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VOLUME 872

DENBIGHSHIRE EDUCATION COMMITTEE



ANNUAL REPORT

of the

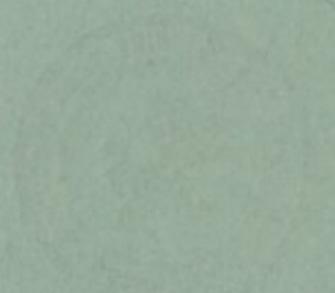
School Medical Officer

for the year

1952

M. T. ISLWYN JONES, M.D., D.P.H.,

School Medical Officer.



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Vice-Chairman: Ald. R. F. Watkins.

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Mrs. Christopher Davies, Wrexham.
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Mr. Zabulon Griffiths, Ponciau.
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	30
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FOREWORD

I have the honour to present the Annual Report on the School Health Service for the year 1952.

The Education Act, 1944, codified the duties of the Local Education Authority to provide Health Services for the school-child. At the conclusion of the war, the imminence of the National Health Service Act deterred Local Education Authorities from embarking on further expansion of the School Health Service as envisaged in the Education Act. The implementation of the National Health Act has been a period of transition and several years of practical experience were necessary before the relative responsibilities of the two services could be determined with any degree of accuracy. Several of the School Health Clinics have become redundant, and reliance for some specialist services reposes on the Regional Hospital Board. To meet the special needs of the school-children in Denbighshire, arrangements have been made for Specialist Clinics to be held at various centres in premises owned by the Authority. Initial difficulties have been largely overcome, due mainly to frequent liaison and good co-operation. To co-ordinate the Health Services to the utmost, the Consultants report in duplicate on every school-child patient, one copy being sent to the General Practitioner and the other to the School Health Service; Assistant School Medical Officers communicate with General Practitioners whenever the occasion warrants such action; the School Nurse attends many of the Consultant Clinics which have been specially ear-marked for school-children. While these methods have produced satisfactory results, it must be appreciated that the Hospital Specialist Service is responsible for the entire community and cannot, invariably, concentrate resources and attention on a special group to the same degree as the School Health Service. Realising this, and in view of the increasing number awaiting examination by an Ophthalmologist, it was decided to appoint an Ophthalmologist to the School Health Service. Dr. Mary Rowland Hughes commenced duties on the 1st June, 1952, operating at various centres, but devoting a good proportion of her time to the rural areas, and thus giving the rural child facilities in this speciality, comparable with the more conveniently situated children in the urban districts.

Subsequent to this appointment, additional sessions were arranged at the hospital, and the combined efforts resulted in a rapid diminution of the waiting list.

Throughout the year under review, the routine duties of the School Health Service have been carried out in accordance with the regulations. Administrative re-organisation has enabled a closer supervision of the Service, which has ensured that no child has not been examined on attaining the appropriate age group. The full effects of this are not completely apparent as yet. Apart from the routine medical inspections, greater emphasis has been given to special examinations and to handicapped children. The latter absorb much time and energy, but it is rewarding work, for assistance, however small, is gratefully appreciated by the pupils and their parents. Again, I would stress the need in this County for special provisions to be made for these children.

The Dental Service suffered another blow when Mr. D. G. Thomson resigned to take up his new appointment as Senior Dental Officer to Birmingham. While congratulating Mr. J. G. Roberts upon his promotion to the post of Senior Dental Officer, it is regretted that it has not been possible to fill the post vacated by him. In an endeavour to compensate for the deficiency of Dental Officers, anaesthetics are given by Assistant Medical Officers, and additional clerical assistance has been made available at the Dental Clinics.

The Ministry of Education Circular 249 instructed that all students entering the teaching profession should be medically examined and X-rayed before admission to College. Similar obligatory conditions must be complied with by all teachers prior to acceptance in their first post. Undoubtedly, this is a wise preventative measure, but valueless unless the examinations are competently, thoroughly and carefully carried out. Such a clinical examination takes about half an hour, but, in addition, an appreciable time is absorbed by the administrative staff in making arrangements. Details of this work, which is entirely a recent addition to the routine programme, can be found on page 36.

As intimated in the 1951 Annual Report, the Assistant Medical Officers have been made responsible for more compact areas, which has economised on time and travelling.

This factor has enabled each one to devote more attention to clinical duties, and thus it has been possible for the Assistant Medical Officers to carry out satisfactorily the additional burden of the examination of students and teachers, and the numerous sessions devoted to dental anaesthesia.

The clerical staff of the School Health Service has also had to cope with a greater volume of work, particularly during the transition stage, and the change in procedure would not have been so smooth but for their industry. I would express my appreciation to them for their unstinting determination to complete the re-organisation as quickly as possible, and for the many tedious hours they devoted to the work after normal office hours for many weeks and months.

It is gratifying to record the increase in the volume of work performed by the School Health Service during 1952, although the full benefits of the re-organisation did not materially influence the situation until the beginning of the Winter Term. With each term, the new administrative system is operating more smoothly, and it is anticipated that in the coming year it will be possible to reap the full benefits of re-organisation.

The initiative and industry of the School Health Service would not have been so fruitful but for the excellent co-operation received from the teachers, head teachers and the Director of Education and his staff. The mutual interdependence of health and education is accepted in this Authority with ensuing harmonious striving for a common objective, which benefits the children in health and education.

I have already referred to the untiring and unremitting work of the School Health Service, but, particularly, I would thank them for their loyal and devoted service. To those who have assisted in compiling this Report, I would express my gratitude, and while it is largely the outcome of teamwork, I would acknowledge my particular indebtedness to the Deputy School Medical Officer, Dr. R. G. Davies, who has been mainly responsible for the preparation of this Report.

Finally, I would thank the Chairman, Alderman Mrs. Lloyd, the Vice-Chairman, Councillor Mrs. M. G. Hughes, and

the members of the Committee for the benefit of their keen interest and guidance which, undoubtedly, have been such important factors in the achievements of the School Health Service.

M. T. ISLWYN JONES,

School Medical Officer.

County Health Department,

16 Grosvenor Road,

WREXHAM.

April, 1953.

STAFF

School Medical Officer:

Dr. M. T. Islwyn Jones, M.D., D.P.H.

Deputy School Medical Officer:

Dr. R. G. Davies, M.D., D.P.H. (appointed 29/5/52).

Assistant School Medical Officers and District Medical Officers of Health:

Dr. W. McKendrick, M.D., D.P.H.

Dr. M. Jones-Roberts, M.B., Ch.B., D.P.H.

Dr. T. Kenrick Hughes, M.B., Ch.B., D.P.H.

Dr. T. P. Edwards, M.D., B.S., D.P.H. (resigned 31/8/52).

Dr. Evan Williams, M.R.C.S., L.R.C.P., D.P.H.
(appointed 29/9/52).

Assistant School Medical Officers:

Dr. S. O. Edwards, M.B., Ch.B., D.P.H.

Dr. A. A. Shone, M.B., Ch.B.

Dr. A. J. Smith, M.B., Ch.B. (appointed 16/6/52).

Chief Dental Officer:

Mr. D. Glen Thomson, T.D., L.D.S., R.C.S.(Eng.)
(resigned 30/9/52).

Mr. J. G. Roberts, L.D.S. (appointed 1/11/52).

Assistant Dental Officers:

Mr. J. G. Roberts, L.D.S. (appointed Chief
Dental Officer, 1/11/52).

Mr. H. E. Fussell, L.D.S.

Ophthalmic Specialist:

Dr. M. Rowland Hughes, M.B., Ch.B., D.O.M.S.

Psychiatrist:

Dr. E. Simmons.

Psychologist:

Dr. Martha Vidor, Ph.D. (Leipzig).

Psychiatric Social Worker:

Miss J. Wiggins.

Superintendent Nursing Officer:

Miss W. M. Chune, S.R.N., S.C.M., H.V., Queen's Nurse.

Deputy Superintendent Nursing Officer:

Miss Eirlys Jones, S.R.N., S.C.M., H.V., Queen's Nurse.

School Nurses and Health Visitors:

Miss K. Jones; Miss E. A. Bodsworth; Miss M. E. Jones; Miss E. Griffiths; Miss M. D. Evans; Miss E. A. Beech; Miss S. C. Evans; Mrs. I. E. Garner; Mrs. M. Williams; Miss E. B. Jones; Mrs. A. E. Jones; Mrs. A. Martin; Mrs. L. Warne; Mrs. V. Richards (appointed 5/8/52); Miss M. Wynne Evans appointed 14/1/52); Miss C. E. Davies (resigned 29/5/52); Mrs. E. G. E. Rees (resigned 31/7/52).

Dental Attendants:

Mrs. M. Jarvis; Miss I. E. Sanderson; Miss I.M.A. Lee (resigned 30/9/52); Miss E. Bellis (resigned 30/6/52).

Administration
Senior Administrative Officer:

Vacant.

Deputy Senior Administrative Officer.

Mr. T. J. Davies.

Senior Section Clerk:

Mr. J. E. Evans.

Assistant Clerks (as on 31/12/52):

Mr. I. W. Jones; Mr. W. Owen (appointed 15/12/52); Miss B. Richards; Miss J. Young (appointed 3/6/52); Mrs. H. L. Williams (temporary, appointed 6/11/52); Mrs. P. G. Storrs (Colwyn Bay Office).

STAFF

The changes in the staff of the School Health Service during 1952 are reflected in the following table:—

TABLE I

	1st Jan.	31st Dec.
School Medical Officer	1	1
Deputy School Medical Officer ...	0	1
Assistant Medical Officers (Whole-time)	2	3
District Medical Officers and Assistant Medical Officers	4	4
Dental Officers	3	2
Dental Attendants	4	2
Whole-time School Nurses	2	2
School Nurses/Health Visitors ...	12	13

Dr. R. G. Davies commenced duties as Deputy Medical Officer of Health and School Medical Officer on the 29th May, 1952. He succeeded Dr. T. Kenrick Hughes, who had been appointed Medical Officer of Health to Eastern No. 1 District in December, 1951, and had from that date until the arrival of Dr. Davies, combined the duties of both posts.

The Deputy School Medical Officer is mainly responsible for the School Health Service, and he has devoted much time and energy to its complete re-organisation.

Dr. Evan Williams was appointed District Medical Officer of Health and Assistant School Medical Officer to Eastern No. 2 District on the 29th September, 1952. He took over duties from Dr. T. P. Edwards, who had been serving in a temporary capacity since 1951.

Dr. A. J. Smith was appointed as an Assistant Medical Officer, and commenced duties on the 16th June, 1952. Her duties are the general duties of an Assistant Medical Officer, but her work is confined mainly to the Wrexham Borough and neighbouring rural areas. The appointment of Dr. Smith—a new appointment—has helped to relieve the pressure of work on the Assistant Medical Officers, and has enabled the Department to increase its services both as regards clinics and the School Health Service.

Dr. Mary Rowland Hughes commenced duties in June, 1952, as Ophthalmic Specialist, on a part-time basis.

Mr. D. Glen Thomson, Senior Dental Officer, resigned on the 30th September, 1952, to take up the post of Senior Dental Officer in the City of Birmingham. While congratulating Mr. Thomson upon his promotion, it was regretted that this Authority was losing his valuable services.

Mr. John G. Roberts, who has served as an Assistant Dental Officer with this Authority, was appointed to the post of Senior Dental Officer on the 1st November, 1952. It has not been possible to obtain a replacement of Mr. Roberts as Assistant Dental Officer, and the dental staff has, therefore, been further depleted, and now consists only of the Senior Dental Officer and one Assistant Dental Officer.

Miss M. Wynne Evans was appointed School Nurse/Health Visitor for the Llangollen area, and commenced duties on the 14th January, 1952.

Mrs. E. G. Rees, who had been serving the Coedpoeth area as School Nurse/Health Visitor, resigned on the 31st July, 1952. The area was taken over Mrs. V. Richards, who was appointed on the 5th August, 1952.

Miss C. E. Davies resigned on the 29th May, 1952, upon the return of Miss S. C. Evans, who had been away on a Health Visitors' Course at Bolton.

Dental Attendants.

Miss I. M. A. Lee, Senior Dental Attendant, resigned on the 30th September, 1952, to get married.

Miss E. Bellis, Dental Attendant, resigned her appointment on the 30th June, 1952. Neither of these appointments had been filled by the end of the year.

Administration.

The duties of the Senior and Deputy Senior Administrative Officers were performed by Mr. T. J. Davies, pending confirmation by the Staff and Establishment Committee of the recommendation of the Health Committee that Mr. Davies should be promoted to the vacant post of Senior Administrative Officer.

There were several changes in the clerical staff of the section during the year. New members of the section as on the 31st December, 1952, were: Miss B. Richards, Miss J. Young, Mr. I. Wyn Owen and Mrs. H. L. Williams (temporary appointment).

ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE for 1952

Statistics of the County.

Area (in acres)	427,977
Population of County (mid-1951)	170,699
School-child population	27,265

Number of Schools and Children in Attendance:

	No. of Schools	Attendance
1. Primary	168	18,634
2. Secondary Modern	13	3,510
3. Secondary Grammar	10	3,921
4. Secondary Technical	1	144
5. Special Schools	2	56
	<hr/> 194	<hr/> 27,265

Average attendance during the year ... 90 per cent

MEDICAL INSPECTIONS

Routine Medical Inspections.

Throughout the year medical inspections of school-children have been carried out in accordance with the School Health Regulations. Children are medically examined in Primary Schools on entry and during their Scholarship year; in Secondary Modern Schools in their final year, and in Grammar Schools annually after attaining the age of fifteen years.

Generally, most children commence school in the Autumn Term and, consequently, nearly all the routine medical inspections at Primary Schools are held during this term, so ensuring that the entrants are examined with the minimum of delay. The Spring Term is reserved for the Secondary Modern and Grammar Schools, so avoiding any interference with academic examinations. Further, as all these schools are situated near main thoroughfares, it is seldom that weather conditions isolate them; whereas the rural Primary Schools are often inaccessible during the early months of

the year. The Summer Term is utilised to complete those schools which, for one reason or another, were not completed earlier in the year, and to re-visit the larger Primary Schools with a reasonable entry during the Spring and Summer Terms, and to carry out re-examinations.

During the year, the administration of the School Health Service was re-organised. It was decided that all School Medical Record Cards should be filed at the Central Office, leaving only the Subsidiary Medical Cards for retention at the school. With the assistance of the head teachers, a comprehensive nominal roll of all pupils on the register was prepared, enabling an accurate check to be made of the cards held at the office. In future, head teachers will submit a return of all children admitted, transferred or leaving school, so that the movements of every pupil will be known to the School Health Service. Thus, it is hoped to reduce the clerical work of the teachers, for, under these circumstances, the School Health Service can accept full responsibility for medical documentation.

In future, the Child Welfare records will be incorporated with the school medical documents, providing a complete dossier from infancy to school-leaving age.

Notices are sent individually to each parent, indicating the time and place of the examination of the child. A questionnaire regarding the child's past illnesses, etc., for completion by the parent, is printed on the reverse side of these notices, which are brought to the head teacher by the child, prior to the medical examination.

There has been a good response by parents to this individual method of notification, and the Assistant Medical Officers report that many more parents are attending when their children are examined. This is particularly so in the case of senior girls.

Schools have been allocated to the Medical Officers in areas. This applies to Assistant Medical Officers as well as to District Medical Officers. As far as possible, the school area corresponds to the areas of the Clinics allocated to the doctors. In this way, the Medical Officers feel an added sense of responsibility for all the children in their area.

During the year, 9,026 children were examined at medical inspections. Of these, 7,962 were periodic inspections, 705 were re-inspections, and 359 were special examinations. The periodic inspections were made up as follows:—

Prescribed Groups	No. Examined
(a) Periodic Medical Inspections.	
Entrants	3854
Second-age group	1968
Third-age group	1250
Other periodic inspections	890
	7962
(b) Other Inspections.	
No. of special inspections	359
No. of re-inspections	705
	1064
No. of statutory notices	Nil

In addition to periodic routine inspections, children are re-inspected if previous routine inspection has shown this to be necessary. Special examinations are carried out at the request of head teachers, and in certain cases, at the request of parents.

During the year, the schools were visited frequently by the School Nurses who, in addition to other duties, did routine cleanliness inspections. On these occasions, however, School Nurses do not only inspect the heads for vermin, but assess the general cleanliness of the child, the clothing

and the state of health. In this way, the Nurse can advise the head teacher and, in exceptional cases, inform the Central Office if she thinks any further action should be taken.

Findings at Medical Inspection.

The obligations of the Local Education Authorities to provide free medical treatment is now, to a large extent, discharged by taking advantage of the facilities provided under the National Health Service Act, 1946. An exception to this is the provision of an Ophthalmic Specialist by the Denbighshire Education Authority.

Children found to be suffering from any defect at the School Medical Inspection were referred to the family practitioner, but where the Assistant Medical Officer considered a specialist opinion was required, then this was arranged by the Central Office with the appropriate hospital department. When school-children needed to be referred to a hospital specialist, an opportunity was given to the general practitioner to make the appointment, but, apart from a small minority, the family doctor has indicated a preference for the School Health Service to proceed with the arrangements, subject to a report being sent to him. Such a procedure obviates delays, ensures co-operation, and serves the best interest of the child.

TABLE II

The following table shows the defects found at Medical Inspections in the year ended 31st December, 1952:—

Defect or Disease	Periodic Inspections No. of Defects		Special Inspections No. of Defects	
	Requiring treatment	Requiring to be kept under obser- vation but not re- quiring treatment	Requiring treatment	Requiring to be kept under obser- vation but not re- quiring treatment
(1)	(2)	(3)	(4)	(5)
Skin	24	66	2	1
Eyes:				
(a) Vision	347	328	3	—
(b) Squint	131	70	1	1
(c) Other	20	89	3	—
Ears:				
(a) Hearing ...	29	92	2	—
(b) Otitis media	17	63	—	—
(c) Other	4	26	—	—
Nose or Throat ...	268	1368	2	1
Speech	11	99	—	1
Cervical Glands .	20	473	—	2
Heart and Circulation	9	100	—	—
Lungs	25	290	—	—
Developmental:				
(a) Hernia	59	10	—	—
(b) Other	4	37	—	—
Orthopaedic:				
(a) Posture ...	20	157	—	—
(b) Flat Foot ...	84	247	—	—
(c) Other	62	241	—	1
Nervous System:				
(a) Epilepsy ...	4	4	1	—
(b) Other	1	52	1	—
Psychological:				
(a) Development	1	44	—	6
(b) Stability ...	2	29	—	—
Other	26	155	—	—

TABLE III

The following table gives the number of pupils found at Periodic Medical Inspections to require treatment. This table excludes dental diseases and infestation with vermin.

Group	For defective vision (excl. squint)	For any of the conditions recorded in Table II	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	46	355	394
Second Age Group .	130	108	237
Third Age Group ...	78	70	136
Total (Prescribed Groups)	254	533	767
Other Periodic Inspections	93	143	232
Grand Total	347	676	999

Infestation with Vermin.

In addition to the Routine Medical Inspections, children are regularly inspected by the School Nurse for infestation with vermin.

Parents of children found to be infested receive an informal visit from the School Nurse, who can instruct the mother and, if needed, can supply the requirements for cleansing the child's head. The Nurse re-inspects after two or three days and if there is no improvement the parent is sent a formal notice and the child is then officially excluded from school.

The Education Act gives statutory powers to cleanse a child's head, but it has not yet been found necessary to utilise them.

(1) Total number of examinations in the schools by the School Nurse or other authorised persons ...	65877
(2) Total number of individual pupils found to be infested	2183
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	—
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	—

There were 2,395 more examinations carried out during 1952 than in 1951, and there was an increase of 1,162 on the previous year in the number infested. At first, this increase would appear disconcerting, but it must be remembered that over 2,395 extra head inspections and 1,439 extra School Medical Inspections were carried out during the year. In addition, emphasis has been laid during cleanliness inspection on recalcitrant cases. These are cases where re-infestation is particularly liable to occur, possibly because of a reservoir of infection at home (perhaps some other member of the family). Although the individual child can be cleansed, it is not always possible to deal with the original source. Infestation can have a debilitating effect on the health of the child due to irritation, lack of sleep and secondary infection. Where a child is very dirty and neglected, the assistance of the N.S.P.C.C. inspectors is sought, and, with their co-operation, a remedy is secured.

Diseases of the Skin.

The accompanying table shows the number of cases of diseases of the skin discovered at medical inspections. This table does not include the skin diseases following as an immediate result of infestation with vermin. Cases of ringworm and scabies, although slightly increased, remain low, but impetigo shows a slight increase. Cases of skin disease are normally referred to the child's family doctor, or to the minor ailments clinic. Occasionally, an Assistant Medical Officer considers that a specialist opinion is required, and this is secured through the Hospital Services.

TABLE IV

	No. of Cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm:		
(1) Scalp	—	1
(2) Body	6	2
Scabies	10	—
Impetigo	86	—
Other Skin Diseases ...	116	—
Total	218	3

Defective Vision.

During the course of the year, 505 cases were referred by the Assistant Medical Officers for specialist ophthalmic opinion—350 in respect of defective vision, 132 for squint and 23 for various other eye conditions. For the past year or two, the number on the Ophthalmologist's waiting list had gradually increased, with a commensurate longer delay before the child was examined. To overcome this, it was resolved to appoint an Ophthalmologist on a sessional basis, and on the 1st June, 1952, Dr. Mary Rowland Hughes commenced work in the various School Clinics. Initially, it was decided to operate weekly at Wrexham and fortnightly at Colwyn Bay and Denbigh, and later, when circumstances permitted, at Llanrwst and Chirk. Fortunately, much of the ophthalmic equipment needed for the clinics was already available, and only a few additional items had to be purchased to equip fully each clinic to meet recent developments. These additional sessions rapidly reduced the long waiting list, a trend further speeded by the provision of additional ophthalmic sessions for school-children at the

Wrexham hospitals. Later in the year, it was possible to arrange clinics in the more rural areas, where children had found difficulty in getting into hospital clinics. An all-day clinic was commenced at Llanrwst, and arrangements have been made to hold a fortnightly clinic at Chirk, commencing in 1953.

The accompanying table shows the particulars of cases of Eye Diseases, Defective Vision, Squint, etc., dealt with in the past year:—

TABLE V

	No. of cases dealt with by the	
	Authority	Otherwise
External and other, excluding errors of refraction and squint	3	17
Error or refraction (including squint)	173	303
Total	176	320
Number of pupils for whom spectacles were		
(a) Prescribed	78	159
(b) Obtained	—	173
Total	78	322

Defects of the Ear, Nose and Throat.

During the course of the year, 322 children were referred by the examining Assistant Medical Officers to the Ear, Nose and Throat Specialist. The Local Education Authority is no longer responsible for any Ear, Nose and Throat Clinics, and children requiring a specialist opinion are re-

ferred to the appropriate Hospital Out-patients' Department, which, in the Wrexham area, is located at the War Memorial Hospital. A School Nurse attends each of these sessions. In this way it is possible to keep a close check on children who default, and it is also possible to follow up at home, certain recommendations of the specialist. In the Western part of the County, children have to be referred to Denbigh Infirmary, Colwyn Bay Clinic, or to hospitals situated in neighbouring counties. Should a child require an operation, he is placed on a waiting list and is admitted as soon as bed is available. Children, upon leaving hospital following operative treatment, are visited by the School Nurse/Health Visitor periodically until they return to school. Those referred directly to the hospital by their own general practitioners are notified, when being discharged home, to the School Health Service, so that even these cases can be supervised throughout their convalescence. In special cases, children have been referred to consultant specialists at Liverpool and Manchester.

The following table gives details of treatment provided for Ear, Nose and Throat defects:—

TABLE VI

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment:		
(a) For disease of the ear	—	12
(b) For adenoids and chronic tonsilitis	—	125
(c) For other nose and throat conditions	—	36
(d) Other forms of treatment	—	53
Total	—	226

Orthopaedic.

During the year, there was a marked rise in the number of orthopaedic defects discovered at routine medical inspections. Major orthopaedic defects are referred to Hospital Orthopaedic Clinics, held at various premises throughout the County.

Clinics were held at Cefn, Rhos, Wrexham, Colwyn Bay, Denbigh and Llanrwst.

The total number treated as in-patients was 50.

Due to lack of staff, it was necessary to discontinue the Orthopaedic Clinic at the Rhos Centre, and the children from that district must now attend at Wrexham.

The close liaison between the Orthopaedic Clinic and the School Health Service has ensured a full interchange of information concerning the children. Notice of discharge from hospital, and any relevant medical details, are invariably forwarded to the School Health Department, thus ensuring adequate co-ordination of after-care.

At medical inspections, particular attention is given to children's feet, for any slight abnormality in the adolescent may be gradually aggravated, causing, in later life, much discomfort and disability. Simple instructions and remedial

exercises frequently prevent and rectify any disability. Advice on footwear and the correct care of the feet are further important measures that diminish the possibility of discomfort, deformity and disability developing later on in life. Postural deformities resulting from painful foot conditions can be very incapacitating, so that the importance of prompt correction and treatment cannot be over-emphasised. The opinion of the Orthopaedic Specialist is sought for those children with serious or persistent defects.

During the year, 84 cases of flat foot were referred for special treatment, and 247 children were noted at school inspections as requiring observation for foot defects.

General Condition.

TABLE VII

The following table gives the classification, in age groups, of the general nutritional condition of pupils inspected during the year.

Nutrition in: Group "A"—Good; Group "B"—Fair; Group "C"—Poor

	No. of pupils inspected	No. in Group "A"	% of column No. (2)	No. in Group "B"	% of column No. (2)	No. in Group "C"	% of column No. (2)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3854	1577	40.8	2206	57.2	71	1.7
Second age group	1968	450	22.8	1449	73.6	69	3.5
Third age group .	1250	339	27.1	875	70.0	36	2.8
Other periodic inspections	890	204	22.9	655	73.5	31	3.4
TOTAL	7962	2570	32.2	5185	65.1	207	2.6

The classification of children into Nutrition Groups "A" and "B" still provides one of the more difficult problems at routine medical inspections, as the decision to classify children into group "A" or "B" is based on the opinion of the examining Medical Officer rather than on exact measurements. The border-line case might, therefore, be classified by one Medical Officer as "A" and by another as "B," and examination of the results from a series of schools done by each respective Medical Officer shows that some doctors have a preference for "A" and others for "B." The classification into Group "C" is much more definite, and

where a child is classified in this category, it is usual to arrange for the School Nurse/Health Visitor to follow up and investigate the home conditions.

During the year, 20 cases were discovered of enlarged Cervical glands where the enlargement was sufficiently great to warrant referral to specialists. The number of cases of lung defects requiring referral to specialists was 25, and the number requiring to be kept under observation 290. Both these figures showed a marked rise on the figures of 5 and 185 for the preceding year.

Fifty-nine cases of Hernia were diagnosed, as compared with six in 1951. These cases were referred to the Hospital Surgical Out-patients' Department for a further opinion and operation, should it be necessary.

Minor Ailments.

Certain treatment of children found to be suffering from minor defects is undertaken at School Clinics. The number of permanent School Clinics is ten, but there are 21 occasional Clinics held for school-children, these Clinics being usually held at Child Welfare Centres in the County. Following the National Health Service Act, at first, it appeared that the need for School Clinics had ceased, and that children would, in future, attend their family doctor. However, experience has shown otherwise, and a demand for this service persists. These Clinics, although held during school time, are appreciated by teachers and pupils, for emergency treatment is conveniently available, minor complaints can receive regular attention, a medical opinion can easily be obtained, and, finally, all children being treated at Minor Ailments Clinics are within the educational provisions of the Authority, and therefore are not considered as being absent from school. If prolonged or intricate treatment is needed, the child is invariably instructed to consult his own general practitioner, but lesser injuries, the usual concomitants of a boisterous youth, are customarily treated to the satisfaction of everyone at the Minor Ailments Clinic.

TABLE VIII

The following table gives the details of treatment carried out at these Clinics:—

	No. of Cases Treated
(a) Miscellaneous minor ailments	675
(b) Other than (a) above:	
(i) Eyes, blepharitis, etc.	32
(ii) Ears, Wax, etc.	14
	721

HANDICAPPED CHILDREN

The term "Handicapped Pupil" is applied to a child who, by reason of some mental or physical disability, is unable to derive the maximum benefit from education under normal conditions and, in consequence, requires special educational treatment as distinct from medical treatment. Such a handicap may range from a minor disability needing a slight re-adjustment of physical routine and/or curriculum at an ordinary school, to a severe disability necessitating admission to a Residential Special School.

The individual requirements of these less fortunate school-children is legislated for by the School Health Service Regulations, which give powers to the Local Education Authorities to provide them with special educational treatment.

To obtain a comprehensive and precise appreciation of the child's handicap, both medical and educational, necessitates patience, diligence, sympathy and knowledge, and even so, decisions regarding the child's future are fraught with imponderable uncertainties. I would pay tribute to the teachers, school nurses and medical officers who strive valiantly to provide the best possible educational future for the handicapped child.

The facilities for the various categories of handicapped pupils vary greatly. Whereas, there is a reasonable prospect of providing appropriate education for the blind and deaf, it is more difficult to place the educationally sub-normal, and almost impossible to obtain a vacancy at a school for physically handicapped children. As has previously been stated, there is but scant provision for these groups in Denbighshire. A Day Special School for educationally sub-normal children, with accommodation for 20 pupils, is situated in Wrexham, and an independent School at Ruthin with residential accommodation for eight educationally sub-normal children. The latter is assisted by the L.E.A. under Section 9 of the Education Act, 1944. There are no other facilities for handicapped children of any kind in the County, and the majority of handicapped pupils have, therefore, to be found accommodation outside Denbighshire.

Blind and Partially Sighted.

During 1952 only one blind child was reported as needing education at a Special School; a vacancy for another was obtained, and at the end of the year there remained only one on the waiting list for a School for the Blind. Fortunately, blindness does not afflict many children, and when it does, the attention of the School Health Service is drawn to such children at an early age. On rare occasions children attending school become blind, usually as a result of some misfortune. Liverpool and Manchester Blind Schools normally accept blind children from this County.

No partially sighted children were ascertained during the year, and none were placed in schools. One pupil remained at the end of the year requiring a place in a Special School.

The School for Partially Sighted Children, Fulwood, Preston, usually admit, when a vacancy is available, children from Denbighshire.

Deaf and Partially Deaf.

Three deaf children and one partially deaf child were ascertained during the year. One partially deaf child was admitted to the Llandrindod Wells Special School, but his hearing improved sufficiently that, with the help of a hearing aid and by favourably positioning him at the front of the class he was able to return to an ordinary school.

At the end of 1952, 12 deaf and 2 partially deaf were attending Residential Special Schools for these categories of handicapped children, the majority being at the Llandrindod Wells School. Since this school was opened under the aegis of the Welsh Joint Education Committee, to meet the requirements of the Welsh Counties, vacancies are obtained more easily than previously; but, even so, difficulties persist. It is difficult for some parents to allow their young children to be sent away to a Residential School, even though they appreciate that the earlier the child is instructed by special methods, the better the prospects of overcoming the disability. Occasionally, when a vacancy has been obtained, parents who previously had agreed to their child going away to a Special School, change their minds and refuse to part with the child, which is a disappointment to all who have given much time and energy to determining the best course for the child's future.

Periodic reports on pupils at Special Schools are received, and it is gratifying to note the improvement in the child's emotional, educational and intellectual development.

Diabetic.

One child was referred for investigation to the Hospital Specialist, and a diagnosis of diabetes was made. Subsequently, the child moved elsewhere.

Delicate.

None of the children classified as delicate during the year needed admission to a Special School. Two delicate children previously recommended for Special Schools still remain on the waiting list. Home tuition was provided for these and one other delicate child.

Physically Handicapped.

Physically handicapped pupils are those suffering from disease or crippling defect, which is sufficiently serious to materially interfere with their education at an ordinary school. Eight pupils classified in this group in 1952 were considered to require education at a Special School, which brought the total awaiting a vacancy at the end of the year to 14.

One child, a case of Spina Bifida, was admitted to Burton Hill School, Malmesbury. This resolved a most difficult problem, for this child's symptoms were such that the ordinary educational system could not possibly have coped with these difficulties.

Home Tuition has proved most beneficial to this group of handicapped pupils, improving morale and providing a new incentive to efforts to overcome the disability. The marked response of the child often gives new hope to the parents as well.

The Consultant Paediatrician recommended that a long-stay patient should be taught by a trained teacher for the remainder of her stay in hospital. This was provided, and soon other young patients were desirous of joining the class. The beneficial effect on the patients was immediately apparent, and the progress of their recovery was visibly quickened. This small venture has been so successful that a continuation and further expansion of hospital teaching for children is being given careful consideration.

Epileptic.

One child was diagnosed as suffering from Epilepsy to such a degree as to need special educational treatment. One epileptic child admitted during the year brought the total of such children from Denbighshire at Special Schools to four, leaving only one child awaiting a vacancy.

Speech Defect.

In the previous Annual Report, the need for a Speech Therapist was emphasised, but unfortunately it has been quite impossible to obtain the services of a trained person. Frequent advertising has been of no avail. Flintshire has succeeded in employing a Speech Therapist on a part-time basis, and some of the Denbighshire children have been permitted to attend the Clinic at Prestatyn. Similarly, a few cases have been accepted by Shropshire at the Oswestry Clinic. Such neighbourly assistance is much appreciated, and it has helped materially in that some of the particularly badly afflicted children have been treated. One girl sent to Moorhouse School, Oxted, Surrey, progressed so well that she was sufficiently improved by the middle of 1952 to return home and be educated at an ordinary day school.

Educationally Sub-Normal.

The attention of the School Health Service is drawn usually by teachers to pupils who fail to progress satisfactorily at school. A full medical examination, together with an assessment of the child's intelligence, is made by a Medical Officer who has been specially approved by the Ministry of Education. Pupils presenting particularly difficult and complex problems are referred to the Child Guidance Team.

During the year, 27 pupils were added to the educationally sub-normal category needing education in a Special School. In 1952, there were 19 pupils resident at Special Schools, four of whom had been admitted during the year. Twenty educationally sub-normal pupils were in attendance at the Alexandra Special School, Wrexham, and one child was being taught at home.

As has been reported previously, there is insufficient provision for educationally sub-normal children either within or without the County, and in consequence, vacancies are exceedingly difficult to obtain. Serious consideration should be given to the provision of a special class at some of the bigger schools, but the first essential to such a move would be to find sufficient teachers with a sense of vocation for this specialised work.

The Alexandra Special Day School in Wrexham has done much for its pupils, due mainly to the enthusiasm, patience and understanding of the headmistress and her assistant. The accommodation at this school is limited and does not permit of any expansion, which is regretted, as there is always a number awaiting admission. The Alexandra Special School can only accept children from Wrexham and its immediate environs, so pupils from the remainder of the County must be accommodated in the schools of other Local Education Authorities, except for a small number that can be admitted to a small Independent Residential School at Ruthin.

In determining the standard of intelligence of a Welsh-speaking child, whether bilingual or monoglot, allowance must be made for the language difficulty. Intelligence tests are, to some extent, verbal tests, and the Welsh child finds these rather confusing, so it is vital to assess accurately every

intellectual attribute, especially the response to the performance tests, so that the child is not adversely affected because of a limited knowledge of English. This problem is being studied, and it is hoped that intelligence tests will be evolved that will meet the particular difficulties of examining a Welsh child.

Educationally sub-normal boys between the ages of 7 and 16 years, and if Welsh-speaking, are admitted to Treborth Hall special School, Bangor, Caernarvonshire. Girls of the same age are sent to Cyfronydd Residential Special School, near Welshpool, Montgomeryshire. The Bryn Llywarch School, also in Montgomeryshire, was opened recently, and provides accommodation mainly for educationally sub-normal deprived children.

While 27 was the total number of educationally sub-normal children ascertained during the year, there were probably more that had not been referred, because, owing to only three Assistant Medical Officers having been approved by the Ministry of Education, it was impossible to examine each referral promptly, and further, even after the child had been categorised as educationally sub-normal, a considerable time elapsed before appropriate educational facilities were obtained.

Two Medical Officers attended a Course on Educationally Sub-Normal Children, arranged by the National Association of Mental Health—Dr. A. A. Shone during May and Dr. W. McKendrick during November, 1952. Both have been approved by the Ministry of Education. Some parents do not readily co-operate with the examining Medical Officer, as they do not wish their children either classified as educationally sub-normal, or to be sent away from home to a Special School. It is impressed upon all parents that all investigations and efforts are directed to the ultimate good of the child.

Fourteen children were found to have so low an intelligence level that they were classed as ineducable, and in accordance with Section 57 of the Education Act, 1944, they were reported to the Local Health Authority. Each individual child was meticulously considered before this formal action was taken, and if there were any remote prospects of the

child benefitting from special educational treatment, a trial period at a Special School was given before a final decision was made. Children formally reported as ineducable are excluded from school and become the responsibility of the Local Health Authority. It is regretted that there are no facilities for the training of ineducable children and, having been excluded from school, they stay at home all day to the distraction of their parents and the concern of the Authority.

Maladjusted.

Maladjusted children are usually referred to the Child Guidance Clinic. The Child Guidance Team is provided by the Regional Hospital Board and, in this County, functions one day per week at Wrexham and at Colwyn Bay. Children can, however, attend at Rhyl if this is more convenient. The Child Guidance Team consists of the Consultant Child Psychiatrist, Educational Psychologist and Psychiatric Social Worker. Children are referred by the County Medical Officer, the general practitioner, head teachers, Probation Officers, and, occasionally, directly by parents. Behaviour problems rank prominently among the causes for referral, but the accurate assessment of intellectual standards and the elucidation of scholastic difficulties are other frequent reasons for sending children to the Child Guidance Team. By resolving quickly these problems that arise from disturbed or aberrant emotions, the deviation from normal psychological development is rectified. Unfortunately, the root cause is only too often in the home environment, and very little can be done for the child while in an atmosphere of strain and conflict. The deprivation of a normal happy parental affection tends to produce emotional abnormalities which, in the case of the deprived child, is exceedingly difficult to correct. There is very little provision for the maladjusted in this country, and vacancies at Special Schools are practically unobtainable.

The Child Guidance Clinic endeavours to influence and advise the parents and to suggest to teachers the appropriate approach to the scholastic difficulties of each individual case. Apart from this, little else can be done for these children.

TABLE IX

The following table gives the number of Denbighshire children who were seen at the various Clinics during the year:—

Location of Clinic	Number of individual children	First attendances	Further attendances
Wrexham	50	41	116
Colwyn Bay ...	5	2	60
Rhyl	12	12	—
Bangor	1	1	2
Total	68	56	178

Multiple Defects.

Some handicapped children suffer from more than one defect, and it has been noted that often a sub-standard intellect is a concomitant of a physical disability. These cases are exceptionally difficult to place in a special school, for the various combinations of defects cannot possibly be provided for individually. One child with congenital absence of both hands is also deaf and dumb, and although every effort has been made to provide suitable education for him, it has been of no avail. In some instances home tuition has been the only practicable method of dealing with the difficulties.

INFECTIOUS DISEASES.

The two main infectious diseases prevalent during the year were Measles and Whooping Cough, but both these showed a decrease on the previous year. In the case of Measles, this disease was in contrast to the general experience of England and Wales. The advice of the Department on infectious diseases was sought on numerous occasions by head teachers and others, but on no occasion was it found necessary to close a school on account of an

epidemic. Although too early to draw conclusions, the decrease in the number of cases of Whooping Cough since the inception of Whooping Cough Immunisation in the County, is particularly gratifying.

The number of cases of Paralytic Acute Poliomyelitis remained at approximately the same level as in the previous year. Unfortunately, we are still not aware of the exact mode of transmission of this disease, and reliance has to be placed on empirical principles of hygiene to prevent the spread of this disease. The ensuing paralysis in children is particularly distressing, and every possible assistance is given to alleviate misfortune and to assist them to surmount the severe handicaps that deprive them of so much. The co-ordination of school and hospital treatment is of paramount importance.

Diphtheria Immunisation.

It was gratifying to report that there were no deaths from or any cases of Diphtheria notified during 1951, but, even so, it was appreciated that such a felicitous outcome should not result in a slackening of the Diphtheria Immunisation campaign. This was emphasised during 1952 by the notification of one case of Diphtheria in a girl of 17 years of age. There has been some modification in the policy regarding immunisation against this disease in this County. The available resources are now concentrated on ensuring that the 0-5 year age group should all be immunised, initially at about eight months, and with a booster dose shortly before commencing school. A high percentage of infants are immunised, but too large a proportion of parents neglect to obtain a booster dose for their children. In future, more attention will be concentrated on the 4-5 year group, and if the child misses his immunisation at this age, another attempt will be made during his first year at school. In this way, a large number will be adequately protected throughout the most vulnerable years.

Tuberculosis.

The School Health Service has maintained a close liaison with the Chest Clinic and the Mass Radiography Unit and, consequently, the additional facilities of both these services are readily available to the Assistant Medical Officers. On a diagnosis of Tuberculosis in a school-child, exhaustive enquiries are instituted, contacts are clinically examined,

Tuberculin tested and X-rayed. At one school, where tuberculosis was found in a seven year old child, a Medical Officer immediately inspected the school and, following the tuberculin jelly test, referred four children for radiological examination. None had active Pulmonary Tuberculosis.

In senior schools, where the tuberculin test would be more inconclusive, it was arranged for the Mass Radiography Unit to examine the whole School. Such a prompt response by the Mass Radiography Unit, despite other commitments, quickly re-assured anxious parents. The co-operation of parent, child and teacher on these occasions has been greatly appreciated by the staff of the School Health Service and it is pleasing to note the growing consciousness amongst the community of the need for constant and prompt action against this disease.

Mass Radiography Service

Survey of Denbighshire School-children, 1952.

Individual Schools.

School	Total number examined			Total number abnormal			Definite Pulmonary Tuberculosis			Needing further observation for P.T.			Other abnormalities of the chest		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Brymbo Sec. Modern	33	14	19	—	—	—	—	—	—	—	—	—	—	—	—
Brynteg Sec. Modern	44	26	18	2	1	1	—	—	—	1	1	—	1	—	1
Grove Park, Wrexham	620	294	326	7	1	6	—	—	—	1	1	—	6	—	6
St. Mary's R.C., Wrexham	28	16	12	1	1	—	—	—	—	—	—	—	1	1	—
Convent High School, Wrexham	36	—	36	—	—	—	—	—	—	—	—	—	—	—	—
Church School, Wrexham	73	39	34	1	—	1	—	—	—	—	—	—	1	—	1
Technical College, Wrexham ..	202	135	67	4	2	2	—	—	—	2	1	1	2	1	1
Alexandra Sec. Modern	72	—	72	2	—	2	—	—	—	—	—	—	2	—	2
Victoria Sec. Modern	50	50	—	1	1	—	—	—	—	1	1	—	—	—	—
Rhos Sec. Modern	137	64	73	1	—	1	—	—	—	—	—	—	1	—	1
Acrefair Sec. Modern	83	33	50	1	1	—	—	—	—	1	1	—	—	—	—
Llangollen Sec. Modern	42	24	18	—	—	—	—	—	—	—	—	—	—	—	—
Llango'llen Grammar	149	66	83	2	1	1	—	—	—	1	—	1	1	—	—
Acrefair C. School	1	1	—	1	1	—	—	—	—	1	1	—	—	—	—
Ruabon Grammar	261	130	131	1	—	1	—	—	—	1	—	1	—	—	—
Llay Modern Sec.	35	22	13	—	—	—	—	—	—	1	—	—	—	—	—
Cartrefle Training College	163	—	163	3	—	3	—	—	—	1	—	1	2	—	2
TOTAL	2029	914	1115	27	9	18	—	—	—	10	6	4	17	3	14
Staff	83	12	71	1	—	1	—	—	—	1	—	1	—	—	—

MISCELLANEOUS SERVICES.

Examination of Students and Teachers.

The provisions of the Ministry of Education Circulars regarding the examination of teachers and students have been fully implemented during the year. 112 teachers and 123 prospective entrants to Training Colleges were examined during 1952, a total of 235 full and detailed medical examinations which have been carried out by members of my staff. In addition, each one has had a full-size X-ray of the chest, and I would gratefully acknowledge the invaluable assistance given by the Consultant Chest Physicians in undertaking this work on behalf of the Department.

The wisdom of this precautionary measure is generally accepted, but it has involved the Medical Officers and Administrative Staff in considerably more work, but as the importance of these examinations are fully appreciated, the staff have willingly shouldered this extra burden. This is but one step in the right direction, and I hope that in due course, when circumstances permit, it will be possible to extend this service to include periodic medical examinations of all teaching staff.

Provision of School Meals.

The School Meals Service continued throughout the year and the fact that not a single case of food poisoning has been reported during the year reflects credit on all those associated with the service. The average daily figure of children in the Primary, Secondary and Grammar Schools who received meals during the year was 14,706. The staff of the School Meals Service are all medically examined by members of this Department before appointment, and should any illness arise during their employment which might materially affect the carrying out of their duties in the School Meals Service, they are again examined before recommencing duty. The canteen staff held conferences during the year, and Medical Officers were invited to lecture on "Hygiene in Food Preparation." The standard of equipment in canteens throughout the County varies, and particularly in some of the more antiquated centres, constant attention must be given to the principles of hygiene.

Provision of School Milk.

Free milk is supplied in all schools, a third of a pint being allowed to each child. The supply of free milk has done much to build up the physique of the present school-child, as milk contains all the essentials necessary for the growth of the young body.

Employment of School-children.

Statutory provisions govern the employment of children and it is obligatory for every child to be medically examined before being allowed to undertake remunerative employment and subsequently at periodic intervals while so engaged. This duty is performed by Medical Officers from the School Health Service. Thus it is ensured that the child's physical capacity is commensurate with the type of employment, and also that his development does not suffer in consequence. The number of children examined in 1952 was 96, of whom only one was found to be unfit.

Hygiene of Schools.

The Assistant Medical Officers have been instructed to inspect school premises when they conduct routine medical inspections, and they report their observations to the Central Office. As a result of previous consideration of this problem, the County Sanitary Officer is now in the process of conducting a survey on the sanitary conditions of schools in the County. Reports on schools in certain areas have been received, and it is anticipated that the remainder will be completed shortly.

First Aid.

This Department has distributed to schools simple First Aid outfits. During the year the headmasters of certain Secondary Modern Schools near Wrexham arranged for their woodwork classes to construct small First Aid cabinets; 32 cabinets were completed and the workmanship was a tribute to the boys and woodwork masters concerned. These cabinets were filled and distributed amongst schools in the Wrexham area. The emphasis in First Aid material is laid on simplicity as it is felt it should serve as merely an emergency measure in schools, and that a child should be sent to his own doctor for further treatment.

Liaison with other Departments.

During the year, the School Health Service has had constant liaison with other Departments, both of the County Council and with the Regional Hospital Board. Liaison has, of course, to be particularly close with the Children's Department and, in conjunction with the Children's Officer, arrangements have been made for the routine medical inspection of children at the various Children's Homes by the Assistant Medical Officers. Arrangements were also made for the Assistant Medical Officers to visit and examine boarded-out children at their homes, or, in the case of older children, for them to attend at special clinics for examination.

REPORT OF SCHOOL DENTAL OFFICER.

In presenting my report on the year's work, I would point out that as I only commenced my duties as Senior Dental Officer on the 1st November, 1952, I have been unable to prepare the usual comprehensive report.

The depletion in the School Dental Staff has been further aggravated by the departure of Mr. Thomson to take up the Senior Dental post in Birmingham, thus leaving only two full-time officers to carry out all the work.

Conservation and preventative treatment has, therefore, suffered greatly, and is reflected in the figures for dentures—72 being supplied during the year, mainly for the replacement of front teeth.

Work has, of necessity, been concentrated on the relief of pain, and removal of oral sepsis. It is distressing to think that advances in the other Departments of the School Health Service are, to some extent, neutralised by the present dental condition of the school-child, and I feel that every effort should be made during the coming year to bring the Dental Staff up to establishment.

It has been obvious for some time that the functions of dentistry are changing, and it is now our objective to prevent dental disorders and help in the physical development of the children. Food is taken in through the mouth; it is, therefore, important that the mouth should be well

developed and kept healthy. Our object should be the restoration of function rather than relief of pain, and should be practised at the beginning rather than the end of life. In this connection, I feel that now is the right time to consider the rebuilding of the Dental Service on a broader basis.

Orthodontics.

The demand for orthodontic treatment has greatly increased, due mainly to the increasing interest of parents; this in turn has been stimulated by the helpful advice given by the various Assistant Medical Officers and Nursing Staff. I welcome this interest, but, under the present circumstances, I find it difficult to cope with. The appointment of a part-time Orthodontic Specialist would, I feel, help to solve this difficulty, besides ensuring the expert treatment these cases deserve.

Clinics.

An additional Clinic is in the process of being established at Abergele, which, I consider, will facilitate the work in the area. Since the last report, Colwyn Bay Clinic has been re-decorated, and it is now in a reasonable condition. The remaining Clinics are unaltered, but would need considerable additional equipment should we be fortunate enough to increase our staff.

Rural Schools.

The old difficulty of the treatment of children attending rural schools still remains. I am of the opinion that the only satisfactory method for patient and operator alike would be to arrange for transport to bring the children to a Central Clinic, where treatment could be carried out under ideal conditions.

Consultant Oral Surgeon.

The services of Mr. Wynne Griffith, Consultant Oral Surgeon to the Regional Hospital Board, have been used to the full, and thanks are due to him for his very considerable assistance and helpful advice.

Emergency Clinics.

Emergency Clinics are at present held in Wrexham—all day Friday and on Saturday mornings. Additional Clinics are held according to the size of the waiting list in Wrexham and Colwyn Bay.

Acceptance of Treatment.

This has continued at a high level, averaging over 80 per cent. It has only been possible, owing to shortage of staff, to complete 82 schools.

Staff.

Despite frequent advertisements in the press and professional journals, it has been impossible, so far, to replace our staff, let alone bring it up to establishment. It would appear, however, that the tide is turning, as the number of Dental Officers entering the School Health Service is increasing. Perhaps in the not too distant future we can expect an increase in our own staff.

Fluorine.

As promised, several samples of water were obtained and tested for their fluoride content. Results show the fluoride content to be very low in the following: Llanrwst, 0.15 parts per million of water; Denbigh, less than 0.1 p.p.m.; Wrexham (average of tests), 0.08 p.p.m. The question of adding fluorine to water supplies presents great difficulty in Denbighshire, as in the Hiraethog Rural District alone there are some fifteen different water supplies.

I would like to thank the Medical Officers and the nursing and office staff for their continuous help, and particularly I would like to thank the teaching staff for their great co-operation; but for them it would be extremely difficult, if not impossible, to carry on, especially in rural schools.

TABLE X

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers:—	
(a)	Periodic age groups	8424
(b)	Specials	1213
	Total (1)	9637
(2)	Number found to require treatment	5029
(3)	Number referred for treatment	4930
(4)	Number actually treated	4791
(5)	Attendances made by pupils for treatment ...	5893
(6)	Half-days devoted to:	
	Inspection	89.5
	Treatment	832.0
	Total (6)	921.5
(7)	Fillings:	
	Permanent teeth	2795
	Temporary teeth	226
	Total (7)	3021
(8)	Number of teeth filled:	
	Permanent teeth	2507
	Temporary teeth	342
	Total (8)	2849

(9) Extractions:

Permanent teeth	1450
Temporary teeth	7229
Total (9)	<hr/> 8679 <hr/>

(10) Administration of general anaesthetics for extractions

3231

(11) Other operations:

Permanent teeth	456
Temporary teeth	167
Total (11)	<hr/> 623 <hr/>

PHYSICAL EDUCATION

I append herewith a Summary of the Report submitted by the Organisers of Physical Education.

Most schools are now provided with small apparatus, and it is the intention of the Organisers to restrict the issue of balls, ropes, hoops, etc., and to concentrate on providing the schools with bigger apparatus, e.g., landing mats, individual mats and climbing apparatus. This policy will probably mean that only a few of the primary schools in the County will be provided with this heavier equipment each year, but, in the opinion of the Organisers, the work will become more effective over a period of years.

The subject in many of the Secondary Schools continues to be handicapped by the lack of suitable premises, and no comprehensive programme can be carried out until all are provided with premises as suggested in the Building Regulations issued in connection with the Education Act, 1944.

Swimming.

Schools continue to encourage this very important branch of physical education, and attendance at both Colwyn Bay and Wrexham baths have been satisfactory. An innovation this year has been the Wrexham Schools Swimming Gala, open to schools within the Wrexham Borough. This venture was most successful in every way and it is hoped that it will now become an annual activity.

Folk Dancing.

Folk dancing is now accepted as part of the Physical Education Syllabus in most schools, and a recognised item for Schools Eisteddfodau. The standard of performance continues to improve, and evidence of the enthusiasm in the schools is being noticed in the many after-school activities which are held in many parts of the County.

A number of teachers are now members of the Welsh Folk Dance Society and attended the second course arranged by the Society held at Pantyfedwen, Borth, during the Easter holidays. A course for Youth Leaders was held in Wrexham during the Autumn term, which proved very beneficial.

Courses.

During the year, Physical Education courses for Primary School teachers were held at Colwyn Bay, Denbigh, Ruthin, Llanrhaiadr Y.M. and Rhos. The courses lasted for three weeks and included work for juniors and infants. These courses have been held to examine the method and material of the modern trend in physical education, and classes of school-children were arranged for this experimental work. The organisers are grateful to the headmasters and teachers for their willing co-operation and assistance.

Films showing typical physical education lessons, ball games, soccer and net-ball were shown at the end of each course. A residential short course for Organisers and Training College Lecturers of Physical Education, who are employed in Wales, was held in Wrexham Training College. The infants' demonstration lesson at Acton Park was repeated during the Autumn term for teachers in the Wrexham area.

Athletics.

Another Association was added to the list of Schools Athletic Associations during the year, namely, the Colwyn Bay and Abergele Association.

The Denbighshire Secondary Schools Association enjoyed the most successful season since its inception. The County Championships, held at Wrexham, provided new records and an improved all-round standard, and the County team was second in the whole of Wales at the Inter-County Championships at Bangor.

Association Football.

The game continues to be the major game of all the boys' schools, and 33 schools took part in the leagues activities, which are arranged on a secondary and primary basis. The season was notable for the amazing success of Wrexham & District Schoolboys XI.

Cricket.

Unlike association football, which has no competitor, cricket must compete against the claims of athletics and swimming and this fact, coupled with the shortness of the Summer term and poor playing facilities, provides a reason why this game is not so extensively played in schools.

Net-ball.

The number of schools playing net-ball as a match game has increased this year. A beginners' section was introduced in the area tournaments at Wrexham, and four additional schools took part.

Hockey.

In the main this activity is confined to our Grammar Schools, owing to lack of playing field accommodation. Abergele Modern School now has suitable facilities and it is hoped that hockey will soon become a recognised schools activity for the girls.

Tennis.

This is a difficult game to include in the physical education syllabus for many schools, again due to lack of facilities. This is regrettable, as it is an excellent game from a social and recreational point of view.

Most of our Grammar Schools have facilities for a limited number of players, and produce teams for inter-school matches. Caledfryn (Denbigh) and Pendorlan (Colwyn Bay) Schools have access to local tennis courts near the school premises, and good progress is being made.

Youth Work.

The Annual Denbighshire Youth Athletic meeting was again held at the Barracks Field, Wrexham, and the Inter-Club P.T. Competition at Rhosddu Junior School.

Both Organisers spent a week at the Annual Youth Camp. The Woman Organiser was again in charge of the girls' section, and the week proved to be an enjoyable one for all concerned.

The Organisers have served on various committees, visited Women's Institutes and other voluntary organisations and also adjudicated at Eisteddfodau and competitions.

Conclusion.

Physical education is now regarded as an essential part in the pattern of a school day. Unfortunately, the continuity of the work is hampered by the lack of indoor accommodation in most schools, although efforts are being made to overcome these difficulties by the hiring of local halls and other suitable buildings. Where new schools are being built every opportunity will be provided to offer satisfactory facilities for the full development of the child.

SCHOOL HEALTH SERVICE AND SCHOOL CLINICS

Return for 31st December, 1952.

I.—Staff of School Health Service

(excluding Child Guidance)

School Medical Officer: Dr. M. T. Islwyn Jones

Senior Dental Officer: Mr. J. G. Roberts

	Number.	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
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(a) Medical Officers:

(1) Whole-time School Health Service	—	—
(2) Whole-time School Health and Local Health Service	9	3.7
(3) General Practitioners working part-time in the School Health Service ...	—	—

	Number.	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(b) Dental Officers	2	1.8
(c) Physiotherapists, Speech Therapists, etc.	—	—
(d) (1) School Nurses	15	9.0
(2) No. of the above who hold a Health Visitor's Certificate	10	—
(e) Nursing Assistants	—	—
(f) Dental Attendants	2	1.8

II.— Number of School Clinics

(i.e., premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 10

Number of Occasional Clinics held for school-children 21

(at established
Child Welfare
Centres within
the County)

III.—Type of Examination and/or Treatment provided at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or Treatment.	Number of School Clinics (i.e., premises) where such treatment is provided.	Directly by the Authority.	Under arrangements with Regional Hospital Boards.
(1)	(2)	(3)	
(a) Minor ailment and other non-specialist examination or treatment	31	—	
(b) Dental	31	—	
(c) Ophthalmic	4	—	
(d) Ear, Nose and Throat	—	—	
(e) Orthopaedic	—	3	
(f) Paediatric	—	—	
(g) Speech Therapy	—	—	
(h) Others	—	—	

IV.—Child Guidance Clinics.

A "Child Guidance Service" is provided by the Regional Hospital Board, and four sessions are held weekly.

Details of Staff as per table below:

Staff of Centres.	(a) Number.		(b) Equivalent in number of Whole-time Officers	
	Colwyn Bay	Wrexham	Colwyn Bay	Wrexham
(a) Psychiatrists	1	1	2/11	2/11 *
(b) Educational Psychologists	—	1	—	2/11
(c) Psychiatric Social W'kers	1	1	2/11	2/11
(d) Others	—	—	—	—

* 11/11ths are given to represent "full time" in the National Health Service.

Handicapped Pupils Requiring Education at Special Schools or Boarding in Boarding Homes

	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally Sub-normal.	(8) Maladjusted.	(9) Epileptic.	(10) Total
(a) Handicapped pupils newly placed in Special Schools or Homes	1	—	—	—	—	1	4	—	1	7
(b) Handicapped pupils newly ascertained as requiring education at Special Schools or boarding in Homes	1	—	3	1	—	8	27	1	1	42

Number of children reported during the year:

(a) Under Section 57(3), excluding any returned under (b)	14
(b) Under Section 57(3), relying on Section 57(4)	—
(c) Under Section 57(5) of Education Act, 1944	—

Handicapped Pupils Requiring Education at Special Schools or Boarding in Boarding Homes

(continued)

	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally Sub-normal.	(8) Maladjusted.	(9) Epileptic.	(10) Total [(1) - (9)]
(c) Number of Handicapped Pupils from the area										
(1) attending Special Schools as:										
(a) Day pupils	—	—	—	—	—	—	20	—	—	20
(b) Boarding pupils	1	—	12	2	—	1	19	1	4	40
(2) Boarded in Homes	—	—	—	—	—	—	—	—	—	—
(3) Attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (c)	1	—	12	2	—	1	39	1	4	60

Handicapped Pupils Requiring Education at Special Schools or Boarding in Boarding Homes (continued)

	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally Sub-normal.	(8) Maladjusted.	(9) Epileptic.	(10) Total [(1) - (9)]
(d) Number of Handicapped Pupils being educated under arrangements made under Sec. 56 of the Education Act, 1944:										
(1) In hospitals	—	—	—	—	—	1	—	—	—	1
(2) Elsewhere	—	—	—	—	3	13	1	—	1	18
(e) Number of Handicapped Pupils from the area requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition)	1	1	3	1	2	14	33	1	1	57

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of Handicapped Pupils in the financial year ended 31st March, 1952

£1,691

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