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DENBIGHSHIRE EDUCATION COMMITTEE



ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1961

M. T. ISLWYN JONES,

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

Principal School Medical Officer.

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COMMITTEES

Education Committee

Chairman: Mr. D. B. Jones, M.A.
 Vice-Chairman: Alderman Llewelyn Charles.
 Members: All members of the County Council
 together with 12 Co-opted Members.

Primary and Secondary Schools Committee

Chairman: Alderman J. O. Jones.
 Vice-Chairman: Councillor G. E. Benbow.

Attendance and Medical Inspection Committee

Chairman: Alderman Mrs. Dorothy Dodd.
 Vice-Chairman: Councillor Robert Roberts (Trefnant).
 Members: Councillor James Barlow.
 Alderman Edward Boden.
 Councillor Edward Cash.
 Alderman Mrs. V. Challoner.
 Councillor Edward Davies.
 Councillor Dr. Ifor H. Davies.
 Alderman F. H. A. Jones.
 Councillor W. R. Jones.
 Councillor E. D. Lloyd.
 Alderman Watkin Lolyd.
 Councillor Mrs. L. E. Massee.
 Councillor John Owen.
 Councillor Ernest Price.
 Councillor George Richards.
 Councillor Edward Roberts
 Alderman E. Tomlinson.
 Councillor Emmanuel Williams.
 Mrs. A. E. Roberts.

Wrexham Area Divisional Executive Committee

Chairman: Alderman Eric McMahon.
 Vice-Chairman: Councillor Peter George.

	Members
Composition: 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
	—
	30
	—

FOREWORD

It is my privilege to present the Annual Report on the School Health Service in Denbighshire for the year 1961 which I trust reflects, to some measure, the progress achieved and the substantial contribution, that this service has made to the development and health of our school-children.

In my Annual Report for 1960 reference was made to the introduction of a modified system of school medical inspection which, it was hoped, would improve efficiency and be more suited to the changing functions of the School Health Service. Before, the National Health Service Act, 1946, the School Health Service devoted much of its attention to detecting disease but, with medical service being freely available, this function has declined to small proportions. More emphasis is now placed on the early detection of physical and mental deviations from the normal which requires a more intimate and frequent association between the School Health Service and the Schools.

I have included in the body of the report, the observations of those who participated in this Pilot Scheme and it will be noted that the general consensus of opinion was in favour, although some reservations were expressed by the School Health Visitors, owing to the heavy demands on their time. It is significant that this system helps to foster closer co-operation and a better understanding between all concerned. Furthermore, it is hoped that, in this way, a more personal relationship between, in particular, School Medical Officer and pupil, will develop—the School Medical Officer should not be a strange doctor in a white coat—as well as between parent, School Health Visitor and teacher, which should add substantially to the interest, keenness and efficiency of those participating in the service.

Before deciding to extend the scheme the experience gained was analysed and carefully weighed against the demands made on the resources of staff time. It was concluded that the scheme should be extended to include three Junior Schools in East Denbighshire. This further development will be carefully reviewed at the end of this year.

One problem associated with the extension of this scheme is the lack of a Medical Inspection Room at many Schools. It is regrettable that several new schools have been built in Denbighshire without a Medical Inspection Room being provided. According to my information, this is not the fault of this Authority but due to the policy of the Ministry of Education. Without adequate facilities no service can operate at peak efficiency and if the School Health Service is to play an important role in the educational system it should be given appropriate accommodation and opportunities.

During the year the Ministries of Education and Health issued circulars on Young Children Handicapped by Impaired Hearing. Many of the recommendations had already been introduced in this County and only need expansion to meet the suggestions. It will be noted that 1,159 children were tested and of these 76 were found to have some hearing loss. In the near future it is hoped that arrangements can be made for the routine audiometric testing of schoolchildren.

The Circular on the Special Educational Treatment of Educationally Sub-normal Children outlined this problem and recommended methods for dealing with them. The Director of Education convened a conference to discuss this situation and a plan was duly submitted for Committee consideration. It was gratifying that this Authority had already commenced tackling this problem with the provision of St. Christopher's School—the Day Special School for Educationally Sub-normal Children. The remaining parts of this problem will be dealt with in accordance with the scheme which is outlined in the body of this Report.

The immunological state of the school population has been a source of concern for many years and during 1961 much of the resources of the School Health Service were devoted to immunising and vaccinating children against Diphtheria, Poliomyelitis, Tuberculosis, and latterly Small-pox. This programme made heavy inroads on the time for routine duties but even so it was possible to complete the Routine Medical Inspections according to schedule.

According to the reports of the School Medical Officers the Sanitary and Hygiene conditions at schools and school canteens continue to improve. The progress made, in this direction, since the comprehensive survey and phased

programme of improvements of 10 years ago, is most gratifying. In this context I expressed my concern, in last year's report, with the large areas of glass windows incorporated in modern school buildings and it was decided that a survey should be made of the effects of these upon the pupils. Discussions were initiated and details formulated to carry this out but then it was published that the Ministry of Education was undertaking a similar enquiry and, in view of this, it was decided to await their observations.

As in previous reports, I regretfully have to draw attention to our inability to recruit dentists and speech therapists. Both services have employed every expedient to increase output but, even so, the demands have far exceeded the supply. The future of the School Dental Service seems to be in jeopardy unless recruitment can be substantially increased. It would be fair to state that this authority has done everything within its powers to entice dentists into the service but to little avail. With regard to Speech Therapy, the position has improved for, at the time of writing, a second therapist has been appointed and should commence duties in September, 1962.

However, it is gratifying that a careful evaluation of the work as reflected in the body of this report, shows that steady progress has been maintained and that the School Health Service continues to expand and play an increasingly important role in the health and development of school-children. This reflects credit on the staff who have maintained high standards despite heavy demands upon their time and energy and particularly as there have been several changes of personnel. Dr. Ellis Jones the Deputy Principal School Medical Officer resigned and departed, with our best wishes, to take up his new appointment as Divisional Medical Officer of Health at Lancashire. Dr. Peach, the newly appointed Deputy Principal School Medical Officer undertook part-time duties pending the appointment of his successor as Medical Officer of Health, Wrexham Borough.

Administratively, the retirement of Mr. Idwal Dodd, the Deputy Director of Education, who had so much to do with the School Health Service, terminated a harmonious and friendly association which contributed substantially to the growth and stature of the School Health Service. I wish to record my personal indebtedness and to thank him for his constant help and sage advice. The School Health Service wish him a happy retirement and at the same time extend a cordial welcome to Mr. Erasmus, his successor.

Without the full co-operation and initiative of numerous colleagues, in many spheres, the School Health Service could not have achieved so much, on behalf of the school children, for whose health and general well-being, it has so much responsibility. There is never a minute of the working day when someone in the department is not pondering over the problems of one of our pupils. Hardly an hour passes without a personal interview or telephone conversation regarding a pupil taking place. Our influence, for the benefit of the pupils, grows apace and we feel an essential and integral part of the team. I acknowledge gratefully our indebtedness to all but in particular to Mr. Glyn Davies, the Director of Education whose dynamic and perceptive attributes prove a constant stimulus.

Finally I extend my appreciation to the members of the Committee and especially to the Chairman, Alderman Mrs. Dorothy Dodd and the Vice-Chairman, Councillor Robert Roberts, for their constant inspiration and deep interest in the School Health Service.

M. T. ISLWYN JONES,

Principal School Medical Officer.

County Health Department,

16 Grosvenor Road,

Wrexham.

May, 1962.

STAFF

Principal School Medical Officer:

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

Deputy Principal School Medical Officer:

R. Ellis Jones, M.B., Ch.B., D.P.H. (commenced
1/2/61). (resigned 30/11/61).

School Medical Officers and

District Medical Officers of Health:

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

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

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

F. P. Peach, M.B., Ch.B., D.P.H. (commenced
1/3/61).

School Medical Officers:

Sybil O. Edwards, M.B., Ch.B., D.P.H.

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

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

Angela J. B. Smith, M.R.C.S., L.R.C.P.

Edward S. Lovgreen, M.B., Ch.B.

Gareth Williams, M.B., Ch.B.

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.

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

S. Jones-Pritchard, L.D.S. (commenced 30/3/61).

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).

County Ophthalmologist:

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

Speech Therapist:

Miss R. Stephens, L.C.S.T.

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, 1961).

Miss M. E. Bellis, Miss C. J. Davies, Miss J. B. Edwards, Mrs. D. Edwards, Miss S. C. Evans, Miss G. Evans, Miss Ethel Edwards, Miss K. Flynn, Miss E. Griffiths, Mrs. I. E. Garner, Miss O. M. Hobson, Miss M. E. Jones (Coedpoeth), Miss M. E. Jones (Wrexham), Miss M. E. Jones (Colwyn Bay), Miss Morfydd Jones, Mrs. G. Yorke-Jones, Miss E. Morus Jones, Mrs. K. Mills Jones, Miss A. E. Jones, Mrs. S. Jones, Mrs. E. Morris, Mrs. A. Martin, Miss E. J. Moss, Mrs. J. M. Molloy, Mrs. J. M. Pritchard, Mrs. O. M. Prodger, Miss A. Vaughan Pugh, Mrs. V. Richards, Miss M. Robinson, Miss M. R. Roberts, Miss B. E. Spence, Miss W. M. Tagg, Miss E. Walker, Miss L. M. White.

Dental Surgery Assistants:

Miss I. E. Sanderson, Mrs. E. Williams, Mrs. H. Parry, Mrs. A. Hughes, Miss V. Lewis, Miss P. Hughes (commenced 6/2/61), Miss J. Frazer (commenced 4/4/61).

Administration.

Senior Administrative Officer:

G. L. Britton, D.P.A., A.R.S.H.

Deputy Administrative Officer:

Gwilym Davies.

Senior Section Clerk:

David Davies.

Staff of the North Wales Child Guidance Service.

Consultant Psychiatrist:

E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.),
L.R.S.P.S. (Glasgow).

Registrar in Psychiatry:

J. Aled Williams, M.C., Ch.B., D.Ch.

Senior Psychologist:

Lawrence Scobbie, M.A., B.Ed.

*Psychologists:

J. B. Edwards, M.A. (commenced 1/11/61).

P. J. Macdonald, B.A. (commenced 1/9/61).

Social Worker:

Mrs. V. Ford-Thomson.

Psychiatric Social Workers:

Miss G. M. Brown, B.A. (commenced 18/9/61).

Mrs. C. L. Jones (commenced 1/3/61).

* Employed by the Five North Wales Local Education Authorities (Denbighshire, Flintshire, Caernarvonshire, Anglesey, Merionethshire) but form part of the Child Guidance Team under the direct supervision of the Consultant Psychiatrist (Regional Hospital Board).

Report of the Principal School Medical Officer for the Year 1961

General School Statistics.

Total number of schools	...	...	...	...	191
Total school population	...	...	...	...	28,648

Type of School	No. of Schools	No. of children in attendance
Primary Schools	162	16,389
Secondary Modern Schools	16	6,126
Secondary Grammar Schools	9	4,522
Bilateral	2	1,497

Special Schools:

Llangwyfan Hospital Special School	1	15
St. Christopher's Special School for Educationally Sub-Normal Children, Wrexham	1	99

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	
	1961	1960
(a) Periodic Medical Inspection.		
Entrants	2,385	1,412
Second-age group	2,146	2,144
Leavers	1,711	1,540
(b) Additional periodic inspections	1,097	1,267
(c) No. of special inspections	645	699
(d) No. of re-inspections	3,550	2,485
Total	11,534	9,547

It will be noted from Table 1 that there was a substantial increase in the number of schoolchildren medically examined as compared with the previous year.

This was achieved despite the considerable time given to immunising school children against diphtheria and poliomyelitis. Taking everything into consideration it reflects credit on the staff.

In the 1960 Annual Report a brief outline was given of a Pilot Scheme for an improved system of school medical inspection and at the end of the year this was critically reviewed by the Headmasters, School Health Visitors and the School Medical Officers. It was unfortunate that the heavy demands on staff for the immunisation programme interfered to some extent with the scheme but even so the general consensus of opinion was very favourable.

The three Secondary Modern Schools involved were visited twice a month by the School Medical Officer and weekly by the School Health Visitor or School Nurse. At these sessions arrangements were made for approximately 10 routine medical examinations, leaving sufficient time for Special Inspections, Re-inspections, observations of children at work and play and for consultation with the teachers and parents. This method provided better opportunities for closer co-operation and understanding between all those concerned with the health, welfare and education of the children. Formal arrangements for the referral of children were not defined as it was considered better that those concerned should evolve their own methods. Neither parents nor teachers were requested to complete questionnaires as it was felt that this would add substantially to the load without commensurate benefit and indeed it might easily detract from the establishment of a close, cordial and friendly co-operation. Furthermore, teachers frequently have valuable social and medical information which they will readily transmit in conversation, which they would not record in a formal report.

The success or failure of this modified approach to School Medical Inspection is largely dependent on the calibre, initiative, enthusiasm and interest of the staff concerned as well as the provision of adequate facilities, sufficient time and substantial administrative support. The three Schools concerned were selected because of the readiness of the headmasters to co-operate and also because they had a medical inspection room without which it would

have been impracticable. Where no medical inspection room exists the arrangements for routine medical inspection invariably causes a considerable disorganisation of the school routine and much inconvenience to teachers and pupils. Furthermore the school medical officer has to work under poor conditions, with inadequate equipment and limited administrative facilities. However, despite the favourable conditions at these schools it was found that the scheme added appreciably to the load but this was considered well worth while when weighed against the benefits that accrued.

The general observations of those concerned were:—

(a) Headteachers.

“The pupils have been looked after medically better than ever before. The frequent visits of the School Health Visitor has meant that many minor ailments have been dealt with and remedied on the spot, and the general health of the children has been in constant review.

The scheme has helped to cement a strong bond of co-operation and friendliness between the medical service and the school. Its great virtue lies in the fact that outstanding and rather urgent cases amidst pupils can be brought to the attention of the medical service on the spot, furthermore, it facilitates regular and close pursuance and verification of the effectiveness of treatment in the case of individual pupils.

The experiment has been very successful but the system could be criticised in that occasions occur when the School Health Visitor's visit is wasteful of time, in that no cases are available for her inspection. Consequently it is suggested that the frequency of the visits be curtailed to one per fortnight.”

(b) School Medical Officers.

“The main advantage of this scheme is the closer watch that can be kept on needy cases, e.g. the child who will not wear glasses, or is dirty, etc., etc. These children can be observed at frequent intervals throughout the school year. New cases which are brought to light during the year can be dealt with immediately and do not have to wait until the following school year. The scheme also enables such cases to be referred for consultant's opinion or to their own General Medical Practitioners at an earlier date.

These visits have been coupled with the regular inspection of those leaving school and, therefore, the problems presented usually concerned the school leaver. With the continued practice of regular visits, it will, no doubt, be possible to see the slightly younger age group, e.g. 13 year olds. This 13+ age group is a good one to be giving more time to as children are then of an age to be taking some interest in themselves and are consequently more inclined to seek advice and are more receptive of any advice given. At this stage of early puberty, many problems arise for which the child would not be taken to his own general medical practitioner and here the school health service can be a source of help.

On the whole this is a very great improvement on the usual practice of mass routine inspection at intervals of several years, and an excellent scheme, especially from the children's angle. There is closer liaison between school medical officer, school health visitor and teaching staff who are able to discuss any problems which arise concerning any particular child.

The main concern is the time-factor. Campaigns such as Poliomyelitis and Diphtheria Immunisation, are apt to crop up from time to time and the scheme is then thrown out of gear and loses its great advantage of regular inspections at frequent intervals.

It was felt that some cases referred were non-medical and more suited to the sphere of the Education Welfare Officer."

(c) **School Health Visitors.**

"This scheme has run smoothly due to the co-operation of the Headmasters and school secretaries. The liaison between the school and school health visitor is good.

It is felt that this scheme would be more practical in junior schools as by the time the children reach the age of eleven years, defects have been found and treated. The weekly visits have in many ways reverted to minor ailment sessions which should be unnecessary in this age group. Advice has been sought for such things as fainting in class and persistent absenteeism.

It would appear an ideal method if the School Health Visitor had a smaller case load and less schools."

(d) Administrative Staff.

"This scheme tends to become expensive on clerical time. The clerk attends each school two or three mornings each month on average, a total of eight sessions per month between the three schools. In addition, one and a half sessions per month are devoted to clerical work at the office in preparation for the school inspections."

Undoubtedly the Pilot Scheme, on the whole, has proved a success despite the reservations made, and an extension to three Junior schools has been arranged. Some of the difficulties have been removed and the recommendations made have been implemented. However, due consideration must be paid to the demands such a scheme makes upon staff and to the need, if the School Health Service is really to function effectively, for the provision of medical inspection rooms at all schools. It has been a constant disappointment to me that this Local Education Authority has erected many schools, in recent years, in which there has not been a Medical Inspection Room. With the closer co-ordination of the health and educational services, particularly in the fields of the handicapped pupils, the provision of such a basic facility is essential.

Table No. 2.

Analysis of defects found at Periodic Inspections during the year ended 31st December, 1961.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS						TOTAL	
		ENTRANTS		LEAVERS		OTHERS			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	20	19	4	50	12	49	36	118
5	Eyes:								
	(a) Vision	85	122	348	113	199	128	632	363
	(b) Squint	41	34	14	23	95	60	150	117
	(c) Other	3	5	—	18	7	26	10	49
6	Ears:								
	(a) Hearing	12	8	11	13	12	32	35	53
	(b) Otitis Media	5	22	2	10	2	8	9	10
	(c) Other	2	5	5	3	4	10	11	18
7	Nose and Throat	45	162	8	61	21	151	74	374
8	Speech	10	44	3	9	7	16	20	69
9	Lymphatic Glands	2	34	—	3	—	13	2	50
10	Heart	1	25	—	21	—	20	1	66
11	Lungs	1	57	—	26	6	22	7	105
12	Developmental:								
	(a) Hernia	4	4	—	2	1	3	5	9
	(b) Other	1	12	3	5	4	14	8	31
13	Orthopaedic:								
	(a) Posture	—	8	2	28	3	38	5	74
	(b) Feet	7	43	9	61	10	105	26	209
	(c) Other	6	30	6	46	4	41	16	117
14	Nervous System:								
	(a) Epilepsy	—	5	—	5	2	5	2	15
	(b) Other	—	8	1	2	—	9	1	19
15	Psychological:								
	(a) Development	—	4	—	7	—	9	—	20
	(b) Stability	2	19	—	9	—	12	2	40
16	Abdomen	3	9	1	3	3	3	7	15
17	Other	1	24	—	7	—	35	1	66

Table No. 3.

Analysis of Defects found at Special Inspections during the year ended 31st December, 1961.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	1	11
5	Eyes:		
	(a) Vision	63	35
	(b) Squint	3	4
	(c) Other	—	6
6	Ears:		
	(a) Hearing	4	12
	(b) Otitis Media	—	8
	(c) Other	3	4
7	Nose and throat ..	4	37
8	Speech	7	10
9	Lymphatic Glands.	—	6
10	Heart	—	2
11	Lungs	3	9
12	Developmental:		
	(a) Hernia	1	—
	(b) Other	—	2
13	Orthopaedic:		
	(a) Posture	1	6
	(b) Feet	5	13
	(c) Other	1	11
14	Nervous System:		
	(a) Epilepsy	1	1
	(b) Other	1	5
15	Psychological:		
	(a) Development	1	6
	(b) Stability	1	—
16	Abdomen	1	7
17	Other	—	3

Cleanliness.

The School Health Visitor attends at the various schools at periodic intervals to carry out a Health Inspection of the pupils. Those children found to have any defect are referred to the School Medical Officer for further examination.

At the same time a careful inspection is made for infestation with nits and headlice. This problem is a slowly declining one but there remains a hard core of families which persist as a source of infestation. During 1961 the total number of individual examinations were 31,242 and the total number of pupils found to be infested were 670 which gives a lower percentage than in previous years.

Defective Hearing.

During the year the Ministries of Health and Education issued circulars on this subject and stressed the importance of the early ascertainment of deafness. In this County infants are tested at the Child Welfare Clinics and again in school if there are any indications of impaired hearing. It was not feasible to carry out "sweep" testing during 1961 but even so, a large number of pupils had their hearing tested. Another Pure Tone Audiometer was purchased during the year and this was made available for the Western part of the County. Pupils with suspected defective hearing were referred by the teachers to the School Health Visitors and if there were any hearing loss, the child was then examined by the School Medical Officer who then referred the cases needing further investigation to an E.N.T. Surgeon. These arrangements have worked smoothly. It is gratifying that no pupil during 1961 was formally ascertained as deaf.

Table No. 4.**Analysis of Hearing Tests carried out during 1961.**

No. of schoolchildren tested	No. found to have defective hearing	No. referred for treatment	No. for observation
1159	76	36	82

Table No. 5.**Diseases of the Ear, Nose and Throat****Pupils Treated in Hospital.**

	No. of pupils treated
A. Operative Treatment:	
(1) Diseases of the ear	3
(2) Adenoids and chronic tonsillitis	207
(3) Other nose and throat conditions	38
B. Other forms of treatment	42
Total	290

Visual Defects.

At periodic school medical inspections the vision is routinely tested and also when a pupil is referred for Special Medical Inspection. Additional routine testing is carried out of the 7 years + age group because the child co-operates better. The introduction of a mechanical vision testing instrument should further aid the ascertainment of early defective vision and permit a more regular testing of vision at various age levels.

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 Ophthalmic Service.

Table No. 6.

Treatment of Eye Defects at County Consultative Clinics.

Clinic	Number of Sessions	No. of Individual Cases Seen	Total No. of Attendances	No. Pres. with Glasses	No. Discharged
Chirk	15	101	184	57	18
Denbigh	24	160	287	85	25
Llanrwst	12	107	167	59	21
Wrexham	24	158	256	63	37
Colwyn Bay	25	162	301	65	49
Totals	100	688	1195	329	150

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

“ School Eye Clinics in the County of Denbighshire have been held regularly in Wrexham, Denbigh, Colwyn Bay, Llanrwst and Chirk in School Term in 1961 and have been very well attended by schoolchildren and a few

children of pre-school age. The children are tested on entry to schools at five years of age and every year thereafter wherever possible, and referred to the special eye clinics if defects are found. In this way glasses, where found necessary, are prescribed at a very early age, with subsequent improvement of sight as the child grows up. Other treatment such as that needed in cases of strabismus, is obtainable in all the clinic areas through the hospital services and any other conditions found are referred to hospital consultants. Many children have received orthoptic treatment with great benefit.

The health visitors continue to bring forward cases of visual defect with great assiduity, and of course, the younger these children are seen, the better is the ultimate vision likely to become."

Treatment of Eye Defects

Table No. 7.

	No. of Pupils treated by Hospital Service		
	1959	1960	1961
No. treated	1446	1672	1569
No. for whom spectacles were prescribed	473	673	795

Speech Therapy.

The administrative arrangements for this Service have continued as in previous years. Pupils found to have speech defects are medically examined and, if necessary, referred to a Consultant before being recommended Speech Therapy. Difficult and abstruse problems have been sent for investigation to Special Clinics in order to determine whether a neurological factor accounted for the Speech Defect.

It is regrettable that owing to our inability to recruit additional Therapists, children have to wait so long for treatment. The Speech Therapist has endeavoured, to the utmost of her ability, to provide treatment for as many as possible.

The introduction of an Ascertainment Clinic in Wrexham, and discussions with teachers and parents, has resulted in many more children receiving preliminary training but obviously this is merely an improvisation which can but partially relieve the situation.

Miss Rena Stephens the County Speech Therapist reports as follows:—

“The basic work of the Clinics has continued in the same way as before and attendances have been satisfactory.

Although the department remains grossly understaffed, the responsibility of such a service is to treat as many patients as possible and so various methods of diffusing the time have been considered. It was felt that it would be impossible to treat very large numbers of children adequately, therefore, slightly fewer children have been admitted and much time has been spent on prophylactic measures, by means of school visits, etc. In response to a request from the Teaching staff, specific exercises have been compiled which may be used in general speech work for the whole class, at the same time providing help for the speech-handicapped child. In this way, many children have been contacted and indirectly helped, if not treated regularly.

Recently, a diagnostic clinic has been established at Wrexham in order to assess those children who are awaiting treatment and to give advice to parents.

Progress in Speech Therapy is being made in many regions throughout the Country and since conditions in this County have been so good, and every co-operation has been received, there appears to be no reason why similar progress should not be seen in Denbighshire. However, the recruitment of Speech Therapists to this area is a question which needs to be seriously considered. It is suggested that if a substantial grant were provided for students during training, the Authority might well be in a position to make the reasonable request that those who receive such a grant should work in the County for about two years after qualifying. Also, if the post could be advertised as one which facilitated work with adults, spastics and sub-normal children in Training Centres—then it is felt that more

Therapists would consider making application. Even if only one adult clinic per week were arranged, it would offer wider scope to prospective employees.

There is an acute need for an adult clinic in this area. Under the present situation, patients from all parts of this County have to be transferred to the extremely long waiting list at Chester Royal Infirmary. On many occasions, it has been a matter of concern to have to deny treatment to those in need. For example, one father who brought his son to the clinic recently was found to be in greater need of treatment than his child. His cleft palate had been repaired in infancy, but he had never received treatment. Speech Therapy is a service to the community, and whilst it remains available for schoolchildren only—it is incomplete.

The importance of teamwork has been increasingly obvious, as the Service expands and the kind help of the Medical, Administrative and Teaching Staffs of the County and of Dr. E. G. Gerald Roberts, Consultant Paediatrician, is gratefully acknowledged."

Table No. 8.

Analysis of work performed by the Speech Therapist.

Clinic	No. of Half-day Sessions	No. of New Cases treated	No. of Cases treated (total)	No. of Cases Discharged	No. of Cases awaiting treatment
Wrexham	181	20	789	13	227
Colwyn Bay	98	13	377	14	54
Llanrwst	36	7	172	6	6
Denbigh	74	7	290	7	34
Abergele	35	8	122	5	9
Total	424	55	1750	45	330

No. of Visits to Schools 35 No. of Home Visits ... 31

Analysis of New Cases

Defects of Organic Origin

(a) Cleft Palate	4
(b) Spasticity	—
(c) Deafness	—
(d) Dysphonia	—
(e) Dysarthria	1

Defects of Functional Origin

(a) Stammerers	13
(b) Dyslalia	33
(c) Dysphonia	1
(d) Sigmatism	4
(e) Others	—

Mortality among Schoolchildren.

Deaths of Schoolchildren, showing Cause, Sex and Age.

Cause		Sex and Age	Total
1. Accidents:			
(a) Road	... ..	Male 10 years Female 7 years Female 15 years } ...	3
2. Cancer:			
(a) Acute Leukaemia	... ..	Female 9 years	1
3. Infection:			
(a) Acute Bronchitis	... ..	Female 16 years	1
(b) Acute Streptococcal broncho-pneumonia ..	... ..	Male 12 years	1
(c) Encephalitis	... ..	Male 8 years	1
		—	3
4. Heart Disease:			
(a) Congenital Heart Disease	... ..	Female 10 years } ... Female 15 years } ...	1 1
(b) Congestive Heart Failure	... ..	Male 5 years	1
		—	3
5. Other Conditions:			
(a) Idiopathic Aplastic Anaemia	... ..	Male 12 years	1
Grand Total			11

Infectious Diseases.**Table No. 9.**

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) affecting Schoolchildren during 1961.

Disease	No. of Cases
Whooping Cough	39
Measles	1342
Scarlet Fever	17
Pneumonia	5
Dysentery	31
Total	1434

Measles.

The high incidence of measles which was prevalent in Denbighshire during the latter half of 1960 continued into 1961. East Denbighshire was the area worst affected during the year under review, although there was a fairly high incidence in the west.

Vaccination against Smallpox.

73 pupils were given primary vaccination and 21 were re-vaccinated.

Immunisation against Diphtheria.

For many years the number of children being immunised against Diphtheria has steadily declined. The outbreaks of this disease in various parts of England during 1960 alarmed many parents. Full advantage was taken of this receptive mood of the public and strong efforts were made to ensure that the Diphtheria Immunisation Index for Denbighshire was raised to a safe level. Much of this work was completed in 1960 but during the year under review 2,584 pupils received a primary and 1,937 a booster injection of Diphtheria Vaccine. This concentrated drive has raised the Diphtheria Immunisation Index for Schoolchildren in the County to 80%, which can be considered a satisfactory level.

Poliomyelitis Vaccination.

During the year under review there were several epidemics of Poliomyelitis in various parts of the country but only one case, in an unvaccinated child of 2 years, occurred in this County. This strongly suggests that the arduous campaign for Poliomyelitis Vaccination of Schoolchildren has provided a substantial protection against this disease. The position has nearly been reached when only entrants to school require re-inforcing doses. 2,408 children received two injections, 950 third injections and 10,414 fourth doses during 1961.

Tuberculosis.

Table No. 10.

Incidence of Tuberculosis in Schoolchildren.

	No. of Notified Cases					
	1956	1957	1958	1959	1960	1961
Pulmonary	8	10	4	6	10	9
Non-Pulmonary	6	9	1	2	1	2
Total	14	19	5	8	11	11

From the above table it will be noted that 11 cases of Tuberculosis in schoolchildren were notified during the year.

Three of these were family contacts of known cases and one case was a foreigner at a Residential Private School. The other cases were carefully investigated but the source could not be ascertained with certainty.

Table No. 11.

The following table shows the distribution of the cases of Pulmonary Tuberculosis notified, according to Age, Sex and Area.

Area	Age and Sex									
	7 yrs.		11 yrs.		13 yrs.		15 yrs.		16 yrs.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Wrexham R.D.	—	—	—	1	1	1	1	—	—	3
Denbigh Borough	1	—	—	—	1	—	—	—	—	—

The figures are rather small for analysis but it is interesting to note the following features of the table. Of the 9 cases of Pulmonary Tuberculosis notified, 7 are children of Secondary School and 2 of primary school age. The distribution by sex is 4 boys and 5 girls, by area, 7 are from the Eastern and 2 from the Western side of the County.

B.C.G. Vaccinations carried out during 1961.

A B.C.G. Vaccination Scheme fulfils two purposes; it ensures that secondary schoolchildren have some protection against Tuberculosis before they leave school and also affords an opportunity of tracing the sources of infection to which those children, found positive to the skin test, have been exposed.

The scheme involves the initial Mantoux testing of the children using the Heaf Multiple Puncture Technique.

At the second visit to the School the result of the test is recorded. All the negative reactors are vaccinated with Glaxo Freeze Dried B.C.G. Arrangements are made for all positive reactors to be x-rayed. Their adult family contacts are advised to attend the M.M.R. Unit (Mass X-ray) and

child contacts under 15 are skin-tested and if positive, x-rayed.

No post B.C.G. skin testing is carried out as it has been shown that the conversion rate to be expected is as high as 97.9 per cent. (Irvine B.M.J., Oct., 1958, Memo. 322/BC7 Revised 1958).

During 1961, as is shown in Table No. 12, 24 Schools were visited, 3,342 children were skin-tested and 2,631 given B.C.G. Vaccination. 614 children were positive on skin-testing and their families were advised M.M.R. examination for adult and skin-testing for the children under 15. The proportion of consents for skin-testing has varied from school to school from as low as 40 per cent. up to 100 per cent.

I think that B.C.G. Vaccination will be more readily accepted in the future now that more parents have seen that the procedure is free from ill-effects.

It is gratifying that there was a 99.9 per cent. acceptance of B.C.G. Vaccination.

B.C.G. Vaccinations.**Table No. 12.**

School	No. Skin Tested	No. Positive	No. Negative	No. Vaccinated
Brymbo County Secondary ...	171	27	136	111
Bryn Alyn County Secondary, Gwersyllt	99	36	63	63
Brynteg County Secondary	177	27	137	137
St. David's County Secondary, Wrexham	377	62	315	315
Penygelli County Secondary, Coedpoeth	165	22	137	137
Rhostyllen County Secondary	79	9	70	70
Alexandra County Secondary, Wrexham	196	38	158	158
Rhos County Secondary	307	39	263	263
Darland County Secondary, Rossett	129	39	68	68
Llay County Secondary	137	28	109	109
Brynhyfryd Bilateral, Ruthin ...	302	75	218	218
Grove Park Girls' Grammar, Wrexham	134	18	116	116
Denbigh County Secondary ...	245	56	183	183
Denbigh Grammar	225	54	171	171
Madoc County Secondary, Acrefair	57	8	49	49
Bryn Offa County Secondary, Wrexham	149	15	134	134
Grove Park Boys' Grammar, Wrexham	67	15	52	52
Ruabon Boys' Grammar	2	—	2	2
Ruabon Girls' Grammar	2	1	1	1

Table No. 12 (continued).

School	No. Skin Tested	No. Positive	No. Negative	No. Vaccinated
Dinas Brân Bilateral, Llangollen	115	23	92	92
St. Joseph's County Secondary, Wrexham	37	1	36	36
Yale Grammar/Technical, Wrexham	56	11	45	45
Llanrwst County Secondary ...	107	10	95	95
St. Christopher's Day Special, Wrexham	7	—	6	6
Total	3342	614	2656	2631

Milk in Schools.

The majority of schools in Denbighshire were supplied with Pasteurised Milk. Before accepting a tender the premises of the supplier are inspected by the County Sanitary Officer and similarly those few instances of the producer/retailer of impasteurised T.T. milk.

Milk in Tetra-pak cartons has continued to be supplied to some schools and this method of supply will be expanded to include more schools in East Denbighshire. It now appears that this method of delivery has been accepted and there have been no further objections.

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, members of the school canteen staffs in the County are medically examined annually as a matter of routine.

During the year 123 teachers, 135 students and 230 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 76 pupils were medically examined in this connection but none was rejected on medical grounds.

Sanitary Conditions of Schools and School Canteen Premises.

	No. Unsatisfactory
Schools:	
Lighting	1
Sanitary Accommodation	1
Clothes Drying Facilities	19
School Canteens:	
Ventilation	1

The School Medical Officers when visiting a school inspect the premises and particularly the canteen. It is gratifying that the Sanitary Conditions in Schools and Canteens have steadily improved since 1952 when a complete survey was made of all schools in the County and a phased programme of improvements was approved. The importance of personal hygiene, cleanliness and sanitation in schools and canteens cannot be over emphasised and it is a pleasure to pay tribute to the Local Education Authority for their enlightened attitude to this subject. Every effort has been made to provide, in addition to the customary sanitary fixtures and facilities for hand-washing, clean towels and incinerators at senior girls schools. The contract with the Towelmaster Service has worked very satisfactorily and it has been greatly appreciated by the pupils and staff. This practical demonstration of health education is far more efficacious than any vocal exhortation to cleanliness.

Handicapped Pupils.

One of the most important functions of the School Health Service is to deal with the various categories of Handicapped Pupils. Initially it is vital that the handicap should be diagnosed as early as possible so that arrangements can be made for the most suitable type of special educational treatment. There are manifold human problems to be overcome before a satisfactory solution can be achieved.

Statutory powers are vested in the Education Authority but if the child is to derive full benefit, it is essential that the full co-operation of the parents should be obtained. Naturally parents find it difficult to reconcile themselves to the fact that their child is handicapped. Parents vary greatly in their attitudes to their children. The over-protective parent is loath to part with the child especially at a comparatively tender age. Advice given to them by doctors is not always consistent due, in the main, to ignorance of the special educational treatment available. To determine the best course there has to be a close consultation between the parent, medical, educational and social services, and it is in such a situation that the School Health Service plays a vital role. Yet, despite every persuasive effort, a few parents refuse to accept advice and valuable opportunities are lost. Some children, particularly, those with multiple handicaps, are extremely difficult to place satisfactorily but fortunately, in recent years, the situation has improved.

Table number 13 shows the number of children in each category who are receiving special educational treatment at special schools. It was considered that it would be of interest to give some information about the progress of a few of the 54 handicapped pupils who were receiving education at special residential schools at the end of the year.

Sex	Age	Category	Date of Admission	Progress
M.	9	Blind	24/9/58	Good progress maintained. He is quick and alert in class—he is a pleasure to teach.
F.	11	Blind	Nov., 1955	Has begun to settle down into the routine of the class more successfully. Shows reasonable interest and is making satisfactory progress in most subjects.
M.	10	Partially Sighted	2/2/59	A friendly co-operative boy whose ability in the basic subjects is severely restricted. When encouraged he works quite well. He is making a little very slow progress.
F.	14	Partially Sighted	10/9/57	A conscientious worker giving average output. Is making steady progress. Always sensibly occupied in class.
M.	15	Deaf	26/4/49	Socially has developed quite well. Has a good, sensible and practical outlook. Has not done as well in last year with school-work as had been hoped.
F.	14	Deaf	22/8/50	A good oral pupil. Her reasoning ability is good for a deaf child. Her progress is satisfactory. Her attainments should improve with concentrated effort.
M.	12	Partially Deaf	9/9/55	Good application. Shows promise of leadership and is well liked by his class mates.
F.	12	Partially Deaf	12/9/61	A quiet and steady worker whose progress is generally good

Sex	Age	Category	Date of Admission	Progress
M.	13	Educationally Sub-normal	6/1/59	Always a good worker and tries hard. A very happy and good natured boy who is popular. Good response to school discipline.
F.	15	Educationally Sub-normal	12/9/55	She works hard but she does not possess the intellectual power to produce good work.
F.	14	Epileptic	7/2/57	Works slowly but willingly. A somewhat solitary but pleasant girl. A neat and careful worker.
M.	12	Maladjusted	2/2/60	A neat and quick worker who shows promise. Has earned a good report which is encouraging since he is now in a senior form. He must be congratulated on winning two first-class certificates at the Worthing Musical Festival.
F.	14	Maladjusted	29/11/57	She is working very well. Her mind is improving.
M.	11	Physically Handicapped	1954	He is steadier and has more confidence when moving. In a controlled situation he is capable of intelligible conversation. There has been very little obvious improvement since the last report, but he certainly continues to try very hard.
F.	9	Physically Handicapped	22/5/58	This child has mastered wearing calipers and consequently her school work is improving. She is beginning to read quite well her writing is neat and clear, she does good work in drawing and modelling and her speech is very good. She always comes into school intending to make the most of each day.

Table No. 13.

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) Speech Defects	(11) Total — (1) - (10)
(a) Number of handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	—	3	—	—	2	1	49	—	—	—	55
(b) Number of children included at A, who were newly placed in special schools (other than hospital special schools) or boarding homes	—	1	—	—	1	—	20	—	—	—	22
(c) Number of children assessed prior to 1st January, 1961, who were newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	1	—	1	22	2	—	—	26

Table No. 13 (continued).

Number of children reported during the year:

(a) Under Section 57 (4) of the Education Act,
1944 9(b) How many decisions that a child is unsuitable
for education at school have been cancelled
under Section (57 (A(2))) of the Education Act,
1944 —

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

(d) Number of Handicapped Pupils for the area:	(1) Blind	(2) Partially Sighted.	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Speech Defects	(11) Total —
(1) attending maintained special schools:											
(i) Day pupils	—	—	—	—	—	—	99	—	—	—	99
(ii) Boarding pupils	1	5	—	3	3	3	14	—	1	—	30
(2) Attending non-maintained special schools:											
(i) Day pupils	—	—	—	—	—	—	—	—	—	—	—
(ii) Boarding pupils	1	—	4	5	1	1	2	1	—	—	15
(3) Attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	9	—	—	9
Total (d)	2	5	4	8	4	4	115	10	1	—	153

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.

Table No. 14.

Analysis of Cases on Special School Transport Register as on 31/12/61.

Nature of Cases	No. of cases where transport likely to be Temporary	No. of cases where transport likely to be Permanent
Cerebral Palsy	—	1
Congenital deformity of feet .	—	1
Spina Bifida	—	1
Asthma	1	—
Congenital Heart Disease	1	3
Rheumatic Heart	—	1
Epilepsy	1	1
Bronchiectasis	2	—
Anaemia	2	—
Paralysis due to poliomyelitis	—	1
Chronic Bronchitis	1	—
General debility	3	—
Muscular Dystrophy	—	1
Neuromuscular Sphincter abnormality	—	1
Rheumatism	—	1

Tuition in Hospital.

The arrangements for Hospital Tuition has continued as in previous years.

Mrs. Mitchell reports as follows:—

“I have pleasure in presenting my annual report as tutor in charge of the Paediatric Unit, Maelor General Hospital.

During the year pupils from Primary, Secondary Modern, Grammar and Private Schools have been taught.

Tuition is entirely individual and age groups vary from 5 to 14 years.

Tables of statistics are included herewith.”

No. of children in age groups per County.

Age Group	Denbighshire	Flintshire	Merioneth-shire	Shropshire	Montgomery-shire	Radnorshire	Cheshire
5 years ...	40	5	1	4	1	—	—
6 years ...	22	8	1	3	3	—	—
7 years ...	12	6	3	3	2	—	—
8 years ...	16	2	1	5	—	—	1
9 years ...	25	3	5	2	1	—	—
10 years ...	18	7	4	2	2	—	—
11 years ..	19	7	2	3	—	1	—
12 years ..	13	2	3	1	—	1	—
13 years ...	4	2	—	2	—	—	—
14 years ...	—	1	—	—	—	—	—
Total	169	43	20	25	9	2	1

Total Attendances.

Jan.	Feb.	March	April	May	June
120	161	202	97	133	150
July	August	Sept.	Oct.	Nov.	Dec.
154	30	137	191	153	71

TOTAL : 1599

Type of Education received prior to admission.

	Primary	County Secondary	Grammar	Private	Total
Number of Pupils	218	28	15	8	269

Home Tuition.

For the child who owing to a defect, illness or handicap is unable to leave home, the provision of Home Tuition is of inestimable educational and therapeutic value. Fortunately, in most cases this form of education was transitional, being provided for those who were away from school owing to illness. The remainder were long term illness cases or those whose parents refused consent for their education at a special residential school.

During the year under review the number receiving home tuition was 31 whereas in 1960 the number was 38. On the 31st December, 1961, there were 18 pupils registered for home tuition and throughout the year home tuition was provided for a total of 31 pupils.

Educationally Sub-normal Children.

In the Annual Report for 1960 the formal opening of St. Christopher's, the Day Special School for Educationally Sub-normal Children, was reported and it is with gratifica-

tion that I can report the excellent progress and development that has already occurred at this school. Initially, difficulties were encountered in obtaining parental consent to children being transferred to this school but many were convinced after inspecting the excellent premises and facilities provided there. However, the tone and reputation of a school is not dependent merely on material things and I would like to pay tribute to the teaching staff, for their inspired efforts, in establishing high standards. In particular, I would pay tribute to the devoted and wholehearted work of the late Headmistress, Miss Wynne Green who, after having been in charge of the old special school at Alexandra, lived for such a short period to enjoy the fruits of her labours in so much more congenial surroundings.

It is obvious already that St. Christopher's has established for itself an excellent reputation, for the school is now full and instead of having to persuade parents to send their children there the situation has been reached where parents submit requests for their children to be admitted from areas well outside the Divisional Area. Entry to the School is regulated by an Admission Case Panel which reviews every pupil seeking or recommended admission.

During the year under review 49 children were formally ascertained as Educationally Subnormal and needing education in Special Schools. Of this number 20 were suitably placed. At present 217 children in Denbighshire have been ascertained as Educationally Subnormal which is approximately 4 per 1,000 of the total school population and of these 115 are attending Special Schools. The majority of these children—(99)—are at St. Christopher's while the remaining 16 have been placed at various Special Residential Schools.

During 1961 the Ministry of Education Circular No. 11/61 was received. This dealt with Special Educational Treatment for Educationally Subnormal Children. It reviewed the provisions for the ascertainment and treatment of Educationally Subnormal pupils who are in need of specialised forms of education in special or ordinary schools. This Circular was duly considered by the appropriate Committee but in view of its profound implications and importance I submit again extracts and observations upon the Circular as reported to that Committee:—

“ In 1956, the Minister of Education estimated that 0.8 per cent. (52,000) of the number of children in maintained schools were in need of special school

places. In 1965, taking into account the increase in school population, it is estimated that 54,000 children will need special school places. To meet this increase and the widening interest taken in backward children in ordinary schools, the Minister appreciates that provision will have to be made for more special classes in ordinary schools, additional day special schools and an increased number of teachers suitably trained in the teaching of subnormal pupils. Local Education Authorities are being asked to ensure that courses both full-time and part-time, dealing with the teaching of the educationally subnormal, are made available to teachers.

It is possible to give the majority of backward pupils suitable education in ordinary schools, provided they are taught in special classes of under twenty pupils, by specially trained teachers. However, where suitable arrangements cannot be made, the Ministry makes the following suggestions for the information of Local Education Authorities:—

- (a) The provision of special classes at selected schools to serve a wider area than normally covered.
- (b) the employment of suitable peripatetic teachers.
- (c) the establishing of remedial classes or centres to help temporarily retarded children.
- (d) the establishing of diagnostic centres to determine the best forms of treatment especially for the very young children who appear to be exceptionally retarded.

Children who cannot be educated satisfactorily in special classes in ordinary schools should be sent to Day Special Schools unless there are particular reasons for sending them to Boarding Schools. The provision of more places at Day Special Schools will make it possible to select children at an earlier age than is done at present and where there are too few children within daily travelling distance of a Day Special School, a combined Day and Boarding School might be considered to bring numbers up to the minimum desirable for a good school organization (5 classes)."

The implementation of the foregoing policy will add substantially to the work and it is fortunate that the establishment of Educational Psychologists was increased recently. This was achieved by an amendment to the arrangement made by the five North Wales Local Education Authorities with the North Wales Child Guidance Service whereby, the Counties concerned, agreed to employ directly, two Educational Psychologists under the administration of Denbighshire Local Education Authority. These two officers work as integral members of the Child Guidance Service and, in the same way as this service, will serve the various constituent authorities according to the need. This expansion of the service will have been most opportune as much of the responsibility for implementing the foregoing circular will devolve upon these two officers.

Children unsuitable for Education at School.

During the year 9 children were reported to the Local Health Authority under Section 57 (4), details of whom are as follows:—

Age	Whether boy or girl	Remarks
5 years.	Boy	Grossly retarded and unsuitable for trial at school.
5 years.	Boy	Grossly retarded and unsuitable for trial at school.
5 years.	Boy	Grossly retarded and unsuitable for trial at school.
6 years.	Boy	I.Q.50. Attended school for 1 year 3 months.
6 years.	Boy	Grossly retarded—trial at school for 9 months.
8 years.	Boy	I.Q.42. Attended school for 2 years.
9 years.	Girl	Grossly retarded—attended school for 4 years.
13 years.	Girl	Grossly retarded — attended ordinary school for 8 years.
14 years.	Boy	I.Q.53. Attended ordinary school for 9 years.

Physically Handicapped Children.

The Spastic Day Centre at the Maelor General Hospital, Wrexham, provides treatment, training and teaching for spastic children handicapped physically and mentally. The assessment panel meet to select admission, under the chairmanship of the Consultant Paediatrician and the Centre Committee consider the progress achieved at periodic intervals.

This Centre has met a small but acute need which had not been tackled locally before. In the past, some of our spastic children travelled daily to the Birkenhead Spastic Centre which taxed the resources of the Health Department and the meagre energies of these children. Under the present arrangement, spastic children from a 5 mile radius are transported daily to the Spastic Centre and in this way they are enabled to benefit both from specialised treatment and remaining within their home environment.

A further development in the provision for Physically Handicapped Children is nearing fruition with the beginning of the building of the Special School by the five North Wales Local Education Authorities at Llandudno. Previously Physically Handicapped Children had to be placed in distant Special Schools which added considerably to the emotional upset of parents and children when parting. This problem will be resolved for most of our families with the opening of this school.

Epileptic Children.

Modern therapy has advanced sufficiently to ameliorate and/or control the more severe manifestations of Epilepsy. Consequently, many of the children who previously would have needed admission to Special Schools, now attend normal schools and participate in all activities apart from those where a sudden loss of consciousness might result in severe injury or loss of life. These restrictions are limited to swimming and climbing heights.

During the past year 1 Epileptic pupil attended a special school while a total of 66 Epileptic pupils continued to attend local schools.

Maladjusted Children.

The development and growth of the behaviour pattern of the normal child has a wide amplitude. Hereditary, environmental, educational and other factors mould significantly the attitudes and reactions of children with the consequent need for each child to be considered as an individual. Herein lies the complexity of the art of teaching or of medical treatment.

Deviation from normality must be detected early so that appropriate therapy can be instigated. This demands close co-operation and understanding between the parents, teachers, School Health Service and Child Guidance Service. Unfortunately maladjustment is often associated with parental disharmony or disturbed personal relationships within the home. Such conditions are unsuitable to the children's psychological development and they do not respond readily to advice and guidance. (Only too often this sort of situation is made more complex by the multiplicity of social agencies involved with the family.)

This type of background and other factors have to be carefully considered when endeavouring to assess the best arrangements possible for maladjusted pupils.

Such problems need the specialist advice of the Child Guidance Service and during the year 96 children were referred to them because of disordered behaviour.

At the end of 1961 there were 10 Denbighshire pupils attending Residential Special Schools for Maladjusted Pupils, two of whom had been newly placed during the year under review.

Dr. E. Simmons, Director of the North Wales Child Guidance Service, has for the past few months been seriously ill and under the circumstances I am particularly grateful to him for sending me the following preliminary report:—

“The staffing position of the clinics improved in the second half of the year and work proceeded on lines essentially identical with those of preceding years. Unfortunately the post of Child Therapist remained unfilled and the number of children who could be accepted for treatment was smaller than one would have wished. Preparations for the opening of ‘Gwynfa’, our new Residential Clinic for the treatment of emotionally disturbed children, added to the already heavy demands on our time and no other new work could be undertaken.

The numbers of pre-school children seen at the clinics have been relatively small for many years, only 15-22 having been referred during any one year of the period 1955-1960. About one-third of these, additionally, were dull or very dull and thus referred for diagnostic purposes or an assessment of their educability only. The numbers constituted only 5% to 8% of the total annual referrals. In 1961 the figures for the individual counties were:—

Anglesey	3
Caernarvonshire	4
Denbighshire	3
Flintshire	4

On the basis of general principles, the rapid rise in the referral rate of children after entry into school, and the chronicity of much ill-health found in even young schoolchildren, it is reasonable to conclude that evidence of abnormal development must frequently have been present at an earlier age, and that suitable modifications in handling or treatment might have prevented the development of more serious conditions, the consequent need for highly specialised and often lengthy treatment, and perhaps of permanent incapacitation.

It is not suggested that there is a simple answer to the problems involved. Abnormal development is frequently distinguished from temporary deviation with difficulty only, and neither diagnosis of abnormality nor suitable therapeutic or remedial measures are always acceptable when we are dealing with the very young.

We feel, nevertheless, that we could make a more definite contribution in this field if we could increase our contacts with those who deal with large numbers of pre-school children, in particular the staffs of Local Authority clinics. We need not necessarily ourselves see many more of the children, but psychiatrists and/or psychiatric social workers might discuss problems presented by parents or children with members of the clinic staffs, and interview either or both in selected cases. Experience would show what might be the best method of approach and we hope to take this matter up as soon as we can.

The Education Authorities of the five counties agreed to the appointment of two Educational Psychologists, the Denbighshire Authority acting as the employing agency on their behalf, the appointees to be seconded to the Clinics and to work as full members of the clinical teams responsible to the Medical Director. Mr. J. B. Edwards, who is Welsh speaking, and Mr. P. J. Macdonald, were appointed to the posts and took over their work on 1st November and 1st September, 1961, respectively.

The opening of 'Gwynfa' for the reception of patients was delayed until late December, as a result of illness among the senior clinic staff.

Recruitment to the 'house staff', of the composition and size needed to meet likely requirements during the first phase of development, was practically complete by October. Full use was made of the next few months to give everyone an opportunity to get to know each other and to discuss some of the many problems relating to the highly specialised work to be carried out at 'Gwynfa'.

This work later merged into the 'Two Year Course of Training for Workers with Emotionally Disturbed Children' which has been arranged jointly with University College, Bangor.

The number of children, boys and girls aged up to about 12, who can be accommodated at 'Gwynfa' will increase as time goes on to a probable maximum of 24. It is intended to accept additional 'trainees', who should be of good educational background and suitable temperament, in September of each year.

The exact contribution which 'Gwynfa' will be able to make, and the bearing this will have on the provisions to be made by Local Education Authorities for the treatment of emotionally handicapped pupils, cannot be assessed yet. It is thought very likely, however, that the number of places required in special hostels or schools will be reduced to a definite extent. It must be recognised, at the same time, that 'Gwynfa' apart from serving as a diagnostic centre, is intended to deal mainly with children who can be helped by active treatment during a period normally not exceeding 6-9 months. When, because of the nature of the children's handicap or because of environmental factors long term treatment within the education system is indicated, present arrangements will have to continue, although one hopes that in the not too distant future facilities will become available within reach of the children's own homes and in close co-operation with the established Child Guidance Services of the area.

We trust that at 'Gwynfa' we shall be able, in due course, to offer opportunities to gain additional experience to an increasing number of workers from

various fields, and that they and some of our own students, will help to staff existing and future establishments catering for the needs of emotionally disturbed children.

The range of the research project aiming to develop a standardised intelligence test for Welsh speaking children was extended to include children up to school leaving age. The work will be completed during 1962 and the resulting test scale will be of considerable value and interest to us at the clinics and, no doubt, to the staffs of the Local Health and Education Authorities.

Once again we have been greatly encouraged by the goodwill towards our work shown by many workers in the hospital, social, educational and community services of the area and we look forward to continued happy and fruitful co-operation with them."

Table No. 15.

North Wales Child Guidance Clinics

Number of Referrals received during 1961 (Denbighshire).

Name of Referring Agency	Number of Referrals
School Medical Officer	32
General Practitioners	17
Consultant Paediatricians	8
Other Medical Specialists	6
Courts and Probation Officers ...	7
Other Social Workers	10
Parents	3
Children's Officer	12
Head-teachers	1
Waiting list on 31/12/61—9	96

Child Guidance Clinics.

A Child Guidance Service is provided by the Regional Hospital Board from the staff of the North Wales Psychiatric Hospital, Denbigh.

Two of the Educational Psychologists included in the table of staff below, are in the direct employment of the five North Wales Local Education Authorities (Caernarvonshire, Denbighshire, Flintshire, Merionethshire, Anglesey) but form part of the Child Guidance Team under the direct supervision of the Consultant Psychiatrist (Regional Hospital Board).

Table No. 16.

Staff of Clinics	(a) Number	(b) Equivalent in number of whole-time officers
Psychiatrists	2	.55
†Educational Psychologists ...	1 (R.H.B.)†	.18)
	2 (L.E.A.)*	.66) .84
Psychiatric Social Workers ..	2	.36
Social Workers	1	.36

† R.H.B.—Regional Hospital Board.

* L.E.A.—Local Education Authority.

Table No. 17.

Number of Denbighshire Children and Parents interviewed at Clinics during 1961.

Clinic	No. of Individual Children *	Attendances									
						Psychologist				P. S. W.	
		First		Further		First		Further		First	Further
		C.	P.	C.	P.	C.	P.	C.	P.	P.	P.
Wrexham .	89	45	34	83	27	46	3	125	2	48	83
Colwyn Bay	32	13	11	9	1	13	3	24	3	16	21
Rhyl	8	5	5	32	6	5	—	4	—	6	21
Total	129	63	50	124	34	64	6	153	5	70	125

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

Table No. 18.

Number of Visits during 1961

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
89	9	38	6

Report of the Principal School Dental Officer

In thinking over the year I am struck by the large increase in dental health propaganda that has occurred and I am wondering how best we can all help. One obvious necessity is to try to heighten public appreciation to the importance of dental care not only for its own sake, but because of its relationship to total health care.

This is admittedly a difficult task, made more difficult by the fact that in most of our schools they provide for the sale of biscuits, sweets, etc. It is obviously no use preaching that sweets, etc., are harmful to children's teeth when they may be obtained on the school premises.

Enquiry elicits the remarkable fact (or excuse) that a number of children arrive at school without having had a proper breakfast and are therefore hungry by mid-morning, surely in this day and age this should not be so.

The other point is that in a number of schools they rely on the profits of the tuck shop to finance other facilities which, in my opinion, could and should be provided by the Education Authority.

The question of the fluoridation of community water arises once more and will have to be carefully considered in the coming year, because we are due to receive the report on the three selected areas that have been carrying out tests over the last five years, so at long last we may be able to come to grips with this problem. In the meantime, we must carry on trying to provide early and continuous care for children at school. This has been made a little easier this year by the fact that we have been able to obtain the services of another dental officer.

We are still very understaffed and at the moment it does not appear likely to be remedied in the near future.

Clinics.

During the year new equipment was installed in the Colwyn Bay Clinic and the best of the old equipment sent

along to Llanrwst Clinic which at the same time was redecorated and is now in a reasonable condition. During the coming year it is hoped that Abergele Clinic will be modernised and redecorated.

The remaining clinics are in good condition and the equipment satisfactory.

Staff.

Commencing on the 1st April, Mr. S. Jones-Pritchard joined the staff. Mr. Jones-Pritchard is a very experienced Dental Surgeon and we are very glad to have secured his services. He has for the most part been stationed at the new Clinic at Queens Park.

I understand we are to lose the services of Dr. Smith early in the new year, this indeed, will be a blow to the service as she is an extremely competent anaesthetist especially with the nursing and expectant mothers and the under school age children.

Orthodontics.

This department has once again proved its worth and the pressure on the Consultant Orthodontist's time is continually increasing, so much so, that thought must be given next year to obtaining some assistance for him. I am sure the Committee will be interested in the following report.

Report of the Consultant Orthodontist, 1961.

"Demand for Orthodontic treatment appears to be increasing, judging by the increase in the number of cases referred.

This increase cannot be equated directly with the age group now undergoing their routine dental inspections, but is compounded partly of this, and partly by the increased interest engendered by emphasis on certain aspects of dental care.

Certain aspects, it should be emphasised, are brought to the public notice by advertisement in the popular press, and on television, but rarely is the public capable of getting the picture in true perspective.

It is both interesting and encouraging to note that after pursuing a prolonged course of Dental Treatment such as when undergoing Orthodontic procedures, both patient and parents become infinitely more sensible about Oral health, and appreciative of the aims of the Dental Service.

It is regretted, however, that so many potential patients and parents are totally ignorant of the value of such elementary things as diet, oral hygiene and maintenance of the deciduous dentition.

Apparently the general public is prepared to go to more trouble to regain dental health, than it is to prevent dental illhealth occurring. Consequently children are very often allowed to choose their own diet within limits, and to supplement this by sweets and biscuits ad lib with the consequence that despite a general increase in personal income and expenditure, the dental health of the child has not improved.

Considering these basic factors, it is not surprising that the results of early inadequate masticatory effort and early loss of deciduous teeth is still providing a tremendous reservoir of cases needing orthodontic treatment.

It is also worthy of note that under the National Health Service, it is uneconomic for the private practitioner to cope with these demands, hence the necessity of a continued comprehensive School Dental Service."

Dental Inspection and Treatment carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers:—	
(a)	At Periodic Inspections	7622
(b)	At Specials	2073
	Total (1)	<hr/> 9695 <hr/>
(2)	Number found to require treatment	6786
(3)	Number offered treatment	6786
(4)	Number actually treated	8071

(5)	Attendances made by pupils for treatment including those recorded at 11 (h)	10279
(6)	Half-days devoted to:—	
	Periodic Inspection	92½
	Treatment	1494½
	Total (6)	<u>1587</u>
(7)	Fillings:—	
	Permanent Teeth	3850
	Temporary Teeth	1069
	Total (7)	<u>4919</u>
(8)	Number of teeth filled:—	
	Permanent Teeth	3699
	Temporary Teeth	1069
	Total (8)	<u>4768</u>
(9)	Extractions:—	
	Permanent Teeth	2709
	Temporary Teeth	4833
	Total (9)	<u>7542</u>
(10)	Administration of general anaesthetics for extraction	2815
(11)	Orthodontics:—	
	(a) Cases commenced during the year	158
	(b) Cases carried forward from previous year	98

(c) Cases completed during the year	80
(d) Cases discontinued during the year	11
(e) Pupils treated with appliances	241
(f) Removable appliances fitted	94
(g) Fixed appliances fitted	141
(h) Total attendances	2106
(12) Number of pupils supplied with artifical dentures	74
(13) Other Operations:—	
Permanent Teeth	141
Temporary Teeth	—
Total (13)	<u>141</u>

School Health Service and School Clinics

Return for 31st December, 1961.

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	11	4.08
(3) General Practitioners working part-time in the School Health Service	—	—
(b) (1) Dental Officers	7	5.22
(2) Dental Anaesthetist	1	.45

	Number	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(c) Speech Therapists	1	1.
(d) (1) School Nurses	37	16.77
(2) No. of the above who hold a Health Visitor's Certificate	34	—
(e) Nursing Assistants	—	—
(f) Dental Surgery Assistants	7	6.30

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 : 10.

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	4 sessions a week	daily	—	three times a week
Queens Park, Wrexham	—	daily	daily	—	—
Gatefield, Wrexham	—	—	daily	weekly	—
Rhos	—	3 sessions a week	weekly	—	—
Cefn	—	weekly	weekly	—	—
Denbigh	fortnightly	weekly	weekly	—	twice weekly
Llanrwst	full day once a month	weekly	weekly	—	weekly
Colwyn Bay	fortnightly	weekly	weekly	twice weekly	twice weekly
Abergele	—	weekly	weekly	—	weekly
Chirk	monthly	—	weekly	—	—

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 the Regional Hospital Board
(1)	(2)	(3)	
(a) Minor ailment and other non-specialist examination or treatment	10	—	
(b) Dental	8	—	
(c) Ophthalmic	5	—	
(d) Speech Therapy	5	—	
(e) Others:—			
(i) Child Guidance	—	1	

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