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

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DENBIGHSHIRE EDUCATION COMMITTEE

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1959

M. T. ISLWYN JONES,
M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.,
Principal School Medical Officer.

James Craig & Co., Colwyn Bay.

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COMMITTEES

Education Committee

Chairman: Councillor J. O. Jones.

Vice-Chairman: Councillor E. P. K. Evans.

Members: All the members of the County Council.

Selected Members:
Rev. R. A. Bowyer, Connah's Quay.
Mrs. E. A. Cross, Marchwiel.
Mrs. Christopher Davies, Wrexham.
Rev. H. Cadnant Griffith, Abergele.
Mr. J. Edgar Griffiths, Coedpoeth.
Mr. Zabulon Griffiths, Wrexham.
Mrs. S. E. Henry Hughes, Rhewl.
Mr. D. B. Jones, Rhos-on-Sea.
Mr. L. Stanley Jones, Denbigh.
Mrs. A. E. Roberts, Cerrigydrudion.
Mr. John Taylor, Cefn-y-Bedd.
Mr. E. M. Williams, Wrexham.

Attendance and Medical Inspection Committee

Chairman: Councillor Mrs. Dorothy Dodd.

Vice-Chairman: Councillor Mr. Watkin Lloyd.

Members: All the members of the Education Committee.

Wrexham Area Divisional Executive Committee

Chairman: Alderman Edward Williams.

Vice-Chairman: Alderman Eric McMahon.

Composition:

	Members
Chairman and Vice-Chairman of the Education Committee	2
Local Education Authority	10
Wrexham R.D. Council	8
Wrexham Borough Council ...	6
Co-opted Members	4
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FOREWORD

I have the honour to submit the Annual Report on the School Health Service in Denbighshire for the year ending 31st December, 1959.

The School Health Service continued to function as in previous years, although much thought was given to introducing new methods and techniques in order to ensure that the available resources were utilised to the best advantage. In recent years, doubts have been expressed regarding the value of Routine Medical Inspection, particularly in view of the ready availability of medical services and the general improvement in the health and economic standards of the nation. The number of defects found were small in proportion to the time devoted to this work, but the true functions of the School Medical Officer is preventive rather than curative, and during a Routine Medical Inspection, opportunities arise which, if seized can materially benefit the child's future. This is especially so when the full co-operation of parents and teachers is forthcoming. Fortunately, the help of the teaching staff is generous and wholehearted—their profound interest and intimate knowledge of their pupils is a constant source of admiration, and the majority of parents are most concerned for the health and well-being of their children. Regrettably, a few seem indifferent, but it is debatable whether this is actually so or merely a manifestation of their inadequacy as parents.

Must it not be admitted that in this materialistic age, little emphasis is placed during the formative years, on the importance of family life and of parenthood? Is it not vital that the mothers and fathers of the future should have some conception of the responsibilities of marriage? The School Medical Officer endeavours to advise and instruct children in the essentials of physiology and biology particularly at puberty and shortly before leaving School. Where good relationships exist between pupil and doctor, many personal problems are freely discussed, and I am convinced that such consultations embody the spirit of preventive medicine. The School Medical Officer, on these occasions, can also help to dispel misconceptions and rectify parent/child relationships.

It is not infrequent that parents consult the School Medical Officer about medical advice given them regarding their children, especially if this involves operative treatment. As an uncommitted medical service, it is accepted that the School Medical Officer will give an unbiased opinion. This fact, together with the faith and trust in the School Health Visitor, is, often, decisive in winning parental consent to the child receiving treatment.

During the year, one seriously ill child was recommended hospitalisation but the parents steadfastly refused until the Health Visitor visited the home, when the child was immediately admitted to Hospital.

The many facets of the School Health Service are exemplified in the body of the Report, but it does not attempt to reflect fully the wide range and diversity of problems which have been dealt with during the year.

In the main, there is ample reason for satisfaction with the Health of the Schoolchildren in Denbighshire, but it must be appreciated that some services need augmenting. The Dental Service is deficient in staff, so also is the Speech Therapy Service and the Medical Staff must be re-deployed, so that B.C.G. can be given to those needing it. However, it is gratifying that so much has been achieved despite various difficulties, and in this context, I would pay tribute to Dr. H. M. Thomas the Deputy Principal School Medical Officer who has not only been administratively responsible for the School Health Service, but is also mainly responsible for the compilation of this Report.

Finally, I wish to record my appreciation for the loyalty and industry of the staff of the School Health Service, the co-operation and help of the Director and Deputy Director and their staff, and to the Chairman, Vice-Chairman and Members of the Medical Inspection Committee for their constant inspiration and encouragement.

M. T. ISLWYN JONES,

Principal School Medical Officer.

County Health Department,
16, Grosvenor Road,
Wrexham.

March, 1960.

STAFF

Principal School Medical Officer:

M. T. Islwyn Jones, M.D., B.S., M.R.C.P., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer:

H. Mervyn Thomas, M.B., Ch.B., D.P.H., D.C.H.

School Medical Officers and
District Medical Officers of Health:

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

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

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

Evan Williams, M.R.C.S., L.R.C.P., D.P.H. (resigned 30/9/59).

School Medical Officers:

S. O. Edward, M.B., Ch.B., D.P.H.

A. J. Smith, M.B., Ch.B.

D. Lloyd Williams, M.R.C.S., L.R.C.P.

J. Williams, M.R.C.S., L.R.C.P.

Principal School Dental Officer:

J. G. Roberts, L.D.S.

Assistant Dental Officers:

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

J. P. Reid, L.D.S.

D. O. Thomas, L.D.S. (resigned 31/5/59).

N. A. James, L.D.S.

G. Marshall, B.D.S. (commenced 1/6/59).

R. H. N. Osmond, L.D.S., R.C.S. (part-time).

Consultant Orthodontist:

B. T. Broadbent, F.D.S., B.D.S. (part-time).

Dental Anaesthetist:

Dr. D. B. Phillips (commenced 6/3/59 (part-time)).

County Ophthalmologist:

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

Speech Therapist:

Mrs. S. M. Masters, L.C.S.T. (resigned 31/12/59).

Miss R. Stephens, L.C.S.T. (commenced 1/9/59).

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.

Assistant Superintendent Nursing Officer:

Mrs. Laura Warne, S.R.N., S.C.M., Queen's Nurse.

School Nurses and Health Visitors
(As at 31st December, 1959):

Miss C. J. Davies, Miss E. Edwards, Miss S. C. Evans, Miss G. Evans, Miss E. Foulkes, Mrs. I. E. Garner, Mrs. D. Guyton, Miss E. Griffiths, Miss O. M. Hobson, Miss K. Jones, Miss M. E. Jones (Colwyn Bay), Miss M. E. Jones (Coedpoeth), Miss Morfydd Jones, Mrs. S. Jones, Mrs. G. Yorke Jones, Miss A. E. Jones, Miss E. J. Moss, Mrs. A. Martin, Mrs. J. M. Molloy, Miss A. Vaughan Pugh, Mrs. O. M. Prodger, Mrs. V. Richards, Miss M. Robinson, Miss M. Roberts, Mrs. M. R. Roberts, Miss E. Walker, Miss K. Williams, Miss B. E. Spence.

Dental Attendants:

Mrs. M. Jarvis, Miss I. E. Sanderson, Mrs. J. Burton, Mrs. E. Williams, Miss H. Davies, Miss A. Jones, Miss V. Lewis.

Administration.

Senior Administrative Officer:

G. L. Britton, D.P.A.

Deputy Administrative Officer:

Gwilym Davies.

Senior Section Clerk:

David Davies.

Report of the Principal School Medical Officer for the Year 1959

General School Statistics.

Total number of schools	197
Total school population	28,898

Type of School	No. of Schools	No. of children in attendance
Primary Schools	168	17,860
Secondary Modern Schools	16	5,580
Secondary Grammar Schools ...	9	4,398
Bilateral	2	1,012
Special Schools:		
Llangwyfan Hospital Special School	1	28
Alexandra Special School for Educationally Sub - Normal Children, Wrexham ...	1	20

School Medical Inspections.

A. **Periodic Inspections**—inspections of the following groups:

(1) School entrants—children in their first year of school attendance.

(2) Second Age Group—children in their last year of attendance at a Primary School.

(3) School leavers—children in their last year of compulsory school attendance.

B. **Additional Periodic Inspections** — inspections of the following groups:

(1) Children of 4 years and 5 years of age who were examined previously as school entrants.

(2) Children beyond their last year of compulsory school attendance (examined annually until they leave school).

C. **Re-inspections**—inspections of children requiring observation following previous periodic inspections.

D. **Special Inspections**—inspections of children referred by school teachers, parents and others, also absentees from previous periodic inspections.

Table No. 1.

Children Medically Examined at School.

Age Group	No. Examined
(a) Periodic Medical Inspection.	
Entrants	2724
Second-age group	2111
Leavers	1704
(b) Additional periodic inspections ...	2185
(c) No. of special inspections	811
(d) No. of re-inspections	2939
Total	12474

It is a pleasure to record our appreciation of the valuable help and co-operation of teaching staffs throughout the County. Not only have they tolerated the inevitable disturbances of normal school routine occasioned by medical inspections but have rendered every possible assistance to the Department, in the planning and administration of school medical inspections. Our work has also been made more effective by the readiness with which teachers have brought to our notice as " special inspections," those pupils thought to have defects or abnormalities requiring medical attention, whilst in many cases the objective observations of teachers have been of the greatest value in assessing a pupil's medical condition. We in the school health service, on the other hand, would like to feel that we have been of some help to school teachers in the better understanding of those pupils, who, for health reasons, require special consideration educationally.

Co-operation of parents has been variable. Whilst the vast majority of the younger children were accompanied by their parents at medical inspections there was a progressively larger proportion of unaccompanied pupils in the older age groups. Parents on the whole were helpful in completing the confidential questionnaires sent to them prior to school medical inspections and returned to the schools for the information of the school medical officers. Nevertheless, a questionnaire however informative is no adequate substitute for the parent's presence at a child's examination.

It is a regrettable fact that in some cases pupils whose state of health gave rise to most concern were the very ones whose parents showed least interest. They were invariably unaccompanied at the time of the school medical inspection and only by visiting the homes could any contact be made with the parents.

That the need for school medical inspection still exists cannot be gainsaid. That the system of school medical inspections should be modified to meet present day requirements is a view that has already been expressed in a previous report. The implications of such a change were carefully considered during the year and some difficulties were foreseen. However it is hoped shortly to introduce, as an experimental measure in a few schools, a new approach to school medical inspections which should be a valuable guide as to the best method of dealing with schools generally.

Table No. 2.

Analysis of defects found at Periodic Inspections during the year ended 31st December, 1959.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (incl. all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	—	37	—	7	1	87
5	Eyes:						
	(a) Vision	70	111	60	154	320	632
	(b) Squint	11	41	4	11	15	57
	(c) Other	1	7	—	2	1	22
6	Ears:						
	(a) Hearing	9	20	3	10	12	36
	(b) Otitis Media	1	4	1	1	3	11
	(c) Other	—	11	—	—	—	24
7	Nose and Throat	26	248	5	35	32	304
8	Speech	1	46	4	4	13	81
9	Lymphatic Glands	1	25	—	2	1	37
10	Heart	1	15	—	4	4	20
11	Lungs	7	91	1	21	9	160
12	Developmental:						
	(a) Hernia	—	8	—	—	—	10
	(b) Other	—	4	—	1	—	21
13	Orthopaedic:						
	(a) Posture	1	19	—	7	3	63
	(b) Feet	7	61	2	19	14	174
	(c) Other	3	57	—	24	6	140
14	Nervous System:						
	(a) Epilepsy	2	9	—	1	2	14
	(b) Other	—	7	—	1	—	18
15	Psychological:						
	(a) Development	—	12	—	3	3	22
	(b) Stability	—	16	—	2	1	27
16	Abdomen	—	9	—	1	—	17
17	Other	1	22	2	8	3	55

Table No. 3.

Analysis of Defects found at Special Inspections during the year ended 31st December, 1959.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	—	12
5	Eyes:		
	(a) Vision	47	62
	(b) Squint	2	13
	(c) Other	1	1
6	Ears:		
	(a) Hearing	1	10
	(b) Otitis Media	—	1
	(c) Other	—	3
7	Nose and throat ..	2	21
8	Speech	6	15
9	Lymphatic Glands.	—	10
10	Heart	—	10
11	Lungs	2	7
12	Developmental:		
	(a) Hernia	2	1
	(b) Other	—	—
13	Orthopaedic:		
	(a) Posture	—	7
	(b) Feet	—	19
	(c) Other	—	7
14	Nervous System:		
	(a) Epilepsy	—	8
	(b) Other	—	1
15	Psychological:		
	(a) Development	—	5
	(b) Stability	—	6
16	Abdomen	—	2
17	Other	—	7

Cleanliness of Pupils.

The overall picture shows some improvement on previous years. Out of a total of 42,184 inspections and re-inspections carried out by School Nurses, there were 1,031 cases of infestation with nits or headlice, a reduction of 304 on last year's figure. These cases occurred mainly among a small minority of children from so-called " problem families " where the parents lack either the will or the ability to maintain an adequate standard of living in the home.

Defective Hearing.

The use of the audiometer has proved to be of great value not only in the precise measurement of hearing loss in children found to be hard of hearing on clinical examination, but as an aid in the full assessment of children suffering from other conditions such as speech defect, mental backwardness, behaviour disorder and cerebral palsy.

Out of 201 children referred specifically for audiometry, 11 had severe hearing loss requiring hospital treatment of underlying pathological conditions, 10 had minor degrees of hearing loss and are under observation, whilst in the remainder it was possible to exclude deafness or partial deafness as a factor in their condition.

In addition a routine sweep was made of 1,325 school entrants. Of these, 2 children needed to be referred for hospital treatment and 10 with minor degrees of hearing loss were placed under observation.

Our aim in future must be to screen all new school entrants, and older school children considered to be " at risk " owing to their having defects commonly associated with loss of hearing.

Table No. 4.

Diseases of the Ear, Nose and Throat
Pupils Treated in Hospital.

	No. of pupils treated
A. Operative Treatment:	
(1) Diseases of the ear	20
(2) Adenoids and chronic tonsilitis	283
(3) Other nose and throat conditions	99
B. Other forms of treatment	135
Total	537

Screening Tests of Visual Acuity.

At present routine eye testing is performed at 5, 10 and 14 years of age.

Out of 7,350 pupils examined at periodic and special inspections, 367 (7.5%) were found to have defects of vision requiring treatment. At periodic inspections alone 2.5% of school entrants, 9% of pupils in the second age group and 2.7% of school leavers were referred for treatment following vision screening tests performed by the school nurses.

More time and attention were devoted to the testing of new entrants than in previous years with the result that the number of visual defects found in this group has almost trebled. The methods used for testing these young children are the movable "E" test and the "hand" test, both of which conform more closely to the Snellen principle than

pictorial tests and hence are more reliable. The testing of these young children is time-consuming and tedious—the nurse having first to overcome their apprehension and gain their confidence before proceeding with the test. It is, however, well worth while especially in view of the attention which has been drawn to the " amblyopic eye "—a condition in which vision in one eye becomes seriously impaired unless the defect is discovered and treated effectively at an early age.

The incidence of visual defect (9%) discovered for the first time in second age group pupils is far too high for complacency. It is essential therefore, not only to continue our efforts with the school entrants but to introduce in future routine testing of 7-year-old pupils.

Ultimately our aim is to test all pupils at 5, 7, 10, 12 and 14 years of age.

Treatment of Ocular Defects.

Consultative Clinics are held by the County Ophthalmologist at the various County Clinics at Wrexham, Chirk, Denbigh, Llanrwst and Colwyn Bay and also under the hospital service.

Table No. 5.

Treatment of Eye Defects

	No. of Pupils treated by					
	Authority's Service			Hospital Service		
	1957	1958	1959	1957	1958	1959
No. treated	1139	802	984	480	897	1446
No. for whom spectacles were prescribed	462	257	185	277	401	473

It will be noted from the above table that over the past three years there has been a progressive increase in the number of pupils dealt with under the hospital service, due to the extension of facilities available at the Maelor General Hospital, Wrexham. It is still essential, however, to maintain refraction clinics under the School Health Service if the demand for treatment is to be met adequately.

The County Ophthalmologist, Dr. Mary Rowland Hughes reports as follows:—

"School Eye Clinics continue to be held in 1959 regularly in Colwyn Bay, Denbigh, Llanrwst, Wrexham and Chirk, and have been well attended. Many children are picked up at the age of five years at school medical inspection, with defects of vision requiring the provision of glasses, and as these are worn from an early age, it is possible to improve the children's sight to normal in many cases as they grow up. Other treatment, such as occlusion where there is amblyopia, is also commenced at a usefully young age. Cases of strabismus are referred young to the appropriate hospital clinics and can receive orthoptic or surgical treatment as necessary."

The Health Visitors in the County are very industrious in their selection of cases for refraction and in one area all the children have their vision taken annually. It would be advantageous if this could be done everywhere as only thus can myopia be discovered and treated in its early stages.

Speech Therapy.

The position regarding the provision of a speech therapy service remains precarious owing to the shortage of staff. There was a brief period when there were two speech therapists in the county, one covering East Denbighshire and the other West Denbighshire, but unfortunately the one for East Denbighshire resigned at the end of the year and it has not been possible to appoint a successor.

Table No. 6.

Analysis of Work performed by the Speech Therapist

Clinic	No. of Half-day Sessions	No. of Treatments	No. of Cases Discharged	No. of Cases awaiting Treatment
1, Grosvenor Road, Wrexham	117	177	7	92
Gatefield, Wrexham ..	85	105	3	43
Rhos	81	92	4	25
Colwyn Bay	104	122	7	88
Cefn	85	94	11	44
Queens Park	82	79	7	13
Total	554	669	39	305

No. of Visits to Schools ... 17 No. of Home Visits ... 19

Analysis of New Cases

Defects of Organic Origin		**Defects of Functional Origin**	
(a) Cleft Palate	1	(a) Stammerers	34
(b) Spasticity	—	(b) Dyslalia	54
(c) Deafness	1	(c) Dysphonia	1
(d) Dysphonia	—	(d) Sigmatism	23
		(e) Others	—

Mortality among Schooolchildren.

Deaths of Schoolchildren.

Deaths due to the various causes were as follows:—

Drowning	3
Road Accidents	3
Pneumonia	2
Carcinoma of Liver	1
Appendicitis	1
Acute Cardiac Failure	1
Chronic Nephritis	1
Recurrent Medullo-blastoma	1
Neuro-blastoma of chest	1
Meningococcal septicaemia	1
Total	15

It will be noted that it has been a particularly bad year for accidental death amongst schoolchildren.

Infectious Diseases.

Table No. 7.

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) affecting Schoolchildren during 1959.

Disease	No. of Cases
Whooping Cough	39
Poliomyelitis (Paralytic)	1
Measles	282
Scarlet Fever	52
Pneumonia	6
Dysentery	8
Food Poisoning	4
Total	392

The incidence of infectious diseases (excluding tuberculosis) during the year does not call for much comment. The single case of poliomyelitis occurred in a child who had not been immunised against the disease.

Vaccination against Smallpox.

85 pupils were given primary vaccination and 13 were re-vaccinated.

Immunisation against Diphtheria.

14 pupils were given a primary course of injections and 900 were given " booster " doses.

Vaccination against Poliomyelitis.

4,437 pupils received the initial course of 2 injections and 11,634 received the third injection or " booster " dose.

20,314 pupils have now completed their course of three injections, but there are are still approximately 6,000 school-children awaiting their 3rd injection, which means that the acceptance rate for immunisation is 90%.

Tuberculosis.

Table No. 8.

Incidence of Tuberculosis in Schoolchildren.

	No. of Notified Cases						
	1953	1954	1955	1956	1957	1958	1959
Pulmonary	29	20	16	8	10	4	6
Non-Pulmonary	14	18	6	6	9	1	2
Total	43	38	22	14	19	5	8

It is disturbing to note that there has been an increase in the number of schoolchildren suffering from tuberculosis compared with last year. That the position is substantially better than it was say in 1953 gives no cause for complacency. Tuberculosis is still a disease of high incidence in the community, children often becoming infected by contact with unrecognised adult cases. More vigorous action is required to discover and treat the hitherto unknown and potentially infectious patients in the community. The routine tuberculin skin testing of schoolchildren is a most valuable method of case finding to which end more of our staff resources must be devoted, even if this means paying less

attention to other aspects of the service which are not considered to be of such immediate importance. Owing to the heavy demand for poliomyelitis vaccination it has not been possible to undertake B.C.G. vaccination against tuberculosis since 1957, it is proposed, however, to resume B.C.G. vaccination in 1960.

Milk in Schools.

During the Autumn term the Authority agreed to give milk supplied in cartons a trial in some schools in the County. The advantages of supplying milk in this way would appear to be obvious. It eliminates the hazard of contamination with glass fragments and other foreign materials which, in spite of the most stringent precautions, cannot be entirely eliminated with bottled milk. This hazard is significantly greater as far as schools are concerned owing to the dirty state in which empty milk bottles are frequently returned from the schools to the milk distributor.

There is also reason to believe that if adopted on a large scale, the carton method of supply would be cheaper to the Authority, as packing and distribution costs would be much less compared with the costs involved in supplying milk in bottles.

Some disadvantages have been pointed out however. Young children in infants schools have some difficulty in opening and handling the cartons and thereby sometimes spill the contents. It has been stated that because the children cannot see what they are drinking, they have a tendency to discard the cartons before they are empty, causing milk to be spilled into the delivery crates. It is thought by some that the children do not enjoy their milk as much from a carton because it is less attractive aesthetically than bottled milk.

These criticisms may be considered trivial and perhaps merely reflect an initial reaction to change. However, the opinions of the schools should be carefully considered before a final decision is made on the merits of this method of supplying milk to schools.

Medical Examination of Staff.

The medical examination of persons appointed to the staff of the County Council is a major duty undertaken by the medical officers. With regard to teaching staff entering the profession for the first time and to students resident in

the County entering teachers' training colleges, there is a statutory obligation on the Education Authority that each one be medically examined by a school medical officer. In addition all members of the school canteen staffs in the County are medically examined annually as a matter of routine.

During the year 159 teachers, 137 students and 438 school canteen workers were medically examined.

Employment of Schoolchildren.

The Education Act, 1944 (Section 59) provides that if in the opinion of the Local Education Authority any pupil is being employed in a manner likely to be prejudicial to his health or render him unfit to obtain full benefit of the education provided for him, the Authority may prohibit or impose such restrictions on his employment as they consider necessary in the interests of the child.

During the year 67 pupils were medically examined in this connection but none was rejected on medical grounds.

Sanitary Conditions of Schools and School Canteen Premises.

Schools.

	No. Unsatisfactory
Ventilation	2
Lighting	5
Heating	3
Sanitary Accommodation	14
Water Supply	10
Clothes Drying Facilities	32

School Canteens.

	No. Unsatisfactory
Ventilation	3
Lighting	2
Sanitary Accommodation	7
Washing up facilities	2

Schools and school canteen premises throughout the County were inspected by the School Medical Officers whose observations are sumarised above. There has been a slight improvement in conditions generally, but several premises, already acknowledged to be sub-standard, require improving or replacing and it is understood that a schedule of work is now in hand.

The Handicapped Child

The School Health Service and Handicapped Pupils Regulations, 1953, define ten categories of handicapped children: blind, partially sighted, deaf, partially deaf, delicate, educationally sub-normal, physically handicapped, epileptic, maladjusted and speech defective. Theoretically it would appear to be a straight forward matter to place a handicapped child in the appropriate category and prescribe the educational treatment appropriate to his needs. In practice, however, this is by no means always the case. Some handicapped children have a combination of disorders so interrelated or " blended " as it were that they do not readily fall into any of these categories. Thus it is sometimes extraordinarily difficult to decide how best to deal with them educationally.

This problem is exemplified by the case of a Denbighshire pupil, a boy aged 12 years, who was dealt with during the year. He has defective vision of about sufficient degree for him to be regarded as being " partially sighted "; he suffers from epilepsy and his fits are difficult to control completely with sedatives, and with the approach of adolescence he has developed a serious emotional disturbance so that he is " maladjusted." As he is a highly intelligent boy it was of great importance for him to be given every possible chance educationally to realise his quite considerable intellectual potentialities. Because of his emotional instability he had to be withdrawn from a special school for partially sighted pupils, and no other recognised special school would accept him. In this case, however, there has been a happy though quite unexpected solution. He has been admitted, for a trial period, to a local secondary school, which in fact is only a few yards away from his home. Whilst it is too early yet to consider him to be adequately provided for, it seems that with the special consideration he is being given at this school (and here the teaching staff are to be commended) he settled down and is making progress.

There have been other perplexing cases which, although they have taxed the experience and judgment of the staff to the full, have nevertheless added tremendously to the interest and satisfaction of the work.

Table No. 9.

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) Education'ly Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Total — (1) - (9)
In the calendar year ended 31st December, 1959.										
(a) Handicapped pupils newly placed in Special Schools or Homes	1	2	—	—	1	3	11	1	1	20
(b) Handicapped pupils newly ascertained as requiring education at Special Schools or boarding in Homes	—	1	—	2	1	3	26	2	1	36

Number of children reported during the year:

(a) Under Section 57 (3), excluding any returned under (b)	12
(b) Under Section 57 (3), relying on Section 57 (4)	—
(c) Under Section 57 (5) of Education Act, 1944	8

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) Education'ly Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Total — (1) - (9)
(c) Number of Handicapped Pupils for the area:										
(1) attending maintained special schools:										
(i) Day pupils	—	—	—	—	—	—	20	—	—	20
(ii) Boarding pupils	2	7	3	2	3	3	20	1	1	42
(2) Attending non-maintained special schools:										
(i) Day pupils	—	—	—	—	—	—	—	—	—	—
(ii) Boarding pupils	1	1	2	4	—	2	3	1	1	15
(3) Attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	5	—	5
Total (c)	3	8	5	6	3	5	43	7	2	82

Table No. 10.

Analysis of Cases on Special School Transport Register as on 31/12/59.

Nature of Cases	No. of cases where transport likely to be Temporary	No. of cases where transport likely to be Permanent
Muscular Dystrophy	—	1
Asthma	1	5
Congenital Deformity of Foot	—	2
Spina Bifida	1	—
Paralysis due to Poliomyelitis	2	2
Compound fracture of right thigh	1	—
Epilepsy	—	1
Cerebral Palsy	—	3
Neuromuscular Sphincter abnormality	—	1
Convalescence following Rheumatic Fever	1	—
Strabismus	1	—

Special School Transport.

The Authority provides special transport to and from school for any child who for reasons of health is considered unfit to travel by other means, and who otherwise would be ineligible to be conveyed at the expense of the Authority.

This service has proved to be of great value both for those children who are permanently handicapped yet able to benefit from ordinary schooling, and those who are suffering from a temporary disability and require special transport only until they have recovered sufficiently for them to be able to make their own way to and from school.

On the 31st December, 1959, there were 22 pupils registered as in need of special conveyance and throughout the year 26 pupils were provided with this service. Each child was examined and reviewed periodically by the school medical staff.

Tuition in Hospital.

Towards the end of the year we were sorry to lose the valuable services of Miss Morris-Jones due to her retirement, after 7 years as Ward Tutor at the Paediatric department of the Maelor General Hospital, Wrexham.

It is a pleasure to record our appreciation of her devotion to duty and the help and encouragement she has given so effectively to the many children who, although unfortunate to have been hospital in-patients, have received the benefits of her tuition.

We welcome her successor, Mrs. Mitchell who is continuing this essential service.

Miss Morris-Jones comments on the year's work as follows:—

" During the year, 1959, 105 Denbighshire children were taught by me at the Children's Unit of the Maelor General Hospital.

The largest number of children were in the 6 - 7 years and 8 - 9 years age groups; and there were 36 children over 11 years of age. It is a little difficult to get suitable text books for the older pupils. Quite understandably, one cannot ask the Secondary Schools to lend the more expensive books for Hospital use.

Pupils came from various types of school but the great majority, of course, came from County Primary Schools.

The beautiful summer of 1959 made it possible for us to have lessons out on the lawn. Children sat at a table on the grass, and sometimes a bed was wheeled out. The School

work went on much as usual with chief emphasis on English and Arithmetic. I tried, as far as possible, to use methods to which the child was accustomed at his or her home school and I am grateful to Head Teachers of these schools for their readiness to lend books used by the class to which the child belonged. Nothing pleased a child so much as to realise that he was doing the same work as that done by the children in his own class at the home school.

The sympathetic attitude of the Medical and Nursing staffs has done much to establish the " School," and it was pleasing to find that many parents had heard of the Teaching service, and sent their children into Hospital, equipped with pens, pencils and exercise books, ready for lessons.

I thank the Denbighshire Education Authority for granting me the privilege of being the first Teacher to undertake this rewarding work."

Home Tuition.

This service is provided for children, including the temporarily disabled, who are unfit for either ordinary or special schooling; for physically handicapped children perhaps suitable for admission to special boarding schools, whose parents object to their going away from home, and for handicapped children unfit for ordinary schooling who are awaiting admission to special schools.

On the 31st December, 1959, there were 31 pupils registered for home tuition and throughout the year home tuition was provided for a total of 50 pupils.

Each case was assessed and reviewed at regular intervals by the school medical staff.

Educationally Sub-normal Children.

During the year under review 26 children were ascertained as being educationally sub-normal and requiring education in special schools, 11 of whom were in fact placed in special schools. This brings the total number of educationally sub-normal pupils in Denbighshire to 148. 20 pupils attend the Alexandra Special Day School, 23 pupils are in boarding schools and 3 pupils are receiving home tuition. The remainder are attending ordinary schools.

It is anticipated that the newly built special day school in Wrexham will open in April, 1960, to accommodate 100 E.S.N. pupils including those attending the existing special day school and some who are at ordinary schools. It is not proposed to withdraw any child at present in a special boarding school for E.S.N. children.

In addition to the Principal School Medical Officer and his deputy, four medical officers on the staff are qualified to examine retarded children for the purposes of ascertainment and one medical officer having recently completed the necessary course of instruction is gaining experience, prior to qualification, by working under supervision. It should be noted that the Medical Examinations (Sub-normal children) Regulations, 1959, whilst prescribing the qualifications required of medical officers conducting the examination of sub-normal children, apparently either in need of special schooling or unsuitable for education at school, revoke regulation 11 of the School Health Service and Handicapped Pupils Regulations, 1953, under which it was necessary to obtain the approval of the Minister of Education in respect of each individual medical officer.

Recommendations made to the Authority in respect of sub-normal children are not based entirely on the observations of the examining school medical officers, but are the outcome of close consultation with school teachers and others in a position to contribute towards assessing the ability and aptitude of the children concerned.

Reporting under Section 57 of the Education Act, 1944.

Except in the case of children so mentally retarded as to be obviously unsuitable for school attendance, all sub-normal children in the County are invariably given a trial at an ordinary or special school before action under section 57 of the Act is contemplated.

Children on the borderline of educability may be retained at school for several years before it can be affirmed with confidence that they are in fact incapable of receiving education at school.

During the year 12 children were reported to the Local Health Authority under Section 57 (3) of the Act, details of whom are as follows:—

Age	Whether boy or girl	Remarks
5 years	girl	Grossly retarded and unsuitable for trial at school.
5 years	girl	Grossly retarded and unsuitable for trial at school.
5 years	girl	Grossly retarded and unsuitable for trial at school.
6 years	girl	Grossly retarded and unsuitable for trial at school.
6 years	girl	Grossly retarded and unsuitable for trial at school.
7 years	boy	Grossly retarded and unsuitable for trial at school.
7 years	boy	Grossly retarded and unsuitable for trial at school.
7 years	boy	Grossly retarded and unsuitable for trial at school.
8 years	boy	I.Q.37—Given trail at school for 2 years.
11 years	girl	I.Q.30—Given trial at school for 4 years.
11 years	girl	I.Q.37—Given trial at school for 4 years.
13 years	girl	I.Q.30—Given trial at school for 6 years.

8 children were reported to the Local Health Authority under Section 57 (5) of the Act, as requiring supervision after leaving school.

Physically Handicapped Children.

Up to the end of the year there were 11 physically handicapped pupils receiving special educational treatment;

5 of these children were at special boarding schools and 6 were receiving home tuition.

Epileptic Children.

There are only two Denbighshire pupils at a special boarding school for epileptics. There are, however 50 pupils in the County attending ordinary schools and known to be under treatment or observation for epilepsy. With the advent of modern drugs for the control of seizures these children are able to enjoy normal school activities almost entirely free of restriction. The teaching staff of each school however have been made fully aware of their condition so that they are protected from potentially dangerous physical activities such as swimming and climbing heights.

Maladjusted Children and Child Guidance.

Seven Denbighshire pupils are in attendance at special boarding schools for maladjusted children, following investigation at the Child Guidance Clinic.

Altogether 97 pupils were referred to the Child Guidance for reasons of ill-health and disordered behaviour which were thought to be psychological in origin, and the main source of referral was the school health service.

In the North Wales Child Guidance Service we are fortunate in having at our disposal a service which is an excellent example of a well organised and co-ordinated set up. Unfortunately it has been grossly over-worked due to shortage of staff with the result that in the main only diagnostic interviews have been possible and even for these there is quite a considerable waiting list. Even so the Child Guidance Clinic Team have helped considerably to resolve difficulties in respect of many indvidual children.

The Minister of Education in circular 347 issued during the year, drew the attention of Local Education Authorities to certain principles which should underly the provision of a comprehensive Child Guidance Service which are summarised as follows:—

(1) There should be an efficient school psychological service.

The Psychologist whilst working in closest touch with the Child Guidance Clinic should also be available to advise teachers and parents and if necessary by himself give remedial teaching.

(2) The School Health Service should be regarded as being an essential component of a child guidance service.

School Medical Officers and School Nurses can do much to reduce the need for reference to Child Guidance Clinics, whilst ensuring that those who require treatment at a clinic are referred as early as possible.

(3) Local Education Authorities and Regional Hospital Boards should plan their provision of Child Guidance Clinics in consultation.

(4) Where a clinic and all its staff are separately provided by a hospital Authority or local Education Authority there should be arrangements which make co-operation possible and effective.

(5) A School Medical Officer should be associated with the Child Guidance Clinic team. Paediatric and other services should be available as necessary.

(6) General Medical Practitioners in the area of a clinic should be advised of its functions and uses.

(7) Child Guidance Clinics should be open to all children including those below school age.

(8) There should be a close link between the staff of the Child Guidance Service and those who work in the maternity and child welfare services.

It is most gratifying to note that a soundly based child guidance service embodying the principles laid down by the Minister is already being provided in Denbighshire by the North Wales Child Guidance Service in conjunction with the School Health Department.

The limiting factors of the service, if such there be, are matters relating to staffing and clinic accommodation, and there is no doubt that expansion in these directions would lead to a truly comprehensive child guidance service as envisaged by the Minister of Education.

The Director of the North Wales Child Guidance Service, Dr. Simmons has this to say in his annual review:—

"The work of the clinics as far as its basic working principles are concerned has continued as hitherto. Unfortunately due to our inability to replace staff who had left earlier and a further depletion towards the end of the year, a reduction in our activities was unavoidable. This is reflected in the figures of attendances at clinics and of visits paid.

The shortage of Psychiatric Social Workers is particularly disconcerting and one would like to draw the attention of Head-teachers, Youth Employment Officers and University Teachers to the fact that this shortage is country wide and likely to become more acute in the coming years. They might encourage suitable students to take up social work and seek the further training required for psychiatric social work.

The School Psychological Service has been maintained at a high level of efficiency but no additional work could be undertaken. In fact, it became evident that an increase in the establishment of psychologists was necessary. The appropriate recommendations were made by the Child Guidance Sub-Committee and they have been submitted to the Regional Hospital Board for their early consideration and approval.

A building which would be very suitable for use as a residential treatment centre has been found and the Regional Hospital Board are negotiating for its acquisition.

The three year research project which aims to develop a standardized intelligence test for Welsh-speaking children has entered its third year and it is expected that the main work will be completed in the allotted period of time.

Unfortunately the serious shortage of staff is bound to continue into 1960. We propose to hold clinics and to provide general services as in the past. It will be necessary, however, for us to reduce the number of attendances of children coming for treatment and a lengthening of therapeutic and diagnostic waiting lists will be unavoidable."

Table No. 11.

North Wales Child Guidance Clinics

Number of Referrals received during 1959 (Denbighshire)

Name of Referring Agency	Number of Referrals
School Medical Officer	34
General Practitioners	24
Consultant Paediatricians	12
Other Medical Specialists	11
Courts and Probation Officers ...	1
Other Social Workers	1
Parents	3
Children's Officer	10
Head-teachers	1
Waiting list on 31/12/59—14	97

Child Guidance Clinic

A " Child Guidance Service " is provided in conjunction with the Regional Hospital Board, and six sessions are held weekly.

The following table gives details of the staff.

Table No. 12.

Staff of Centres	(a) Number Colwyn Bay and Wrexham	(b) Equivalent in number of whole-time Officers *	
		Wrexham	Colwyn Bay
(a) Psychiatrists	2	2/11	4/11
(b) Educational Psychologists	2	2/11	3/11
(c) Psychiatric Social W'ker	2†	—	4/11
(d) Child Psycho-Therapist	1†	2/11	2/11
(e) Others	—	—	—

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

† Resigned 31/10/59.

Table No. 13.

Number of Denbighshire Children and Parents interviewed at Clinics during 1959.

Clinic	No. of Individual Children *	Attendances									
		Psychiatrist				Psychologist				P. S. W.	
		First		Further		First		Further		First	Further
		C.	P.	C.	P.	C.	P.	C.	P.	P.	P.
Wrexham .	75	35	42	158	164	33	4	31	9	—	—
Colwyn Bay	38	16	11	104	9	16	7	53	4	12	139
Rhyl	25	9	8	69	4	9	—	—	—	9	58
	138	60	61	331	177	58	11	84	13	21	197

* "C""—child; "P"—parents or guardians.

Table No. 14.

Number of Visits during 1959.

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
33	2	54	14

Report of the Principal School Dental Officer

Before writing my Annual Report I have been re-reading some of the circulars published during the last few years by the Ministry of Education.

In 1951 they state that the purpose of the School Dental Service is to provide a comprehensive Service of regular inspection and treatment of schoolchildren, as the most effective way of ensuring that the maximum number of children obtain regular treatment. This, they say, should be closely linked with the educational system because inspection and treatment are accepted as a part of the School routine. Moreover, the influence of the teachers, undoubtedly the greatest single influence on the attitude of the Schoolchildren towards Dentistry, is likely to be more effectively exercised when the Dental Service is organised in this way.

In Circular 242 (7th December, 1951) they say that every effort should continue to be made to strengthen the School Dental Service which is seriously under-staffed.

In Denbighshire today, we have five full-time officers and approximately 30,000 children attending the various educational establishments. This, in effect, means that each officer is expected to provide regular inspection and treatment for 6,000 children. (The position will be further aggravated early in the New Year owing to the resignation of another Dental Officer).

What efforts can be made to strengthen the School Dental Service? My answer is very little. The difference between salaries earned in Private Practice and in the School Service is so great that no one is likely to accept a School dental post.

As I see it, the future is very gloomy indeed. It is true that at the present moment the Dental teaching Hospitals are full up and that the Government announce the building of three new Hospitals some time in the near future. But even

so it is estimated that it will be at least ten years before any increase in the total dentist strength can be expected, owing to the present high average age of Dental Practitioners. Certainly by then most of the present dental staff of the D.C.C. will have retired.

Staff.

I have to report the resignation of Mr. D. O. Thomas which took place on the 30th June, 1959.

Mr. G. Marshall, B.D.S., who was appointed to take his place has unfortunately handed in his resignation which becomes effective, 31st March, 1960.

Clinics.

It had been hoped that the New Clinic at Queens Park would have been opened during the year. I have been given to understand that this will now take place early in the new year.

During the year both surgeries together with the waiting room, recovery room, etc., at No. 1, Grosvenor Road, Wrexham, were completely re-decorated.

It is hoped that during the coming year, Llanrwst and Abergele will be put in order and re-decorated.

Orthodontic Service.

The one bright spot I am sure every one will be interested in, is the report of the Consultant Orthodontist. It fills a very important gap as few private dental surgeons are willing to undertake such treatment. Therefore, if it were not for the Service provided many children would be deprived of the opportunity of having corrected serious cases of malocclusion.

Mr. Broadbent, Consultant Orthodontist reports as follows:—

" During the last year, there has been a slow but steady increase in the number of cases referred by private practitioners, especially in the Colwyn Bay and Abergele areas.

This is due to the difficulties of conducting both Orthodontic and General cases in one practice, since the demands of the former are totally at variance with the needs of the latter, and even where the private practitioner has the necessary training and experience to treat Orthodontic Cases, existing regulations under the National Health Service do not encourage him to embark upon any but the most straightforward cases of malocclusion.

At the same time it cannot be denied that a few successful treatments occurring in an area stimulates a considerable interest amongst those with similar conditions, with the result that new cases requiring corrective treatment accumulate rather more quickly than current cases are completed.

Since those referred by private practitioners are for Orthodontic advice and treatment only, it demands close liaison between Orthodontist and the referring dental surgeon, since it is upon him that responsibility falls for routine care of the mouth during the course of active orthodontic treatment; as well as the performance of such extractions and conservations as are advised by the Orthodontist.

It is encouraging to be able to report that a very satisfactory degree of co-operation has been achieved in the all over care of these cases.

During the year, 199 New cases were examined, of which 195 were put under treatment, the remainder being either not sufficiently severe to justify intervention, or unsuitable cases.

Treatment was completed in 77 cases, and in 6 cases treatment was terminated prior to completion (patient no longer co-operative).

150 Fixed appliances were made and fitted.

106 Removable appliances were fitted.

There were 2,064 attendances for treatment, and 190 sessions were held."

In conclusion I would like to thank the dental officers, medical officers and nursing staff for their unfailing help, which is certainly appreciated in these difficult times. Also I would especially like to thank those teachers who have put themselves out to help us.

Dental Inspection and Treatment carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers:—	
	(a) At Periodic Inspections	10983
	(b) At Specials	1476
	Total (1)	12459
(2)	Number found to require treatment	9616
(3)	Number offered treatment	9616
(4)	Number actually treated	8206
(5)	Attendances made by pupils for treatment	10279
(6)	Half days devoted to:—	
	Periodic Inspection	127½
	Treatment	1547½
	Total (6)	1675
(7)	Fillings:—	
	Permanent Teeth	3902
	Temporary Teeth	948
	Total (7)	4850

(8)	Number of teeth filled:—	
	Permanent Teeth	3692
	Temporary Teeth	948
	Total (8)	4640
(9)	**Extractions:—**	
	Permanent Teeth	2782
	Temporary Teeth	5027
	Total (9)	7809
(10)	Administration of general anaesthetics for extraction	3363
	Total (10)	3363
(11)	Orthodontics:—	
	(a) Cases commenced during the year	199
	(b) Cases carried forward from previous year	35
	(c) Cases completed during the year	77
	(d) Cases discontinued during the year	6
	(e) Pupils treated with appliances	262
	(f) Removable appliances fitted	106
	(g) Fixed appliances fitted	150
	(h) Total attendances	2185
(12)	Number of pupils supplied with artificial dentures	39
(13)	Other Operations:—	
	Permanent Teeth	114
	Temporary Teeth	—
	Total (13)	114

School Health Service and School Clinics

Return for 31st December, 1959

I.—Staff of School Health Service.

(excluding Child Guidance).

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

Principal School 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.
(a) Medical Officers:		
(1) Whole-time School Health Service	—	—
(2) Whole-time School Health and Local Health Service	9	3.75
(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) (1) Dental Officers	7	5.44
(2) Dental Anaesthetist	1	.18
(c) Speech Therapists	2	2
(d) (1) School Nurses	31	13.77
(2) No. of the above who hold a Health Visitor's Certificate	25	—
(e) Nursing Assistants	—	—
(f) Dental Attendants	7	6.36

11.—**Number of School Clinics** (i.e. premises at which Clinics are held for schoolchildren) 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: 9.

Location of School Clinics and number and type of sessions held in each:

Clinic Location	Eye Clinic	Dental Clinic	Minor Ailment Clinic	Child Guidance Clinic	Speech Therapy Clinic
No. 1 Grosvenor Rd., Wrexham	fortnightly	twice a week	daily	—	four times a week
Gatefield, Wrexham	—	—	weekly	weekly	twice weekly
Rhos	—	daily	weekly	—	twice weekly
Cefn	—	weekly	weekly	—	twice weekly
Denbigh	fortnightly	weekly	weekly	—	—
Llanrwst	full day once a month	weekly	weekly	—	—
Colwyn Bay	fortnightly	weekly	weekly	twice weekly	four times a week
Abergele	—	weekly	weekly	—	—
Chirk	monthly	—	weekly	—	—

III.—Type of Examination and/orTreatment 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	9	—
(b) Dental	7	—
(c) Ophthalmic	5	—
(d) Ear, Nose and Throat	—	—
(e) Orthopaedic	—	3
(f) Paediatric	—	—
(g) Speech Therapy	5	—
(h) Others	—	—

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TABLES