

[Report 1949] / School Health Service, Radnorshire County Council.

Contributors

Radnorshire (Wales). County Council. School Health Service.

Publication/Creation

1949

Persistent URL

<https://wellcomecollection.org/works/mej74862>

License and attribution

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

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

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



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

AL. 4558

4/17/8.
1432.

INSTITUTE OF SOCIAL
MEDICINE

10, MARKS ROAD,
OXFORD



RADNORSHIRE
EDUCATION COMMITTEE

ANNUAL
REPORT

OF THE
SCHOOL MEDICAL OFFICER
1949.

F. J. H. CRAWFORD, M.D., B.Sc., D.P.H.
BARRISTER-AT-LAW.





INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

RADNORSHIRE
EDUCATION COMMITTEE

ANNUAL
REPORT

OF THE
SCHOOL MEDICAL OFFICER
1949.

F. J. H. CRAWFORD, M.D., B.Sc., D.P.H.
BARRISTER-AT-LAW.

Radnorshire Education Committee

(as on 31st December, 1949).

Chairman : Alderman Capt. Harri Williams.

Vice-Chairman : Mrs. M. Coltman-Rogers.

Aldermen G. R. Davies, W. H. Evans, E. Morgan, R. Price, Capt. E. Aubrey Thomas, T. F. Vaughan Prickard and Col. Sir Charles Venables-Llewelyn, Bart.

Councillors R. Brick, S. W. Brisbane, T. Bufton, W. G. Bufton, J. S. Davies, O. P. Davies, T. P. Davies, E. G. P. Davies, J. Davies, W. H. Edwards, Mrs. M. Gibson-Watt, Major J. D. Gibson-Watt, T. A. Griffiths, R. P. L. Hughes, E. Kinsey Morgan, E. E. Perfect, J. J. Price, P. Pritchard, T. J. Pritchard, J. Prothero, J. S. Ruell, W. Thomas, Brigadier C. M. D. Venables-Llewelyn, R. Lane Walker and J. Watkins; and the Rev. T. K. Brunsdon, Mr. H. Donald Davies, the Rev. T. Jenkins, Mrs T. A. Price, Lady Venables-Llewelyn, Mrs. G. Walker and Mr. J. H. West.

Special Services Sub-Committee.

Chairman : Lady Venables-Llewelyn.

Vice-Chairman : Rev. T. Jenkins.

Aldermen E. Morgan, R. Price, T. F. Vaughan Prickard and Capt. Harri Williams.

Councillors R. Brick, S. W. Brisbane, J. S. Davies, O. P. Davies, T. P. Davies, W. H. Edwards, Mrs. M. Gibson-Watt, T. A. Griffiths, R. P. L. Hughes, E. Kinsey Morgan, J. J. Price, W. Thomas, Brigadier C. M. D. Venables-Llewelyn and J. Watkins; and Mrs. M. Coltman-Rogers.

Staff of the School Health Service.

(shared with Health Department).

School Medical Officer : F. J. H. Crawford, B.Sc., Ch.B., M.D.,
M.R.C.S., L.R.C.P., D.P.H.,
Barrister-at-Law,
Middle Temple.

Deputy School Medical Officer (part-time) M. Dilys Owen, B.Sc., M.B., B.Ch.,
D.R.C.O.G., D.P.H.

School Oculist (part-time) H. Woodward Barnes, M.R.C.S.,
L.R.C.P.

School Dental Officer Eileen Rich, L.D.S., (resigned 31st
December, 1949).

Superintendent Nursing Officer: Julia Todd, S.R.N., S.C.M., H.V.Cert.
R.S.I., Q.N.S.

Clerical Staff : R. Percy Bufton, Chief Clerk ; W. J. Meredith, Rosalind N. Middleton, Frances M. Allen and Margaret E. Powell (resigned September 1949).
G. E. H. Steventon (appointed September 1949).

School Nurses (part-time) :

Nursing Areas.	Names of Nurses.	Qualifications.
Knighton	Sister O. Roberts (left 8-1-49)	S.R.N., S.C.M., Q.N.S.
	Sister M. J. T. Oakley (appointed 19-1-49 left 30-4-49)	S.R.N., S.C.M., Q.N.S.
	Nurse F. M. Lewis (appointed 4-7-49 left 12-9-49 for District Training)	S.R.N., T.A.Certificate
	Sister E. J. Moseley (appointed 1-10-49)	S.R.N., S.C.M.

School Nurses (part-time) :

Nursing Areas.	Names of Nurses.	Qualifications.
Llangunllo	Sister B. C. Green	S.R.N., S.C.M., H.V.Cert.R.S.I., Q.N.S.
Beguildy	Nurse A. Saunders	S.C.M.
Boughrood	Nurse E. M. Summers	S.C.M.
Clyro	Nurse C. Dodd	S.C.M.
Painscastle	Nurse S. A. Davies	S.C.M.
Cwmbach	Nurse M. A. Price	S.C.M.
Hundred House	Nurse M. K. Chaplin	S.R.N., S.C.M.
Llanbister	Nurse M. A. Evans	S.R.N., S.C.M.
Llandewy	Nurse H. Evans	S.C.M.
Llandrindod	Sister S. S. Bowen	S.R.N., S.C.M., Q.N.S.
Wells	Nurse K. Morgan (left 14-12-49)	S.R.N., S.C.M.
	Nurse J. R. Griffiths (appointed part-time 15-12-49)	S.C.M.
Newbridge-on- Wye	Sister V. M. Hamer	S.R.N., S.C.M., Q.N.S.
New Radnor	Sister M. Miller	S.R.N., S.C.M., Q.N.S.
Presteigne	Sister J. Morris Nurse A. Haynes	S.R.N., S.C.M., Q.N.S. S.C.M.
Penybont	Nurse J. Thomas	S.R.N., S.C.M.
Rhayader	Sister M. H. Williams	S.R.N., S.C.M., Q.N.S.
Nantmel	Nurse L. C. Jones	S.C.M.
Llanwrthwl	Nurse E. Tudor (retired 30-9-49)	S.C.M.
St. Harmon	Nurse S. E. Davies	S.C.M.
Supply Nurse	Nurse D. M. Davies	S.C.M.

Associated Officers.

Director of Education : Major J. Mostyn, M.A., M.C., T.D.

Chief Administrative Officer, Education Department :

W. J. Davies.

School Architect : F. J. Edwards, L.R.I.B.A.

Assistant School Architect : T. Heywood, A.I.A.S.

Canteen Supervisor : Mrs. W. S. Mackintosh.

School Attendance Officer : F. T. Wilkins.

TO THE CHAIRMAN AND MEMBERS
OF THE
RADNORSHIRE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you the Annual Report of the Radnorshire School Health Service for 1949. Perusal of this report shows that the health of the school children of the area was well maintained.

The year was not marked by the coming into operation of any new major legislation affecting the service, but was a period when the existing organisation was consolidated.

The lack of Special School accommodation for Educationally Subnormal Pupils continued to constitute a grave difficulty. The need for provision of such schools becomes more urgent every year.

Miss Eileen Rich, School Dental Officer for the County since 1945, resigned at the end of the year to take up a post as Assistant School Dental Officer in Devon.

I should like to record my thanks to the Chairman and Members of the Education Committee and of the Special Services Sub-Committee for their continued encouragement. Thanks are also due to the Director of Education and the Head Teachers in the schools for their co-operation and to the Superintendent and Nurses of the County Nursing Association and to the clerical staff of the County Health Department for their help.

I am,

Your obedient Servant,

F. J. H. CRAWFORD,

School Medical Officer.

County Health Offices,

LLANDRINDOD WELLS.

School Premises.

The School Medical Officer makes an inspection of the sanitary and structural conditions in each school at the time of routine inspection. When necessary reports on defects are sent to the Director of Education and the School Architect. The sanitary conditions at a number of schools, especially voluntary schools, are below the standard considered desirable and in some cases are deplorable. The work of improvement is slow owing to some extent to difficulty in obtaining materials and in finding contractors to undertake work in the schools. During the year, however, the Education Committee authorised the employment of a "direct labour squad" under the supervision of the School Architect, and these arrangements will doubtless enable repairs to be carried out more speedily in the future.

Medical Inspections.

The Handicapped Pupils and School Health Service Regulations made by the Minister of Education require that Medical Inspections of children attending schools maintained by the Local Education Authority shall be made as follows:—

- (a) every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission;
- (b) every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school;
- (c) every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such a school; and
- (d) every pupil attending a maintained school or County College shall be inspected on such other occasions as the Minister may from time to time direct or the Authority with the approval of the Minister may determine.

These "Routine" inspections are carried out at or before 5 years of age, at 10 or 11 years of age, and, in the case of Secondary Schools, at 14 years of age for pupils on the Modern side and at 15 years of age or more for pupils on the Grammar School side.

For the information of the Juvenile Employment Officer of the Ministry of Labour, a confidential report form is completed by the School Medical Officer in the case of children leaving school who for medical reasons are unfit for certain employment.

"Special" inspections are made of children who are brought for examination by the School Doctor on the representation of the parent, teacher, or School Nurse, because the child appears to be suffering from some defect. Such examinations are most valuable.

"Re-inspections" are medical examinations of children who at previous inspections have been found to be suffering from some defect.

The number of routine inspections, namely 675, shows a decrease of 6 as compared with the previous year.

The number of special inspections and re-inspections, namely 518, shows an increase of 7 as compared with the previous year.

Under the Education Act, 1944, the medical inspection of children attending maintained schools is compulsory.

A few children are, however, kept away by their parents on medical inspection days and thus avoid examination by the Doctor. As it is difficult to prove that a child has been deliberately kept away in order to avoid the examination, it is not considered desirable to take legal action.

During routine medical inspections, the parents of children to be examined are specially invited to attend. Not only can parents tell the doctor about abnormalities observed in the child, but they can also hear from the doctor the way in which the defects found can be dealt with. To supplement the verbal advice, leaflets dealing with the treatment of a variety of conditions are issued to parents as required.

A high proportion of parents attend the medical inspections of children at the Primary Schools. In the Secondary Schools, however, it is the exception for the parent to be present. This is probably due to the fact that an older child frequently feels the presence of the parent an embarrassment. Nevertheless, it is desirable whenever possible that parents should attend these examinations also.

The Ministry of Education School Record Card which has been standardized throughout the country was used for all entrants into schools. This is an admirable record card, but Head Teachers as a rule have no clerical assistance and their time is fully occupied, and they have, therefore, especially in the larger schools, been unable to record the information as we have asked.

The lack of a medical inspection room is a great handicap in the schools. In some of the smaller schools the inspection has to be carried out in the same room as is used by the class, the doctor working behind a screen. This arrangement not only makes medical inspections extremely difficult but is also a great nuisance to the teacher of the class concerned in her efforts to carry on with teaching.

Inspections of senior girls in the Secondary School at Llandrindod Wells are now carried out by Dr. Dilys Owen, the part-time Deputy School Medical Officer, and the girls at Rhayader Secondary School are examined by Dr. Patricia Shankey.

Findings at Medical Inspections.

CLEANLINESS. The vast majority of children in the county are clean. The standard of cleanliness is in fact high. This is quite remarkable in view of the fact that the majority of houses in the county do not contain a fixed bath.

INFESTATION. The number of children found infested with head lice was 111, as compared with 187 for the previous year.

In the great majority of these cases, further visits by the Nurse were effective in bringing about a satisfactory improvement in the conditions of the children's heads and in no case was it necessary to take legal action under the Education Act, 1944. Where required School Nurses issued to parents bottles of "Suleo", a proprietary preparation containing "D.D.T.", which has been found very effective in assisting the elimination of the head louse.

SKIN. Five children were found at medical inspection during the year to need treatment for defects of the skin. This is a very low incidence of skin disease and is to some extent a reflection of the fact that the vast majority of children are clean. In fact the skin conditions for which these five children required treatment could not be attributed to lack of cleanliness.

EYES. Every child who knows his letters is examined by the School Nurse at Medical Inspections with Snellens Types. Those whose vision is below normal are referred to the School Oculist for examination and the prescription of glasses as required. Eighty two children were found at medical inspection to be suffering from defective vision, and of these 80 were recommended for treatment, and 2 were kept under supervision.

Defective vision is one of the commonest defects found at medical inspections and is also one of the most important, for if a child cannot see the blackboard properly he is unlikely to make satisfactory progress in school.

SQUINT. Twenty-one children were found at medical inspection to be suffering from squint and of these 18 were recommended for treatment and 3 were kept under supervision.

It is unfortuate that, owing to the scattered population of this county, we cannot make arrangements for orthoptic treatment to be carried out here. This is perhaps a matter in which the Regional Hospital Board or the Joint Education Committee for Wales will eventually be able to assist the Local Education Authority.

Early treatment of Squint is very important as in bad cases the eye affected is likely to become blind.

OTHER EYE CONDITIONS. Blepharitis, or inflammation of the eye lids is far less common than it used to be. It is as a rule a sign that the child concerned is in poor general condition although occasionally cases are seen where the child appears to be very healthy.

Eleven children were found at medical inspection to be suffering from Blepharitis.

EARS. HEARING. In the absence of a good audiometer, which is a highly expensive instrument, and requires special staff to operate it, no accurate assessment of a child's hearing can be made.

Twenty-three children were found at medical Inspection to be suffering from ear disease and of these, 6 were recommended for treatment and 17 were kept under supervision.

Seventeen children were found to have defective hearing and of these, 12 were recommended for treatment and 5 were kept under supervision.

Three of these cases were referred to the Shrewsbury Eye, Ear and Throat Hospital for examination by a specialist.

NOSE and THROAT CONDITIONS. One hundred and seventeen children were found to have enlarged tonsils and adenoids. In many of these cases attention to the teeth, simple treatment such as gargling with salt and water, and regular handkerchief drill, and breathing exercises result in such an improvement in the child's throat and nose condition that no operation is necessary.

It is regrettable, therefore, that in many cases, parents bring pressure to bear on the family doctor to persuade him to have the tonsils and adenoids removed, before conservative treatment has been tried.

SPEECH. Fifteen children were found to be suffering from defective speech and require speech therapy.

A proposal was brought before the Education Committee during the year that a Speech Therapist should be appointed jointly by Brecon, Radnor and Montgomery. The Committee decided, however, that this was a matter which concerned the Joint Education Committee for Wales. It is desirable that arrangements should be made as soon as possible for regular speech therapy classes to be held in the county.

HEART AND CIRCULATION. Twenty-six children were found on examination to have a "murmur" in the heart. As such murmurs are in many cases found in perfectly healthy hearts, no mention of these murmurs was made to the parent unless there was evidence of cardiac disease. Two of these children appeared to be suffering from heart disease.

LUNGS. A number of children were found to be suffering from Asthma and this disease appears to be increasing in frequency. Although in some schools very few cases were found, in others Asthma was one of the commonest defects observed. Fortunately many of these children tend to "grow out" of this condition, and much can be done by a sensible attitude on the part of the parents and the taking of certain precautions.

ORTHOPAEDIC. Twelve children were found to require treatment for bad posture. Bad posture of a minor degree is particularly prevalent among Secondary school children, and is the result to some extent of lack of parental discipline which leads to children staying up late at night and getting insufficient sleep. General treatment is therefore required.

Seventy-three children were found to be suffering from Flat foot which is therefore very common and is frequently found in children who habitually wear "Wellingtons". Flat feet are easily treated by simple exercises carried out at home. The School Nurse visits the home from time to time to encourage the continuance of treatment, but in spite of this, all too often the exercises are forgotten and the child's feet continue to be flat. In some cases, moreover, the parents buy "arch supports" for the children to wear in his shoes. This merely has the effect of causing atrophy of the muscles which help to maintain the foot arches and so leads in the end to completely fallen arches. Children in whom this condition persists are referred to the Orthopaedic Clinic for supervision.

GENERAL CONDITION. The School Doctor endeavours to estimate the general condition of each child examined. This is a very difficult decision to make as the assessment of nutrition depends on many factors. As a rule a child is graded 'A' (good general condition) if his nutrition is satisfactory and if he is free from defects apart from errors of refraction and perhaps dental caries in one or two teeth. The majority of children are classed as 'B' (Fair general condition) and a few are classed as 'C' (Poor general condition).

Figures for the year will be found in Table II B on Page 30.

Following Up.

Children found at school medical inspection to be suffering from defects which need treatment are as a rule referred to the family doctor for treatment, although in some cases, with the family doctors consent, arrangements are made to send the child for consultation to a Specialist in Cardiff, Birmingham, Shrewsbury or Hereford. The School Nurse visits all children found to have defects in order to ensure that the parents are obtaining the necessary treatment and to help in solving any difficulties which may arise. In addition the Nurses carry out regular cleanliness inspections for which they visit each school at least once every term.

Following up visits are made to the homes of children found to have verminous infestation in order that the parents may have all necessary advice and help in eradicating the infestations. The Nurses continue to visit such cases until complete eradication of the infestation has been secured. It is very rarely necessary to call on the N.S.P.C.C. to apply further persuasion to parents to have their children obtain the necessary treatment.

All this following up work is done by the District Nurses employed by the Radnorshire County Nursing Association, school nursing work forming one part of the service which they undertake. The advantage of the system is that the Nurses know not only the school children in their area but also the homes from which they come. In many cases they have been the midwives who have brought the children concerned into the world.

During the year three District Nurses were sent for training as Health Visitors and further nurses will be sent for such training in the future. In this way, the County Nursing Association is endeavouring to fulfil the Ministry of Education's requirement that every school nurse shall be a trained Health Visitor.

Medical Treatment.

Under Section 48 of the Education Act, 1944, a duty is laid on a Local Education Authority to ensure that comprehensive facilities are available for the free medical treatment of all pupils in attendance at any maintained school. These facilities do not, however, include treatment in the child's home. These requirements of the Education Act have to a large extent been fulfilled by the coming into operation of the National Health Service.

The duty laid upon the Local Education Authority under this Section of the Act does, however, make it a positive duty to make arrangements for encouraging and assisting pupils to take advantage of facilities for free medical treatment. Under this section of the Act, the Authority has, therefore, arranged for the free transport of school children to Specialist clinics both inside and outside the county when this is necessary.

GENERAL HOSPITAL TREATMENT. Hospital treatment of school children is undertaken through the National Health Service, the children being mainly dealt with at Llandrindod Wells and Builth Wells Hospitals, although some children are admitted to Hospitals outside the county.

Arrangements made in 1947, under which notification was received of every school child admitted to, or discharged from, the Llandrindod Wells Hospital, were continued. These reports were most helpful, particularly in enabling the school nurses to follow up the children's discharge from Hospital to ensure that they were receiving the necessary attention at home.

Analysis of these admission and discharge reports shows that school children suffering from the following conditions were treated in the hospital during the year.

Condition.	No. Treated.
Menigitis	1
Otitis Media	1
Mastoiditis	1
Infected Gums and Teeth	1
Stomatitis	1
Infected Tonsils and Adenoids	11
Infected tonsils	16
Infected adenoids	4
Acute appendicitis	17
Abscess of neck	1
Cervical Adenitis	1
Abscess of abdominal wall	1
Popliteal abscess	1
Septic leg	1
Broncho pneumonia	2
Haematuria	1
Head injury	1
Fractured Skull	1
Fractured condyle of humerus	1
Fractured radius and ulna	1
Lacerated thumb muscle	1
Wound of perineum	1
Cyst behind ear	1
Rectal polypi	1
Umbilical hernia	1
Circumcision	1
Constipation	1

In addition school children suffering from the following conditions were treated as Out-Patients.

Condition.	No. Treated.
Crushed finger	1
Fractured tibia	1
Swelling of finger	1
Septic finger	2

ORTHOPAEDIC TREATMENT. Orthopaedic treatment continues to be given by the Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry. Specialists from the staff of this Hospital regularly attend Orthopaedic clinics in the county and surrounding areas and children requiring a specialist's advice in regard to orthopaedic defects are referred to them.

In addition, the Orthopaedic After-Care Sister from the same Hospital conducts a clinic at the County Buildings, Llandrindod Wells, every other Thursday.

Treatment of Defective Vision and Squint.

Dr. H. Woodward Barnes is employed by the Radnorshire Education Committee and is paid at the rate laid down by the Ministry of Education. Part of this expenditure is recovered from the Executive Council.

Dr. Woodward Barnes attended Eye Clinics at the County Buildings, Llandrindod Wells (3 sessions); Church Hall, Knighton (3 sessions); and the Village Hall, Clyro (1 session).

Seventy-five children were examined, and spectacles or new lenses were prescribed in 50 cases. In 14 cases no change of treatment was recommended.

In addition children were dealt with under the Supplementary Ophthalmic Service provided as part of National Health Service. In this case after receiving a certificate from their own doctor that they needed spectacles, they were examined by an Optician. It is, however, highly desirable in all cases that the testing of a child's vision should be carried out by a doctor with specialist qualifications, and the arrangements made under the Supplementary Ophthalmic Service, although necessary in the case of adults for whom in many areas no arrangements have as yet been made for their examination by an Ophthalmic Surgeon, are not normally necessary in the case of school children where such a Specialist service has been provided.

Considerable delay in obtaining spectacles prescribed for school children by the School Oculist is still being experienced, although this delay is on an average less than during the previous year.

Treatment of Ear, Nose and Throat Defects.

Thirty-one children were admitted to the Llan-drindod Wells Hospital for the operative treatment of tonsils and adenoids. Of these children, 29 were referred direct to the Hospital by their own private Practitioner. Two had been referred for operative treatment by the School Medical Officer.

Dental Inspection and Treatment.

Miss Eileen Rich, who had been School Dental Officer in this county since the 27th August, 1945, resigned at the end of the year to take up a post as Assistant Dental Officer in Devon.

The following note on the School Dental Service in 1949 has been contributed by Mr. Frank Jones, L.D.S., who took up duties as School Dental Officer on the 16th May, 1950.

“During the year 1949, 2,253 children received dental inspection. Of these, 1,680 (approximately 75%) were found to be in need of treatment. The number of children who actually received treatment was 1,115 (approximately 65% of the number selected).

It will be seen from Table IV that 1,321 attendances were made for treatment. This means that less than twenty children in every hundred treated, attended more than once during the year. The relatively small proportion of attendances seems to indicate that for many children only a limited proportion of the necessary treatment was received. Circumstances, unfortunately, tend to make the provision of complete treatment for every child rather difficult. The reasons are as follows:—

First, the large amount of both surgical and conservative treatment required makes it impossible to carry out complete treatment and, at the same time, visit each school and inspect every child once a year.

Secondly there is the desire of the Dental Officer to disrupt the normal working of the school as little as possible. Very often one class and sometimes the whole school, is completely disorganised, whilst the Dental Officer uses the classroom as a surgery.

Thirdly, there is a certain amount of suspicion regarding fillings, especially in the case of temporary teeth. Also, many parents, though in agreement that permanent teeth should be conserved, do not realise that the first molars of the permanent series erupt about the age of 6 years. Because these teeth come at such an early age and have no predecessors to be shed, parents invariably consider these to belong to the temporary dentition. Much propaganda is required to make these and other important facts known more widely. Lastly, in most cases the only available methods of producing anæsthesia are local sub-mucous or nerve-block injections. These methods take considerably longer time than would be the case if nitrous-oxide anæsthesia was employed regularly. During the year, nitrous-oxide anæsthesia was administered on 63 occasions.

The use of well-equipped modern clinics not only permits dental treatment to be carried out more speedily and more efficaciously, but also impresses on both the parent and the child the importance attached to the care of the teeth."

There was an increase in the number of administrations of general anæsthesia for extraction of children's teeth, and 63 cases were treated in this manner during 1949, at sessions held in alternate weeks at Llandrindod Wells and Knighton.

In Llandrindod Wells, the School Medical Officer acted as Anæsthetist and at Knighton anæsthetics were given by Dr. J. S. I. A. Chesshire.

Miss Rich in her last report referred to the fact that the absence of a dental attendant was a great handicap. In October, 1949, the Committee decided that a dental attendant should be appointed, although in view of the resignation of the School Dental Officer no action was taken on this decision during the year under review.

Handicapped Pupils.

The Minister of Education in the Handicapped Pupils and School Health Service Regulations, 1945, has declared that the following categories of children require special educational treatment, namely, the blind, the partially-sighted, the deaf, the partially-deaf, the delicate, the epileptic, the educationally sub-normal, the diabetic, the maladjusted, the physically handicapped and those with speech defects.

Of these categories the largest is the educationally sub-normal. It is generally considered that roughly 10 per cent of the school population may be regarded as educationally sub-normal. Most of these are suitable for education in a special class in an ordinary school, but 1 per cent of the school population on an average is likely to need education in a special school.

It is commonly believed that the proportion of educationally sub-normal pupils is higher in country districts than in the towns, and this may to some extent be true, in that more intelligent children, particularly boys, tend to migrate to the towns where opportunities of more lucrative employment are greater. In view of the sparseness of the population in this county, it might be argued on the same lines that the incidence of sub-normality would be very high. On the contrary, the impression gained from experience in "ascertainment" leads one to believe that sub-normality is not more common here than in an urban area.

Head Teachers were encouraged to report all cases of backwardness to the School Medical Officer and every such case reported was examined by the School Medical Officer during the year. Of the 22 cases examined, 11 were found to need education in Special Schools and 8 in Special classes in ordinary schools. Three children were found to be ineducable and were reported to the Mental Health Services Sub-Committee of the Health Committee. In addition five children recommended for Special Schools were reported to the Mental Health Services Sub-Committee as needing supervision by the Mental Deficiency Authority after leaving school.

These examinations take a considerable amount of time, on an average about two hours, but are worth while if they lead to arrangements being made eventually for such children to be given education suitable to their age, aptitude and ability, or in other words, by their admission to special classes and special schools where only they will be able to benefit properly from their education.

During the year a joint report by the Director of Education and the School Medical Officer was submitted to the Education Committee. Extracts from this report are as follows:—

“In view of the comparatively small number of children who need special educational treatment and the varieties of treatment needed, it is not possible for a small authority to maintain schools to provide special educational treatment for children with all types of disabilities.

Special educational treatment for pupils who are blind, deaf, physically handicapped, epileptic or aphasic, must always be given a special school and, if the pupil is blind, or epileptic, this must be a boarding school. In any case special schools in a rural area such as Mid-Wales must always be boarding schools.

Some of the other pupils may be dealt with in special classes in ordinary schools if this is not against the interests of other children.

This Authority has no special schools but has arranged where possible for children to attend residential schools in other areas. There is, however, at present a grave shortage nationally of special school accommodation.

In the Development Plan the Authority realised that in view of the small numbers of children concerned, the service could be best provided on a regional basis, and the Ministry was asked to initiate proposals for this.

The following figures give an indication of the provision required so far as this County is concerned.

Numbers in Radnorshire. Approximate number of children requiring Treatment in:

	Special Schools Boarding	Special Schools Day	Special Classes in ordinary schools	Others
1. Blind	1	—	—	—
2. Partially Sighted	1	—	—	—
3. Deaf	3	—	—	—
4. Partially Deaf	—	—	—	—
5. Delicate	3	—	—	—
6. Diabetic	—	—	—	1
7. Epileptic	2	—	—	—
8. Educationally Sub-Normal	32	—	37*	—
9. Maladjusted	—	—	—	—
10. Physically Handicapped	1	—	—	—
11. Children suffering from Speech Defects	—	—	—	—

* Some already in Special Classes where held.

Numbers in Radnorshire. Approximate number of children now being treated.

	Special Schools Boarding	Special Schools Day	Special Classes in ordinary schools	Others
1. Blind	—	—	—	—
2. Partially Sighted	—	—	—	—
3. Deaf	2	—	—	—
4. Partially Deaf	—	—	—	—
5. Delicate	—	—	—	—
6. Diabetic	—	—	—	1*
7. Epileptic	1	—	—	—
8. Educationally sub-normal	—	—	—	—
9. Maladjusted	—	—	—	—
10. Physically Handicapped	—	—	—	—
11. Children suffering from Speech Defects	—	—	—	—

* Treatment at Home.

The most difficult groups to deal with are perhaps the maladjusted and the educationally sub-normal.

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

Special educational treatment in such cases should be given in such manner as may be considered appropriate in the light of a recommendation by a Child Psychiatrist, an Educational Psychologist or other suitably qualified person by a Child Guidance Centre or Clinic.

The best treatment may be to admit such a child to a special residential school for maladjusted pupils. Unfortunately, owing to the small population of this area, it is not possible to set up such a residential special school or Child Guidance Centre or Clinic.

(2) Educationally Sub-Normal pupils are those who, by reason of limited ability or other conditions resulting in educational retardation require some special form of education wholly or partly in substitution for the education normally given in ordinary schools.

The common causes of educational retardation (other than limited ability) are as follows:—

1. Late entry to school and subsequent irregular attendance caused by truancy or ill health, by over-indulgence or irresponsibility on the part of parents or especially with the older girls, by undue pressure of home duties.
2. Frequent changes of school due to changes of address.
3. Disharmony between school and home.
4. The keeping of late hours by children.
5. Psychological maladjustment which may absorb so much of a child's mental energy that he/she becomes unsuccessful in school.

Educationally sub-normal pupils may be divided into two classes.

- (a) Those with considerable mental retardation who require education in a special school.

To deal with these children the establishment of a Residential Special School is urgently needed and this will no doubt be dealt with by the Joint Education Committees for Wales.

- (b) The less backward children who may be dealt with in Special Classes in Ordinary Schools.

In Radnorshire, Schools as a rule are far too small to permit of the establishment of special classes. In the Llandrindod Wells Council School and in the Secondary Schools, Special Classes for backward children have, however, been set up and the Headmasters are arranging for teachers with a special interest in this work to instruct and supervise their education. It should be noted that no class for educationally sub-normal pupils may contain more than 20 pupils."

EPILEPTIC PUPILS.

Two children were found to be suffering from Epilepsy. One other child who was recommended for a Special School was admitted to the Colthurst House School, Warford, nr. Alderley Edge, on the 2nd May, 1949, where he is doing well.

OTHER HANDICAPPED PUPILS.

One Delicate child and 1 Physically Handicapped child were recommended for admission to suitable special schools. One child was recommended for admission to a school for Blind Pupils and 1 for a special school for Partially Sighted Pupils. One Maladjusted Pupil, who was referred to the County Psychiatrist for examination was recommended for temporary exclusion from school. He continues to be under the care of the Psychiatrist and the Psychiatric Social Worker.

Tuberculosis.

During the year there were no cases of Pulmonary or Non-Pulmonary tuberculosis notified among school children.

This county is fortunate in having a much lower incidence of tuberculous infection than any other in Wales.

Infectious and Contagious Diseases.

No schools were closed during the year by the School Medical Officer on account of Infectious Disease.

Certificates of exclusion were granted in respect of individual children suffering from infectious and contagious diseases as follows :—

Infectious Diseases—Chicken Pox 15; Measles 8; Mumps 24; Scarlet Fever 4; Whooping Cough 31.

Contagious Diseases—Impetigo 8; Scabies 3.

Diphtheria Immunisation.

Fifty-nine school children were immunised and 35 received re-inforcing doses of Alum Precipitated Toxoid. The drop in these numbers as compared with those for the previous year is mainly due to the fact that the majority of children had received their primary immunisations prior to admission to school under the County Council Scheme.

Health Education.

Teachers in the schools give talks from time to time on Hygiene following the advice set forth in the Ministry of Education Handbook of Suggestions on Health Education. During the year a Health Exhibition was held in Llandrindod Wells and this was attended by a number of children from various schools.

Physical Training.

No Physical Training Organiser is employed in the county.

There is less opportunity here for the organised games which form so large a part of physical education in other areas. Nevertheless, Radnorshire children are as a rule very healthy and physically well developed. In spite of the highly developed school transport service, many children who live considerable distances from a main road still have long walks to the school bus or to and from school. In the case of normal children such exercise is beneficial.

SWIMMING. It has been possible to arrange for instruction in swimming in the case of pupils at the County Secondary School, Llandrindod Wells, who go to the Open Air Baths attached to the Metropole Hotel, and the pupils of the Presteigne County Secondary School who go to Leominster for this purpose.

School Meals.

There is much argument as to whether the parental responsibility of feeding a child should be assumed by an Education Authority. Whether this be so or not, it is now a statutory obligation for a Local Education Authority to provide meals in schools, and there is no question that this has been the greatest single factor in the improvement of school children's health during the last decade. Before the introduction of a School Meals Service, children from distant homes brought their lunch to school and this meal was often quite inadequate consisting of one or two pieces of bread and jam which they ate with lemonade.

Now every child is assured of a properly balanced meal at least once a day, although a few are still shy about having meals with their fellows, and bring their own lunch. As a rule after a few weeks they gladly join with the others at the mid-day meal.

Moreover, particularly in the smaller schools, a family atmosphere prevails, the children develop a social sense and learn good table manners.

In Radnorshire, the meals are cooked in a canteen attached to each individual school and there are no central kitchens each of which supplies a number of schools. An advantage of having meals cooked in each school is that the food is of better quality and there is much less danger of food poisoning. On the other hand two canteens have no running water and only two canteens have a separate washbowl so that the staff may wash their hands away from the sink. The provision of such a separate washbowl is hygienically desirable and should be possible at any rate in the larger schools.

I should like to congratulate the School Meals Organiser on the quality of the school meals served. She has kindly furnished me with a report on this service which is as follows.

"During the year we served 481,908 meals in 46 canteens and in addition meals are sent from one of our canteens to a Shropshire (border) school.

We have had no major troubles during the year. Cooks come and go, but I find as time goes on, employment in our canteens is much more popular, and there are usually plenty of applicants for any vacancies.

"Milk in School" (for drinking at the morning break) has become a part of the Canteen Staff's duty, and the washing up of beakers and utensils is, in consequence, much more satisfactory.

During the year we were able to arrange for more Schools to have their milk in one-third of a pint bottles, which is more satisfactory from many points of view. I look forward to the time when all Schools will have this service once again.

The rising cost of food stuffs, particularly fruit and vegetables, makes catering increasingly difficult, and the price of meat makes it difficult to pay for the full ration allowed, which is now two-thirds higher than it was a year ago.

The table manners of the children are noticeably improved, and I notice that they are much less "choosey" than they were, and the majority of them eat everything as it comes with good appetite. In this connection I have noticed a peculiar psychological fact which emerges. In certain schools certain dishes are favourite while in another school the children will consistently refuse the same dish. There appears no sound reason for this. Cheese dishes are much in favour in some Schools, while in another school every child will profess to dislike it. It seems that perseverance with the serving of such a dish makes no difference, and waste is so great that we have to discontinue serving it after a reasonable time. In certain schools meat, sliced from the joint, is much disliked, no matter how good and tender it is, although if it is served minced or as sausages or rissoles, etc., it is eaten with great relish. It has been suggested to me that dental trouble might account for this, but I hardly think this could be the cause in a school of say 130 children of all ages from 6 to 11 years. Rather am I inclined to think the cause is suggestion, either by children who are (probably unconsciously) "Leaders" or in small schools by the staff themselves professing preference for certain dishes. This aspect has puzzled me a good deal, and I frankly confess I am rather at a loss to explain it. In practice the matter is not really important, merely of interest because another dish can usually be substituted without loss of nutriment.

Now that we have fed the children in school for nearly a decade, I should be interested to know what effect it has had on feeding in the homes.

Will these children require, and procure, a higher standard of meals in their homes, and particularly in their own homes when they have them? I hope so. We shall then have done something worth doing, and more permanent in effect, though even without this we are, I hope, laying the foundation of better health, than in those early years, when the children used to compare their daily meal in school to "Sunday dinner."

MILK IN SCHOOLS SCHEME. The Milk in Schools Scheme continues to be a great benefit to the children. Statistics are as follows:—

Forty-six schools are supplied by 41 milk vendors and of these supplies 9 are tuberculin tested, and 2 accredited milk, 30 being non-designated. Except when tuberculin tested milk is supplied, instructions have been given that the milk should be boiled before consumption. In the case of 4 schools where it has not been found possible to obtain satisfactory supplies of milk, dried milk is supplied through the Ministry of Food.

STATISTICAL TABLES.

Visits by School Nurses.

The following visits have been made by the School Nurses during the Year 1949:—

First visits to Schools for Cleanliness	223
Re-visits to Schools for Cleanliness	140
Visits to Homes for Cleanliness	186
Following-up visits for Physical Defects	1149
Visits to Schools for Infectious and Contagious Diseases	139
Visits to Homes for Infectious Diseases	407
Visits to Homes for Contagious Diseases	411
	2655

TABLE I.

Medical Inspections of Pupils Attending
maintained Primary & Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	...	363
Second Age Group	...	188
Third Age Group	...	124
Total	...	675

B.—OTHER INSPECTIONS.

Number of Special Inspections	117
Number of Re-inspections	401
Total	518

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).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table II (A)	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	2	95	80
2nd Age group	35	51	70
3rd Age Group	20	17	33
Total (prescribed groups)	57	163	183
Other Periodic Inspections	—	—	—
Grand Total	57	163	183

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1949.

Defect Code No.	DEFECT OR DISEASE.	Periodic Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	4	8	1	—
5.	Eyes—(a) Vision	57	2	23	—
	(b) Squint	14	3	4	—
	(c) Other	1	8	—	2
6.	Ears—(a) Hearing	8	5	4	—
	(b) Otitis Media	5	15	1	2
	(c) Other	—	—	—	—
7.	Nose or Throat	19	77	13	8
8.	Speech	11	2	4	1
9.	Cervical Glands	—	11	1	1
10.	Heart and Circulation	2	20	1	3
11.	Lungs	11	33	3	3
12.	Developmental—(a) Hernia	3	2	—	—
	(b) Other	—	2	1	—
13.	Orthopaedic—(a) Posture	4	7	—	1
	(b) Flat foot	61	3	9	—
	(c) Other	6	14	2	1
14.	Nervous system—(a) Epilepsy	1	—	1	—
	(b) Other	—	1	1	2
15.	Psychological—(a) Development	8	4	10	—
	(b) Stability	2	4	1	1
16.	Other	5	3	2	—

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	Percent- age of col. 2.	No.	Percent- age of col. 2.	No.	Percent- age of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	363	116	31·9	241	66·4	6	1·7
2nd Age Group	188	46	24·4	139	74·0	3	1·6
3rd Age Group	124	46	37·1	74	59·7	4	3·2
Other Periodic Inspections	—	—	—	—	—	—	—
Total	675	208	30·8	454	67·2	13	2·0

TABLE III.
Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	8117
(ii) Total number of individual pupils found to be infested	111
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944).	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944).	—

TABLE IV.

TREATMENT TABLES.

Group I—Minor ailments (excluding Uncleanliness).

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	—
(ii) Other treatment	—
Ringworm—Body	3
Scabies	1
Impetigo	2
Other skin diseases	1
Eye Disease	13
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	15
Miscellaneous	3
(e.g. minor injuries, bruises, sores, chilblains, etc).	
Total	38

(b) The Authority has no minor ailments clinics.

Group II—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—and included in Group I.

	No of defects dealt with.
Errors of Refraction (including squint)	75
Other defect or disease of the eyes (excluding those recorded in Group I)	—
Total	75
No. of Pupils for whom spectacles were	
(a) Prescribed	50
(b) Obtained	50

Group III—Treatment of Defects of Nose and Throat.

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	31
(b) for other nose and throat conditions	—
Received other forms of treatment	—
Total	31

Group IV—Orthopaedic and Postural Defects.

(a) No. treated as in-patients in hospitals or hospital schools	8
(b) No. treated otherwise e.g. in clinics or out-patients departments	53

Group V—Child Guidance Treatment and Speech Therapy.

No. of pupils treated—	
(a) under Child Guidance arrangements	—
(b) under Speech Therapy arrangements	—

TABLE V.
Dental Inspection and Treatment.

(1)	Number of pupils inspected by the Authority's Dental Officer :—	
	(a) Periodic Age Groups	2170
	(b) Specials	83
	(c) Total (Periodic and Specials)	2253
(2)	Number found to require treatment	1680
(3)	Number actually treated	1115
(4)	Attendances made by pupils for treatment	1321
(5)	Half-days devoted to :—	
	(a) Inspection	37
	(b) Treatment	296
	Total	333
(6)	Fillings :—	
	Permanent Teeth	650
	Temporary Teeth	85
	Total	735
(7)	Extractions :—	
	Permanent Teeth	99
	Temporary Teeth	904
	Total	1003
(8)	Administrations of general anaesthetics for extractions	63
(9)	Other Operations :—	
	Permanent Teeth	136
	Temporary Teeth	28
	Total	164

Index.

	Page
Associated Officers	3
Classification of General Condition of Pupils	11
Cleanliness	8
Defective Vision	8
Defects found at Medical Inspection ...	28
Dental Inspection and Treatment ...	16, 33
Diphtheria Immunisation	23
Diseases, Infectious and Contagious ...	23
Ear Disease and Defective Hearing ...	9
Ear, Nose and Throat Defects, treatment of ...	10, 16
Education Committee	1
Findings at Medical Inspection	8
Following Up	12
Foreword	4
Handicapped Pupils	18
Health Education	23
Hospital Treatment, General	13
Heart and Circulation	10
Infectious and Contagious Diseases ...	23
Infestation	8, 30
Lungs	10

Index—continued.

	Page
Medical Inspections	5
Medical Inspections, findings at	8
Medical Treatment	13
Milk in Schools Scheme	27
Nose and Throat Conditions	10
Orthopædic Treatment	11
Report of School Dental Officer	16
School Meals	24
School Premises	5
Special Services Sub-Committee	1
Speech	10
Staff	2
Statistical Tables	27
Treatment of Defective Vision and Squint	15
Treatment of Ear, Nose and Throat Defects	10, 16
Tuberculosis	23
Visits by School Nurses	27



