

**[Report 1963] / School Medical Officer of Health, Denbighshire County Council.**

**Contributors**

Denbighshire (Wales). County Council. no2004062613

**Publication/Creation**

1963

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**DENBIGHSHIRE EDUCATION COMMITTEE**



# **ANNUAL REPORT**

of the

**PRINCIPAL SCHOOL MEDICAL OFFICER**

for the year

**1963**

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**M. T. ISLWYN JONES,**

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

**Principal School Medical Officer.**

REPRODUCED FROM THE ORIGINAL



ANNUAL REPORT

PRINCIPAL SCHOOL - INDIAN DISTRICT

1901

1901

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## FOREWORD

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The presentation of the Annual Report on the Denbighshire School Health Service is not only an opportunity for the submission of facts and figures but also for a review and an assessment of future needs.

During 1963, the School Health Service, in all its manifold activities, was able to medically examine more children, undertake more specialised investigations, initiate more treatment and generally participate more fully in maintaining the health of the school child, which is an essential prerequisite to educational progress. This expansion is inevitable when it is appreciated that the School population is increasing and that the greater complexity of the modern educational system must lead to greater stresses and strains than in previous generations. It is fortunate that long-term planning has, so far, enabled the Denbighshire School Health Service to absorb the additional load without substantial increases in staff, but it is patently obvious that any further expansion of duties will necessitate additional staff.

The more frequent contact between doctors, nurses and teachers, particularly at those schools at which the "Pilot Scheme" operates, has resulted in better co-operation and the acceptance of the School Health Service as an integral part of the Educational System. No longer is the visit of the School Medical Officer considered a disruptive occasion, but rather an opportunity for consultation and the elucidation of joint problems. This exchange of information is mutually beneficial and ensures a concerted attempt to resolve the difficulties and problems of a specific child. With understanding comes confidence and many more teachers are prepared to accept handicapped children in their classes after discussions with the School Medical Officer, and with the assurance that he will be available in the event of a crisis arising. Inevitably this relationship adds substantially to the burden of the School Health Service, but the benefits that accrue to the pupils is a substantial recompense. In this context the "Child at Risk Register" is an extension of the service which, while onerous, will undoubtedly ensure that pupils who are liable to a breakdown in health will be



observed constantly and their development watched so that preventive measures can be planned well in advance.

However, it must be appreciated that in the maintenance of good health and development, the child is also very dependent on many other factors, such as good parents and a good home. I find it disturbing that several members of the staff have, in this Report, had occasion to refer to the failure of parents to play their part. It is significant that poor personal hygiene, as manifested by infestation by headlice and dirty feet, should persist in this modern age and in this County. So much has been, and is being, done to improve housing, water supplies, sewerage, heating and food supplies generally that the only excuse is personal indifference or apathy. If these primary essential principles to good health are ignored, is it surprising that the facilities offered by the School Health Service are not utilised by this small minority. It distresses me that members of my staff have to personally undertake parental responsibilities to ensure that pupils receive the medical treatment which they need. Members of my staff have to take a child to the Consultant, check that spectacles or other appliances are worn, and maintain a constant surveillance to ensure treatment is continued. Fortunately, such parents are a small minority but their children absorb much of the time, energies and patience of the School Health Service. In contrast to these parents are those who are over protective and, perhaps in some situations, they present an even more difficult problem. Their intentions are good but, unhappily, are only too often misdirected. Despite persuasion this group persist in ignoring expert advice only, eventually, when irrecoverable time has been lost, to be forced by circumstances to face the inevitable facts. Tragically the child is the centre of this situation. Such parents are few and the vast majority of parents co-operate closely and deeply appreciate the efforts of the School Health Service.

The Hearing and Vision testing sweeps operated continuously for a full year and the results were most gratifying. All pupils in the 7+ year group were tested together with others who had been referred for suspected deafness or defective vision. From a total of 8,885 tested 596 were found to have some hearing loss, and of these 215 were referred for treatment and 3 were provided with hearing aids. I wonder what educational progress the 3 would have achieved if their deafness had not been diagnosed. Again, there were 8,424 pupils who had their vision tested



and 221 were referred to the Ophthalmologist. In the County Ophthalmic Consultative Clinics alone 362 pupils were issued with spectacles which, of course, does not take into account other forms of treatment for preserving effective vision.

The Speech Therapy Service had a good year, being continuously at full strength and, therefore, able to dispose of much of the waiting list as well as diversifying its activities. In accordance with the established pattern, the provision of a good service has immediately revealed a hidden demand and the clamour for more sessions and more therapists is growing. However, at the time of writing the prospects are gloomy for two therapists have resigned and no applications for the vacancies have been received.

During 1963, there were only five children notified as suffering from tuberculosis which is the lowest figure since 1958 and it is to be hoped that the concerted drive against this disease is becoming effectual. Of the 1,427 pupils skin-tested, only 234, or 16.3 per cent. were positive. In accordance with the comprehensive scheme, all family contacts of those positives, over the age of 16 years, were x-rayed and those under 16 years skin-tested. This case finding procedure resulted in one unsuspected case of active tuberculosis being discovered.

Handicapped pupils are another group which require highly skilled and specialised techniques for their appropriate placement in the educational system. Manifold factors have to be carefully assessed and allocated meticulously either for or against a particular course of action. Usually the primary consideration is whether the Special Educational Treatment can be supplied without removing the child from his home environment. This often leads to many administrative problems but fortunately my colleagues in the Education Department and the Schools throughout the County have always removed or minimised such difficulties so that the best interests of the child are served. I wish to record my appreciation to them, not only for doing, but particularly for wanting to do, the utmost possible for our Handicapped Children. Similarly, when it is necessary to place a Handicapped Pupil away from home in a Special Residential School no effort is spared to find a vacancy at a school which is most suitable for the pupil. I am exceedingly proud of the record of the Denbighshire Local Education Authority in this sphere and I am particularly gratified by the confidence of Committee Members who have vested the Director of Education and the Principal School Medical Officer with



powers to place a Handicapped Pupil in a Residential Special School without the delays of the usual Committee procedures.

St. Christopher's, the Day Special School for Educationally Subnormal Children at Wrexham, has a waiting list and if the ascertainment of educationally subnormal pupils continues at the current rate, it will need substantial extensions. The provision of a similar school in West Denbighshire is also a pressing matter.

The Residential Special School for Physically Handicapped Children—Gogarth School, Llandudno—is now well established and it provides magnificently for this category of handicapped children.

The Ty Gwyn Residential School at Llwyngwyril has also embarked upon a diversity of programmes which should not only broaden the educational horizon but also help to mould the personalities of future generations. The "Design for Living" Course which has been so much enjoyed and appreciated by several groups of 14 year old girls will, I am confident, not merely have taught them the rudiments of housewifery but also given them a glimpse of the joys and pleasures of a clean, orderly, well organised and happy home. Surely the ultimate aim of our educational system is to prepare our pupils for a career, and the majority of girls have but one career in mind. Is it not, therefore, wise and foreseeing to ensure that these girls are reasonably well-equipped for establishing a home of their own? The "Design for Living" Course at Llwyngwyril is merely the first step towards a better informed wife and mother, which in due course must result in a raised standard of child care and an improved home environment. This surely is one way of reducing the rising incidence of mental illness and delinquency, maladjustment and other manifestations of an insecure and inadequate home life. These social ills of our time are the overt signs of a deeper malaise which demands the concerted efforts of all those concerned with the good health—using the term in its widest possible connotation—of our future generations. I trust that the small beginnings at "Ty Gwyn" will lead to bigger and better things.

In this foreword I have striven merely to highlight some aspects of the School Health Service leaving the bulk of the information to the body of the Report, which was prepared mainly by Dr. E. S. Lovgreen, who, towards the end of 1963, took over the administration of the School Health Service



from Dr. Peach, the Deputy Principal School Medical Officer. A study of the report shows that the enormous volume of work has entailed diligence and hard work on the part of the staff, and I am grateful to them for their loyalty and willingness to do that little extra which, so often, means the difference between achievement and mediocrity.

Finally it is a pleasure to record my appreciation for the stimulating interest and understanding and support which has so generously been given to the Department by the Chairman, Alderman Mrs. Dorothy Dodd, Vice-Chairman, Councillor R. Roberts, and members of the Sub-Committee.

M. T. ISLWYN JONES,

Principal School Medical Officer.

County Health Department,

16 Grosvenor Road,

Wrexham.

July, 1964.

## **COMMITTEES**

### **Education Committee**

**Chairman:** Alderman Llewelyn Charles, B.E.M.

**Vice-Chairman:** Alderman Goronwy Owen.

**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:** Alderman 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.  
Alderman Mrs. V. Challoner.  
Councillor Edward Davies.  
Councillor Dr. Ifor H. Davies, M.Sc.  
Alderman F. H. A. Jones.  
Councillor W. R. Jones.  
Councillor E. D. Lloyd.  
Alderman Watkin Lloyd.  
Councillor Mrs. L. E. Massee.  
Councillor J. I. McCarthy.  
Councillor John Owen.  
Councillor Ernest Price.  
Alderman George Richards.  
Councillor Edward Roberts.  
Alderman Edwin Tomlinson.  
Councillor Emmanuel Williams.  
Mrs. A. E. Roberts.

### **Wrexham Area Divisional Executive Committee**

**Chairman:** Alderman Eric McMahon.

**Vice-Chairman:** Councillor Peter George

	Members
<b>Composition:</b> 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
	—



## STAFF

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### 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:

F. P. Peach, M.B., Ch.B., D.P.H.

### 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.

H. Summers, M.Sc., M.B., Ch.B., D.P.H. (resigned  
30/9/63).

### School Medical Officers:

Sybil O. Edwards, M.B., Ch.B., D.P.H. (resigned  
30/9/63).

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

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

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

Gareth Williams, M.B., Ch.B., D.P.H.

Alwyn Griffith, M.B., Ch.B., D.P.H.

John G. Williams, M.R.C.S., L.R.C.P. (commenced  
2/12/63).

### Principal School Dental Officer:

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

### Assistant Dental Officers:

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

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

D. B. Waugh, L.D.S.

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 Ophthalmologists (part-time):**

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

Gordon L. Harper, M.R.C.S., L.R.C.P., D.O. (Eng.)  
(commenced 18/5/63).

**Speech Therapists:**

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

Miss V. Northam, L.C.S.T.

Mrs. G. B. Smith, 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  
(resigned 31/1/63).

Miss A. Large, S.R.N., S.C.M., H.V., Queen's  
Nurse (commenced 1/6/63).

**Health Visitors and School Nurses**

(as at 31st December, 1963):

Miss M. E. Bellis, Miss C. J. Davies, Mrs. D. Edwards, Miss E. Edwards, Miss G. Evans, Miss S. C. Evans, Mrs. I. E. Garner, Miss E. Griffiths, Miss O. M. Hobson, Mrs. L. M. Harrison, Miss M. E. Jones (Wrexham), Miss Morfydd Jones, Mrs. G. York Jones, Miss R. H. Jones, Mrs. K. M. Mills Jones, Miss Ethel Jones, Miss A. E. Jones, Mrs. S. Jones, Miss J. P. T. Lewis, Mrs. J. W. Molloy,



Miss A. Vaughan Pugh, Mrs. J. M. Pritchard, Mrs. O. M. Prodger, Miss Doris Phillips, Miss M. Robinson, Mrs. V. Richards, Mrs. E. Roberts, Miss E. A. Roberts, Mrs. M. R. Roberts, Miss B. E. Spence, Miss W. M. Tagg, Miss E. Walker, Miss J. Mackie, Miss G. O. Pugh, Mrs. R. J. Kay (part-time), Miss M. E. Jones (Coedpoeth), Mrs. A. Martin.

**Dental Surgery Assistants:**

Mrs. A. Hughes, Miss I. E. Sanderson, Miss V. Lewis, Miss J. Frazer, Miss P. Hughes, Miss A. Evans, Miss C. Rowlands.

**School Health Attendants:**

Miss M. E. McKevitt, Miss Mai Jones, Mrs. J. G. Williams (commenced 13/5/63), Miss B. Norris (commenced 13/5/63).

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**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.B., Ch.B., D.C.H.

**Registrar in Child Guidance:**

Dr. G. Joy Pryce, M.B., Ch.B., D.C.H.

**Clinical Assistant:**

Dr. Patricia C. Powell, M.B., Ch.B. (commenced 18/11/63).

**Senior Psychologist:**

W. E. Moore, B.Sc. (commenced 1/1/63).

**\*Psychologists:**

J. B. Edwards, M.A.

P. J. Macdonald, B.A.

**Social Worker:**

Mrs. V. Ford-Thomson.

**Psychiatric Social Worker:**

Miss G. M. Brown, B.A.

\* 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 (Hospital Board).



# Report of the Principal School Medical Officer for the Year 1963

## General School Statistics.

Total Number of schools	...	...	...	...	192
Total school population	...	...	...	...	28,651

Type of School	No. of Schools	No. of children in attendance
Primary Schools	161	16,590
Secondary Modern Schools	16	5,820
Secondary Grammar Schools	9	4,576
Bilateral	3	1,539
<b>Special Schools:</b>		
Llangwyfan Hospital Special School	1	15
St. Christopher's Special School for Educationally Sub-Normal Children, Wrexham	1	100
Abergele Hospital Special School	1	11

## 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	
	1963	1962
<b>(a) Periodic Medical Inspection.</b>		
Entrants ... ..	2,560	2,498
Second-age group ... ..	2,362	1,955
Leavers ... ..	2,696	1,777
(b) No. of special inspections ... ..	1,158	597
(c) No. of re-inspections ... ..	2,430	3,248
<b>Total ... ..</b>	<b>11,206</b>	<b>10,075</b>



The year under review has been one of steady progress in the care of the health of the school child. The concept of looking at the whole child in the school environment, that is, considering the social, mental and physical development of the individual pupil has been achieved by the co-operation and team-spirit which exist between doctor, teacher and school health visitor, along with the employment of progressive methods, such as the modified form of school medical inspection (Pilot Scheme), mass screening of vision and hearing and the recording of the "vulnerable" in a "Child At Risk" Register. Such children are those other than the child with an established handicap who, at any age due to social, familial or other circumstances, may be prone to the development of some subsequent deviation from the normal. Frequent and regular review of these children on the "Child At Risk" Register should ensure the early detection of any deviation from normal development and/or the diagnosis of disease in its early stages. Although this innovation will add substantially to the work of the School Health Service it is hoped that the more intensive surveillance will prove of substantial benefit to the child.

Another development which should benefit the child was the introduction of a new Medical Record Card at the Child Welfare Centres. This "Combined" Medical Record Card was designed to ensure that all relevant medical information regarding the child would be collated chronologically through the Child Welfare Service and through to the conclusion of his attendance at any of our schools. The card incorporates not only recording space for tables and questions, in compliance with Ministry requirements but, in addition, space for the inclusion of the results of specific tests. Such recording should ensure that all medical information is readily available to the School Medical Officer, which is essential before giving any advice or recommendation that may have far reaching effects on the child's future. It will be a few years before the benefits of this system will be fully developed because the "Combined Medical Record Card" was only recently introduced.

Over one-third of the schoolchildren in the County are examined yearly by the Medical Officers and this can only be done so readily and satisfactorily with the co-operation of the teaching staff in the schools, and their help is greatly appreciated. Co-operation is also required from parents and in general this is forthcoming, but there are still the small minority of parents who appear indifferent to the problems of their children. In some instances, where special examina-



tions of individual children were arranged, failure to keep the appointment without any notification to the department resulted in Medical Officers wasting time in travelling and waiting at the Clinic or School, but of even greater importance was the delay in assessing the child's problems and establishing remedial measures.

In support of the National Educational Campaign the Wrexham and District Teachers' Association organised, at the Wrexham Library, an Exhibition called "Your Child and the School." The School Health Service was invited to participate and throughout the week members of the staff attended to demonstrate, explain and discuss the display material. The Public was particularly interested in vision and hearing apparatus, speech therapy techniques and some special photographs depicting the work of the department.

### School Health Attendants.

The first full-year's work of the School Health Attendants has amply justified these new appointments. They have been responsible for carrying out the routine screening tests of vision and hearing, using the M.A.V.I.S. vision screener and audiometers. In addition, they have, relieved the School Health Visitors of many routine tasks at the School Medical Inspections, Staff medical examinations, immunisation sessions and in clerical work.

Table No. 2.

Analysis of defects found at Periodic Inspections during the year ended 31st December, 1963.

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 .....	3	21	7	19	10	30	20	70
5	Eyes:								
	(a) Vision .....	57	62	187	56	217	142	461	260
	(b) Squint .....	10	24	3	3	11	30	24	57
	(c) Other .....	1	3	—	2	—	16	1	21
6	Ears:								
	(a) Hearing .....	8	33	11	24	15	21	34	78
	(b) Otitis Media .....	2	26	5	3	3	11	10	40
	(c) Other .....	12	9	12	1	13	3	37	13
7	Nose and Throat .....	16	221	7	23	28	180	51	424
8	Speech .....	18	35	3	4	26	39	47	78
9	Lymphatic Glands .....	1	19	1	6	—	10	2	35
10	Heart .....	4	22	3	9	3	21	10	52
11	Lungs .....	4	62	8	21	5	63	17	146
12	Developmental:								
	(a) Hernia .....	2	1	—	1	2	2	4	4
	(b) Other .....	—	2	1	4	2	16	3	22
13	Orthopaedic:								
	(a) Posture .....	1	6	—	10	3	22	4	38
	(b) Feet .....	6	80	8	18	6	64	20	162
	(c) Other .....	5	118	12	21	7	45	24	194
14	Nervous System:								
	(a) Epilepsy .....	6	6	—	5	3	7	9	18
	(b) Other .....	1	15	—	12	—	12	1	39
15	Psychological:								
	(a) Development .....	—	3	—	5	7	33	7	41
	(b) Stability .....	—	13	1	20	3	24	4	57
16	Abdomen .....	—	7	—	2	2	6	2	15
17	Other .....	1	13	1	4	2	18	4	35



**Table No. 3.**

Analysis of defects found at Special Inspections during the year ended 31st December, 1963.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin .....	3	13
5	Eyes:		
	(a) Vision .....	62	55
	(b) Squint .....	7	4
	(c) Other .....	1	8
6	Ears:		
	(a) Hearing .....	18	17
	(b) Otitis Media	1	5
	(c) Other .....	13	11
7	Nose and throat ..	18	93
8	Speech .....	18	32
9	Lymphatic Glands.	—	15
10	Heart .....	1	10
11	Lungs .....	5	31
12	Developmental:		
	(a) Hernia .....	—	1
	(b) Other .....	—	2
13	Orthopaedic:		
	(a) Posture .....	3	11
	(b) Feet	3	18
	(c) Other .....	5	26
14	Nervous System:		
	(a) Epilepsy .....	3	9
	(b) Other .....	—	3
15	Psychological:		
	(a) Development	1	14
	(b) Stability ....	6	15
16	Abdomen .....	1	4
17	Other .....	1	5



**Cleanliness.**

A further rise in the number of children found to be infested with nits and headlice to 1,007, as compared with 932 last year, emphasises the trend that started in 1962 after falling steadily from 1956 to 1961. This increase is undoubtedly caused by the steady increase in length of modern hairstyles favoured by both sexes, and the back-combing and lacquering of the female hair. Undoubtedly these factors increase the ease of spread of the headlice and make treatment more difficult and protracted. The children concerned are mainly from a small group of families who appear quite happy to live with their infestation and although they will treat the children when instructed to do so, the child is soon re-infested by older members of the family. Unfortunately, this is only one manifestation of their unconcern for personal hygiene for in the same group of children there is often a marked lack of care of the feet and, on occasions, children—some of secondary school age—have been sent to wash their feet before being examined by the doctor.

**Defective Hearing.**

The appointment of the School Health Attendants has made possible a marked increase in the number of children whose hearing was tested by the audiometer from 1,362 in 1962 to 8,885 in 1963. The hearing sweeps have been carried out in Infant, Junior and Senior Schools throughout the County.

From the children examined, 215 were finally referred to the E.N.T. Department of the hospital service for treatment of a variety of conditions giving rise to symptoms of deafness. Three children were eventually found to need, and were supplied with, hearing aids at the hospital clinic as a direct result of this survey. Repeat audiometry on many others after treatment showed that their hearing had been greatly improved. Where necessary, information was passed on to the teaching staff, to enable them to give the child a favourable position in class and the strain on many of the children with minor degrees of hearing loss was, in this way, greatly eased.

**Table No. 4.****Analysis of Hearing Tests carried out during 1963.**

No. of schoolchildren tested	No. found to have defective hearing	No. referred for treatment	No. for observation
8885	596	215	93

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

	No. of pupils treated
<b>A. Operative Treatment:</b>	
(1) Diseases of the ear .....	9
(2) Adenoids and chronic tonsillitis .....	204
(3) Other nose and throat conditions .....	18
<b>B. Other forms of treatment .....</b>	<b>59</b>
<b>Total .....</b>	<b>290</b>



### Defective Vision.

As with hearing tests, vision screening sweeps have been carried out by the School Health Attendants in the Junior and Senior Schools, using the M.A.V.I.S. vision screening apparatus and in the first full year with these machines 8,424 children were tested, 221 being referred for treatment and 120 being kept under further observation. These figures are in addition to the numbers of children whose vision was tested by the School Health Visitor on entry to school and at the Routine Medical Inspections.

Children found to have defective vision were referred to either the Hospital Ophthalmological Clinic or to the County Ophthalmologist. During 1963, it was possible to recommence the School Eye Clinic at Colwyn Bay and Dr.

G. L. Harper, in his report, states:—

“The School Eye Service was recommenced in Colwyn Bay in April, 1963, and has continued to be held at regular intervals. Children requiring orthoptic or surgical treatment have been referred to the Hospital Eye Service. It is my practice to re-examine all children who have defective vision at regular intervals. Most of the clinics have been well attended.”

**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 .....	12	92	161	57	19
Denbigh .....	22	178	300	106	27
Llanrwst .....	13	114	141	32	9
Wrexham .....	17	132	225	77	37
Colwyn Bay .....	12	132	144	90	13
<b>Totals</b> .....	<b>76</b>	<b>648</b>	<b>971</b>	<b>362</b>	<b>105</b>



Dr. Mary Rowland Hughes, County Ophthalmologist at Denbigh and the Clinics in the East, in her report for 1963, comments:—

“School Eye Clinics have been continued at regular intervals at Wrexham, Chirk, Denbigh and Llanrwst and have been well attended. Children are first tested for visual defects on entry to school at five years of age and several are found to be in need of glasses; those with other defects, such as strabismus, are referred to the appropriate hospital clinics for orthoptic and surgical treatment as indicated. During the year one child was referred with a retinal detachment and has received surgical treatment. One other child of seven years has been referred for examination for partial sight due to total albinism and it is hoped will be admitted to a school for the partially sighted during the next twelve months.

As usual, the Health Visitors have been very industrious in their selection of cases for refraction and in bringing forward any visual anomaly.”

### **Treatment of Eye Defects**

**Table No. 7.**

	No. of Pupils treated by Hospital Service		
	1961	1962	1963
No. treated .....	1569	2357	2379
No. for whom spectacles were prescribed .....	795	855	921

### **Speech Therapy.**

The County have been fortunately placed during the year in having, for the whole of that period, the services of three qualified speech therapists and this has enabled a much wider and more intensive service to be run, resulting in a substantial drop in the waiting lists in the East Denbighshire area. In West Denbighshire the provision of a further service has resulted, during the year, in a rise in the number



on the waiting list as a result of children being brought forward for treatment who had not previously been referred or assessed. The wider basis of the Service is shown in the report by Miss Rena E. Stephens, Speech Therapist for the County:—

During the year the Speech Therapy Service has gradually expanded until it now covers a wide variety of patients. This has been made possible by the fact that we now have three Speech Therapists and the benefits can be seen by the great increase in the number of those treated.

Miss Valentine Northam has held School Health Service Clinics in Abergele, Colwyn Bay, Denbigh and Llanrwst. In each of these areas diagnostic clinics have been held in order to assess each child on the respective waiting lists. There has been no large drop in the number on each list as there have been many new cases referred. Many schools have been visited during the year, some for the first time.

Speech assessments have been made of several of the children attending the Training Centre, Glan-y-Don, Old Colwyn. Monthly consultations with the Supervisor at this Centre have been held and it is considered that these consultations are invaluable in planning the language training for these children. Two sessions a week have been held at Ysgol Gogarth, the School for Physically Handicapped Children at Llandudno. As reported in 1962 these two sessions are inadequate. With the increase in the number of children attending the school and the need of daily treatment for some children, it has been necessary to seek the help of the Physiotherapist and teaching staff to implement speech therapy.

Patients have been referred to the Speech Clinic at H.M. Stanley Hospital, St. Asaph, from the E.N.T., Geriatric and Medical Departments. There has been a considerable increase in the number of out-patients as compared with the number in 1962.

Mrs. Gillian Smith has worked in Clinics in Cefn, Queens Park, Rhos and Gwersyllt and now that a full year of the speech therapy service has operated in these areas surrounding Wrexham, the waiting lists in these



districts have diminished considerably. A recent 'crash programme' has meant some temporary reorganisation of time-tables, but this is completed and it is hoped that children will now be able to be admitted for treatment soon after referral. Attendance has improved in most areas, although the Clinics which are poorly attended are in the areas where speech defects are most prevalent. Home visits have been made and are always beneficial. A weekly session at Gatefield Clinic, Wrexham (set up in the Spring as a temporary measure) has proved so successful that it is planned to continue this for some time, even when the emergency programme is completed.

Treatment time at Gwersyllt Junior Training Centre was cut by half which meant that most children were seen fortnightly. The number of children requiring Speech Therapy at the Centre has also doubled, so progress here has naturally been limited. It is hoped, however, that two sessions per week will again be possible within the first few weeks of 1964.

Mrs. Smith and I have continued to hold School Health Service Clinics at Grosvenor Road and it has been encouraging to see that the waiting list there is now of a reasonable proportion. I also held a clinic at Gatefield for some months—the demand there has now been met and this has been discontinued. For the first time, I worked for one session a week at the St. Christopher's E.S.N. School—the need for treatment here is greater than can be met in one session and it is hoped that more time can be spent there if another Therapist joins the staff.

In May, Speech Therapy sessions were started at the Spastic Unit and Geriatric Unit of the Maelor General Hospital—one and a half sessions held at the Spastic Unit and a half session at the Geriatric Unit each week. I have worked in close co-operation with the other members of the staff and gratefully acknowledge their help. Patients in both Units really require more time than can be devoted to them at present, although I have been pleased with the results of speech therapy in these patients so far.

The clerical assistance has continued to be invaluable, particularly during this year, as such large numbers of children have passed through the Clinics.



To simplify records, it was considered easier to class a patient as a "discharge" only when it was not necessary to see them ever again. Since all cases need at least one follow-up appointment after regular speech therapy has been terminated, it was decided to form a new classification of patients "suspended." This explains the reason for the few discharges in 1963.

The policy of contacting all those concerned with the patient has been continued and individual consultations have been held with Medical Officers of Health, Consultants, Teaching Staff, General Practitioners and Health Visitors. The help which has been given is very much appreciated. The three Speech Therapists have met once a month for a Case Conference—the opinions shared have proved of mutual value re diagnosis and therapeutic procedure.

It is hoped that more Therapists will be recruited in the future so that even more expansion can be made and the waiting lists cut down even further."

Table No. 8.

## Analysis of work performed by the Speech Therapists

Clinic	No. of Half-day Sessions	No. of New Cases seen	Total No. of attendances	No. of Cases Discharged from treatment	No. of Cases awaiting treatment
Colwyn Bay .....	109	22	517	4	42
Abergele .....	45	12	284	1	28
Denbigh .....	78	13	433	—	37
Llanrwst .....	44	6	235	1	13
Llandudno Special School for Physically Handicapped Children .....	68	6 *(4)	416 *(145)	—	—
1 Grosvenor Road, Wrexham .....	195	49	1114	8	20
Queens Park, Wrexham .....	111	17	554	5	1
Gatefield, Wrexham..	33	2	144	2	1
Rhos .....	49	13	191	2	1
Cefn .....	81	18	330	1	—
Spastic Unit, Maelor General Hospital, Wrexham .....	34	13	160	—	—
Total .....	847	171	4378	24	143

\* Figures in brackets refer to Denbighshire Pupils.

No. of Visits to Schools 73      No. of Home Visits ..... 186



### Analysis of New Cases

Defects of Organic Origin		Defects of Functional Origin	
(a) Cleft Palate .....	18	(a) Stammerers .....	105
(b) Spasticity .....	11	(b) Dyslalia .....	147
(c) Deafness .....	9	(c) Dysphonia .....	4
(d) Dysphonia .....	—	(d) Sigmatism .....	61
(e) Phenylketonuria ...	—	(e) Clutter .....	2
(f) Aphasia .....	1	(f) Alalia .....	—
Examined and not requiring treatment ...		—	
Defect caused by subnormality .....		7	

### Mortality among Schoolchildren.

The total deaths of children of school age in the County remains very small but even so is unfortunately three more than in 1961. The whole of this increase is made up by the rise in accidental deaths from three in 1961 to six in 1962—this number forming almost half the total of thirteen. Parents, and all who are in any way connected with children should, at all times, be aware of the need for care on the roads and are urged to impress this on their children both by instruction and example.

The two accidents from other causes both occurred in boys whilst playing on trees and for the second year in succession all the accidental deaths occurred in males. In other causes of death the most obvious factor is the absence of deaths from the infectious diseases—a heartening reminder of the effectiveness of modern preventative and curative measures.

## Deaths of Schoolchildren showing Cause, Sex and Age.

Cause		Sex and Age		Total
1. Accidents.				
(a) Road				
(Fractured Skull)	Male	16 years ...	...	1
Road (Haemorrhage)	Male	12 years ...	...	1
Road				
(Fractured Skull)	Male	11 years ...	...	1
(b) Home (Asphyxia) ...	Male	5 years ...	...	1
(c) Other (Asphyxia) ...	Male	13 years ...	...	1
Other				
(Fractured Skull)	Male	11 years ...	...	1
2. Cancer.				
(a) Acute Leukaemia ...	Female	13 years ...	...	1
3. Heart.				
(a) Congestive Cardiac				
Failure ... ..	Male	11 years ...	...	1
Congestive Cardiac				
Failure ... ..	Male	10 years ...	...	1
(b) Myocarditis ... ..	Male	4 years ...	...	1
4. Other Conditions.				
(a) Generalised peritoni-				
tis and intestinal				
obstruction ... ..	Male	17 years ...	...	1
(b) Fibrocystic disease				
of the pancreas and				
lungs ... ..	Female	13 years ...	...	1
(c) Subdural abcess ...	Male	13 years ...	...	1
Total				13



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

**Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) affecting Schoolchildren during 1963.**

Disease	No. of Cases
Whooping Cough .....	34
Measles .....	505
Scarlet Fever .....	30
Dysentery .....	28
Total .....	597

The overall picture with regard to the notifiable infectious diseases was again of a year with a comparatively low incidence although each figure is up on those of 1962—but nowhere near the high figures of the 1960/61 epidemic year for measles.

**Vaccination against Smallpox.**

After the heavy demand for vaccination in 1962—due to the presence of smallpox in the country and when some 3,000 children were vaccinated or revaccinated—it was only to be expected that the figure for 1963 would be relatively

low as the figures of 29 pupils given primary vaccination and 30 revaccinations show.

### **Vaccination against Diphtheria and Tetanus.**

The maintenance of a satisfactory level of immunity in the school child against these diseases depends on their receiving booster injections to augment the waning immunity developed after their primary course of injections normally given in early infancy. To ensure this, children on school entry and at the age of ten years are offered booster doses and during the past year the number of children so treated was 592.

### **Poliomyelitis Vaccination.**

Vaccination against polio continued using the now familiar oral vaccine given on a lump of sugar. During 1963, on the advice of the Joint Committee on Vaccination and Immunisation, it was recommended that in addition to previous arrangements, all immunised children entering school should be offered a re-inforcing dose of oral vaccine. In complying with this a total of 2,410 children received a dose of oral vaccine following a previous course of three doses; 515 completed their course with oral vaccine following two injections of salk vaccine and 256 children received a full primary course of oral vaccine.

### **Tuberculosis.**

Table No. 10.

#### **Incidence of Tuberculosis in Schoolchildren.**

	No. of Notified Cases					
	1958	1959	1960	1961	1962	1963
Pulmonary .....	4	6	10	9	13	4
Non-Pulmonary .....	1	2	1	2	3	1
Total .....	5	8	11	11	16	5



It is gratifying to note that only five children were notified as suffering from Tuberculosis. The four notified as pulmonary cases showed primary lesions and were all contacts of known adult cases—two, in fact, being children of the same family where the mother had recently been found to have active pulmonary tuberculosis. The child with non-pulmonary disease was a boy with renal tuberculosis and contact examinations in the family and amongst his school contacts revealed no source and the origin of his disease remains obscure.





### B.C.G. Vaccinations carried out during 1963.

As in previous years B.C.G. was offered to school-children in the secondary schools during the year they reached the age of 13 years. A total of 1,427 children were tested using the Heaf Multiple Puncture Technique. Of these 1,191 were found to be negative and 1,179 actually vaccinated with B.C.G., whilst 234, or 16.3 per cent. were found to be tuberculin positive. These children were x-rayed and family contacts advised to have a chest x-ray and the contacts under 15 years of age were skin-tested. Of these contacts one child was found to have an active primary lesion. The probable source of infection was from an aunt—a known case of tuberculosis. This child's family had not previously attended as contacts at the Chest Clinic.

The total figure tested is less than in 1962 but this is partly due to reorganisation of the programme in East Denbighshire and this being spread over the Autumn Term of 1963 and into the Spring of 1964. Some schools were thus not visited in 1963 but will have been visited in the school year 1963/64, e.g. Ruabon Grammar School for Boys and Girls; Grango School, Rhos; Pen-y-Gelli School, Coedpoeth; Dinas Brân School, Llangollen.

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

School	No. Skin Tested	No. Positive	No. Negative	No. Vaccinated
Brymbo County Secondary ...	23	2	21	21
Bryn Alyn County Secondary, Gwersyllt .....	31	3	28	28
Brynteg County Secondary .....	15	5	10	10
St. David's County Secondary, Wrexham .....	96	18	78	78
Penygelli County Secondary, Coedpoeth .....	2	1	1	1
Alexandra County Secondary, Wrexham .....	31	7	24	24
Rhos County Secondary .....	1	—	1	1
Darland County Secondary, Rossett .....	27	2	25	25
Llay County Secondary .....	53	8	45	45
Brynhyfryd Bilateral, Ruthin ...	107	15	92	92
Grove Park Girls' Grammar, Wrexham .....	105	13	92	92
Denbigh County Secondary ...	75	7	68	68
Denbigh Grammar .....	53	7	46	46
Madoc County Secondary, Acrefair .....	103	9	94	94
Bryn Offa County Secondary, Wrexham .....	94	15	79	79
Grove Park Boys' Grammar, Wrexham .....	92	8	84	84
Ruabon Boys' Grammar .....	1	—	1	1
Colwyn Bay Grammar .....	47	13	34	34
Colwyn Bay Secondary Modern	103	14	87	87



**Table No. 12 (continued).**

School	No. Skin Tested	No. Positive	No. Negative	No. Vaccinated
Abergele Grammar .....	45	3	42	41
Abergele Modern .....	94	47	47	42
Llanrwst Grammar .....	24	4	20	18
Dinas Brân Bilateral, Llangollen	10	6	4	4
St. Joseph's County Secondary, Wrexham .....	33	5	28	28
Yale Grammar/Technical, Wrexham .....	74	7	67	67
Llanrwst County Secondary ...	88	15	73	69
Total .....	1427	234	1191	1179

**Table No. 13.**

**Mass Radiography Unit Visits to Schools and Colleges  
in Denbighshire during 1963.**

		No. Examined			Requiring Further Observation		
		M.	F.	T.	M.	F.	T.
Cartrefle Teachers' Training College	Students ....	—	73	73	—	1	1
	Staff .....	3	3	6	—	1	1
Llysfasi Farm Institute	Students ....	44	11	55	—	—	—
	Staff .....	20	8	28	—	—	—
Total:	Students ....	44	84	128	—	1	1
	Staff .....	23	11	34	—	1	1



## **Milk in Schools.**

The Tetra-Pak Cartons in which milk is supplied to the Schools in East Denbighshire still give rise to controversy and the Chairman and members of the School Health Standing Sub-Committee, together with the Deputy Principal School Medical Officer and an Assistant Medical Officer, visited the dairy supplying these cartons. Here the process of pasteurising the milk in the cartons was seen in action and compared with the bottling process going on at the same time in other section of the dairy. There was no doubt in anyone's mind after seeing the two processes that the Tetra-Pak method ensured a safer milk supply. Questions were put to the management concerning many of the problems found in the schools and arising from this discussion it was learnt that adaptations were in fact being made to the cartons to make them easier to pierce with a drinking straw and less liable to leak. Disposal of the cartons—if not possible in the school furnace—would be also dealt with by the producers. It is obvious that this is likely to be the method of milk delivery to all consumers in the foreseeable future, offering as it does so many advantages over the bottle both from the hygiene and safety points of view.

The supply of all school milk is kept under surveillance by the County Sanitary Officer.

## **Medical Examinations of Staff.**

Medical examinations of persons appointed to the Staff of the County Council is a major duty undertaken by the Medical Officers. There is a statutory obligation on the Education Authority that teaching staff entering the profession for the first time and Students resident in the County and entering Teachers' Training Colleges be examined by a School Medical Officer. In addition, members of the school canteen staff and school meals supervisors are medically examined on entry. A revision of the annual review of canteen staff has reduced the number of persons examined. Each worker in the canteens is required to give a medical history annually and submit a specimen of faeces for bacteriological examination and is only subject to a full medical examination when the history or specimen results indicate the need for further investigation. This has substantially reduced the number of canteen staff examined without lowering the standards of supervision of these food handlers.



During the year the numbers examined in the different categories were as shown in the able:—

**Table No. 14.**

**Teachers' Medical Examinations  
on forms 28 R.Q. and 10.R (Med.) T.C.**

Medical Category	MALES			FEMALES		
	By D.C.C.	For Other Authorities	By Other Authorities	By D.C.C.	For Other Authorities	By Other Authorities
A.1 .....	35	—	13	36	3	7
A.2 .....	24	1	4	27	—	7
Total .....	59	1	17	63	3	14

**Table No. 15.**

**College Entrants' Medical Examinations  
on Form 4 R.T.C.**

Medical Category	Males	Females
A.1. ....	46	98
A.2. ....	19	32
Total .....	65	130

**Miscellaneous Medical Examinations.**

The number of school canteen staff medically examined during the year 1963 was 154.

## 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 25 pupils were medically examined in this connection, but none was rejected on medical grounds.

## Sanitary Conditions of Schools and School Canteen Premises

	No. Unsatisfactory
<b>Schools:</b>	
Heating .....	1
Lighting .....	5
Sanitary Accommodation .....	4
Clothes Drying Facilities .....	16
<b>School Canteens:</b>	
Ventilation .....	4
Sanitary Accommodation .....	9

Schools and School Canteen Premises throughout the Country are inspected by the School Medical Officers during their visits to the Schools. The environmental background to the child's school days is of vital importance to his ability to keep physically fit and mentally alert and receptive, and it is gratifying to note that the number of unsatisfactory reports on premises continues to fall.

Canteen premises also must be maintained satisfactorily to ensure that the risk of infected food is minimised. In this respect it is regrettable that 9 canteens had unsatisfactory sanitary arrangements.



## **Ty Gwyn Residential School, Llwyngwrl, Merionethshire**

The "Design for Living" courses for senior girls from the centres of Denbighshire, Merionethshire and Montgomeryshire have continued during the year and have been reviewed in the light of experience gained in the initial course. The school was also available during August for other activities and a number of physically handicapped children from Denbighshire were included in a party of children invited for a holiday at Ty Gwyn under the care of the Montgomeryshire Branch of the British Red Cross, and we are greatly indebted to them for their kindness and the children had a most enjoyable time.

A party of physically handicapped girls from Denbighshire were also provided with a holiday under the auspices of the Denbighshire Branch of the British Red Cross Society at Easter when they spent a week at Heronwater School, Abergele. Again we are indebted to these voluntary workers for their efforts on behalf of the handicapped children.

### **Handicapped Pupils.**

One of the most important duties of the School Health Service is the ascertainment of those children who, by reason of some physical or mental defect, are in need of special educational treatment. It is important at all times that the defect should be recognised at as early an age as possible—especially so with the visual and hearing defects, and that a full and, as accurate, an assessment of the handicap as is possible be made. Children with a single handicap may be easily assessed and placed in the appropriate educational establishment, but the child with two or more associated handicaps may prove a difficult diagnostic problem and also tax the resources of the Department to the uttermost in finding the type of placement that will help him or her to develop fully the mental and physical resources he or she possesses.

The more difficult the problem the greater too is the satisfaction in seeing the child finally settled in the right surroundings to help him develop his latent abilities.

Great care and patience is taken in ensuring that the parents are kept fully in the picture and informed of the reasons for the need of special educational treatment and



the places where such facilities are available. However, a small number of parents remain either unconcerned, or are unable to accept that their child is in fact handicapped in such a way as to require special schooling and are not willing to accept the advice offered. The passage of time and the gradually increasing awareness of the parents that their child's education is suffering will, in some cases, finally impress upon them the true position and they will then agree, but only after considerable time has been lost.

Extracts from reports on some of the handicapped children attending residential special schools is given in the following pages. The total number of children in each category who are at present receiving education in special schools for the handicapped is given in Table 16.



Sex	Age	Category	Date of Admission	Progress
M.	11	Blind	24/9/58	He has worked well at academic subjects. He has a clear and accurate mind. He could well improve his out-class activities. He has been a member of the chess team.
M.	14	Partially Blind	21/9/59	He is making a good effort with classwork this term. Pays attention to lessons and is making good progress in reading. Takes interest in library books and likes discussing what he reads.
F.	16	Partially Blind	10/9/57	Another good and steady term's work. Continues to work well independently at weekly assignments and her work is of good class average standard. Always sensibly occupied.
M.	10	Deaf	22/9/58	Is trying hard to improve in all his work in class. He is a good and happy class member.
F.	13	Partial Hearing	10/1/61	She is working steadily with satisfactory results.
M.	16	Partial Hearing	9/9/57	He is learning to join in more and this should help him settle down in school. Much better adjusted socially and has taken a keen interest in sport.
M.	9	Epileptic	2/4/62	He has made some progress. His conduct is variable.
F.	16	Maladjusted	29/9/57	A good term academically, on the whole. Has been helpful and has appeared to work hard.

Sex	Age	Category	Date of Admission	Progress
M.	16	Maladjusted	21/4/60	He continues to give every satisfaction and he has developed into a sound and reliable boy.
M.	14	E.S.N.	16/2/62	He is anxious to learn and is now working hard, showing more interest in school and work. Tries hard and is anxious to please and do well.
F.	11	E.S.N.	10/9/63	She has settled well to the school work and the general routine.

Help has also been given to individual handicapped children who are attending normal school to enable them to overcome their disability in their own home and school surroundings. Two particular cases of interest dealt with during the past year are:—

(a) A boy aged 11 years had been under the care of a Consultant E.N.T. Surgeon for five years and had been provided with a normal National Health Service Hearing Aid as his hearing had deteriorated to such an extent that his school work was suffering. This aid, unfortunately, had a marked psychological effect on the boy—he became very self conscious of his disability, would not mix with other boys and finally would not wear the hearing aid at all. Further consultation with the Consultant Surgeon and Professor Ewing at the Department of Education of the Deaf, Manchester, took place and on their recommendation the boy was provided by the Education Authority with a small post aural type of hearing aid. Since having this aid he has become a much happier child—less withdrawn at home and at school. He wears the instrument regularly without any prompting from his parents or headmaster and has made very definite progress with his school work.

(b) The other case concerns a partially sighted girl aged 11 years who with special consideration in the 11+



examination was able to pass at the standard required for a place in a Grammar School. She has also been considerably helped by the provision of a large lens on a stand which the school provided for her out of their own funds.

Of all the handicaps from which children can suffer, deafness undoubtedly offers the greatest barrier to successful education and it is constantly urged that children with defective hearing must be discovered at the earliest possible moment so that training and education can be started at a very early age. At present four children of pre-school age, ranging from 2 - 5 years who have been found to be deaf or partially deaf, are attending at regular fortnightly intervals at Parental Guidance Clinics at the Manchester University Department of Education of the Deaf, transport for the child and parent being provided by the Authority. In this way, these children are being prepared for eventual admission to schools for the deaf.

Table No. 16.

## Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes.

	(1) Blind	(2) Partially Sighted.	(3) Deaf	(4) Partial Hearing	(5) Delicate	(6) Physically Handicapped	(7) Educationally Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Speech Defects	(11) Total —
<b>In the calendar year ended 31st December, 1963.</b>											
(a) Number of handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes .....	—	1	1	1	4	5	127	1	—	—	140
(b) Number of children included at A, who were newly placed in special schools (other than hospital special schools) or boarding homes .....	—	—	—	—	2	5	5	—	—	—	12
(c) Number of children assessed prior to 1st January, 1963, who were newly placed in special schools (other than hospital special schools) or boarding homes .....	—	—	—	—	—	4	16	2	—	—	22



Table No. 16 continued).

Number of children reported during the year:

(a) Under Section 57 (4) of the Education Act, 1944 .....	6
(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 .....	—

- (1) Hearing
- (2) Deaf
- (3) Deaf-blind
- (4) Mental
- (5) Deaf
- (6) Deaf-blind
- (7) Deaf
- (8) Deaf-blind
- (9) Deaf
- (10) Deaf-blind
- (11) Deaf
- (12) Deaf-blind
- (13) Deaf
- (14) Deaf-blind
- (15) Deaf
- (16) Deaf-blind
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- (72) Deaf-blind
- (73) Deaf
- (74) Deaf-blind
- (75) Deaf
- (76) Deaf-blind
- (77) Deaf
- (78) Deaf-blind
- (79) Deaf
- (80) Deaf-blind
- (81) Deaf
- (82) Deaf-blind
- (83) Deaf
- (84) Deaf-blind
- (85) Deaf
- (86) Deaf-blind
- (87) Deaf
- (88) Deaf-blind
- (89) Deaf
- (90) Deaf-blind
- (91) Deaf
- (92) Deaf-blind
- (93) Deaf
- (94) Deaf-blind
- (95) Deaf
- (96) Deaf-blind
- (97) Deaf
- (98) Deaf-blind
- (99) Deaf
- (100) Deaf-blind

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

	(1) Blind	(2) Partially Sighted.	(3) Deaf	(4) Partial Hearing	(5) Delicate	(6) Physically Handicapped	(7) Educationally Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Speech Defects	(11) Total — (1) - (10)
(d) Number of Handicapped Pupils for the area:											
(1) attending maintained special schools:											
(i) Day pupils .....	—	—	—	—	—	—	100	—	—	—	100
(ii) Boarding pupils .....	1	5	—	2	2	19	17	—	—	—	46
(2) Attending non-maintained special schools:											
(i) Day pupils .....	—	—	—	—	—	—	—	—	—	—	—
(ii) Boarding pupils .....	1	—	1	4	1	1	2	1	—	—	11
(3) Attending independent schools under arrangements made by the Authority .....	—	—	—	—	—	—	—	9	—	—	9
Total (d) .....	2	5	1	6	3	20	119	10	—	—	166



### 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. 17.

#### Analysis of Cases on Special School Transport Register as on 31st December, 1963.

Nature of Cases	No. of cases where transport likely to be Temporary	No. of cases where transport likely to be Permanent
Spastic Diplegia .....	—	1
Spina Bifida .....	—	1
Chronic Asthma .....	—	3
Epilepsy .....	—	2
Bronchiectasis .....	—	2
Anaemia .....	—	1
Bronchitis .....	—	4
Achondroplasia .....	—	1
Disease of Kidney .....	—	3
Post T.B. Meningitis .....	—	2
Congenital Heart Condition ...	—	2
Asthma .....	—	1
Acute Nephritis .....	—	1

### Tuition in Hospital.

Children undergoing hospital treatment are enabled to continue with their schooling by provision of teachers at the hospitals concerned. Children have received such schooling in the County at the hospital schools at Llangwyfan, Abergel and the Maelor General Hospital. A report from Mrs. Mitchell, teacher at the Maelor General Hospital Paediatric Unit, gives the following figures of work done:—

### No. of children in age groups per County.

Age Group	Denbighshire	Flintshire	Merioneth-shire	Shropshire	Montgomery-shire	Cheshire	Lincoln
5 years ....	9	5	2	3	—	—	—
6 years ....	16	3	1	1	—	—	—
7 years ....	17	5	1	4	1	—	—
8 years ....	16	3	—	3	—	—	—
9 years ....	21	6	1	1	—	—	—
10 years ....	11	8	3	3	—	1	—
11 years ....	14	3	2	1	1	—	1.
12 years ....	8	3	2	1	2	—	—
13 years ....	3	1	3	1	—	—	—
14 years ....	2	—	—	1	—	—	—
15 years ....	—	—	—	—	—	—	—
Total .....	117	37	15	19	4	1	1



**Total Attendances.**

Jan.	Feb.	March	April	May	June
167	125	176	69	160	73
July/August		Sept.	Oct.	Nov.	Dec.
139		111	100	114	53

TOTAL : 1,287

**Type of Education received prior to admission.**

	Primary	County Secondary	Grammar	Private	Special	Grammar Technical	Total
Number of Pupils .....	157	17	13	2	3	1	194

**Home Tuition.**

Provision is also made for tuition at home for those children who are, by illness or physical handicaps, unable to attend at the ordinary schools. Each child is assessed by a Medical Officer to ensure that he or she is well enough to receive tuition and each case is reviewed periodically. Hours of tuition range from 1 - 3 daily. During the year, 21 children were provided with such tuition.

**Educationally Subnormal Children.**

The largest group of handicapped children falls into the category of the educationally subnormal child and 127 children were so ascertained during 1963, an increase of 21 over 1962. The rapid increase in the numbers of children ascertained as educationally subnormal from 29 in 1960 to 49 in 1961; 106 in 1962 and now 127 in 1963 reflects the increasing realisation of the need for these children to receive specialised educational treatment and the great benefits they derive from it. Many more children are

referred than are actually ascertained as educationally subnormal, but even amongst those not so ascertained there are many who have problems requiring help from the Medical and Nursing Staff and also from the Educational Psychologists.

The provision of further places for the educationally subnormal child remains most urgent. The St. Christopher's Special School Admission Case Panel has had a most difficult task during the year in selecting, from the large waiting list of children needing admission, the small number who could be admitted each term. This was further aggravated by the change in school leaving dates that came into operation at the commencement of the 1963/64 school year—there being no children able to leave in December. Further accommodation is needed to cater for all the children known to need the help only a special school can give them. The position in the West of the County will not be relieved until the school to be built in the Denbigh area opens its doors and the first pupils are admitted there.

### **Children Unsuitable for School.**

Children who are so mentally retarded as to be unable to benefit from even special schooling in the E.S.N. Schools are, after assessment, reported to the Local Health Authority under Section 57(4) of the Education Act, 1944, and the number so reported during 1963 was 6, details of which are as follows:—



Age	Sex	Remarks
6 years.	Girl	Attending Colwyn Bay Training Centre.
7 years.	Girl	Grossly retarded and unsuitable for education at school.
7 years.	Girl	Attending Gwersyllt Training Centre.
8 years.	Boy	Attending Gwersyllt Training Centre.
10 years.	Boy	Grossly retarded and unsuitable for education at school.
11 years.	Girl	Grossly retarded and unsuitable for education at school.

### Physically Handicapped Children

#### School for Physically Handicapped Children

##### (Ysgol Gogarth), Llandudno

The work of this school has amply justified the venture of providing this specialised form of schooling in North Wales. During the year a further eight children were admitted from Denbighshire and a total of seventeen Denbighshire pupils were in residence at the end of December, 1963.

#### Spastic Day Centre.

The Spastic Day Centre at the Maelor General Hospital continues to provide treatment, training and teaching facilities for the Spastic Children, many of whom have multiple physical and mental handicaps. The great value of the work done there can be seen from the fact that during the year three children progressed sufficiently to go on to Ysgol Gogarth, Llandudno, and another child was able to return to normal school having overcome her physical handicaps to such a marked extent that special schooling was no longer indicated.



Tuition at the Centre remains under the care of Mrs. Davies. Teaching is mainly individual work, with group work twice a week when all the children, as far as their handicaps permit, join in singing and rhythmic exercises. Mr. W. E. Moore, the Educational Psychologist, also visits the Unit to discuss problems and advise, and speech therapy is given by one of the County Speech Therapists.

### **Epileptic Children.**

At the end of the year no child with epilepsy was attending a residential special school and the 76 pupils on the epileptic register were enjoying as normal a school life as possible. Restrictions, however, are applied to certain activities where sudden loss of consciousness would involve risk of injury or loss of life, e.g. climbing heights or swimming.

### **Maladjusted Children.**

The maladjusted child is one who finds difficulty in making a reasonable adjustment to his environment and who needs special help to be able in time to accept the social order of community life. They are insecure and fail in their personal relationships with others. Advising about the most suitable type of school for such children requires the skill and experience of the Child Guidance Clinics Team, and children, before placement, are referred to the North Wales Child Guidance Service, whose Director, Dr. E. Simmons, reports as follows:—

“The year 1963 saw a further, considerable increase in the number of referrals to our clinics. These had stood at 374, 379, 384 and 405 during the last four years. The figure rose to 642 during 1963.

This increase appears to have come about as a result partly of a more widely spread awareness of the usefulness of the clinic services, and partly to the growing work of the School Psychological Service. The percentage of children referred primarily because of educational difficulties actually rose from about 40 per cent. to 50 per cent. of our total intake this year but we cannot say yet whether this will become a permanent feature.

A request some time ago for an increase in our establishment of Educational Psychologists from two to four seemed to find support in these figures and in the



rising demands by Education Authorities for assistance with group surveys, the testing of educationally sub-normal children and those with specific handicaps, the establishment of special courses for teachers, etc. A memorandum was prepared and discussed by the Child Guidance Sub-Committee and a meeting of members and officers of the five Education Authorities is expected to consider this matter further at a meeting early in 1964 so that a firm recommendation can be made.

Demands on our clinical services remained heavy but could be met to a large extent because our staffing position was reasonably favourable. We are, nevertheless, few in number and if anyone falls ill or a vacancy arises, the strain on the remaining staff is serious. The figures for new cases seen (588) and for total attendances at clinics only (1,709) gives some indication of the volume of work involved, although they do not show the time and effort which goes into school and home visits, case discussions, group meetings, liaison work with other agencies, etc.

At Gwynfa, our Residential Clinic, opened two years ago, we have been able to admit a total of 32 children, 18 of these left before the end of the year to return to their parents or guardians, most of them having shown a satisfactory degree of improvement.

The work of Gwynfa has highlighted the need for similar facilities for the treatment of emotionally disturbed children in the age group 12 - 16 when the nature and severity of their disturbance and environmental factors preclude successful treatment on an out-patient basis yet do not necessitate or justify admission to a psychiatric hospital. The problem, as is the case so often, concerns the local Health, the Education and the Hospital Authorities. Fortunately, there are no problems of communication between the three Authorities in our clinical area and I believe that this matter also will be dealt within a spirit of co-operation and a way found to utilise available resources in the most economical way in the interest of the children concerned.

We have appreciated the goodwill and help offered to us by the members of the staffs of the medical, educational and social services with whom we



are in frequent touch and with whom we hope to work in continued happy and fruitful co-operation during the coming years."

**Table No. 18.**

**North Wales Child Guidance Clinics**

Number of Referrals received during 1963 (Denbighshire).

Name of Referring Agency	Number of Referrals
School Medical Officer .....	105
General Practitioners .....	34
Consultant Paediatricians .....	9
Other Medical Specialists .....	12
Courts and Probation Officers ...	7
Other Social Workers .....	4
Parents .....	5
Children's Officer .....	8
Head-teachers .....	3
Waiting list on 31/12/63 — 22	187



Table No. 19.

(a) Number of Child Guidance Clinics provided by the Authority—2.	Number employed		Aggregate in Terms of the Equivalent Number of whole-time Officers (expressed in decimals).			
	By L.E.A.	Under arrangement with hospital authorities	Employed by L.E.A.		Employed under arrangements with hospital authorities	
			In Child Guidance Clinics	In School Psychological Service	In Child Guidance Clinics	In School Psychological Service
(b) Staff.						
Psychiatrists .....	—	3	—	—	.6	—
Educational Psychologists .....	2*	1	.44	.21	.21	11
Psychiatric Social Workers .....	—	1	—	—	.45	—
Social Workers .....	—	1	—	—	.8	—

\* Of the two educational psychologists employed by the Local Education Authorities, one has been granted 12 months leave of absence and is currently undertaking a Post Graduate Course, but has been included in this return.

Table No. 20.

**Number of Denbighshire Children and Parents interviewed  
at Clinics during 1963.**

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 ...	133	62	16	182	3	58	1	124	3	53	276
Colwyn Bay.	35	16	3	50	2	16	1	10	3	19	77
Rhyl .....	19	6	1	28	5	5	—	36	—	4	40
Shotton .....	1	—	—	1	—	1	—	—	—	—	—
Children seen elsewhere	64	—	—	—	—	64	—	—	—	—	—
Parents seen at home ...	—	—	—	—	—	—	—	—	—	—	181
Total .....	252	84	20	61	10	144	2	170	6	76	574

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

Table No. 21.

**Number of Visits during 1963.**

Psychologist		Psychiatric Social Worker	
School Visits	Visits to other Social Workers	Home Visits	Visits to other Social Workers
67	22	181	25



## *Report of the Principal School Dental Officer*

---

In presenting my report for the current year I should like first to dispel the widely held belief that, because dental treatment is available free to school children (by the General Dental Service), there is no further need for the School Dental Service. Unlike the private dental practitioner, the School Dental Service is concerned with the prevention of oral disease and, if necessary, giving a gentle prod to those parents who, either through ignorance or prejudice, are not prepared to agree to dental treatment for their children. I mention ignorance—unfortunately this is widespread and, owing to the acute shortage of dental officers, it has not been possible to do very much to correct this. However, some Authorities have now appointed lecturers to go around the various schools.

In some cases these people have been recruited from the available teaching staff and, in others, specially appointed people, usually with experience (i.e. ex nurses, dental hygienists). I think that such an appointment might be considered during the coming year.

The need for orthodontics (straightening of teeth) is increasing. It has been estimated that one in every three children are in need of some form of orthodontic treatment—primarily for malocclusion, that is abnormal tooth arrangement, or faulty bite. Besides some loss of function, irregular teeth are very difficult to keep clean and are therefore more likely to decay. As I have already said, the demand is increasing rapidly and as this is the one branch of dentistry that the School Dental Service can supply (very few private practitioners are prepared to undertake this service) it may be that consideration should be given to the full-time employment of a Consultant Orthodontist (at present he is employed for six sessions per week).

The time has now come to seriously consider the question of Fluoridation of the water supplies. This, I consider necessary to safeguard the teeth, particularly those of the pre-school children who do not usually receive dental



treatment until they start attending school. I must add that the addition of fluoride is in no way a substitute for dentistry, but is an extremely valuable aid in preventing the spread of dental caries.

### **Staff:**

The position is stationery and no changes have taken place. However, with the building of the new Dental School in Cardiff it is possible that recruitment to the School Service will be accelerated.

### **Clinics.**

These are in a satisfactory state and I am pleased to report that at least two of the proposed new Clinics will come into use next year.

### **Orthodontics.**

As I have said elsewhere, the need is increasing and the waiting list is still over-long. I am sure the Committee will be very interested in the Consultant Orthodontist's report:—

“Orthodontic treatment is a slow procedure, which has taken several years to develop, e.g. a faulty eating or speech habit cannot be put right in a few weeks. Time, patience and perserverance are important factors and the child and parents must be made to realise that, unless they as a family unit are willing to co-operate to the extent of tedium, a successful outcome is virtually impossible.

“Parents especially have to be convinced at the initial visit that certain sacrifices have to be made. The whole structure of orthodontic treatment in the Clinic is based on the essential co-operation of the patient. Naturally, since all the patients are young and patience is not a common trait in the young the drive must come from the parent since they, only, are in constant touch with the child.

During treatment by appliance, the patient and parent must realise that the appliance has been designed and constructed specially for each individual patient. It is delicate and must be given great care. The fourteen year old boy who casually loses his plate or brace due to carelessness is a problem not infrequently encountered. Fortunately the standard of behaviour in



this area, in this particular aspect, is high and the wastage of time and material on generally unsatisfactory cases is small. Nevertheless, it is often these generally unsatisfactory cases who are least appreciative of the efforts being made to help them.

There are also those that too easily give up. During the first twenty-four to forty-eight hours of appliance wearing there may be some soreness and general irritation. There is a tendency to remove the offending appliance which must be resisted. In the very young, or the less stable children the responsibility rests entirely upon the parents and those who 'can't be bothered' at this stage cannot expect a successful outcome.

Again I am happy to report that the careful pre-selection of patients by Mr. Roberts and his staff has reduced the numbers of these unsatisfactory cases to a minimum.

To quote a prominent American Orthodontist—

'Orthodontics offers many benefits for those with malocclusion of the teeth and related disharmonies, yet places upon those who seek its benefits a responsibility which cannot be ignored'.

In conclusion I would like to thank my colleagues on the staff and my nursing staff for their loyalty and co-operation. I would particularly like to thank those Headteachers who put up with the disrupting of their schools during our visits without complaining, and for their valuable help."

#### **Dental Inspection and Treatment carried out by the Authority**

##### **«(a) Dental and Orthodontic Work:**

1. (i) At Periodic Inspections .....	7252
(ii) At Specials .....	2165
Total (1) .....	<hr/> 9417 <hr/>

2.	Number found to require treatment .....	8230
3.	Number offered treatment .....	8230
4.	Number actually treated .....	7813

(b) Dental Work (other than Orthodontics):

	(i) Attendances made by pupils for treatment, excluding those recorded at (c) 1 below .....	8621
2.	Half-days devoted to:—	
	(i) Periodic Inspection .....	88
	(ii) Treatment .....	1492
	Total (2) .....	<u>1580</u>
3.	Fillings:—	
	(i) Permanent Teeth .....	3628
	(ii) Temporary Teeth .....	790
	Total (3) .....	<u>4418</u>
4.	Number of teeth filled:—	
	(i) Permanent Teeth .....	3439
	(ii) Temporary Teeth .....	790
	Total (4) .....	<u>4229</u>
5.	Extractions:—	
	(i) Permanent Teeth .....	1840
	(ii) Temporary Teeth .....	3824
	Total (5) .....	<u>5664</u>



## 6. Anaesthetics:—

(i) Number of general anaesthetics given for extractions .....	2550
--	------

(ii) Number of half days devoted to the administration of general anaesthetics by:—	
---	--

A. Dentists .....	82
-------------------	----

B. Medical Practitioners .....	169
--------------------------------	-----

Total (6) .....	<u>251</u>
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7. Number of pupils supplied with artificial teeth .....	48
--	----

## 8. Other operations:—

(i) Crowns .....	5
------------------	---

(ii) Inlays .....	2
-------------------	---

(iii) Other Treatment .....	103
-----------------------------	-----

Total (8) .....	<u>110</u>
-----------------	------------

## (c) Orthodontics:

(i) Number of attendances made by pupils for orthodontic treatment .....	2274
--	------

(ii) Half days devoted to orthodontic treatment .....	188
---	-----

(iii) Cases commenced during the year .....	179
---	-----

(iv) Cases brought forward from previous year	363
---	-----

(v) Cases completed during the year .....	116
---	-----

(vi) Cases discontinued during the year .....	4
(vii) Number of pupils treated by means of appliances .....	214
(viii) Number of removable appliances fitted ...	119
(ix) Number of fixed appliances fitted .....	95
(x) Cases referred to and treated by Hospital Orthodontists .....	—

1.—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.

		(a) Medical Officers:	
		(1) Whole-time School Health Service .....	—
		(2) Whole-time School Health and Local Health Service .....	11
		(3) General Practitioners working part-time in the School Health Service .....	—
		(4) Ophthalmic Specialists .....	2
		(1) Dental Officers .....	6
		(2) Dental Anaesthetists .....	2



# School Health Service and School Clinics

Return for 31st December, 1963

## 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	4.75
(3) General Practitioners working part-time in the School Health Service .....	—	—
* (4) Ophthalmic Specialists .....	2	.22
(b) (1) Dental Officers .....	6	4.40
(2) Dental Anaesthetists .....	2	.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 .....	3	2.50
(d) (1) School Nurses .....	40	18.10
(2) No. of above who hold a Health Visitor's Certificate .....	36	—
(e) School Health Attendants .....	4	4.00
(f) Dental Surgery Assistants .....	7	6.00

\* (Employed part-time in the School Health Service for specialist examination and treatment only).

**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	—	6 times a week
Queens Park, Wrexham .....	—	daily	daily	—	twice weekly
Gatefield, Wrexham .....	—	—	daily	twice weekly	weekly
Rhos .....	—	3 sessions a week	weekly	—	weekly
Cefn .....	—	weekly	weekly	—	twice weekly
Denbigh .....	fortnightly	weekly	weekly	—	twice weekly
Llanrwst .....	full day once a month	weekly	weekly	—	weekly
Colwyn Bay ....	twice a month	weekly	weekly	twice weekly	twice weekly
Abergele .....	—	weekly	weekly	—	weekly
Chirk .....	twice 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 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 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 .....	9	—
(e) Others:—		
(i) Child Guidance .....	2	—



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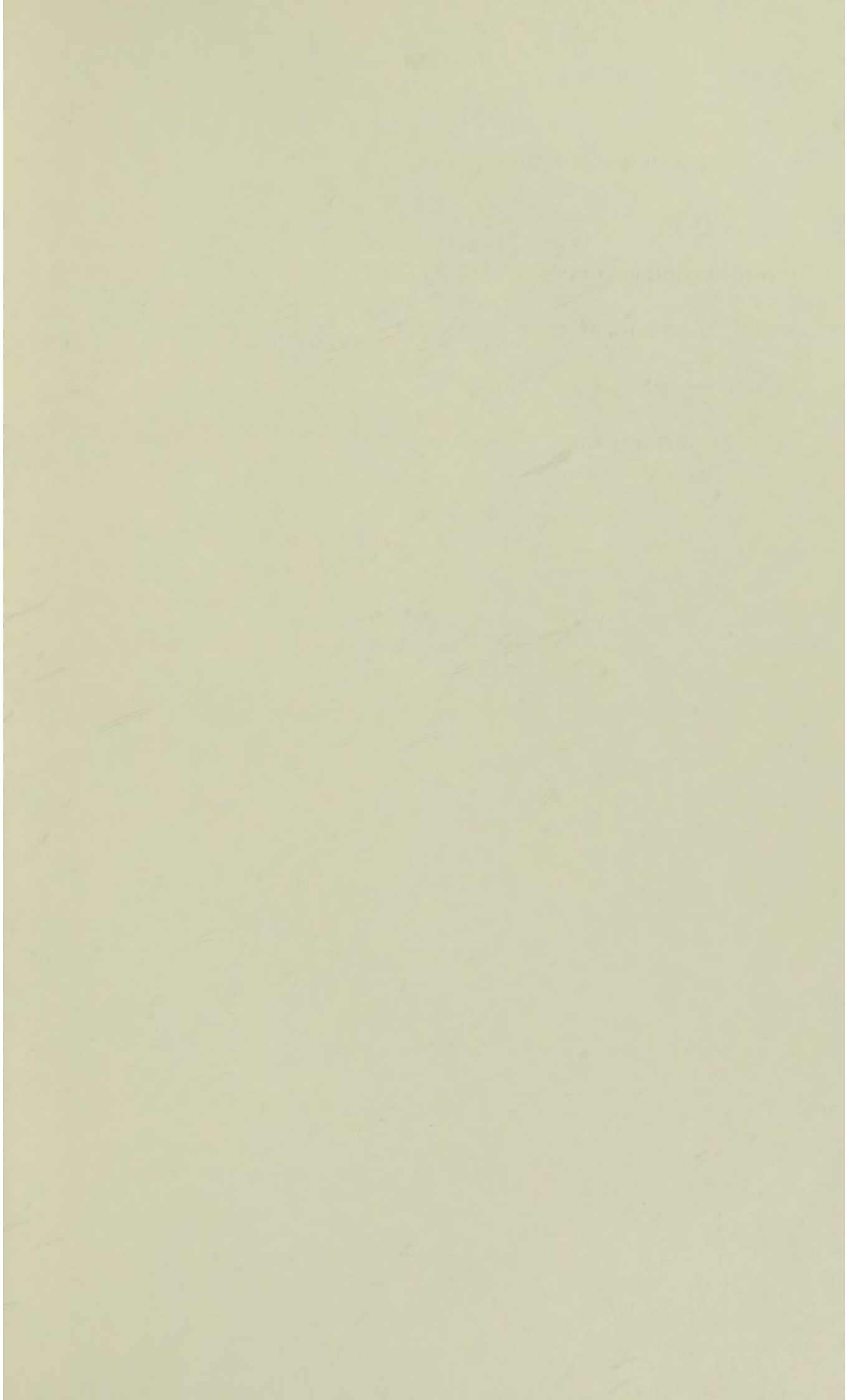
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