the younger age groups attending the Maternity and Child Welfare centres. Simple tests of hearing are used, and in cases where there is obvious deafness, or if there is any doubt, the child is referred to the Audiology Units at the Ear, Nose, and Throat Hospital, Ely, Cardiff, Neath General Hospital, or in one or two instances the Audiology Unit, Royal National Throat, Nose, and Ear Hospital, Gray's Inn Road, London, W.C.1.

As close a liaison as possible is maintained with the Ear, Nose, and Throat Surgeons, who have given every assistance in providing the treatment necessary where this is required, and also advising on the degree of deafness. Audiograms are taken of all children who come into either deaf or partially deaf category.

Having determined the degree of hearing loss, a decision is taken as to the most suitable type of school for the child, and in the case of those aged from two to six years, who are deaf, consideration is given to the desirability of admission to the Nursery for the Deaf, at Whitchurch.

Mrs. C. E. Jones, the Superintendent, whose report is reproduced, has done excellent work and the children under her care have made good progress.

While it is gratifying to be able to record that the incidence of young deaf children is declining, this has resulted in the numbers at the nursery being less than anticipated. The average number (of children newly ascertained as being deaf) for each year from 1951-55 was seven, while from 1956-60 it was only three. When consideration is given to this lowered incidence, and also to the fact that some of those ascertained, when provided with hearing aids and given suitable training can attend ordinary schools it is evident that the admission rate to deaf schools will be reduced and this trend is shown by the fact that the number of Glamorgan deaf children in the Llandrindod Wells Residential School is now forty-four compared with a peak of sixty-six in 1954, or a drop of one-third.

The changes which are taking place are also in part due to the setting up of units for the partially deaf at Trehopcyn Primary School, Llansawel County Primary School and Coed-y-brain Junior School.

On 20th January, 1961, there were twenty-two in attendance, seven of them at Llansawel, eleven at Trehopcyn and four at Coed-y-brain.

Before admission to these classes a careful assessment of the child is carried out by the Ear, Nose, and Throat Surgeon, School Medical Officer, and teacher-in-charge to assess :—

- (i) the degree of deafness ;
- (ii) the educational progress ; and
- (iii) the suitability to mix with hearing children, and make satisfactory progress and also to ensure the co-operation of the parents.

Marked strides have been made in the education of deaf children and Sir Alexander Ewing and the late Lady Ewing of the Department of Education of the Deaf, Manchester University, have contributed greatly to this progress.

Full advantage has been taken of the courses held periodically in the Deaf Department, Manchester. Both School Medical Officers and School Nurses having attended at various times.

The following is the report of Mrs. C. E. Jones, Superintendent of the Glamorgan Nursery School for the Deaf :—

"The school opened in January, 1960, with six children. At the end of the year fourteen children had attended. These were classified as severely deaf, having no naturally acquired speech or language, their ages being from under two to seven years. In addition to the handicap of deafness, a few children were found to have additional handicaps in the form of aphasia, infantile autism, mental retardation, maladjustment and emotional disturbances. It was felt, after a trial period, that certain of these children would benefit from a different type of educational programme and, in consequence, one child was admitted to an ordinary nursery school, one to a diagnostic unit and a third to Llandrindod Wells Residential School.

Because of the wide age range and varying degrees of hearing loss, mental ability and emotional stability, it is essential to maintain small classes which necessitates a large teaching staff. There has been considerable difficulty in appointing qualified teachers of the deaf because of the acute shortage in this field, but we have succeeded in dividing the children into two groups—one reception class to include children from two to four years and 'late starters' and the remainder in a group from four-plus up. It has taken a complete year to assess the progress made, but it is now evident with children who began school when it was first opened. They all have begun to have a considerable knowledge of spoken language, several of whom have a wide appreciation of written language, they use speech as a means of communication, use their residual hearing and aids to maximum benefit and are well adjusted, socially and emotionally. Much progress has been noted since the school was officially opened on May 31st, 1960.

The classrooms are fitted with an induction loop system which the children use with their hearing-aids. However, because of the severe losses it was felt they could benefit even more from a group amplifier, which was installed in September, 1960. This has proved a tremendous help to the children in their auditory training and language development. The educational programme has also included rhythmic work and movement and we hope that this will be beneficial to the children in their speech improvement.

It must be emphasised that the importance of a residential school for young deaf children lies in the fact that they are able to receive individual attention from qualified staff at all times. This places considerable emphasis on work done out of school, for unless it can be ensured that children are supervised by capable staff there seems little virtue in a residential establishment. The non-teaching staff have, therefore, played an important part in the education of these children. They have accepted that they can help to develop the child's understanding of language as well as aiding his social development and do so at every available opportunity. The best times for developing natural language is when children are carrying out their normal every-day activities of washing, bathing, dressing, eating, and playing, times when non-teaching staff are in attendance.

I think it is also essential to stress the importance of an early beginning in the education of the deaf child. We have noted, with interest, the tremendous difference in children entering before the age of four and those admitted after. It takes considerably longer for this latter group to adjust, in addition to which, the best years for promoting natural language have passed. In consequence, these children are often delayed in their progress and are found to be emotionally disturbed. It would seem advisable to admit all young children with a hearing loss if there is doubt as to the degree of loss and if little language has been acquired. These children could then remain for a trial period of observation and ascertainment as the delay in admitting such children often seems to result in additional problems.

Our 'out-of-school' activities have not been numerous, mainly because of the difficulty in taking thirteen lively youngsters on public transport, but we have managed to include visits to the farm, pantomime, sea-side, and fire-station. These not only prove enjoyable but also educational as they provide a wonderful source for language and widen the children's knowledge of their environment. We always manage to include, during the week, visits to the local shops, park, etc., as we feel it is essential to maintain a close link with the 'hearing world'. We are able to do this a little more easily than many schools as all our children return home at week-ends. In addition, a few of the older children visit a local primary school once a week to take part in the ordinary school activities and mix with hearing children. We feel this helps them considerably in adjusting themselves as well as making normal children aware of the problems of deafness.

We have had two visits from Mr. Lumsden from the Ministry of Education, also Dr. Llewellyn and Dr. Huss, in addition to students who have taken an interest in the work done at the school".

(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 régime 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 régime of ordinary schools.)

Although "Erw'r Delyn", the Special School for Physically Handicapped Pupils, was only opened in 1958, it has now become firmly established and the position has now been reached that the demand for places is greater than the accommodation available. Each child for whom application for a place has been made is seen by the selection panel composed of the Headmaster, Dr. Gwladys Evans and Dr. Bevan. It is necessary to take considerable care with the selection, not only in the interest of the individual child but also to ensure that the special school is used for the maximum benefit.

I have much pleasure in reproducing the report of Mr. Garrett, the Headmaster :—

"There are now (January, 1961) 112 children in the school as follows :—

		Boys.	Girls.
Resident children	60	36	
Day children	11	5	
	<u>71</u>	<u>41</u>	

LOCAL AUTHORITIES.

Glamorganshire ..	83
Monmouthshire ..	9
Cardiganshire ..	3
Carmarthenshire ..	3
Montgomeryshire ..	1
Flintshire ..	2
Cardiff ..	6
Swansea ..	2
Newport ..	3

SUMMARY OF TYPES OF HANDICAP.

Cerebral Palsy	54
Post Polio	20
Muscular Dystrophy ..	11
Miscellaneous	27

CLASS ARRANGEMENT.

<i>Class.</i>	<i>Teacher.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Senior IV ..	Mr. N. O. Davies ..	8	7	15
Senior III ..	Miss Lewes ..	8	8	16
Senior II ..	Mrs. Palmer ..	11	3	14
Senior I ..	Mr. Smith ..	8	3	11
Junior III ..	Mrs. Jones ..	10	5	15
Junior II ..	Mrs. Williams ..	9	8	17
Junior I ..	Mrs. Thomas ..	10	4	14
Special ..	Miss Griffiths ..	7	3	10
		71	41	112

ESTIMATED RANGE OF INTELLIGENCE.

<i>I.Q.</i>		
50 to 59 ..	..	19
60 to 69 ..	..	23
70 to 79 ..	..	16
		58
80 to 89 ..	..	18
90 to 99 ..	..	15
100 to 109 ..	..	13
		46
110 to 119 ..	..	7
120 to 129 ..	..	1
		8

From the above it should be noted that at a conservative estimate 50 per cent of the children in this school suffer from the double defect of being physically handicapped and educationally sub-normal

Many of these children are also very emotionally disturbed and might well be ascertained as maladjusted. Three children also have little or no speech, another is partially sighted, one is deaf, and several have partial hearing. Of the forty-six children in the average group many are maladjusted and include major physical handicap, have speech defects, hightone deafness, etc.

Even in the eight above average intelligence there is a blind boy who is severely disturbed, and others who are very immature and insecure because of their handicap.

Extent of Disabilities.

(a) Children requiring crutches or stick for walking ..	..	..	..	..	..	24
(b) Children requiring wheelchairs ..	..	..	..	..	..	43
(c) Children requiring help with feeding, washing, dressing, or when they go to the toilet						53
(d) Children who are incontinent (i) with bladder ..	..	..	..	..	..	9
(ii) with bowels ..	..	..	..	..	..	9
(e) Children with additional handicaps (i) Epilepsy ..	..	..	..	..	..	8
(ii) Maladjustment ..	..	..	..	..	..	9
(iii) E.S.N. ..	..	..	..	..	..	58

Note.—Some children will be under more than one heading because of their multiple handicaps.

Out of School Activities.

The school scout troop which now has thirty-two members, and the school guide company (twenty-four members), held their second annual canvas camp at Coedarhydyglyn, during the Whitsun holidays and on one occasion the Lord Lieutenant and Mrs. Traherne shared a camp fire evening. The twenty-three scouts and guides who attended the camp thoroughly enjoyed themselves and are now looking forward to the next annual camp to be held again this coming Whitsun holiday.

Weston Trip.

The annual school outing last year was made to Weston. Eighty children were taken by steamer from Penarth to Weston-Super-Mare where they visited many places of interest. The journey home was enlivened when the boat from Barry Island failed to arrive, and hasty arrangements had to be made to get the children home by rail. The British Railways were very helpful and we were greeted at the Cardiff General Station by thirty friends of the school so that all the children were rapidly and safely returned to home.

Visit to Rhoose Airport.

Senior I Class visited Rhoose Airport on Wednesday, 9th November, to see aircraft landing and taking off. The class were working on a project about other countries and have linked their studies with the dolls, etc., sent by the sailors of H.M.S. *Tiger*, have made passports, and this visit to Rhoose was to see the aircraft setting off for Paris. The officials of the airport were most helpful and the children were able to visit the control tower, climb over the fire engine and go in an aeroplane.

Christmas Activities.

The special events for Christmas included a Festival of Plays in which every child in the school played his part, a senior children's party arranged by the 'Friends of Erw'r Delyn' and held one evening. Each child was provided with a special Christmas gift from the 'Friends'. A school party was held during an afternoon and evening and on this occasion Father Christmas visited the school and gave the younger children their gifts. Christmas dinner consisted of Turkey, Christmas Pudding, etc., and as usual the men of the staff waited on the children and ladies. The term ended as usual with a Carol Service.

Pantomime Visit.

All the children enjoyed a visit to the New Theatre, Cardiff, to see the pantomime Mother Goose. This is now an established annual outing. This year a catastrophe almost occurred when the buses failed to turn up at the appointed hour. Frantic telephone calls brought assistance from the Western Welsh Bus Company who sent two double-decker buses to our aid and all the children were quickly transported into Cardiff, where the manager of the theatre held up the commencement of the pantomime until all the children were seated.

The School Pets.

The rabbits have increased in number, the budgies have also produced young; the tropical tanks have had their mishaps but are now flourishing again; other pets have been and gone—and all have provided interest and pleasure to the children.

The scout and guide hut in the field nearby is now in regular use ; it has been purchased and erected by voluntary effort and provides an excellent place for uninhibited children's play. We hope that the field in which it is situated will soon be levelled and seeded and made into an adventure playground with plenty of old pieces of equipment to enable the children to play freely in reasonable safety.

Twice during the year some of the older children have visited youth hostels and stayed overnight. The school bus was used to get the party to the hostel and bring them back, and a limited amount of walking (including wheelchairs) was done in the countryside around the hostel.

The school camera club has progressed during the year, quite a number of children are able to take reasonable pictures, develop, print, and enlarge. A small selection of their prints were displayed for the school Eisteddfod on St. David's Day.

Weekly swimming expeditions to Penarth Baths continued throughout the summer and several children learned to swim and received certificates which had been printed on our school printing machine.

A very thriving angling club was formed during the year. It is helped by the members of the Penarth Angling Club, who send one of their members one night a week to talk about fishing. They also provided two complete sets of fishing equipment and at the week-end take two boys when the tide is right, to fish off Penarth pier. The catches have been small in quantity and size but have to be cooked in the school kitchen and eaten by the lucky (?) boy who caught them.

All the usual out of school activities have continued throughout the year ; Scouts, Guides, Brownies, Archery, Stamp Club, Craft and Woodwork Club, Music Club, visits to the beach at Barry, Saturday morning cinema, etc., etc.

This report is being written at the beginning of the second term of the third year of the life of the school (January, 1961) and therefore is a review of the second year's work and activities."

The following statistics show the position of Glamorgan physically handicapped pupils on 20th January, 1961 :—

Attending residential special schools in England	..	..	..	..	1
Attending "Craig-y-Parc" School, Pentyrch	..	..	..	..	1
Attending "Erw'r Delyn" School, Penarth, as day pupils	..	..	..	..	15
Attending "Erw'r Delyn" School, Penarth, as residential pupils	..	..	..	..	64
Attending ordinary schools	..	..	..	..	139
Receiving home tuition	..	..	..	..	26

(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 re-adjustment.)

During the year, school children from Glamorgan have attended Child Guidance Clinics at the following centres :—

County Council Clinic, Rock Grounds, Aberdare.
Tynygarth House, Bridgend.
County Council Clinic, Dyfed Road, Neath.
County Council Clinic, Trafalgar Terrace, Ystrad.

The development of the Child Guidance Service in the area is making only slow progress, the biggest obstacle to a comprehensive service is the shortage of trained staff. Not only is there a shortage of child psychiatrists, but social workers and psychologists are equally difficult to obtain. The shortage of staff has frequently resulted in long delays before appointments can be made for children to attend the clinics.

The "Lindens" Hostel has continued to play an important part in the Child Guidance Service. The availability of a teacher on a part-time basis has proved of value to the children who have had to be excluded from school.

I have pleasure in reproducing the annual report of Mrs. Matthews, the Warden of the hostel :—

"During the last year sixteen children were referred for a period of treatment at the hostel, seventeen children were discharged after an average stay of eighteen months. Of these children discharged, thirteen were considered by the consultant psychiatrist to have made sufficiently good adjustment to return home with a good prognosis, four were discharged as either unsuitable for treatment or with difficulties requiring hospital care.

Each child on admission spends a period of 'settling in' of approximately half a term during which time he receives home tuition from a visiting teacher. Afterwards, he attends a local school. Last year the majority of our children attended the secondary modern school, but it is anticipated that in 1961 most of them will attend the Albert Primary School. This fact indicates the rapid change in population and also that children are now being referred at an earlier age.

Individual psychiatric treatment is provided by a weekly clinic. Children and parents were seen by either Dr. Graham Thomas, Psychiatrist, Mrs. A. M. Jones, Educational Psychologist or Dr. R. T. Bevan, Deputy County Medical Officer. Dr. J. P. Spillane, Medical Superintendent of Whitchurch Hospital has continued to visit regularly in a consultant capacity.

New furniture has been supplied and an entirely new system of electric convector heating has been installed.

The out of school activities of the children have included art, craft, music and movement, formal and informal drama, hobbies, and remedial teaching. A Nativity play was produced at Christmas, and children have been successful in scripture examinations, art competitions, and craft festivals held by outside authorities.

The supply of a woodwork bench and tools has provided a new activity.

Visits were made to the hostel by groups of medical, nursing, social science, and teaching students. The Principal of the Glamorgan Training College, Barry, arranged for groups of her students to assist with the activities of the children, as part of their teacher training."

During the year a follow-up survey was carried out of the children who have been discharged from the hostel since April, 1956. This has entailed Mrs. Matthews visiting the homes of most of the discharged pupils and an assessment being made of the present position.

The following table shows that nearly forty per cent of the discharged pupils have now no behaviour problems :—

TABLE I.

FINDINGS AT FOLLOW-UP.

	Poor	Moderate	Good
Boys	9	2	7
Girls	4	5	5
Total ..	13	7	12

It is to be expected that a proportion of the children show deterioration following discharge since they have returned to the background which so often has been the cause of their maladjustment. A better success rate will only be possible when more effective work can be carried out in the homes while the children are at the "Lindens".

Table II shows the results of treatment at the "Lindens" in relation to the age of the child on admission :—

TABLE II.

Age on admission	Poor	Moderate	Good
Under 8 ..	5	1	0
8 to 10 ..	2	1	0
10 to 12 ..	1	3	7
12 and over ..	5	2	5
Total ..	13	7	12

The best results are apparent in the ten to twelve-year-old age group. Admission of the younger children is confined to very severe degrees of maladjustment since there is a justifiable reluctance to separate the very young child from his parents. It is felt on the other hand, that there are some children who are referred too late to Child Guidance Clinics and neither out-patient nor in-patient treatment is easily successful.

The analysis in Table III of the various symptoms on admission, on discharge from the "Lindens" and at follow-up is of considerable interest :—

TABLE III.

On admission	Classification on discharge	On "Follow-Up"		
		Symptom absent	Partially cleared	Present
Enuresis (16)	Cleared (4)	4	0	0
	Improved (11)	6	2	3
	Unchanged (1)	0	0	1
		10	2	4
Encopresis (14)	Cleared (11)	10	0	1
	Improved (3)	2	0	1
	Unchanged (0)	0	0	0
		12	0	2
Pilfering (24)	Cleared (18)	15	0	3*
	Improved (1)	0	0	1
	Unchanged (5)	0	0	5†
		15	0	9
Sex problems (14)	Cleared (10)	8	0	2
	Improved (1)	1	0	0
	Unchanged (3)	2*	0	1
		11	0	3
Truanting or wandering (25) ..	Cleared (23)	15	2	6†
	Improved (0)	0	0	0
	Unchanged (2)	0	0	2*
		15	2	8

* Two Boys Approved School.

† Three Boys Approved School.

It is encouraging to record the successful manner in which the encopretics responded to treatment and only in one instance did symptoms reappear after discharge in a child who had left the "Lindens" cleared.

Perhaps the most disturbing symptoms from the point of view of prognosis are pilfering and truanting. There are some instances of children who do not respond to treatment and others after discharge tend to relapse. It is of interest to note that five boys were eventually committed to approved schools and in every instance these boys were admitted with a history of pilfering and truanting. These boys can be regarded as failing to respond to hostel treatment. The decision whether or not to admit children giving such a history is difficult to make, but when there is a chance that they will respond it would seem desirable to admit them to the hostel—in some cases there is no doubt but that admission to an approved school has been prevented and the boys have responded to treatment.

Viewed as a whole the results of treatment at the "Lindens" can be regarded as very satisfactory, bearing in mind the severe forms of maladjustment which are admitted.

In the field of maladjustment I would like to draw attention to the work of Dr. Elizabeth Jones, of the West Glamorgan Division. She has carried out a survey of nocturnal enuresis among a group of $10\frac{1}{2}$ to $11\frac{1}{2}$ -year-old children. Her findings can be summarised as follows :—

	Boys	Girls	Total
Children on register ..	229	203	432
Children in survey ..	227	203	430
Number of enuretics..	13 (5.7%)	19 (9.3%)	32 (7.4%)

In her detailed analysis she assessed the intelligence quotient of the enuretics and showed them to have a mean I.Q. of 99, but there were only five (16 per cent) with an I.Q. of 110 or more, which suggests that nocturnal enuresis is unusual in bright children. This was reflected in that 29 per cent of the non-enuretics were successful in obtaining grammar school places, as compared with 9 per cent of the enuretics.

Dr. Elizabeth Jones's findings are of such interest that a detailed account of her investigations have been accepted for publication in a medical journal.

I have pleasure in reproducing Dr. Jones's observations on the treatment of enuretics by using the Enuresis Alarm :—

"Nine consecutive cases of Nocturnal Enuresis treated with the Enuresis Alarm.

During the past twelve months, nine school children suffering from severe nocturnal enuresis have been given treatment with the Enuresis Alarm Bell. Eight of the children were between 11 and 12 years of age. One boy was ten years old. Their I.Q. ranged from 89 to 124 (slight non-verbal). All had been bed wetters since infancy.

The accompanying table gives some particulars about the children, shows the result of treatment, and the variation in the time required to effect a cure.

There were two failures—a boy and a girl. In both cases there was a minimum of co-operation.

It should be emphasised that the 11 to 12-year-old children, in this group, were selected from the result of a survey which had been carried out in the area to determine the incidence of nocturnal enuresis in a particular age group of school children. Treatment was offered to the parents of some of the affected children, and no particular effort by the parent was required to obtain treatment. The main criterion for inclusion in the group was bed wetting at least six nights every week.

There was great variation in the degree of co-operation received from the nine parents and children during treatment. But even with this small series, it would seem clear that a satisfactory result from the use of the enuresis alarm depends largely on the co-operation of the mother, and on the extent of her determination to have the child cured. The I.Q. of the child appears to have little bearing on the result.

No child showed any evidence of psychological trauma, as the result of treatment. On the contrary, every child who was cured displayed a noticeable increase in self confidence."

NINE CONSECUTIVE CASES OF NOCTURNAL ENURESIS TREATED WITH ENURESIS ALARM BELL.

	Sex	Date of birth	I.Q.	Height ft. in.	Weight st. lb.	Frequency of enuresis	Other symptoms	Position in family	Father's occupation	Co-operation	Time to effect cure	Late results (September, 1960)
1	M.	7/9/48	124	5 0	5 11	Every night	Asthma	1st	Chemist	Excellent	3/11/59 until 21/11/59	No recurrence.
2	M.	2/8/48	89	4 6	5 1	Every night	None	1st	Miner	Excellent	3/12/59 until 10/12/59	No recurrence.
3	M.	21/8/48	91	4 8	5 5	At least six nights out of seven	None	3rd	Miner	Good	(1) 5/1/60 until 15/2/60 (2) 6/6/60 until 21/7/60	Recurrence after two months. No recurrence.
4	M.	30/11/48	104	4 10	7 5	At least six nights each week	None	1st	—	Very poor. failed to keep all appoint- ments	10/3/60. Bell removed	Nocturnal enuresis continues.
5	M.	12/2/50	90	4 0	3 12	Every night	None	1st	Driver	Excellent	30/3/60 until 30/4/60	No recurrence.
6	M.	26/7/48	108	4 6	6 1	At least six nights each week	None	4th	Miner	Fair	10/3/60 until 1/4/60	No recurrence.
7	F.	12/6/49	103	4 6	4 11	Every night	Eczema	1st	Mond Nickel Works	Not good. (Sudden illness in family)	21/4/60. Bell removed 5/6/60	Nocturnal enuresis continues.
8	F.	8/11/48	104	4 2	5 3	About six nights each week	None	3rd	Steel worker	Not good co-opera- tion from child	22/7/60 until 31/8/60	No recurrence.
9	F.	8/1/49	111	4 5	5 5	About six nights each week	Asthma	2nd	Assistant in wife's business	Very good	2/9/60 until 16/9/60	No recurrence.

SPEECH THERAPY.

There were at the end of the year three Speech Therapists employed. The demands on their services are considerable and it would be desirable that there should be additional staff, but unfortunately, they are not readily available. The shortage of staff results in some children not receiving treatment as frequently as is desirable.

The Speech Therapists have commented that more younger children are being seen. It is not uncommon for speech defects to be associated with other conditions, and in particular, a limited level of intelligence.

Comment has also been made by the Speech Therapists on the value of a tape recorder so that a child can be made aware of a speech defect by playing back to the child its own recording. The improvement in the speech following instructions is also readily recognisable by the child when the tape recording is heard.

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

		1953	1954	1955	1956	1957	1958	1959	1960
Total number of individual cases seen	..	1,132	1,261	1,186	1,212	1,168	1,368	1,339	955
Total number of attendances	.. ..	12,392	13,900	11,170	11,692	10,940	12,514	11,628	7,024

SPEECH THERAPY.

Analysis of work	Division									Totals
	Aberdare and Moun-tain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath	Pontypridd and Llantrisant	Port Talbot	South-East Glamorgan	West Glamorgan	Rhondda	
Total number of individual cases seen ..	—	72	193	121	—	94	137	174	164	955
Total number of attendances ..	—	454	1,736	1,245	—	908	1,039	1,097	545	7,024
Number of current cases at 31st Dec., 1960 ..	—	28	61	43	—	33	60	48	65	338
Total number of cases remaining on waiting list at 31st Dec., 1960 ..	—	16	43	53	—	7	42	—	41	202
Number of cases under observation (immediate treatment not necessary) ..	—	17	—	51	—	5	46	—	52	171
Analysis of discharged cases :										
(a) Non-treatment cases—										
(i) Treatment not considered necessary ..	—	—	7	17	—	5	1	5	10	45
(ii) Failed to attend after diagnosis ..	—	—	5	—	—	1	—	20	1	27
(iii) Travelling difficulties and loss of school work ..	—	—	—	—	—	—	—	—	—	—
(iv) Unsuitable for treatment ..	—	2	—	—	—	—	2	—	—	4
Total ..	—	2	12	17	—	6	3	25	11	76
(b) Treatment cases—										
1. Treatment discontinued for various reasons—	—	—	—	—	—	—	—	—	12	12
(i) Poor health ..	—	—	1	—	—	—	—	—	6	7
(ii) Lack of parental co-operation ..	—	13	14	2	—	11	15	15	2	72
(iii) Poor attendance or non-attendance ..	—	—	1	—	—	2	2	—	—	5
(iv) Pressure of school work ..	—	1	2	—	—	3	1	1	1	9
(v) Left district ..	—	2	—	3	—	2	4	2	—	13
(vi) Left school ..	—	—	—	—	—	—	—	—	—	—
2. Discharged—speech improved ..	—	11	8	1	—	3	23	—	10	56
3. Discharged—speech normal (cured) ..	—	10	35	27	—	19	18	46	12	167
4. Temporarily discharged ..	—	5	59	28	—	15	11	37	45	200
Total ..	—	42	120	61	—	55	74	101	88	541
General progress of cases :										
Much improved ..	—	10	23	22	—	9	14	20	20	118
Satisfactory ..	—	13	27	14	—	20	38	19	27	158
Little improvement ..	—	5	11	7	—	4	8	9	18	62
Total ..	—	28	61	43	—	33	60	48	65	338
Table of symptoms of cases treated at clinics :										
Stammering ..	—	16	63	22	—	29	33	46	64	273
Dyslalia ..	—	33	45	35	—	30	69	64	41	317
Cleft palate ..	—	3	8	3	—	2	10	3	3	32
Deafness ..	—	1	—	3	—	2	1	2	5	14
Lateral "s" ..	—	5	17	5	—	6	6	13	8	60
Interdental "s" ..	—	7	27	20	—	11	6	13	11	95
Rhinolalia (nasality) ..	—	—	7	3	—	1	—	2	1	14
Dysarthria ..	—	—	1	7	—	1	3	3	2	17
Dysphasia ..	—	—	—	—	—	—	—	—	3	3
Dysphonia ..	—	1	—	—	—	1	—	—	2	4
Low I.Q. ..	—	2	5	5	—	5	2	3	5	27
Retarded speech ..	—	2	8	1	—	—	4	—	8	23
Total ..	—	70	181	104	—	88	134	149	153	879

TUBERCULOSIS.

B.C.G. Vaccination.

The following table shows the work done during the year in relation to B.C.G. vaccination. It will be noted that a large proportion of children are given B.C.G. vaccination before leaving school. It is of interest to note that less than 20 per cent of school leavers have a positive reaction to the Mantoux Test :—

Division	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		Number	%	Number tested	Number negative	% negative	
Aberdare	998	788	78.96	749	629	83.98	629
Caerphilly	1,352	1,061	78.48	868	690	79.49	686
Mid-Glamorgan	1,584	1,274	80.43	1,159	964	83.18	962
Neath	2,094	1,529	73.02	1,520	1,321	86.91	1,342
Pontypridd	1,008	741	73.51	710	486	68.45	474
Port Talbot	1,695	1,362	80.35	1,296	1,131	87.27	1,123
South-East Glamorgan	2,177	1,864	85.62	1,751	1,430	81.67	1,404
West Glamorgan	1,467	1,016	69.26	868	655	75.46	566
Rhondda	2,352	1,752	74.49	1,488	1,134	76.21	1,132
Total	14,727	11,387	77.32	10,409	8,440	81.08	8,318

I have pleasure in recording an account of investigations carried out during the last year by Dr. C. J. Revington, Divisional Medical Officer for Caerphilly and Gelligaer Division :—

"Tuberculin Skin Sensitivity.

A small survey was conducted using two types of multiple puncture apparatus ; (a) the conventional pattern Heaf gun with a fixed battery of six needles penetrating 2 mm. sterilized by flame, and (b) a Panray Sterneedle Gun, of American manufacture, with a set of detachable needle batteries, penetrating 1 mm. and having a cutting edge. The needle batteries were pre-sterilized and were changed for each test.

P.P.D. 2 mg./ml. was used with both guns, the Heaf gun being used on the right arm and the Panray gun on the left arm. In all fifty-three secondary modern schoolboys were tested, the object being to ascertain (a) whether any difference in skin reaction would be obtained from the use of two differing guns, and (b) whether the use of a fresh needle battery for each test would diminish the chances of skin infection, and (c) whether there would be any difference in the time involved in doing the tests by changing the needle batteries.

Of the fifty-three boys, forty-one showed negative reactions on both arms. During the performance of the test it was noticed that the American gun caused bleeding in the arm more often than the Heaf gun with the result that small scars were still visible on the day of reading a week following the test.

The remaining twelve showed identical reactions of positivity in both arms in all cases, the degree varying from case to case.

No evidence of infection was obtained on either arm in any subject. It has not been my experience that infection is common with the Heaf gun if properly and regularly flamed.

The time of operation was appreciably increased by the use of the Panray gun.

In summary the American Panray Gun would appear to have no advantage over the Heaf gun already in use.

B.C.G. Vaccination by Multiple Puncture Technique.

In this survey a group of thirty-six Heaf negative grammar school girls were B.C.G. vaccinated by a multiple puncture technique using a simplified version of the Heaf gun. The gun was supplied with an end plate, but no trigger mechanism and a battery of eighteen round-bodied needles penetrating 2 mm. The gun resembled in size an office date stamp and was found to be quick and easy to use. The vaccine used was a special Glaxo freeze-dried material at a strength of 50 mgm./cc., a drop being placed on the skin with a platinum loop the punctures then being made through it.

The vaccinations were performed by four doctors to determine whether the variation in vaccinator produced any alteration in the conversion rate.

The results have not yet been fully analysed, but some facts are available. The children were re-visited eight weeks after vaccination, the lesions produced measured and a tuberculin sensitivity test performed.

Presence or absence of lesions in thirty-six girls eight weeks after B.C.G. by multiple puncture technique—

TABLE I.

Measurable lesion present	No measurable lesion present	Absent
24	8	4

The skin sensitivity test showed the following results.

Tuberculin skin sensitivity results eight weeks after B.C.G. vaccination by multiple puncture technique—

TABLE II.

Heaf test result	Measurable lesion present (total 24)	No measurable lesion present (total 8)	Absent
Positive ..	22	4	—
Negative ..	2	4	4

The sample was not large enough mainly because of the shortage of vaccine to comment upon these results but several features of interest have since arisen out of this during the course of a serial skin testing survey carried out in the same school two months later.

Tuberculin skin sensitivity results four months after B.C.G. vaccination by the multiple puncture technique—

TABLE III.

Heaf test result	Measurable lesion present	No measurable lesion present	Absent from original testing
Positive ..	19	5	2
Negative ..	5	3	2
Total ..	24	8	4

Of the twenty-two girls who had a measurable lesion and were Heaf positives, three (two having shown a Heaf strength II reaction, and one a Heaf I), had after two months reverted to a negative state. The two girls who showed a measurable lesion but were negative to skin test, were still negative two months later.

The four girls showing no measurable lesion who were Heaf positive, were still positive two months later, and of the four of the same group who had been negative, one had converted in the interim to a positive state. In addition, of the four girls originally vaccinated but absent from the post B.C.G. inspection and skin test, two were found to be positive and two negative.

It would be most interesting to enlarge this survey, but it can be said that this method for ease of technique, speed and lack of discomfort to the patient has every advantage over the intradermal infection route of administration. The numbers were not sufficiently large to justify comment on the conversion rate but the indication is that it is as good as that obtained by the intradermal route."

SCHOOL DENTAL SERVICE.

The following is the report of Mr. H. P. R. Williams, the Principal School Dental Officer :—

"Making this my first full report as Principal School Dental Officer, for the year 1960, I should have liked to have presented a somewhat happier situation—which would be in keeping with the other excellent services provided by the County Council. Unfortunately I would be deceiving you if I did so—because our services are stretched to near breaking point.

The beginning of 1960 saw a full-time staff, including the Rhondda excepted District, of only four full-time dental officers. With sessional officers, our total staff was just under the equivalent of nine full time dental officers—this for a school population of 130,000.

I should like to pay tribute to the memory of Miss Byrne who died on 26th December, 1960. She was an able and efficient officer who was dedicated to her work with the children. I feel it will be a hard task to replace her. Miss Byrne had been with the Rhondda Excepected Authority for sixteen years.

The problem that besets the School Dental Service is how it can increase its staff and give a better service. A salary wage increase has been granted post dated to 1st October, 1960, and this will help to bring the salary somewhat in line with the large rewards offered in private practice. It is interesting to note that there have been no applications in response to advertisements for dental officers for many years. For one reason or another most dentists prefer private practice. Nearly all the new staff entering Local Authority service, are young dental surgeons who offer sessional services preparatory to establishing their own private practice in the area.

During the year 1960, 15,420 children were inspected by our dental officers in a routine inspection—whilst ~~10,945~~ were seen as special emergency cases making a total inspected of ~~25,665~~. The number of fillings inserted in the temporary teeth was 1,283 whilst those of the permanent dentition was 10,522 making a total of 11,805 fillings. The total number of extractions during the year was 8,017 permanent teeth and 18,342 temporary teeth making a total of 26,359 extractions. The total number of fillings was 441 in excess of the 1959 number—which is a step in the right direction.

The number of orthodontic cases receiving treatment during 1960 follows very much the pattern of the previous year—263 new cases were commenced against 268 the previous year—whilst 188 cases were completed against 169 of last year. The weakest division in orthodontic work was Caerphilly and Gelligaer and this can be accounted for by the continued long absence through illness of our full-time dental officer in this division.

Pontypridd and Llantrisant division showed a welcome improvement in the number of new cases undertaken compared with 1959, and this was due to having a new dental officer in the area.

The treatment of orthodontic cases entails much patience and skill and whilst our officers undertake the easier type of case on the whole—the end results are very encouraging.

The number of artificial dentures fitted during 1960, was 348 against 319 in 1959. This figure, although high, is accounted for by the bad condition of mouths of certain children who present themselves for treatment—their teeth being beyond conservation. Also quite a few children come to our clinics for dentures when, having had treatment privately, they discover that their parents would have to defray half the cost of denture work. It is intended to abolish this charge for denture work on the priority classes in May, 1961.

So whilst our staffing position is grave we intend to accept the challenge of deteriorating teeth in children by a strong campaign on dental health and hygiene. We hope to make such an impact on the schools that they will limit the sale of biscuits, lollipops, and even ice-cream, in school, as it appears beyond a doubt that the large consumers of sweets have on the whole the worst dentition.

We hope to interest the parents, explaining to them that they have a responsibility in the care of their own children's dental hygiene. They should assist the campaign against dental caries by limiting the pocket money they give almost daily to their children. If they must spend money it should be on fruit.

I am glad to report that some headteachers have discontinued the sale of biscuits and chocolate in their schools. The value of this praiseworthy act has been lost and offset by mobile shops appearing at the school gates to tempt children as they leave.

We hope to improve oral hygiene by stressing the importance of brushing the teeth before going to bed and after breakfast and other meals when possible. When a child cannot brush his teeth after a meal the rinse and swallow method should be adopted, by which method the child takes a mouth full of water and flushes it around the teeth before swallowing.

The general standard of oral hygiene seems to be improving and this is undoubtedly brought about by the very intensive campaign on T.V., films, dental posters, and leaflets. It certainly seems to be making an impact—as one large toothpaste firm reports an increase of 20 per cent in their sales to households with children.

In conclusion I think children who receive private treatment with their own dentists should be allowed time off from school similar to the children attending our own clinics. This would ease some pressure on the private practitioner as he would be able to spread his appointments evenly, not treating children mostly after school hours and during the holidays.

A word of praise is due to the private dentists for the large amount of children's work they undertake thus easing our limited services."

MEDICAL EXAMINATION OF TEACHING AND OTHER STAFFS.

New entrants to the County 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, 1,420 new entrants to the County service completed the medical questionnaire. Of these, 198 were referred for medical examination and 903 for chest X-ray examination. These figures included 298 new entrants to the County Teaching Service of whom 27 were referred for medical examination and 268 for chest X-ray examination.

Under the Ministry of Education Regulations all new entrants to the teaching profession must be medically examined. Eighty-four such examinations were carried out including 38 on behalf of other authorities. In addition 444 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four-hundred-and-ten 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 schools :—

Major Schemes.

Maesteg Grammar, Technical School.
 Sandfields Comprehensive Secondary School No. 2.
 Rhydyfelin College of Further Education.

Minor Schemes.

Llysfaen Primary	..	..	..	Two temporary classrooms.
Barry Girls' Grammar	..	..	..	do.
Ton-Mawr Primary	..	..	..	Two additional classrooms.
Bargoed Boys' Secondary School	..	..	..	Two temporary classrooms.
Barry Boys' Grammar School	..	..	..	do.
Barry Girls' Grammar School	..	..	..	do.
Bryngolwg Secondary School	..	..	..	do.
Craig-y-hesg Primary	..	..	..	Four classrooms.
Dinas Powis Primary	..	..	..	Three classrooms
Fochriw Primary	..	..	..	One classroom.
Gellidawel Secondary	..	..	..	do.
Gowerton Girls' Grammar	..	..	..	do.
Gwyndy Girls' Secondary School	..	..	..	Two classrooms.
Hen Gwrt Primary School	..	..	..	Three classrooms.
Heolgam Secondary School	..	..	..	Three classrooms.
High Street Girls' Secondary	..	..	..	One classroom.
Nantymoel Secondary School	..	..	..	Two classrooms.
Penclawdd Secondary School	..	..	..	do.
Pontardawe Secondary School	..	..	..	do.
Romilly Boys' Secondary School	..	..	..	Three classrooms.
Tirmorfa Primary	..	..	..	Four classrooms.
Twyn Boys' Secondary School	..	..	..	Two classrooms.
Whitchurch Secondary	..	..	..	Three classrooms.

School Meals Service.

Blaengarw Secondary	..	..	New kitchen and dining-room.
Bryn Celynnog Secondary	..	..	Proposed extensions including improved storage facilities
Gorseinon Primary	..	..	New kitchen and assembly dining hall.
Maesteg Grammar	..	..	New kitchen.
Sandfields R.C. Primary	..	..	New scullery.
Senghenydd Junior	..	..	New kitchen and dining-room.
Y Bontfaen Primary	..	..	do.
Porthcawl Secondary	..	..	do.
Maendy Primary	..	..	Kitchen and dining-room, and scullery improvements.

(a) Boarded-out Children.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoerrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	2	—	14	5	5	1	5	4	13	49
Reinspection	27	26	39	20	75	12	18	19	37	273
Number referred for treatment ..	1	7	9	2	4	4	10	7	12	56

(b) Children in Children's Homes.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoerrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	6	—	49	24	37	—	—	—	—	116
Reinspection	51	—	138	48	243	—	—	—	—	480
Number referred for treatment ..	19	—	28	7	24	—	—	—	—	78

(c) Children in Family Homes.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoerrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Initial inspection	—	—	9	13	1	1	—	5	—	29
Reinspection	—	6	24	11	9	21	43	13	—	127
Number referred for treatment ..	—	1	9	7	—	3	20	4	—	44

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION

OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1960.

1. AVAILABILITY OF MEDICAL OFFICERS.

Many changes again occurred in the medical establishment of the School Health Service in 1960, and these are detailed below :—

- (a) Dr. A. R. Davis .. Terminated his appointment on 19th February, 1960.
- (b) Dr. J. Mason .. Terminated her full-time appointment in December, 1959.
- (c) Dr. G. Packer .. Terminated her sessional appointment in February, 1960.
- (d) Dr. E. T. Lloyd .. Terminated her sessional appointment on 1st July, 1960.

Following new appointments as a result of the above losses the medical officer position for the remainder of 1960 was as follows :—

- (a) Dr. E. C. Vincent .. Available for eleven sessions per week as in 1959.
- (b) Dr. E. G. Watkins .. Available for eight sessions per week from 19th February, 1960.
- (c) Dr. A. C. Stewart .. Available for seven sessions per week from 1st September, 1960.
- (d) Dr. J. Mason .. Available for three sessions per week from 1st January, 1960.
- (e) Dr. N. C. Osborn .. Available for four sessions per week from 7th May, 1960.

The distribution of the doctors' time by session and type of work is shown in Table I.

TABLE I.

	Routine medical inspections	B.C.G. vaccination	Poliomyelitis vaccination	Maternity and child welfare	Others : school clinics, specials, etc.
(1) Dr. E. C. Vincent ..	87	43	79	47	113
(2) Dr. E. G. Watkins ..	144	—	72	74	74
(3) Dr. A. C. Stewart ..	52	—	3	24	54
(4) Dr. J. Mason ..	94	—	6	61	4
(5) Dr. N. C. Osborn ..	64	—	1	10	—

It will be seen from Table I that once again some 34 per cent of the time of the foregoing medical officers has had to be devoted to Maternity and Child Welfare and poliomyelitis vaccination clinics and this has naturally affected the smooth and effective running of a full School Health Service programme. In fact, it is felt the situation merits the appointment of an additional medical officer for this branch of the service.

2. ROUTINE MEDICAL INSPECTION.

It will be seen from Table I that 441 sessions were spent on the routine medical inspection of pupils and their distribution by year of birth is shown on Table II. (The total school population at the end of 1960 was 18,587.)

TABLE II.

Age groups inspected (by years of birth)	Number of pupils inspected	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
		No.	No.
1956 and later ..	1,072	1,070	2
1955	908	908	—
1954	707	707	—
1953	330	330	—
1952	33	32	1
1951	7	7	—
1950	1,346	1,346	—
1949	966	966	—
1948	788	788	—
1947	—	—	—
1946	1,159	1,159	—
1945 and earlier ..	626	626	—
Total ..	7,942	7,939	3

3. DEFECTIVE VISION AND SQUINT.

The section of the School Health Service which deals with the above defects virtually ceased to exist in 1960.

In February, 1960, both Dr. G. Packer and Mr. R. E. Packer left the area, and as a result, the five weekly refraction clinics held in the Authority's clinic came to an end. From May, 1960, Mr. J. Harrington, an ophthalmologist attached to the local hospital group, was able to work at our clinics for eighteen sessions—usually on alternate Monday afternoons.

However, though we were extremely glad of Mr. Harrington's visits, the position at December 31st regarding the treatment of children with defective vision and squint was, and still is, extremely bad.

Two-hundred-and-sixty-five children were examined at the refraction clinics compared with 1,080 children in the previous year.

4. ORTHOPAEDIC SERVICE.

Although Mrs. Merle Davies resigned in February we were fortunate in obtaining the services of Mrs. Martha Edwards from 11th April. Consequently there was only a small break in the continuity of the orthopaedic services offered at the local authority clinics. These services are provided daily by Mrs. Edwards and there is a monthly consultant clinic which is attended by Mr. D. N. Rocyn Jones.

5. SPEECH THERAPY.

This service was also affected by resignation—that of Mrs. A. M. Price who worked in the division from April, 1959 until March, 1960. As a result, no child requiring speech therapy has received treatment since that time.

6. DENTAL TREATMENT.

Three-thousand-and-seventy-five children were routinely inspected at school, and 1,447 examined as specials. In addition, 1,998 were treated at the Authority's dental clinics.

7. INFECTIOUS DISEASE.

The most common causes of disability in children during the year were, whooping cough, dysentery, measles, and food poisoning.

8. PREVENTION OF TUBERCULOSIS.

Our programme of B.C.G. vaccination was continued during the year and Table III summarises the work done.

TABLE III.

TABLE GIVING DETAILS OF B.C.G. VACCINATION IN CHILDREN AGED 13 YEARS AND OVER.

Number of parental consents requested	Accepted B.C.G.		Mantoux test			Number given B.C.G.
	No.	%	No. tested	No. negative	% positive	
2,352	1,757	74.5	1,488	1,134	23.8	1,132

There is no doubt in my mind that one of the major factors influencing the low acceptance rate is the way in which B.C.G. is at present administered i.e. by intradermal injection via a syringe. B.C.G. administered by multiple puncture apparatus would be infinitely more acceptable to the children involved.

9. 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 one partially sighted, one partially deaf, three delicate, four physically handicapped, and eleven educationally subnormal, were so classified.

10. CHILD GUIDANCE CLINIC.

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.

During 1960, forty-two new cases were seen at the clinic. Because the services of both Dr. Aron and Mrs. Lewis have to be spread over many divisions it does mean that this service is unable to function as it should. Consequently, there is an appreciable waiting list for appointment at this clinic.

11. HOSPITALISATION IN CHILDREN.

Although our local knowledge of the hospitalisation of children is incomplete it has been thought worthwhile to analyse the discharge reports made available to us from the hospitals to which most of the children in the area are admitted.

Table IV shows the distribution of these discharges by sex, and cause of admission. Notable absences from this list are discharges of cases of otitis media and strabismus. Unfortunately, our information about admission for these causes is extremely limited.

Cases admitted to the local isolation hospital have also been omitted from this list.

TABLE IV.

TABLE SHOWING DISCHARGES BY SEX AND CAUSE OF ADMISSION.

Principal causes of admission	Males	Females	Total
(1) Removal of Ts. and As.	100	120	220*
(2) Accidents	84	40	124
(3) Appendicectomy	20	30	50
(4) Abdominal pain, appendicitis . .	9	10	19
(5) Disorder of urogenital system . .	19	8	27
(6) Infectious diseases	15	7	22
(7) Other medical conditions	14	16	30
(8) Minor surgical conditions	12	13	25
All causes	273	244	517

* Known to be grossly incomplete.

TABLE V.

This table gives certain details of those cases who were admitted because of accident. The marked preponderance of boys over girls is clearly shown in accidents involving falls with consequent fractures etc. Though we received only nine discharge reports concerning cases of burns or scalds this type of hazard should be continually in the minds of parents and others who have the care of young children.

Fractures, injuries, etc.						Scalds and burns		Ingestion of* Noxious substances		
Head		Forearm		Other sites				Boys	Girls	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
41	18	14	6	20	8	7	2	2	6	124

* These cases comprised ingestion of penobarb, turps, paraffin, salts from chemistry set, plastic disc, 3d., and 1-in. nail. The majority of cases occur in the 1 to 8 age group.

12. SERIAL TUBERCULIN TESTING.

In co-operation with Professor A. L. Cochrane of the M.R.C. Epidemiological Research Unit, Llandough, serial tuberculin skin testing was commenced in the Rhondda Fach in November, of 1960. The aim of the project was explained to the parents of the children involved, by circular letter, and they were invited to give their written consent to their children being tested.

These letters were distributed by the teaching staffs of the schools involved to all children whose names appeared on their registers.

On receipt of the written consents the programme of skin testing was started at the respective school departments. All the testing was done by Miss G. Jones, a health visitor seconded to the M.R.C. Unit. The reading of the reactions was also done by Miss Jones with corroboration of certain results by Dr. E. C. Vincent. The scheme entailed a fair amount of clerical work and this was carried out by Miss D. Jones of the Health Department, and Mr. T. Benjamin and Mr. G. Jonathan of the Epidemiological Unit. These latter gentlemen greatly assisted in the follow-up of absentees and in the general encouragement of parents to participate in the scheme. In addition, individual health visitors assisted in the skin testing at their own schools.

The results of the skin testing are shown in the accompanying tables and a comparison has been made with the results of similar-type surveys carried out in 1950-51, and 1953-54 by Dr. T. Francis Jarman.

In comparing these results one encounters a difficulty associated with the introduction of B.C.G. vaccination. In the 1951 and 1954 surveys the enumeration of positive reaction was apparently not complicated by post B.C.G. positivity—a factor which becomes now increasingly more important. Even so, there has obviously been a very marked reduction in the number of positive reactors as compared with the surveys of 1951 and 1954.

A major difference between the 1960 survey and the previous surveys was in the method of testing. Dr. Jarman had employed the Mantoux technique, i.e. the intradermal injection of 0.1 ml. of 1/10,000 dilution of standardised O.T. followed in the case of negative reactors by a further injection 0.1 ml. of 1/100 dilution.

In the 1960 survey, the Heaf Multiple Puncture method was used. For this test a small amount of P.P.D. (2 mg./ml.) is placed on the skin of the forearm and it is then carried through the skin by the needles of the Heaf gun. This procedure seems to be very much more acceptable to the recipients (of all ages) than the intradermal Mantoux technique. As far as possible, all reactions were read seven days from date of test.

Table VI summarises the results and shows that of the 4,573 children registered as attending school some 4,265 were tested, i.e. 93 per cent. The table also shows the incidence of positive reactors both natural and B.C.G. induced.

Table VII shows the results obtained by Dr. Jarman in 1951 and 1954, and the differences are shown graphically in figure I. An interesting speculation is what proportion of the children with B.C.G. induced positivity at ages under 11 years would have become naturally positive through the tuberculous association which merited their vaccination in many cases.

Table VIII shows the distribution of natural positives by grade of Heaf reaction whilst Table IX gives the same information for those children where positivity had been induced by B.C.G. vaccination.

TABLE VI.

TABLE SHOWING DISTRIBUTION OF PUPILS TUBERCULIN TESTED BY AGE, SEX, AND POSITIVITY.

Age	Total on register	Number tested	Number naturally positive	Percentage naturally positive	Number positive following B.C.G.	Percentage total positive
3	134	114	0	0	10	8.7
4	283	276	4	1.5	25	11.7
5	362	340	2	.7	40	8.7
6	320	309	6	2.2	43	15.8
7	404	356	8	2.5	33	11.5
8	369	348	7	2.2	37	12.8
9	394	372	9	2.7	41	13.4
10	381	368	19	5.6	27	12.5
11	422	415	37	9.7	32	16.6
12	415	405	51	13.1	26	19.0
13	464	430	58	—	79	—
14	446	372	58	—	205	—
15	89	85	12	—	50	—
16	45	37	4	—	24	—
17	28	28	3	—	21	—
18	15	9	0	—	9	—
19	2	1	0	—	1	—
Total	4,573	4,265	278		703	

TABLE VII.

TABLE SHOWS RESULTS OF TUBERCULIN TESTING UNDERTAKEN BY DR. JARMAN IN 1951 AND 1954.

Age in years	Number tested	Number positive	Percentage positive
	(a)	1951	
5	96	4	4.2
6	83	8	9.6
7	112	14	12.5
8	115	15	13.0
9	104	20	19.2
10	139	28	20.1
11	179	53	29.6
12	232	62	26.7
13	225	68	30.2
14	203	79	38.9
15	111	58	52.3
16	58	14	24.1
17	26	12	46.2
Totals ..	1,683	435	25.8
	(b)	1954	
5	82	4	3.7
6	66	6	10.6
7	79	6	7.6
8	79	7	9.7
9	93	13	14.0
10	84	11	13.1
11	117	29	25.6
12	252	72	29.0
13	252	93	36.9
14	248	90	36.7
15	119	41	34.5
16	64	30	46.9
17	41	25	61.0
Totals ..	1,576	427	27.0

TABLE VIII.

TABLE SHOWING DISTRIBUTION OF CHILDREN WHO WERE NATURALLY POSITIVE BY AGE AND GRADE OF HEAF REACTION.

Ages	Grade 1		Grade 2		Grade 3		Grade 4		All Grades	
	B	G	B	G	B	G	B	G	B	G
3	0	0	0	0	0	0	0	0	0	0
4	0	1	1	1	0	0	0	1	1	3
5	0	1	0	1	0	0	0	0	0	2
6	0	3	0	1	0	0	2	0	2	4
7	2	4	1	1	0	0	0	0	3	5
8	4	2	1	0	0	0	0	0	5	2
9	1	1	4	2	0	0	0	1	5	4
10	5	7	1	3	1	1	0	1	7	12
11	5	6	12	4	4	3	2	1	23	14
12	12	8	8	8	4	6	2	3	26	25
13	13	14	8	8	4	5	2	4	27	31
14	17	2	6	9	2	11	4	7	29	29
15	2	0	2	1	2	2	3	0	9	3
16	0	0	0	0	1	3	0	0	1	3
17	0	0	0	1	1	0	1	0	2	1
Total	61	49	44	40	19	31	16	18	140	138

TABLE IX.

TABLE SHOWING DISTRIBUTION OF CHILDREN WHO HAD B.C.G. INDUCED POSITIVE REACTIONS BY AGE AND GRADE OF REACTION.

Ages	Grade 1		Grade 2		Grade 3		Grade 4		All Grades	
	B	G	B	G	B	G	B	G	B	G
3	6	4	0	0	0	0	0	0	6	4
4	10	14	0	1	0	0	0	0	10	15
5	16	18	0	6	0	0	0	0	16	24
6	9	20	4	7	2	0	1	0	16	27
7	15	18	0	0	0	0	0	0	15	18
8	12	19	3	2	1	0	0	0	16	21
9	11	24	3	2	1	0	0	0	15	26
10	7	17	1	2	0	0	0	0	8	19
11	12	9	7	3	0	1	0	0	19	13
12	5	12	4	3	1	0	0	1	10	16
13	21	16	20	16	0	4	1	1	42	37
14	52	63	38	41	8	2	0	1	98	107
15	15	18	4	12	0	0	1	0	20	30
16	12	7	2	2	0	1	0	0	14	10
17	7	6	6	1	1	0	0	0	14	7
18	2	5	1	1	0	0	0	0	3	6
19	0	0	1	0	0	0	0	0	1	0
Total ..	212	270	94	99	14	8	3	3	323	380

FOLLOW-UP PROCEDURE.

It was decided to visit the homes of those children who produced a positive skin reaction of Grade 3 and 4 and also the six children of five years and under who were positive to any degree. This visiting was again carried out by Miss G. Jones when information was sought regarding the possible source of infection. At the follow-up interview parents were offered the chance to have their children X-rayed.

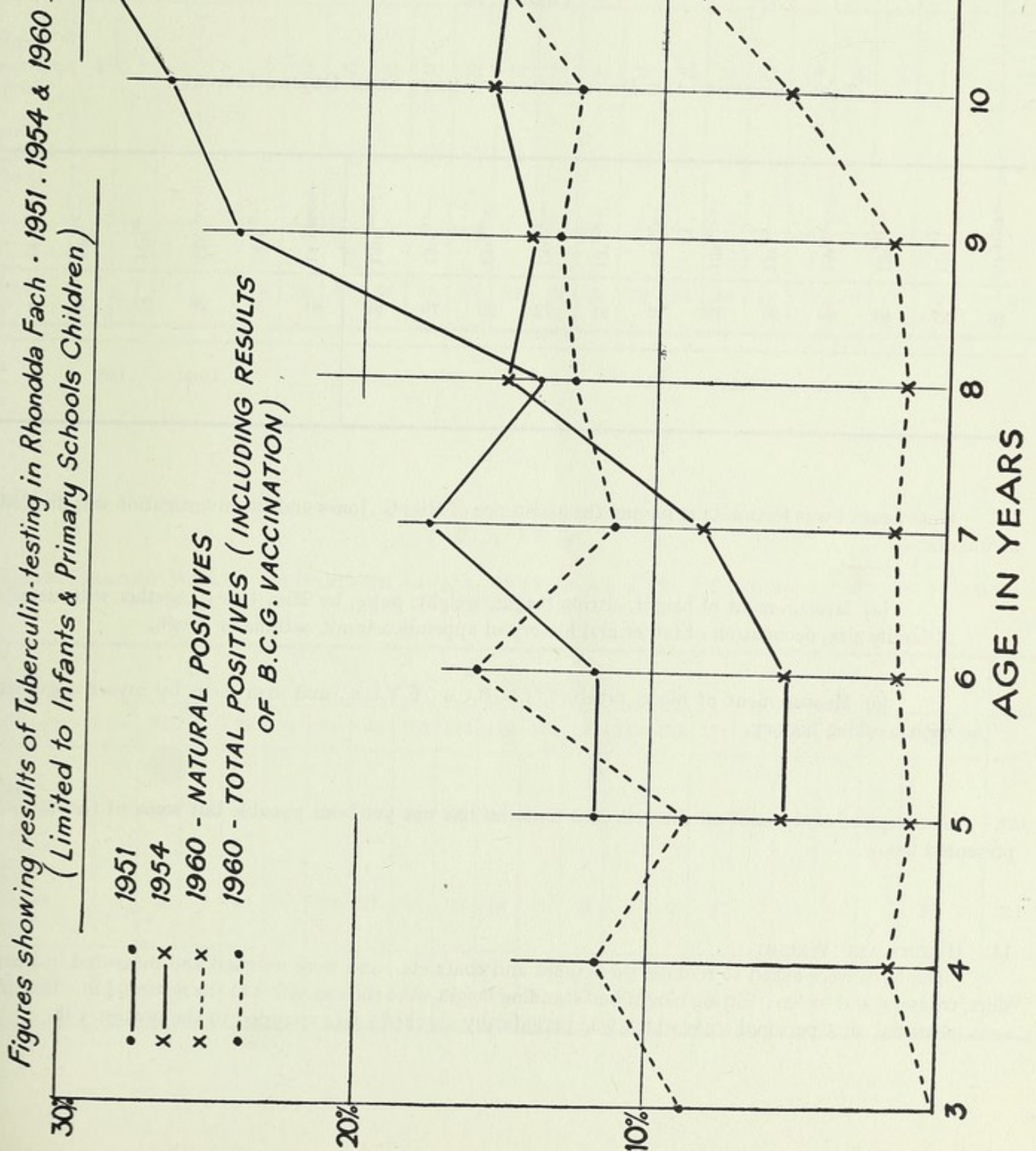
Ninety children were visited at home and it was only found necessary to refer thirty-seven for chest X-ray since the others were either known to the chest clinic or had in fact been recently X-rayed as part of our routine B.C.G. scheme.

Of these thirty-seven, four failed to attend ; in fifteen nothing abnormal was detected ; fourteen showed evidence of calcification ; one was a bronchiectatic and three required further X-ray.

Of the ninety children visited at home a history of close contact with a case of tuberculosis was obtained in thirty-three cases. However, some caution is needed in accepting the figure of no contact in the remaining fifty-seven since some families tend to be reticent about disclosing information of this nature.

(LIMITED TO INFANTS AND PRIMARY SCHOOLS CHILDREN).
Age in Years.

Whilst the initial testing has given us some valuable information, the annual re-testing will provide a definite measure of the continuing presence of tuberculous infectivity in the area.



13. SPECIAL SURVEY OF CERTAIN ATTRIBUTES OF 13-YEAR-OLD BOYS.

With the encouragement and advice of the M.R.C. Epidemiological Research Unit, Llandough, the above survey was undertaken during the early months of 1960. In order to assemble a population, the headteachers of all secondary schools (except the Technical College) were asked to provide us with lists of boys who were 13 years and under 14 years on February 1st, 1960. Though the actual survey started soon after this date it proved impossible to complete it under four months and the eventual age structure of our population is shown in Table X.

TABLE X.

TABLE SHOWING AGE DISTRIBUTION OF BOYS SEEN DURING SURVEY.

13 years—	13 ¹ / ₁₂ —	13 ² / ₁₂ —	13 ³ / ₁₂ —	13 ⁴ / ₁₂ —	13 ⁵ / ₁₂ —	13 ⁶ / ₁₂ —	13 ⁷ / ₁₂ —	13 ⁸ / ₁₂ —	13 ⁹ / ₁₂ —	13 ¹⁰ / ₁₂ —	13 ¹¹ / ₁₂ —	14 years—	14 ¹ / ₁₂ —	14 ² / ₁₂ —	14 ³ / ₁₂ —	14 ⁴ / ₁₂ —	14 ⁵ / ₁₂ +
16	27	40	69	89	70	72	81	72	60	76	68	61	37	26	22	2	—
Total .. 740												Total .. 148					

Once again I was fortunate in having the assistance of Miss G. Jones and the investigation was divided as follows :—

(a) Measurement of height, sitting height, weight, pulse, by Miss Jones, together with details of family size, occupation of father and history of appendicectomy, asthma or cough.

(b) Measurement of blood pressure, I.M.B.C.s., F.V.C.s., and arm girth by myself together with smoking history.

A complete analysis of all the collected material has not yet been possible but some of the data is presented below.

14. HEIGHT AND WEIGHT.

The boys were asked to remove their shoes and coats etc., and were weighed and measured in their shirt, trousers, and socks. Sitting height and standing height were then recorded to the nearest $\frac{1}{2}$ in. Weight—as measured on a personal scale which was periodically checked—was recorded to the nearest 1 lb.

The collected data has been tabulated in the following way :—

TABLE XI.

TABLE SHOWING DISTRIBUTION OF HEIGHTS OF BOYS AGED 13 YEARS BY TYPE OF SCHOOL ATTENDED.

Type of school attended	Height in inches																					Total	
	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70		71
County Secondary Schools	1	1	1	5	5	22	32	46	60	62	66	57	33	44	34	25	15	10	5	4	1	—	529
County Grammar Schools	—	—	—	1	3	4	4	10	18	28	29	16	19	26	24	11	8	4	2	3	1	—	211
All Schools	1	1	1	6	8	26	36	56	78	90	95	73	52	70	58	36	23	14	7	7	2	—	740

TABLE XI (a).

TABLE SHOWING WEIGHT DISTRIBUTION OF ALL 13-YEAR-OLD BOYS EXAMINED BY TYPE OF SCHOOL ATTENDED.

Type of school attended	Weight in lbs.																				Total	
	56	62	70	77	84	91	98	105	112	119	126	133	140	147	154	161	168	175	182	189		196
County Secondary Schools	13	36	20	58	101	80	64	44	38	30	19	7	7	5	4	1	—	1	1	—	—	529
County Grammar Schools	1	3	7	15	34	26	27	28	30	13	11	6	3	2	2	—	1	—	1	1	—	211
All schools ..	14	39	27	73	135	106	91	72	68	43	30	13	10	7	6	1	1	1	2	1	—	740

The Ponderal Indices of a random sample of the 13-year-old boys examined were calculated and the values are shown below :—

TABLE XI (b).

TABLE SHOWING DISTRIBUTION OF PONDERAL INDICES (HEIGHT/WEIGHT) OF A RANDOM SAMPLE OF 13-YEAR-OLD BOYS EXAMINED.

12	.1	.2	.3	.4	.5	.6	.7	.8	.9	13	.1	.2	.3	.4	.5	.6	.7	.8	.9	14	.1	.2	.3	.4	.5	.6	.7	8+	Total
1	2	1	4	2	2	5	6	5	10	8	17	12	10	14	10	8	9	8	6	3	2	2	3	1	0	0	1	0	152

Mean of Ponderal Indices = 13.32. Standard Deviation = 0.51.

TABLE XII.

TABLE SHOWING DISTRIBUTION OF HEIGHTS OF 13-YEAR-OLD CHILDREN WITH NO SIBS AND THOSE WITH THREE OR MORE YOUNGER SIBS.

	Height in inches																				Total
	52-	53-	54-	55-	56-	57-	58-	59-	60-	61-	62-	63-	64-	65-	66-	67-	68-	69-	70-	71+	
With no Sibs ..	-	-	1	4	7	5	6	13	12	7	10	14	9	10	1	3	2	-	1	-	105
With three or more Sibs ..	1	3	3	2	2	3	7	13	5	9	1	3	2	2	2	-	-	-	-	-	58

TABLE XIII.

TABLE SHOWING DISTRIBUTION OF WEIGHT OF 13-YEAR-OLD CHILDREN WITH NO SIBS AND THOSE WITH THREE OR MORE YOUNGER SIBS.

	Weight in lbs.																	
	56-	63-	70-	77-	84-	91-	98-	105-	112-	119-	126-	133-	140-	147-	154-	161-	168+	Total
With no .. Sibs ..	2	4	3	8	21	15	7	10	14	4	7	3	2	3	2	-	-	105
With three or more Sibs ..	1	6	8	6	9	8	6	9	1	1	3	-	-	-	-	-	-	58

15. SITTING HEIGHT.

Sitting height was recorded to the nearest $\frac{1}{2}$ in. and the results are shown in Table XIV.

TABLE XIV.

TABLE SHOWING DISTRIBUTION OF SITTING HEIGHT IN 13-YEAR-OLD BOYS BY THE TYPE OF SCHOOL ATTENDED.

Type of school	Sitting height of 13-year-old boys in inches																						Total
	28	28½	29	29½	30	30½	31	31½	32	32½	33	33½	34	34½	35	35½	36	36½	37	37½	38	38½	
County Secondary Schools	5	15	24	28	59	65	70	57	48	35	40	20	30	12	8	6	4	—	1	2	—	—	529
County Grammar Schools	1	4	10	7	18	18	24	23	30	27	11	9	7	8	6	1	4	2	1	—	—	—	211
All Schools	6	19	34	35	77	83	94	80	78	62	51	29	37	20	14	7	8	2	2	2	—	—	740

16. ARM GIRTH.

Arm girth was measured on the right arm with the arm semi-flexed without full flexion of the biceps. The collected data, recorded to the nearest $\frac{1}{4}$ in., is shown in Table XV.

TABLE XV.

TABLE SHOWING DISTRIBUTION OF ARM GIRTH IN 13-YEAR-OLD BOYS BY TYPE OF SCHOOL ATTENDED.

Type of School	Arm Girth in inches																													
	6½	½	¾	7	¾	½	¾	8	¾	½	¾	9	¾	½	¾	10	¾	½	¾	11	¾	½	¾	12	¾	½	¾	13		¾	½+
County Secondary Schools	1	2	11	15	33	42	69	57	67	51	41	36	25	24	16	13	3	4	4	3	4	4	2	—	1	—	—	—	1	—
County Grammar Schools	—	1	1	5	11	16	23	19	19	20	18	22	11	14	8	7	5	1	0	4	—	—	2	3	—	1	—	—	—	—
All Schools	1	3	12	20	44	58	92	76	86	71	59	58	36	38	24	20	8	5	4	7	4	4	4	3	1	1	—	—	1	—

17. BLOOD PRESSURE.

Blood pressure readings were done with the boys in the sitting position. The diastolic reading was taken at that point where the sound became muffled. The results obtained are tabulated below :—

TABLE XVI.

DISTRIBUTION OF SYSTOLIC BLOOD PRESSURE IN 13-YEAR-OLD BOYS BY TYPE OF SCHOOL ATTENDED.

Type of School	Systolic Blood Pressure in mm/Hg.																				Total
	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170+	
County Secondary Schools	1	1	5	23	28	55	59	82	78	68	48	35	26	7	5	6	1	1	0	0	529
County Grammar Schools	0	0	1	2	5	12	18	26	26	33	28	35	12	5	5	1	1	0	1	0	211
All schools	1	1	6	25	33	67	77	108	104	101	76	70	38	12	10	7	2	1	1	0	740

TABLE XVII.

DISTRIBUTION OF DIASTOLIC BLOOD PRESSURE IN 13-YEAR-OLD BOYS BY TYPE OF SCHOOL ATTENDED.

Type of school attended	Diastolic Pressure in mm/Hg.															Total
	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100+	
County Secondary Schools	1	4	14	25	52	80	100	76	85	48	32	8	3	1	0	529
County Grammar Schools	0	1	1	4	9	27	38	34	40	32	15	6	2	2	0	211
All Schools	1	5	15	29	61	107	138	110	125	80	47	14	5	3	0	740

Table XVIII summarises the means and standard deviations of the measurements tabulated above.

TABLE XVIII.

TABLE SHOWING MEANS AND STANDARD DEVIATIONS OF ATTRIBUTES TABULATED IN FOREGOING TABLES.

	Means	Standard deviations
(1) Height (all 13-year-olds)	61.00 in.	3.34
(2) Height (all 13-year-old grammar boys)	61.72 in.	3.1
(3) Height (all 13-year-old County secondary boys)	60.71 in.	3.35
Height (all 13-year-old boys with no sibs)	61.58 in.	3.36
Height (all 13-year-old boys with three or more sibs)	59.63 in.	3.27
(4) Weight (all 13-year-olds)	99.3 lb.	20.79
(5) Weight (all 13-year-old grammar boys)	104.6 lb.	20.51
(6) Weight (all 13-year-old County secondary boys)	97.09 lb.	20.44
Weight (all 13-year-old boys with no sibs)	102.6 lb.	21.84
Weight (all 13-year-old boys with three or more sibs)	91.1 lb.	17.29
(7) Sitting height (all 13-year-olds)	31.85 in.	1.75
(8) Sitting height (all 13-year-old grammar boys)	32.07 in.	1.69
(9) Sitting height (all 13-year-old County secondary boys)	31.76 in.	1.75
(10) Arm girth (all 13-year-olds)	8.60 in.	1.04
(11) Arm girth (all 13-year-old grammar boys)	8.75 in.	1.07
(12) Arm girth (all 13-year-old County secondary boys)	8.52 in.	0.96
(13) Systolic blood pressure (all 13-year-olds)	117.8 MM/Hg.	13.5
(14) Systolic blood pressure (all 13-year-old grammar boys)	121.9 MM/Hg.	12.76
(15) Systolic blood pressure (all 13-year-old County secondary boys)	116.2 MM/Hg.	12.98
(16) Diastolic blood pressure (all 13-year-olds)	65.9 MM/Hg.	10.75
(17) Diastolic blood pressure (all 13-year-old grammar boys)	68.6 MM/Hg.	10.08
(18) Diastolic blood pressure (all 13-year-old County secondary boys)	64.8 MM/Hg.	10.83

It will be seen from the foregoing table that the average value for every attribute of 13-year-old county grammar boys exceeds that for its county secondary counterpart. The further sub-division by sibship of height and weight values clearly shows the difference on average that exists between children of small and large families. The influence of this latter factor on the other measured attributes is also being investigated.

18. PHYSIOLOGICAL MEASUREMENTS.

Two attributes were measured under this head :—

(a) Radial pulse—counted over half minute prior to boy completing remaining part of physiological examination. The collected data are shown in Table XIX.

(b) Ventilatory capacity—this was measured on a modified Gaenster (1951) apparatus kindly provided by the M.R.C. Epidemiological Unit. Values were obtained for—

- (i) *Forced Vital Capacity* (F.V.C.) i.e. the maximum volume of air which could be expired by as forcible an effort as possible following a maximum inspiration, the expiration being accomplished as rapidly as possible. As implied in the definition stress was placed on the forceful effort and on the speed with which the air was expelled.
- (ii) *Indirect Maximum Breathing Capacity* (I.M.B.C.) predicted values (actually read from the machine) from measurements of the Forced Expiratory Volume (F.E.V.). The forced expiratory volume was that volume of air that was expired between two stated time intervals during the performance of the forced vital capacity. For this survey the first interval was zero and the second 0.75 seconds. I.M.B.C. values provided by the machine scale were related to the F.E.V. values according to the following formula :

$$\text{I.M.B.C. litres/min.} = \text{F.E.V. } 0.75 \times 40.$$

Apart from the pupils in the first school visited, all the boys were asked to carry out the above tests six times. (As stated above each testing provided readings for F.V.C. and I.M.B.C.). In addition, every fourth boy presented for examination was later recalled and the tests repeated.

In addition to providing physiological measurements it is hoped that these values will provide a basis for a five-year follow-up of the boys examined to ascertain the relationship, if any, between these attributes and selection of occupation (particularly mining) and smoking history.

At the present time only a random sample of some 153 13-year-old boys examined has been analysed. From these records the mean value I.M.B.C. was found to be 96.3 whilst the mean of the F.V.C.s., was 2.99 litres.

TABLE XIX.

TABLE SHOWING DISTRIBUTION OF PULSE RATES ON 13-YEAR-OLD BOYS BY TYPE OF SCHOOL ATTENDED.

Type of school attended	Pulse rate/min.															Total
	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130+	
County Secondary Schools	5	3	13	31	80	80	84	76	80	20	28	15	11	3	0	529
County Grammar Schools	0	1	6	6	12	26	41	39	48	9	13	4	6	0	0	211
All Schools	5	4	19	37	92	106	125	115	128	29	41	19	17	3	0	740

Mean County grammar boys, 97/min. Standard deviation = 10.5.

Mean County secondary boys, 94/min. Standard deviation = 12.0.

19. SMOKING HISTORY.

Each boy was asked detailed questions regarding his smoking history and though reservations need to be made regarding some of the answers given, it is felt that the information obtained provides a fair picture of the smoking habits of 13-year-old boys. In calculating the data the boys have been divided into "definite" and "indefinite" categories. To fall into the "definite" category they must have been smoking at least one a week at the time of interview.

TABLE XX (a).

TABLE SHOWING NUMBERS OF CIGARETTES SMOKED BY "DEFINITE" SMOKERS BY TYPE OF SCHOOL ATTENDED. (13-YEAR-OLD BOYS).

Type of school attended	1 a week	2 a week	3 a week	4 a week	1 a day	2 a day	3 a day	4 a day	5 a day	6-10 a day	Total	No. of boys questioned	% Definite smokers
County Grammar Schools	8	5	7	0	8	10	6	0	1	2	47	211	22.3
County Secondary Schools ..	33	20	20	6	17	53	29	5	17	9	209	529	39.5
All Schools	41	25	27	6	25	63	35	5	18	11	256	740	34.5

It will be seen from Table XX (a) that some 22 per cent of County grammar school boys and some 39 per cent of County secondary boys gave a history of smoking at least one cigarette a week.

The age of starting to smoke in these "definite" smokers is shown in Table XX (b).

TABLE XX (b).

AGE AT STARTING TO SMOKE OF "DEFINITE" SMOKERS BY TYPE OF SCHOOL ATTENDED.
(13-YEAR-OLD BOYS).

Type of School attended ..	8	9	10	11	12	13	Total
County Secondary Schools ..	21	24	53	63	39	9	209
County Grammar Schools ..	—	2	16	22	7	—	47
All Schools	21	26	69	85	46	9	256

In the "definite" group were included those who had a "definite" smoking history but who said they had given it up, and those whose smoking history was limited to the occasional "puff".

In the County grammar schools thirty-six pupils fell into this latter category, whilst forty-three pupils at County secondary schools have been so classified. The smoking histories of the other members of the "indefinite" group is shown in the following table:—

TABLE XXI (a).

NUMBER OF CIGARETTES SMOKED AND DURATION OF SMOKING IN "INDEFINITE" SMOKERS WHO HAD GIVEN IT UP.

Number Smoked		Duration of Smoking History before giving it up										Total
		6-12 months		1 year		2 years		3 years		4 years		
		G+	SM	G+	SM	G+	SM	G+	SM	G+	SM	
Less than												
1 a day*	..	0	1	1	17	3	9	0	6	0	2	39
1 a day	.. ..	1	2	3	10	0	10	0	1	1	1	29
2 a day	.. ..	0	1	1	1	2	1	3	3	0	0	12
3 a day	.. ..	0	0	0	1	0	3	0	1	0	0	5
4 a day	.. ..	0	0	0	0	0	0	0	0	0	0	0
5 a day	.. ..	0	0	0	1	0	1	0	2	0	0	4
10+ a day	..	0	0	0	0	0	1	0	0	0	1	2
Total	.. ..	1	4	5	30	5	25	3	13	1	4	91

* Less than one a day but not less than one a week.

G+ = County Grammar School. SM = County Secondary School.

The age at which the young smokers in Table XXI (a) started is shown in Table XXI (b).

TABLE XXI (b).

AGE AT STARTING TO SMOKE OF THOSE "INDEFINITE" SMOKERS WHO HAD CEASED TO SMOKE AT TIME OF INTERVIEW. (13-YEAR-OLD BOYS).

Type of school attended	Age							Total
	7	8	9	10	11	12	13	
County Secondary Schools ..	1	2	4	21	30	17	1	76
County Grammar Schools ..	—	—	3	6	5	1	—	15
All Schools	1	2	7	27	35	18	1	91

The main facts that emerged from the foregoing statistics are that of the 740 13-year-old boys interviewed :—

Two-hundred-and-fifty-six gave a definite history of smoking at time of interview ;
 Ninety-one gave a history of having smoked for at least six months ; whilst
 Seventy-nine admitted to having smoked an occasional cigarette.

The difference in smoking habits between County grammar and County secondary boys is shown clearly in the foregoing tables.

20. APPENDICECTOMY AND ASTHMA.

Of the 740 13-year-old boys interviewed, forty-nine gave a history of having had their appendix removed. Those giving a history of asthma were divided into the following categories :—

Asthmatic attack less than one month ago ..	10
Asthmatic attack one to three months ago ..	7
Asthmatic attack three to six months ago ..	3
Asthmatic attack more than one year ago ..	14
Asthma as a young child	2
Total number of boys interviewed	740

Of the foregoing six County grammar boys gave a history of an asthmatic attack in previous six months whilst fourteen County secondary boys were so affected. As a percentage of those interviewed this meant that 2·8 per cent of County grammar, 2·6 per cent of County secondary boys were so affected.

In conclusion I must express my thanks to Professor A. L. Cochrane and the staff of the M.R.C. Epidemiological Unit, Llandough, for their encouragement and assistance during the survey and in particular to Miss Glenys Jones, who did so much of the work involved.

STATISTICAL APPENDIX.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	3,050
Second Age Group	3,107
Third Age Group	1,785
Total	7,942
Number of other Periodic Inspections	—
Grand Total	7,942

B.—OTHER INSPECTIONS.

Number of Special Inspections	315
Number of Re-Inspections	284
Total	599

C.—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO
REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH
VERMIN).

Age groups inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants	7	702	706
Second Age Group	18	509	517
Third Age Group	6	105	109
Total	31	1,316	1,332
Additional Periodic Inspections ..	—	—	—
Grand Total	31	1,316	1,332

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

Age groups Inspected (1)	Number of pupils inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Entrants	3,050	3,050	100·0	—	—
Second Age Group ..	3,107	3,107	100·0	—	—
Third Age Group ..	1,785	1,785	100·0	—	—
Total	7,942	7,942	100·0	—	—

TABLE II.

INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	47,065
(b) Total number of individual pupils found to be infested	1,159
(c) Number of individual pupils in respect of whom cleansing notices were issued (section 54(2), Education Act, 1944)	28
(d) Number of individual pupils in respect of whom cleansing orders were issued (section 54(3), Education Act, 1944)	—

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR.

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	Requiring treatment (2)	Requiring observation (3)	Requiring treatment (4)	Requiring observation (5)
Skin	24	302	—	3
Eyes—(a) Vision	31	301	3	—
(b) Squint	193	146	2	1
(c) Other	2	62	—	—
Ears—(a) Hearing	20	69	14	30
(b) Otitis Media	6	83	1	—
(c) Other	1	16	—	—
Nose or Throat	61	1,251	22	9
Speech	38	99	5	1
Lymphatic Glands	—	478	—	—
Heart	1	394	1	16
Lungs	2	275	—	9
Development—(a) Hernia	—	21	—	—
(b) Other	5	189	1	2
Orthopaedic—(a) Posture	75	138	—	1
(b) Feet	860	674	33	6
(c) Other	155	532	4	7
Nervous System—(a) Epilepsy	2	21	—	3
(b) Other	—	45	—	3
Psychological—(a) Development	2	40	5	7
(b) Stability	1	27	1	—
Abdomen	—	—	—	1
Other	—	14	3	4

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

GROUP I.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been treated	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of refraction (including squint)	265	—
Total	265	—
Number of pupils for whom spectacles were prescribed	137	—

GROUP II.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment :—		
(a) For diseases of the ear	—	9
(b) For adenoids and chronic tonsilitis	—	478
(c) For other nose and throat conditions	—	66
Received other forms of treatment	—	—
TOTAL	—	553

GROUP III.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients' departments	574	54

GROUP IV.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Pupils treated :—		
(a) Under Child Guidance arrangements ..	42	—
(b) Under Speech Therapy arrangements ..	153	—
Total	195	—

GROUP V.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	—	—
(b) Other :—		
(i) Infective and parasitic diseases	—	19
(ii) Allergic endocrine system, metabolic and nutritional diseases	—	15
(iii) Diseases of the nervous system and sense organs	—	47
(iv) Diseases of the circulatory system ..	—	41
(v) Diseases of the respiratory system ..	—	44
(vi) Diseases of the digestive system	—	128
(vii) Diseases of the genito-urinary system ..	—	54
(viii) Accidents and injuries	—	74
(ix) Neoplasms	—	4
Total	—	426

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

Number of pupils inspected by the Authority's dental officers :—

(a) Periodic age groups ..	3,075
(b) Specials	1,447
Total ..	4,522

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.

Age groups inspected (by years of birth)	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED			
		Satisfactory		Unsatisfactory	
		No.	Percentage of col. 2	No.	Percentage of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	3,784	3,781	99.9	3	0.1
1955	7,284	7,256	99.6	28	0.4
1954	3,174	3,166	99.7	8	0.3
1953	984	981	99.7	3	0.3
1952	307	305	99.3	2	0.7
1951	159	156	98.1	3	1.9
1950	2,969	2,955	99.5	14	0.5
1949	5,714	5,679	99.4	35	0.6
1948	3,277	3,266	99.7	11	0.3
1947	356	356	100.0	—	—
1946	4,968	4,945	99.5	23	0.5
1945 and earlier	4,159	4,149	99.8	10	0.2
Total	37,135	36,995	99.6	140	0.4

(II) SUMMARY IN DIVISIONS.

Division	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED			
		Satisfactory		Unsatisfactory	
		No.	Percentage of col. 2	No.	Percentage of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Aberdare and Mountain Ash ..	4,613	4,611	99.96	2	0.04
Caerphilly and Gelligaer ..	4,088	4,074	99.68	14	0.32
Mid-Glamorgan	5,422	5,420	99.96	2	0.04
Neath and District	3,390	3,378	99.65	12	0.35
Pontypridd and Llantrisant ..	2,773	2,763	99.64	10	0.36
Port Talbot and Glyncoirwg ..	1,390	1,390	100.0	—	—
South-East Glamorgan	5,535	5,438	98.25	97	1.75
West Glamorgan	1,982	1,979	99.85	3	0.15
Rhondda	7,942	7,942	100.0	—	—
Total	37,135	36,995	99.62	140	0.38

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

(I) SUMMARY IN AGE GROUPS.

Age 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)	(2)	(3)	(4)
1956 and later	35	612	626
1955	126	908	976
1954	82	386	450
1953	36	114	135
1952	11	46	51
1951	13	10	23
1950	154	392	511
1949	394	580	870
1948	181	364	500
1947	15	29	38
1946	274	338	557
1945 and earlier	186	216	391
Total ..	1,507	3,995	5,128

(II) SUMMARY IN DIVISIONS.

Division	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
Aberdare and Mountain Ash ..	144	381	478
Caerphilly and Gelligaer	337	231	531
Mid-Glamorgan	194	430	606
Neath and District	132	357	474
Pontypridd and Llantrisant ..	131	200	253
Port Talbot and Glyncoirwg ..	77	60	128
South-East Glamorgan	398	921	1,167
West Glamorgan	63	99	159
Rhondda	31	1,316	1,332
Total ..	1,507	3,995	5,128

PART I—*continued.*

TABLE C.—OTHER INSPECTIONS.

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash ..	832	2,792	3,624
Caerphilly and Gelligaer	744	3,996	4,740
Mid-Glamorgan	473	2,123	2,596
Neath and District	151	1,763	1,914
Pontypridd and Llantrisant ..	455	852	1,307
Port Talbot and Glyncoirwg ..	339	842	1,181
South-East Glamorgan	391	1,048	1,439
West Glamorgan	205	372	577
Rhondda	315	284	599
Total	3,905	14,072	17,977

PART I—continued.

TABLE D.

(i) INFESTATION WITH VERMIN.

	Glamorgan	Rhondda	Total
(i) Total number of examinations in the schools by the school nurses or other authorised persons	217,469	47,075	264,544
(ii) Total number of individual pupils found to be infested	5,619	1,159	6,778
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	28	28
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—

(ii) UNCLEANLINESS.

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

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations ..	13219	—	11483	—	13054	—	11679	—	14835	—	11711	—	11139	—	18224	—	22907	—	128251	—
Head—																				
Clean ..	13016	98.46	11328	98.65	12961	99.29	11620	99.49	14492	97.69	11645	99.43	11000	98.75	18084	99.23	22612	98.71	126758	98.84
Nits ..	197	1.49	149	1.30	93	0.71	58	0.50	336	2.26	64	0.55	137	1.23	138	0.76	291	1.27	1463	1.14
Pediculi and sores ..	6	0.05	6	0.05	—	—	1	0.01	7	0.05	2	0.02	2	0.02	2	0.01	4	1.02	30	0.02
Body—																				
Clean ..	13213	99.95	11461	99.81	13004	99.62	11677	99.98	14813	99.85	11674	99.68	11122	99.85	18220	99.98	22889	99.92	128073	99.861
Dirty ..	6	0.05	22	0.19	50	0.38	2	0.02	22	0.15	37	0.32	17	0.15	4	0.02	17	0.07	177	0.138
Vermineous ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.01	1	0.001
Clothing—																				
Clean ..	13202	99.87	11451	99.72	13010	99.66	11674	99.96	14803	99.79	11673	99.68	11125	99.87	18211	99.93	22887	99.91	128036	99.83
Dirty ..	17	0.13	32	0.28	44	0.34	5	0.04	32	0.21	38	0.32	14	0.13	13	0.07	20	0.09	215	0.17
No. of re-examinations	241	—	443	—	431	—	292	—	853	—	493	—	119	—	86	—	277	—	3235	—
Head—																				
Clean ..	116	48.13	213	48.08	256	59.40	136	46.58	643	75.38	370	75.05	66	55.46	50	58.14	93	33.57	1943	60.06
Nits ..	120	49.79	225	50.79	175	40.60	154	52.74	204	23.92	119	24.14	50	42.02	36	41.86	183	66.07	1266	39.13
Pediculi and sores ..	5	2.08	5	1.13	—	—	2	0.68	6	0.70	4	0.81	3	2.52	—	—	1	0.36	26	0.81
Body—																				
Clean ..	232	96.27	418	94.36	354	82.13	272	93.15	841	98.59	394	79.92	113	94.96	80	93.02	269	97.11	2973	91.90
Dirty ..	9	3.73	25	5.64	77	17.87	20	6.85	12	1.41	99	20.08	6	5.04	6	6.98	7	2.53	261	8.07
Vermineous ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.36	1	0.03
Clothing—																				
Clean ..	235	97.51	414	93.45	352	81.67	263	90.07	835	97.89	393	79.72	113	94.96	83	96.51	269	97.11	2957	91.41
Dirty ..	6	2.49	29	6.55	79	18.33	29	9.93	18	2.11	100	20.28	6	5.04	3	3.49	8	2.89	278	8.59

PART I—continued.
TABLE D—continued.
 (III) UNCLEANLINESS.
 GIRLS.

	Aberdare		Caerphilly		Mid-Glam.		Neath		Pontypridd		Port Talbot		S.E. Glam.		West Glam.		Rhondda		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of examinations ..	12257	—	10842	—	12053	—	10982	—	14277	—	10831	—	12293	—	17930	—	22613	—	124078	—
Head—																				
Clean ..	11512	93.92	10409	96.00	11730	97.32	10778	98.14	13404	93.88	10545	97.36	11777	95.80	17409	97.09	21289	94.14	118853	95.79
Nits ..	717	5.85	427	3.94	322	2.67	200	1.82	835	5.85	268	2.47	509	4.14	513	2.86	1309	5.79	5100	4.11
Pediculi and sores	28	0.23	6	0.06	1	0.01	4	0.04	38	0.27	18	0.17	7	0.06	8	0.05	15	0.07	125	0.10
Body—																				
Clean ..	12257	100.0	10827	99.86	12021	99.73	10981	99.99	14258	99.86	10799	99.70	12287	99.95	17926	99.98	22591	99.90	123947	99.89
Dirty ..	—	—	15	0.14	32	0.27	1	0.01	18	0.13	31	0.29	6	0.05	2	0.01	20	0.09	125	0.10
Vermineous	—	—	—	—	—	—	—	—	1	0.01	1	0.01	—	—	2	0.01	2	0.01	6	0.01
Clothing—																				
Clean ..	12255	99.98	10824	99.83	12029	99.80	10976	99.95	14251	99.82	10798	99.70	12287	99.95	17924	99.97	22592	99.91	123936	99.86
Dirty ..	2	0.02	18	0.17	24	0.20	6	0.05	26	0.18	33	0.30	6	0.05	6	0.03	21	0.09	142	0.14
No. of re-examinations	1061	—	1116	—	1129	—	767	—	1963	—	1051	—	297	—	318	—	1268	—	8970	—
Head—																				
Clean ..	380	35.81	380	34.05	381	33.75	232	30.25	1046	58.29	439	41.77	132	44.44	150	47.17	388	30.60	3528	39.33
Nits ..	665	62.68	721	64.61	748	66.25	518	67.53	879	44.78	582	55.38	162	54.55	166	32.20	874	68.93	5315	59.25
Pediculi and sores	16	1.51	15	1.34	—	—	17	2.22	38	1.93	30	2.85	3	1.01	2	0.63	6	0.47	127	1.42
Body—																				
Clean ..	1057	99.62	1096	98.21	1077	95.39	767	100.0	1960	99.85	956	90.96	289	97.31	311	97.80	1257	99.13	8770	97.77
Dirty ..	4	0.38	20	1.79	52	4.61	—	—	3	0.15	95	9.04	8	2.69	7	2.20	9	0.71	198	2.21
Vermineous	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	0.16	2	0.02
Clothing—																				
Clean ..	1061	100.0	1095	98.12	1083	95.93	766	99.87	1952	99.44	961	91.44	289	97.31	312	98.11	1256	99.05	8775	97.83
Dirty ..	—	—	21	1.88	46	4.07	1	0.13	11	0.56	90	8.56	8	2.69	6	1.89	12	0.95	195	2.17

(IV) VISITS TO HOMES BY SCHOOL NURSES.

	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Total number of visits paid to homes	1,144	1,471	1,625	975	1,040	1,737	362	2,456	1,205	12,015

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	5	3	2	1	1	24	2	11	54
Eyes—(a) Vision	19	74	10	10	38	62	48	11	7	279
(b) Squint	12	21	43	8	3	11	57	3	165	323
(c) Other	—	1	—	—	1	2	3	—	2	9
Ears—(a) Hearing	2	5	2	—	—	—	15	1	13	38
(b) Otitis Media ..	2	9	—	—	—	3	16	1	4	35
(c) Other	—	1	—	4	—	—	1	—	—	6
Nose and throat	22	24	48	29	9	23	58	14	46	273
Speech	—	11	16	5	1	6	27	4	30	100
Lymphatic glands	1	2	—	9	5	1	6	3	—	27
Heart	13	1	9	4	1	2	14	—	1	45
Lungs	6	6	3	5	—	—	24	3	2	49
Developmental—(a) Hernia ..	1	1	1	—	—	—	10	1	—	14
(b) Other	11	1	1	1	—	—	5	1	5	25
Orthopaedic—(a) Posture ..	7	1	21	1	1	—	7	1	19	58
(b) Feet	99	18	49	90	16	—	91	12	375	750
(c) Other	36	12	27	44	19	4	98	5	111	356
Nervous System—(a) Epilepsy	1	4	—	—	1	—	3	—	—	9
(b) Other	2	—	—	—	—	—	1	—	—	3
Psychological—										
(a) Development	—	1	—	—	—	—	2	—	1	4
(b) Stability	1	—	—	1	—	—	3	—	—	5
Abdomen	—	1	1	1	—	—	1	—	—	4
Other	—	1	—	1	1	—	4	5	—	12
Totals	240	200	234	215	97	115	518	67	792	2,478

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (ENTRANTS)—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	53	46	72	36	18	60	27	24	122	458
Eyes—(a) Vision	24	98	1	8	61	47	24	20	35	318
(b) Squint	35	20	25	12	11	35	27	13	86	264
(c) Other	10	6	2	5	4	27	9	6	28	97
Ears—(a) Hearing	6	24	9	6	16	13	43	6	27	150
(b) Otitis Media ..	8	40	19	22	7	62	54	4	53	269
(c) Other	12	8	3	12	5	1	3	1	4	49
Nose and throat	142	188	208	209	158	198	106	85	829	2,123
Speech	20	24	21	16	22	13	34	11	54	215
Lymphatic glands	48	118	206	71	44	74	28	45	282	916
Heart	46	94	264	58	25	92	125	12	172	888
Lungs	67	76	131	83	37	82	70	41	157	744
Developmental—(a) Hernia ..	3	15	2	—	3	1	19	2	18	63
(b) Other ..	59	67	52	8	2	30	39	3	116	376
Orthopaedic—(a) Posture ..	29	18	23	6	5	12	8	5	54	160
(b) Feet ..	124	73	145	75	40	31	59	15	374	936
(c) Other ..	105	68	223	43	70	113	59	32	246	959
Nervous System—(a) Epilepsy	3	5	4	5	4	7	10	3	7	48
(b) Other ..	8	15	3	2	5	16	5	4	27	85
Psychological—										
(a) Development	5	12	4	8	6	3	12	4	13	67
(b) Stability	13	8	4	9	6	5	29	—	17	91
Abdomen	12	14	5	4	7	26	5	1	—	74
Other	—	4	1	5	11	8	12	11	13	65
Totals	832	1,041	1,427	703	567	956	807	348	2,734	9,415

PART II—continued.

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	1	15	1	2	—	2	13	3	4	41
Eyes—(a) Vision	40	141	81	35	48	12	79	29	6	471
(b) Squint	8	5	3	—	4	—	3	—	3	26
(c) Other	—	3	—	—	1	—	1	—	—	5
Ears—(a) Hearing	—	3	2	2	1	—	4	—	1	13
(b) Otitis Media ..	—	6	—	—	1	—	—	—	—	7
(c) Other	—	—	—	—	—	—	1	—	—	1
Nose and throat	2	8	4	9	7	1	7	4	9	51
Speech	—	—	1	3	—	—	2	—	—	6
Lymphatic glands	—	—	—	—	—	—	1	—	—	1
Heart	2	—	4	2	2	—	7	—	—	17
Lungs	2	2	—	4	—	—	5	—	—	13
Developmental—(a) Hernia ..	—	2	—	—	—	—	1	—	—	3
(b) Other	1	4	8	2	—	—	2	—	—	17
Orthopaedic—(a) Posture ..	5	2	18	5	4	—	23	11	8	76
(b) Feet	4	15	11	10	21	1	28	15	84	189
(c) Other	—	5	13	9	13	1	36	11	5	93
Nervous System—(a) Epilepsy	—	2	—	—	—	—	2	—	1	5
(b) Other	1	—	—	—	—	—	—	—	—	1
Psychological—										
(a) Development	—	—	2	—	—	—	—	—	1	3
(b) Stability	—	—	—	—	—	—	1	—	—	1
Abdomen	—	—	—	1	—	—	—	—	—	1
Other	—	2	1	—	—	—	2	1	—	6
Totals	66	215	149	84	102	17	218	74	122	1,047

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (LEAVERS)—continued.

(IV) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or Disease	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Skin	14	28	31	29	21	6	6	7	86	228
Eyes—(a) Vision	31	100	3	14	14	15	55	11	95	338
(b) Squint	11	7	3	7	—	2	7	1	14	52
(c) Other	1	4	—	11	4	2	3	1	18	44
Ears—(a) Hearing	1	14	8	4	8	—	—	2	21	58
(b) Otitis Media ..	4	22	9	16	4	8	3	1	9	76
(c) Other	—	4	—	4	1	—	—	—	2	11
Nose and throat	16	41	28	44	51	2	2	4	169	357
Speech	3	7	7	6	1	3	1	3	14	45
Lymphatic glands	4	27	24	27	8	1	3	3	95	192
Heart	10	47	90	36	40	1	23	6	68	321
Lungs	9	21	20	49	17	4	14	12	46	192
Developmental—(a) Hernia ..	1	1	2	—	1	—	1	—	1	7
(b) Other ..	3	11	51	3	5	1	2	—	14	90
Orthopaedic—(a) Posture ..	2	18	32	25	11	1	3	3	29	124
(b) Feet ..	26	27	31	17	19	3	13	2	85	223
(c) Other ..	8	29	56	31	39	5	14	5	81	268
Nervous System—(a) Epilepsy	1	1	—	1	2	—	2	—	4	11
(b) Other ..	3	5	4	3	3	—	6	—	2	26
Psychological—										
(a) Development	1	5	1	5	7	—	6	1	4	30
(b) Stability	1	2	—	—	1	—	6	—	4	14
Abdomen	—	5	—	8	4	—	1	1	—	19
Other	—	10	3	18	5	—	1	2	1	40
Totals	150	436	403	358	266	54	172	65	862	2,766

PART II—continued.

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	—	8	2	3	1	—	20	—	9	43
Eyes—(a) Vision	85	122	103	87	45	3	271	23	18	757
(b) Squint	6	4	6	1	—	—	21	1	25	64
(c) Other	4	—	2	—	1	—	11	—	—	18
Ears—(a) Hearing	—	4	5	9	—	—	21	—	6	45
(b) Otitis Media ..	2	3	—	1	—	—	5	—	2	13
(c) Other	4	—	—	—	—	—	—	—	1	5
Nose and throat	14	9	13	28	8	—	27	3	6	108
Speech	1	1	8	12	1	—	17	2	8	50
Lymphatic glands	—	1	—	9	—	—	3	1	—	14
Heart	6	—	3	1	—	1	9	—	—	20
Lungs	15	1	1	2	—	—	9	1	—	29
Developmental—(a) Hernia ..	—	1	—	—	—	—	1	—	—	2
(b) Other	5	3	3	3	1	—	6	—	—	21
Orthopaedic—(a) Posture ..	9	2	38	13	1	—	37	1	48	149
(b) Feet	32	9	40	72	13	—	64	—	401	631
(c) Other	29	4	26	29	6	1	83	—	39	217
Nervous System—(a) Epilepsy	1	—	—	—	—	—	5	—	1	7
(b) Other	4	1	—	1	2	—	2	—	—	10
Psychological—										
(a) Development	—	—	—	—	—	—	11	1	—	12
(b) Stability	—	1	2	—	—	—	—	—	1	4
Abdomen	—	—	—	1	—	—	5	—	—	6
Other	2	—	—	2	3	—	6	—	—	13
Totals	219	174	252	274	82	5	634	33	565	2,238

PART II—continued.

TABLE A—continued.

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	7	34	35	31	7	2	22	—	94	232
Eyes—(a) Vision	31	118	3	21	25	4	160	6	171	539
(b) Squint	11	16	5	14	2	1	30	2	46	127
(c) Other	1	6	2	4	5	4	3	—	16	41
Ears—(a) Hearing	2	17	8	11	14	—	10	2	21	85
(b) Otitis Media	4	25	7	11	9	4	15	—	21	96
(c) Other	4	1	3	3	5	—	1	—	10	27
Nose and throat	22	70	71	151	83	5	37	9	253	701
Speech	6	14	15	10	3	—	21	1	31	101
Lymphatic glands	12	18	72	91	13	1	15	3	101	326
Heart	13	37	111	44	7	4	112	3	154	485
Lungs	21	42	50	81	12	4	53	5	72	340
Developmental—(a) Hernia ..	—	3	3	—	2	1	7	1	2	16
(b) Other	33	33	42	12	3	3	21	—	59	206
Orthopaedic—(a) Posture ..	2	19	64	39	6	2	27	2	55	216
(b) Feet	14	35	55	51	14	—	57	1	215	442
(c) Other	32	24	81	54	35	8	91	5	205	535
Nervous System—(a) Epilepsy	3	5	1	7	3	—	8	2	10	39
(b) Other	5	15	2	5	5	—	22	1	16	71
Psychological—										
(a) Development	3	10	3	12	3	1	13	1	23	69
(b) Stability	3	5	2	8	—	—	20	—	6	44
Abdomen	—	8	—	7	6	2	9	—	—	32
Other	—	5	3	13	9	—	39	3	—	72
Totals	229	560	638	680	271	46	793	47	1,581	4,845

PART II—continued.

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	6	28	6	7	2	3	57	5	24	138
Eyes—(a) Vision	144	337	194	132	131	77	398	63	31	1,507
(b) Squint	26	30	52	9	7	11	81	4	193	413
(c) Other	4	4	2	—	3	2	15	—	2	32
Ears—(a) Hearing	2	12	9	11	1	—	40	1	20	96
(b) Otitis Media	4	18	—	1	1	3	21	1	6	55
(c) Other	4	1	—	4	—	—	2	—	1	12
Nose and throat	38	41	65	66	24	24	92	21	61	432
Speech	1	12	25	20	2	6	46	6	38	156
Lymphatic glands	1	3	—	18	5	1	10	4	—	42
Heart	21	1	16	7	3	3	30	—	1	82
Lungs	23	9	4	11	—	—	38	4	2	91
Developmental—(a) Hernia	1	4	1	—	—	—	12	1	—	19
(b) Other	17	8	12	6	1	—	13	1	5	63
Orthopaedic—(a) Posture	21	5	77	19	6	—	67	13	75	283
(b) Feet	135	42	100	172	50	1	183	27	860	1,570
(c) Other	65	21	66	82	38	6	217	16	155	666
Nervous System—(a) Epilepsy	2	6	—	—	1	—	10	—	2	21
(b) Other	7	1	—	1	2	—	3	—	—	14
Psychological—										
(a) Development	—	1	2	—	—	—	13	1	2	19
(b) Stability	1	1	2	1	—	—	4	—	1	10
Abdomen	—	1	1	3	—	—	6	—	—	11
Other	2	3	1	3	4	—	12	6	—	31
Totals	525	589	635	573	281	137	1,370	174	1,479	5,763

PART II—continued.

TABLE A—continued.

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
Skin	74	108	138	96	46	68	55	31	302	918
Eyes—(a) Vision	86	316	7	43	100	66	239	37	301	1,195
(b) Squint	57	43	33	33	13	38	64	16	146	443
(c) Other	12	16	4	20	13	33	15	7	62	182
Ears—(a) Hearing	9	55	25	21	38	13	53	10	69	293
(b) Otitis Media ..	16	87	35	49	20	74	72	5	83	441
(c) Other	16	13	6	19	11	1	4	1	16	87
Nose and throat	180	299	307	404	292	205	145	98	1,251	3,181
Speech	29	45	43	32	26	16	56	15	99	361
Lymphatic glands	64	163	302	189	65	76	46	51	478	1,434
Heart	69	178	465	138	72	97	260	21	394	1,694
Lungs	97	139	201	213	66	90	137	58	275	1,276
Developmental—(a) Hernia ..	4	19	7	—	6	2	27	3	21	89
(b) Other ..	95	111	145	23	10	34	62	3	189	672
Orthopaedic—(a) Posture ..	33	55	119	70	22	15	38	10	138	500
(b) Feet ..	164	135	231	143	73	34	129	18	674	1,601
(c) Other ..	145	121	360	128	144	126	164	42	532	1,762
Nervous System—(a) Epilepsy	7	11	5	13	9	7	20	5	21	98
(b) Other ..	16	35	9	10	13	16	33	5	45	182
Psychological—										
(a) Development	9	27	8	25	16	4	31	6	40	166
(b) Stability	17	15	6	17	7	5	55	—	27	149
Abdomen	12	27	5	19	17	28	15	2	—	125
Other	—	19	7	36	25	8	52	16	14	177
Totals	1,211	2,037	2,468	1,741	1,104	1,056	1,772	460	5,177	17,026

PART II—continued.

TABLE B.—SPECIAL INSPECTIONS.

(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	3	5	1	2	—	2	4	8	—	25
Eyes—(a) Vision	11	6	8	2	10	2	25	29	3	96
(b) Squint	2	—	1	1	1	1	2	1	2	11
(c) Other	2	1	—	—	—	1	—	—	—	4
Ears—(a) Hearing	2	8	3	2	3	1	12	6	14	51
(b) Otitis Media ..	1	2	—	—	1	—	2	2	1	9
(c) Other	—	—	—	—	2	—	4	2	—	8
Nose and throat	32	51	19	17	17	24	27	56	22	265
Speech	5	1	7	14	1	4	13	5	5	55
Lymphatic glands	2	2	—	1	1	—	2	6	—	14
Heart	3	6	5	4	2	4	8	5	1	38
Lungs	9	17	10	5	2	1	10	7	—	61
Developmental—(a) Hernia ..	—	1	—	—	—	—	—	—	—	1
(b) Other	9	2	1	1	—	2	4	—	1	20
Orthopaedic—(a) Posture ..	1	—	1	1	2	—	3	1	—	9
(b) Feet	4	1	4	1	3	—	10	14	33	70
(c) Other	13	1	39	—	5	1	11	20	4	94
Nervous System—(a) Epilepsy	2	4	13	—	—	—	8	2	—	29
(b) Other	4	1	2	—	1	—	1	—	—	9
Psychological—										
(a) Development	12	18	116	—	1	—	90	28	5	270
(b) Stability	7	71	3	2	—	—	4	3	1	91
Abdomen	—	1	—	1	—	—	1	—	—	3
Other	6	—	6	—	1	—	4	5	3	25
Totals	130	199	239	54	53	43	245	200	95	1,258

PART II—continued.

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	6	10	5	3	6	8	—	10	3	51
Eyes—(a) Vision	11	37	3	2	21	5	3	9	—	91
(b) Squint	8	4	—	1	4	1	—	—	1	19
(c) Other	2	7	—	4	3	5	—	1	—	22
Ears—(a) Hearing	4	32	2	2	28	18	4	16	30	136
(b) Otitis Media	—	14	3	—	7	18	—	1	—	43
(c) Other	2	4	—	2	5	—	1	3	—	17
Nose and throat	15	101	9	22	66	39	11	60	9	332
Speech	43	18	4	2	13	3	1	7	1	92
Lymphatic glands	4	38	10	8	17	11	2	38	—	128
Heart	9	38	14	3	26	6	17	11	16	140
Lungs	34	71	13	4	36	23	4	20	9	214
Developmental—(a) Hernia ..	2	10	—	—	—	1	—	—	—	13
(b) Other	42	19	5	1	3	15	2	5	2	94
Orthopaedic—(a) Posture ..	1	10	2	—	2	1	2	1	1	20
(b) Feet	2	18	12	—	16	3	3	13	6	73
(c) Other	22	8	23	—	18	8	2	20	7	108
Nervous System—(a) Epilepsy	9	12	5	—	8	4	—	3	3	44
(b) Other	10	26	2	—	7	8	1	6	3	63
Psychological—										
(a) Development	62	8	—	1	7	63	9	29	7	186
(b) Stability	39	33	—	1	5	2	8	2	—	90
Abdomen	1	20	—	—	6	4	—	2	1	34
Other	19	22	1	1	11	1	4	29	4	92
Totals	347	560	113	57	315	247	74	286	103	2,102

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	Number of cases known to have been dealt with									Total
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	
External and other, excluding errors of refraction and squint	59	31	—	89	—	19	7	—	—	205
Errors of refraction (including squint)	1,044	1,000	562	366	1,043	835	734	1,340	265	7,189
Total	1,103	1,031	562	455	1,043	854	741	1,340	265	7,394
Number of pupils for whom spectacles were prescribed ..	625	325	287	197	449	227	351	390	137	2,988

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

	Number of cases known to have been dealt with									Total
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	
Received operative treatment—										
(a) For diseases of the ear ..	5	12	16	6	—	29	16	—	9	93
(b) For adenoids and chronic tonsillitis	48	157	333	74	106	219	321	28	478	1,764
(c) For other nose and throat conditions	4	16	23	17	57	35	15	2	66	235
Received other forms of treatment	9	25	29	—	—	—	9	4	—	76
Total	66	210	401	97	163	283	361	34	553	2,168
Total number of pupils in schools who are known to have been provided with hearing aids										
(a) in 1960	1	1	2	—	4	1	2	—	2	13
(b) in previous years ..	9	15	17	3	28	12	6	2	4	96

PART III—continued.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	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	442	487	1,273	906	353	205	636	418	628	5,348
(b) No. of pupils known to have been treated at school for postural defects	282	—	—	—	—	—	—	—	—	282
Total	724	487	1,273	906	353	205	636	418	628	5,630

TABLE D.—DISEASES OF THE SKIN

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

Disease or Defect	Number of cases known to have been treated									
	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm—(a) Scalp ..	—	—	—	—	—	—	—	—	—	—
(b) Body ..	—	2	4	—	—	—	—	1	—	7
Scabies	—	—	—	—	—	—	—	5	—	5
Impetigo	—	7	2	15	—	—	—	3	—	27
Other skin diseases	4	2	30	17	3	2	2	3	17	80
Total	4	11	36	32	3	2	2	12	17	119

PART III—continued.

TABLE E.—CHILD GUIDANCE TREATMENT.

	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	31	15	21	40	38	29	8	17	42	241

TABLE F.—SPEECH THERAPY.

	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	—	70	181	104	—	88	134	149	153	879

PART III—continued.

TABLE G.—OTHER TREATMENT GIVEN.

No. of cases known to have been dealt with	Aberdare	Caerphilly	Mid-Glam.	Neath	Pontypridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) Pupils with minor ailments	442	—	—	280	—	—	5	21	—	748
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—	—	—	—	—	—	—	—	—	—
(c) Pupils who have received B.C.G. vaccination ..	629	686	962	1,342	474	1,123	1,439	566	1,360	8,581
(d) Other than (a), (b), and (c) above—										
(i) Infective and Parasitic Diseases	—	—	—	—	—	—	—	1	19	20
(ii) Allergic Endocrine System Metabolic and Nutritional Diseases ..	—	—	—	—	—	—	—	9	15	24
(iii) Diseases of the Nervous System and Sense Organs	2	—	1	—	—	—	4	12	47	66
(iv) Diseases of the Circulatory System	8	4	11	—	14	—	10	2	41	90
(v) Diseases of the Respiratory System	21	9	10	—	36	39	10	11	44	180
(vi) Diseases of the Digestive System	7	—	—	—	32	—	18	6	128	191
(vii) Diseases of the Genito-Urinary System ..	8	—	7	—	47	—	3	2	54	121
(viii) Accidents and Injuries ..	21	—	—	—	85	—	9	18	74	207
(ix) Neoplasms	—	—	—	—	—	—	—	—	4	4
(x) Musculatory system ..	—	—	—	—	—	—	—	—	—	—
(xi) Others	—	—	—	—	—	66	7	10	—	83
Totals ..	1,138	699	991	1,622	688	1,228	1,505	658	1,786	10,315

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 inspections	—	2,095	644	3,203	—	727	282	5,394	3,075	15,420
(b) As specials	1,555	1,542	2,312	92	603	1,117	1,752	425	1,447	10,845
Total (1) ..	1,555	3,637	2,956	3,295	603	1,844	2,034	5,819	4,522	26,265
(2) No. found to require treatment	1,555	2,473	2,744	1,689	602	1,541	1,521	4,820	2,600	19,545
(3) No. offered treatment ..	1,555	4,118	3,091	1,686	599	1,397	1,516	4,820	2,770	21,552
(4) No. actually treated ..	1,544	1,429	2,172	1,392	490	1,192	1,570	1,922	1,998	13,709
(5) No. of attendances made by pupils for treatment, including those recorded under heading 11 (h) ..	4,984	5,526	8,574	5,130	3,380	4,904	5,112	6,454	3,025	47,089
(6) Half-days devoted to—										
Periodic (school) inspection	—	23	6	33	—	9	4	83	42	200
Treatment	541	641	1,048	624	422	559	566	665	330	5,396
Total (6) ..	541	664	1,054	657	422	568	570	748	372	5,596
(7) Filling—										
Permanent teeth ..	809	1,118	2,400	1,491	1,106	1,392	1,325	1,620	332	11,593
Temporary teeth ..	208	180	204	64	266	79	237	104	—	1,342
Total (7) ..	1,017	1,298	2,604	1,555	1,372	1,471	1,562	1,724	332	12,935
(8) No. of teeth filled—										
Permanent	712	1,077	2,101	1,445	1,033	1,367	1,202	1,446	139	10,522
Temporary	207	179	199	64	235	78	219	102	—	1,283
Total (8) ..	919	1,256	2,300	1,509	1,268	1,445	1,421	1,548	139	11,805
(9) Extractions—										
Permanent teeth ..	1,231	903	1,271	1,070	578	675	875	501	913	8,017
Temporary teeth ..	1,993	2,443	2,679	2,227	516	1,827	1,937	2,358	2,362	18,342
Total (9) ..	3,224	3,346	3,950	3,297	1,094	2,502	2,812	2,859	3,275	26,359
(10) Administrations of general anaesthetics for extractions	247	1,633	1,091	972	225	585	1,049	913	1,805	8,520

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—										
(a) Cases commenced during the year ..	12	2	94	46	24	25	17	18	25	263
(b) Cases carried forward from previous year ..	25	1	47	76	16	11	55	33	33	297
(c) Cases completed during the year ..	5	1	69	43	8	32	10	11	9	188
(d) Cases discontinued during the year ..	—	1	28	5	6	2	30	6	9	87
(e) Pupils treated with appliances	31	3	141	45	24	36	48	24	17	369
(f) Removable appliances fitted	16	3	73	26	28	25	16	30	17	234
(g) Fixed appliances fitted	—	—	18	19	1	—	1	—	—	39
(h) Total attendances ..	70	17	908	556	167	173	252	388	255	2,786
12) Number of pupils supplied with artificial teeth ..	31	27	83	47	17	49	35	35	24	348
(13) Other operations—										
Permanent teeth ..	905	144	2,547	1,701	732	522	701	717	319	8,288
Temporary teeth ..	69	23	357	23	46	32	328	359	255	1,492
Total (13)	974	167	2,904	1,724	778	554	1,029	1,076	574	9,780

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
A. Blind	—	1	—	—	—	—	—	—	—	1
B. Partially sighted	—	—	1	—	2	—	—	—	—	3
C. Deaf	1	1	1	1	—	—	2	—	—	6
D. Partially deaf	—	1	—	—	1	1	—	1	3	7
E. Delicate	1	2	—	—	1	1	—	—	4	9
F. Physically handicapped ..	2	1	—	1	—	1	4	—	5	14
G. Educationally subnormal	23	1	6	2	4	1	18	3	3	61
H. Maladjusted	—	1	2	5	1	—	—	—	—	9
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	1	1
Total	27	8	10	9	9	4	24	4	16	111

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

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially sighted	—	—	1	—	1	—	—	—	1	3
C. Deaf	—	—	1	1	—	—	2	—	—	4
D. Partially deaf	—	—	—	—	1	1	—	—	1	3
E. Delicate	2	1	—	—	2	2	—	—	3	10
F. Physically handicapped ..	1	1	1	1	1	1	2	1	4	13
G. Educationally subnormal	34	7	20	3	4	3	24	4	3	102
H. Maladjusted	—	1	2	4	1	2	1	1	—	12
I. Epileptic	—	—	—	—	—	—	—	1	—	1
J. Speech Defects	—	—	—	—	—	—	1	—	—	1
Total	37	10	25	9	10	9	30	7	12	149

PART V—continued.

TABLE C.—NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF
MAINTAINED SPECIAL SCHOOLS AS DAY PUPILS ON 20TH JANUARY, 1961.
I (1) (a).

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	1	—	—	—	—	—	—	1
B. Partially sighted	—	—	1	—	—	—	—	—	—	1
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially deaf	—	—	—	—	—	—	—	—	1	1
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Physically handicapped ..	—	—	—	—	—	—	15	—	—	15
G. Educationally subnormal	75	—	—	—	—	—	42	1	—	118
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	75	—	2	—	—	—	57	1	1	136

TABLE C.—NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF
MAINTAINED SPECIAL SCHOOLS AS BOARDING PUPILS ON 20TH JANUARY, 1961.
I (1) (b).

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	2	7	2	3	—	2	1	5	22
B. Partially sighted	—	2	5	—	2	1	4	3	5	22
C. Deaf	1	1	1	1	—	1	—	—	1	6
D. Partially deaf	—	1	—	—	1	—	—	—	1	3
E. Delicate	2	5	—	1	1	1	—	—	3	13
F. Physically handicapped ..	4	11	10	4	6	7	3	4	15	64
G. Educationally subnormal	2	19	26	13	9	8	11	8	6	102
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	9	41	49	21	22	18	20	16	36	232

PART V—continued.

TABLE C.—NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF
NON-MAINTAINED SPECIAL SCHOOLS AS DAY PUPILS ON 20TH JANUARY, 1961.
I (2) (a).

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially sighted ..	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially deaf ..	—	—	—	—	—	—	—	—	—	—
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Physically handicapped ..	—	—	—	—	—	—	—	—	—	—
G. Educationally subnormal	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—

TABLE C.—NUMBER OF HANDICAPPED PUPILS ON THE REGISTERS OF
NON-MAINTAINED SPECIAL SCHOOLS AS BOARDING PUPILS ON 20TH JANUARY, 1961.
I (2) (b).

Category of Handicap	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	1	—	—	1	2	—	—	4
B. Partially sighted ..	—	—	—	—	—	—	—	—	1	1
C. Deaf	2	6	5	7	2	5	5	4	2	38
D. Partially deaf ..	1	1	2	—	3	1	1	2	—	11
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Physically handicapped ..	—	—	—	—	—	—	—	—	—	—
G. Educationally subnormal	—	1	3	1	—	1	—	—	—	6
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Epileptic	—	—	1	2	2	1	—	1	1	8
J. Speech Defects	—	—	—	—	—	—	—	—	1	1
Total	3	8	12	10	7	9	8	7	5	69

PART V—continued.

TABLE C.—(II) NUMBER OF HANDICAPPED PUPILS WHO WERE ON THE REGISTERS OF INDEPENDENT SCHOOLS UNDER ARRANGEMENTS MADE BY THE AUTHORITY ON 20TH JANUARY, 1961.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially sighted ..	—	—	—	—	—	—	—	—	—	—
Deaf	1	1	1	—	—	1	1	—	—	5
Partially deaf ..	—	—	—	—	—	2	—	—	1	3
Delicate	—	—	—	—	—	—	—	—	—	—
Physically handicapped ..	—	—	—	1	—	—	1	—	—	2
Educationally subnormal	1	—	—	—	—	—	—	—	—	1
Maladjusted	—	—	1	—	—	—	—	—	—	1
Epileptic	—	—	—	—	—	—	—	—	—	—
Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	2	1	2	1	—	3	2	—	1	12

TABLE C.—(III) NUMBER OF HANDICAPPED PUPILS BOARDED IN HOMES ON 20TH JANUARY, 1961.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Blind	—	—	—	—	—	—	—	—	—	—
Partially sighted ..	—	—	—	—	—	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially deaf ..	—	—	—	—	—	—	—	—	—	—
Delicate	—	—	—	—	—	—	—	—	—	—
Physically handicapped ..	—	—	—	—	—	—	—	—	—	—
Educationally subnormal	—	—	—	—	—	—	—	—	—	—
Maladjusted	1	1	2	4	1	—	1	—	2	12
Epileptic	—	—	—	—	—	—	—	—	—	—
Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	1	1	2	4	1	—	1	—	2	12

PART V—*continued.*

TABLE D.

NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS
MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944, ON 20TH JANUARY, 1961.

(I) IN HOSPITALS.

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially sighted ..	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially deaf	—	—	—	—	—	—	—	—	—	—
E. Delicate	—	—	—	—	—	—	—	—	—	—
F. Physically handicapped ..	—	1	—	—	—	—	—	—	—	1
G. Educationally subnormal	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	—	—	—	1	—	—	1	—	2
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	—	1	—	—	1	—	—	1	—	3

(II) IN OTHER GROUPS.

[illegible]

PART V—continued.
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
A. Blind	—	—	—	—	—	—	—	—	—	—
B. Partially sighted	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	—	—	—	—	—	—	—	—
D. Partially deaf	—	—	—	—	—	—	—	—	—	—
E. Delicate	—	—	—	1	—	—	—	—	—	1
F. Physically handicapped ..	3	1	5	2	3	3	1	6	2	26
G. Educationally subnormal	—	—	—	—	—	—	—	—	—	—
H. Maladjusted	—	—	—	—	—	—	—	—	—	—
I. Epileptic	—	—	—	—	—	—	—	—	—	—
J. Speech Defects	—	—	—	—	—	—	—	—	—	—
Total	3	1	5	3	3	3	1	6	2	27

TABLE E.
NUMBER OF HANDICAPPED PUPILS REQUIRING PLACES IN SPECIAL SCHOOLS ON
20TH JANUARY, 1961 (INCLUDING ANY SUCH UNPLACED CHILDREN WHO ARE
TEMPORARILY RECEIVING HOME TUITION).

Category of Handicap	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
A. Blind	—	—	—	—	—	—	—	—	1	1
B. Partially sighted	—	—	—	—	—	—	—	—	—	—
C. Deaf	—	—	1	—	—	—	—	—	—	1
D. Partially deaf	—	1	1	—	—	—	—	—	—	2
E. Delicate	1	2	—	—	1	1	—	—	1	6
F. Physically handicapped ..	—	1	4	1	1	1	—	1	2	11
G. Educationally subnormal	19	72	72	11	18	5	19	15	14	245
H. Maladjusted	—	—	1	3	—	2	—	1	—	7
I. Epileptic	—	—	—	—	—	—	—	2	—	2
J. Speech Defects	—	—	—	—	—	—	1	—	—	1
Total	20	76	79	15	20	9	20	19	18	276

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY.

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

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—continued.

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

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—continued.

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

SCHOOL CLINICS HELD IN THE ADMINISTRATIVE COUNTY—continued.

Clinic address	Type of Clinic and Days held				
	Dental	Refraction	Orthopaedic	Speech Therapy	Others
RHONDDA EXCEPTED DISTRICT. Welfare Centre, Ynyswen, Treorchy	Alternate weeks on Mondays, Tuesdays, Wednesdays, Thursdays, Fridays, Saturday mornings.	As required.	Tuesdays.	—	—
Welfare Centre, Trafalgar Terrace, Ystrad	Alternate weeks on Mondays, Tuesdays, Wednesdays, Thursdays, Fridays, Saturday mornings.	As required.	Wednesdays.	—	Child Guidance : Tuesday mornings fortnightly.
Carnegie Welfare Centre, Trealaw	Wednesday afternoons.	As required.	Mondays, Friday afternoons and Saturday mornings. Specialist—as required.	—	—
Welfare Centre, Hendrecafn Road, Penygraig	—	—	—	—	—
Welfare Centre, Ynys Villas, Ynyshir Road, Ynyshir	—	—	—	—	—
Welfare Centre, Oakland Terrace, Ferndale	Alternate Mondays.	As required.	Thursdays.	—	—
Welfare Centre, Courthouse, Tonypandy	—	—	—	—	—

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

