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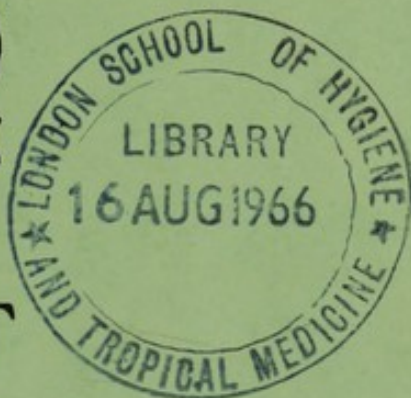
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FLINTSHIRE EDUCATION COMMITTEE



INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD.
OXFORD



REPORT

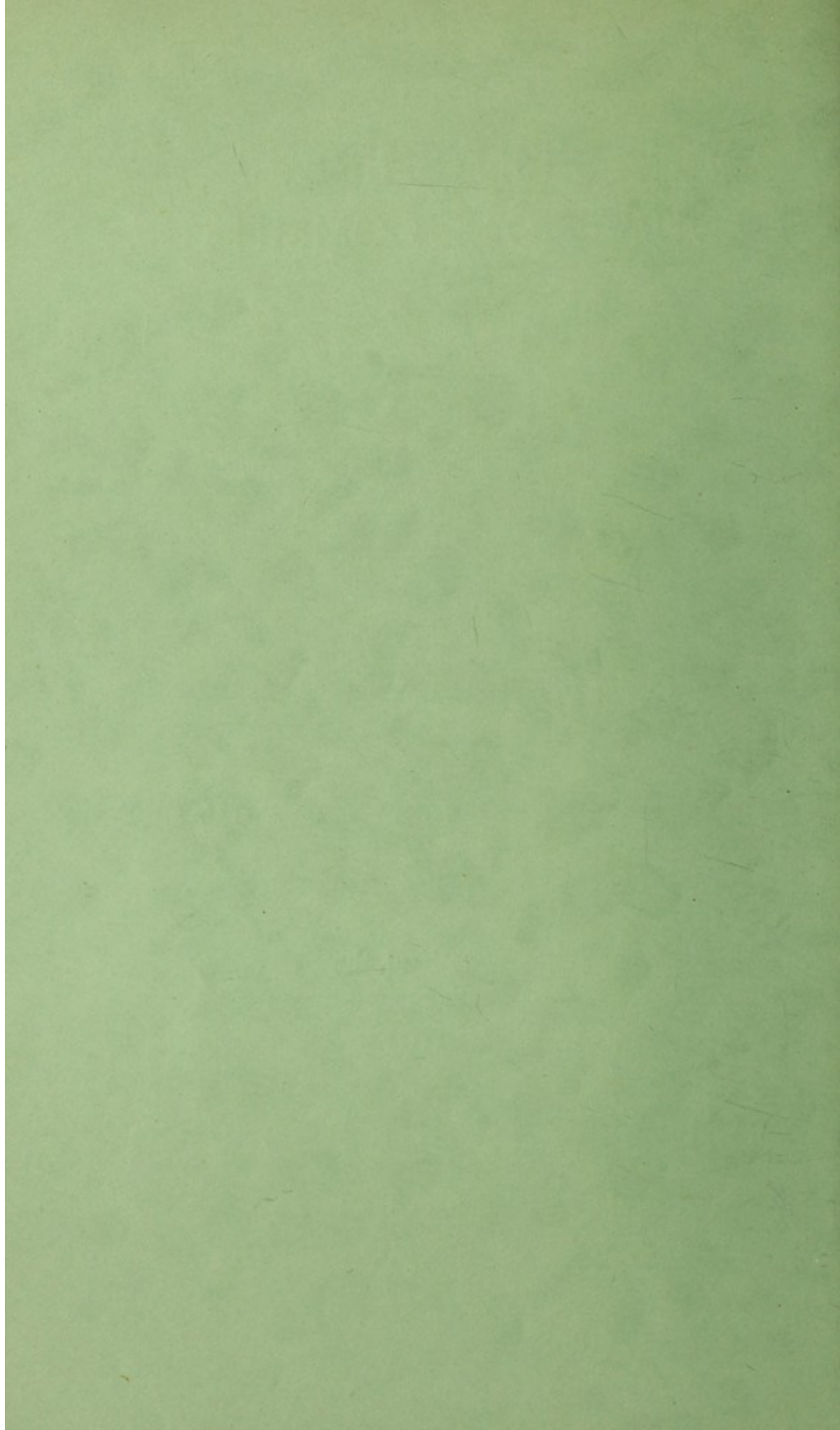
on the work of the

Flintshire

School Health Service

in its relation to the year

1949



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FLINTSHIRE EDUCATION COMMITTEE.

County Health Offices,
MOLD,

August, 1950.

The Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen.

I have pleasure in presenting the Annual Report on the work of the School Health Service for the year 1949—the first complete year during which it has been possible to estimate the force of the impact of the National Health Service Act upon the arrangements which existed prior to July 5th, 1948.

May I take this opportunity of expressing my appreciation of the support which I have received from you, as members of the Local Education Authority, and of the invaluable assistance of my medical, dental, nursing, and clerical staffs.

I also wish to place on record my appreciation of the assistance received from the staff of the Education Department and from the teaching staff in the various schools in the County.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. E. ROBERTS,

School Medical Officer.

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

School Medical Officer (also County Medical Officer of Health) :

Aneurin Evan Roberts, M.B., B.S. (Lond.), D.P.H. (Liverp.).

Deputy County Medical Officer :

(Mrs.) A. E. Gwladys Rowlands, M.B., B.S., D.P.H. (Lond.),
M.R.C.S., L.R.C.P.

Senior Assistant Medical Officer :

(Mrs.) Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.).

Assistant Medical Officers (full-time) :

(Mrs.) Corris Venables, M.B., Ch.B., C.P.H. (Liverp.),
D.Obst.R.C.O.G. (Since 24.3.49).

(Miss) Nest M. Jones, B.Sc., M.B., Ch.B. (Wales), D.Obst.R.C.O.G.
(Since 25.4.49).

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

T. Wynne Brindle, M.B., Ch.B. (Manch.), D.P.H. (Liverp.).
(Whole-time to 28.2.49).

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H. (Since 1.4.49).

R Rhydwen, M.B., B.S., D.P.H. (Since 1.3.49).

Senior Dental Officer :

Peter Lunt, L.D.S., R.C.S. (Eng.).

Assistant Dental Officers :

W. B. Glynn Jones, L.D.S.

Leslie Hanson, L.D.S.

Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R.
(Since 1.8.49).

School Nurses (acting jointly as School Nurses and Health Visitors. All State Registered Nurses and State Certified Midwives, and with Health Visitor's Certificate or other qualification) :

Miss M. Ayrton

Miss F. S. Evans

(left 22.4.49)

Miss L. M. Eyes

Mrs. M. E. Hawkins

Miss Elizabeth Jones (Temp.)

Miss Ellen Jones

Miss A. Molloy

Mrs. A. E. Williams, S.R.N., S.R.F.N. (Since 1.7.49).

Mrs. M. M. Nield

Mrs. M. E. Pearse

Miss M. Prince

Miss M. E. Roberts

(Retired 20.11.49)

Mrs. J. Thomas

Mrs. M. P. Thomas

Mrs. D. Thompson

Tuberculosis Visitors :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., M.S.R. (To 1.8.49).

Miss Gwenneth Jones, S.R.N., S.C.M., H.V.Cert.

Miss E. R. Parry, S.R.N., Tb.Cert. (Since 2.8.49).

Dental Attendants :

Mrs. K. E. Lloyd (Left 31.7.49)

Miss D. Reynolds

Mrs. L. M. Martin

Miss Gwenneth Roberts

Chief Clerk :

William Davies, A.R.I.P.H.H.

Departmental Senior Clerks :

William Ithel Roberts (County Health).

Arthur Whitley (School Health).

B.—ASSOCIATED OFFICERS.**Clerk of the County Council :**

Mr. W. Hugh Jones.

Secretary of the Education Committee :

Dr. B. Haydn Williams, B.Sc., Ph.D.

Architect :

Mr. W. Griffiths, L.R.I.B.A.

County Treasurer :

Mr. R. J. Jones.

Physical Training Organisers :

Mr. Bertram W. Clarke.

Miss Sarah Storey-Jones.

School Meals Organiser :

Mrs. M. Hugh Edwards.

School Meals Manager :

Mr. E. Parry.

C.—HEADQUARTERS.

County Health Offices, Mold—Tel. : 106 Mold.

D.—GENERAL INFORMATION.

Area of Administrative County—

Statutory Acres	...	...	...	...	...	163,707
Square Miles	...	...	...	...	...	255.7

Population of County—

1931 Census	...	...	...	...	...	112,889
1949 Mid-year Estimate	...	...	...	...	...	140,300

Number of Schools—

Nursery	...	...	...	...	...	2
Primary :—County 43 ; Voluntary 71 ;					Total	114
Secondary Modern	...	...	...	...	...	6
Secondary Grammar	...	...	...	...	...	5

School Child Population—

Aged 5-14 years—1931 Census	...	...	...	...	17,491
On School Registers (1949)	...	...	...	...	21,714

Financial Circumstances of County—

Estimated Product of a Penny Rate—Year 1950-51	...	£3,160
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Number of Flintshire Live Births—

Year 1949	2,431
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Number of Flintshire Deaths (1949)—

Infantile	84
General	1,747

Medical Officers—

For County Health and School Medical Services combined	8
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School Dental Surgeons—

Full-time Officers	3
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School Nurses—

Serving half-time also as Health Visitors	14
---	-----	-----	----

School Dental Attendants—

Full-time	3
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Clinical Establishments—

Child Guidance	1
Dental (for School Children)	3
Minor Ailments (for School Children)	9
Ophthalmic (for School Children)	...	...	...	...	4
Orthopædic (for Patients of all ages)	...	...	...	...	3
Tuberculosis (Welsh Regional Hospital Board)	...	...	...	...	4

E.—FLINTSHIRE CLINICS.

(Situations, Opening Hours, Etc.).

MINOR AILMENTS CLINICS.

Buckley—Welsh C.M. Chapel. Every Tuesday, 2 to 4-30 p.m. Doctor attends every opening.

Caergwre—Wesleyan Chapel Schoolrooms. Every Tuesday, 1-30 to 2-30 p.m. Doctor attends 1st and 3rd Tuesdays of month.

Flint—The Clinic, Borough Grove. Every Tuesday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Holywell—Grammar School Grounds. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Mold—The Clinic, King Street. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Rhyl—Old Emmanuel School.—Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Saltney—The Clinic. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.

Shotton—The Clinic, Central School. Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.

St. Asaph—Ebenezer Chapel. Every Thursday, 1-30 to 2-30 p.m. Doctor attends 2nd and 4th Thursdays.

ORTHOPÆDIC CLINICS.

Holywell—Cottage Hospital. 2nd and 4th Fridays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 4 months.

Rhyl—Old Emmanuel School. 2nd and 4th Fridays of each calendar month, 1-30 to 3-30 p.m. Orthopædic Nurse attends every opening ; Surgeon every 4 months.

Shotton—Council School. 1st and 3rd Fridays of each calendar month, 10-30 a.m. to 12-30 p.m. Orthopædic Nurse attends every opening ; Surgeon every 4 months.

CHILD GUIDANCE.

(A team from the North Wales Mental Hospital, consisting of Psychiatrist, Psychologist, and Psychiatric Social Worker).

Rhyl—Old Emmanuel School, Vale Road. Every Thursday.

Children from the Eastern part of the County are also referred to the Child Guidance Clinic at Wrexham.

 OPHTHALMIC.

(Attended monthly by Ophthalmic Surgeon from the Chester Royal Infirmary).

Holywell, Mold, Rhyl, Shotton. By appointment.

 TUBERCULOSIS CLINICS.

(Attended by Tuberculosis Officer, Welsh National Memorial Association. Under control of Regional Hospital Board since 5.7.48).

Holywell—Cottage Hospital. Every Tuesday, 10-30 a.m.

Penyffordd—Meadowslea Hospital. Monday and Thursday afternoons (by appointment only).

Queensferry—Oaklands. Every Wednesday, 10 a.m.

Rhyl—27 Edward Henry Street. Every Friday, 10 a.m., also every Thursday, 2-30 p.m. (by appointment).

Section 2.

TEXT.

A.—STAFF.

(1) **Medical.**—The reorganisation of the Health Services of the County, which had been decided upon in the previous year, became effective when the new Assistant Medical Officers appointed, took up their duties in March and April. As a result the number of Medical Officers employed by the School Health Services is equivalent to three and a half full-time officers, and the Authority is in this respect fortunate, as other Authorities have found their staffs have been greatly depleted, and are finding great difficulty in filling vacancies.

(2) **Dental.**—The position as regards 'dental staff' however, provides a very different picture. As members are aware, Mr. Lunt, the Senior Dental Surgeon, was on sick leave for the last three months of the year, and has since felt compelled to tender his resignation. The dental staff was consequently reduced to two, as against an approved establishment of six. Repeated advertisements for assistant dental officers failed to elicit any response.

(3) **Nursing.**—Miss D. V. Gray, the Senior Tuberculosis Visitor, was appointed as Superintendent Health Visitor and took up her new duties on August 1st. The position with regard to Nursing Staff has been satisfactorily maintained, as vacancies due to resignations, etc., have been filled without experiencing any great difficulty. Towards the end of the year it was agreed that an additional Health Visitor/School Nurse be appointed in the Rhyl district, and also in the Connah's Quay district. These two nurses took up their duties on January 1st, 1950. Serious consideration will need to be given in the near future to the question of further increasing the 'nursing' establishment. No definite standards are laid down as to the number of children a Health Visitor, a School Nurse, or a Health Visitor/School Nurse should supervise, although certain figures have been fairly generally adopted. The Health Visitor/School Nurse, especially in an urban area, has a considerable number of Clinics to attend each week, and this prevents her from carrying out to the full the 'domiciliary' visits which are so very important. The National Health Service Act has extended considerably the field of the Health Visitor's work, and she can play a great part in making that Act really workable, by close co-operation with the Hospital Services on the one hand, and the General Medical Practitioner services on the other.

B.—ADMINISTRATION.

Periodic medical examination of pupils attending the Authority's Schools was carried out in accordance with the Regulations laid down by the Minister of Education, as follows :—

- (a) Pupils admitted for the first time to a maintained school.
- (b) Pupils about to leave a maintained primary school.
- (c) Pupils about to leave a maintained secondary school.

It will thus be seen that pupils who are in the (a) group may be examined at the age of 3, 4, or 5, and are not re-examined until they reach the age of 10. It is felt that there should be an intermediate group aged 7 or 8, as it is at this age that certain defects, particularly visual defects, are becoming apparent. Pupils of these ages are included in Table 1 (a) under "Pupils of other ages."

Comparison of the statistics given in Table 1 (a and b) with those for the year 1948, show that there has been a very considerable increase in the number of entrants, leavers, and of pupils of other ages. This is due to the fact that a full medical staff became available early in the year, with the result that examination became possible of pupils who had been missed in the previous year.

C.—THE EFFECT OF THE OPERATION OF THE NATIONAL HEALTH SERVICE ACT, 1946, ON THE SCHOOL HEALTH SERVICE.

In the Report on the School Medical Services for 1948, reference was made to some of the difficulties which had arisen owing to the operation of the National Health Service Act, 1946.

Experience of the Service over a further period of twelve months has shown that some of the difficulties are being overcome ; others, however, still remain. There is still a considerable 'time-lag' between the prescription and the provision of spectacles for children suffering from defective vision, and this is a very serious matter for those who are studying for the Scholarship examinations and the School Certificate examination.

The shortage of dental staff is a national problem, and will be referred to elsewhere in this Report. Medical Officers at Clinics are not permitted to prescribe "free" medicaments, unless these medicaments are provided free of charge by the Education Authority, and consequently children who require a simple prescription have to be referred to the overcrowded surgeries of the over-burdened general medical practitioners. If prescriptions by School Medical Officers were accepted by the Executive Council, it is certain that no charge of "extravagant" prescribing would ever be levelled at School Medical Officers.

There is a considerable "time-lag" between the examination and the treatment of children suffering from Ear, Nose and Throat defects, but this is partly due to the suspension of operative treatment at times on account of outbreak of Infantile Paralysis. The 'Specialist' Clinics (Ophthalmic, Orthopædic, etc.) operated in premises owned by the Education Authority are working very satisfactorily.

D.—CLINIC PREMISES.

In the years just preceding the Second World War, the Education Authority accepted a plan for the building of 14 ad hoc Clinics throughout the County. The plan envisaged the building of 3 Clinics in each of four years, and 2 in the fifth year. The Mold Clinic was completed in 1939, and completion of the Clinics at Flint and Saltney was permitted in 1940. During the War all building operation had to be suspended, and it has not been found possible to recommence until 1949. Permission, however, has been obtained to proceed with the adaptation of the First-Aid Post at Shotton for Clinic purposes, and the erection of a new Clinic at Prestatyn. Both these projects are proceeding most satisfactorily, and both buildings should be in operation early in 1950. It is earnestly hoped that the provision of Clinics in other districts will be very seriously considered. A new Clinic is urgently needed at Rhyl, to replace the present most inadequate premises, which were condemned as a School many years ago. A new Clinic is also urgently needed at Holywell instead of the present premises, which were erected as a war-time Nursery.

E.—NURSERY SCHOOLS.

Two Nursery Schools are established in the County—at Flint and at Shotton. Both are accommodated in prefabricated buildings, which were originally erected as war-time Nurseries. These buildings cannot be regarded as satisfactory.

F.—SCHOOL MILK.

All schools in the main portion of the County are supplied with pasteurised milk. Samples are taken at frequent intervals and are submitted to analysis. The reports in the analyses have proved to be uniformly satisfactory.

G.—SCHOOL MEALS.

The great majority of the schools in the County are supplied with School Meals. In certain areas, meals are cooked centrally and conveyed to the various schools in food containers. Meals have been inspected, and often sampled, by Assistant Medical Officers, and it can be said generally that they are of excellent quality.

H.—CLEAN FOOD PRODUCTION.

The importance of strict cleanliness in food production, in order to prevent outbreaks of "food poisoning," cannot be too strongly stressed. Personal hygiene among the kitchen staff, cleanliness in the preparation and storage of food, and cleanliness of cooking utensils, crockery and cutlery are all matters of the utmost importance which call for constant supervision. During the year lectures and demonstrations on the subject were given to canteen staffs by Mr. Elwyn Lewis, the County Sanitary Inspector.

I.—FINDINGS OF MEDICAL INSPECTION.

Statistical tables showing the various defects found at Medical Inspections are given at the end of the Report.

General Condition of Pupils.—Statistics showing the general condition (the nutritional state) of pupils will be found in Table 2 (b), and it will be observed that 36.7 % of the children examined were classified as A, 58.3 % as B, and 5.0 % as C. These figures compare very favourably with those for the previous year, when 29.6 % were classified as A, 62.3 % as B, and 8.0 % as C. Comparison with previous years cannot be given as, in 1947, the Ministry of Education decided that the form of classification should be altered.

Classification as A (Good), B (Fair), C (Poor) may appear confusing, and the statistics disappointing. Actually the classification A (Good) means that the pupil's general condition is **above** normal ; B (Fair) means **normal** ; and C (Poor) means **sub-normal**.

Vaccination.—The percentage of children found at periodic medical examination to show evidence of successful vaccination was 38.48. It is a regrettable fact that the percentage of vaccinated children has been falling for some years.

In the pre-war years over 50 % of children examined showed evidence of successful vaccination. During the war-years the percentage varied between 40 % and 42 %.

Since July 5th, 1948 (the appointed day of the National Health Service Act), vaccination has ceased to be compulsory, and it is evident that in future years the percentage of children found at examination to show evidence of successful vaccination will have fallen considerably. This is shown by the following statistics :—

Primary vaccinations in 6 months ending June 30th, 1948 ...	595
Primary vaccinations in 6 months ending Dec. 31st, 1948 ...	213
	<hr/>
Total 1948 ...	808
	<hr/>
Primary vaccinations in 12 months ending Dec. 31st, 1949 ...	397

The proportion of the younger population "at risk" is great, and the importation of one case of smallpox, in these days of rapid air travel, may result in a widespread epidemic.

Diphtheria Immunisation.—The number of children who had completed a full course of immunisation was 22,067. Of these, 5,970 were aged under 5 years, and the remainder—16,097—were between the ages of 5 and 15 years. The number of children immunised during the year was :—

Aged 0—4 years	...	...	...	1,746
Aged 5—15 years	...	...	...	128

In addition, 986 children received a re-inforcing injection.

During the year eight cases of diphtheria were notified ; resulting in one death—a child aged 5 years.

Handicapped Pupils.—During the year under review, a total of 75 children were ascertained and classified as "handicapped pupils," in the various categories :—

Blind	...	...	...	1	Partially sighted	...	1
Deaf	...	...	...	2	Partially deaf	...	1
Delicate	...	...	...	5	Physically handicapped	...	1
Educationally sub-normal	60				Maladjusted	...	2
Epileptic	...	...	...	2			

In addition to the above, 9 children were ascertained to be incapable of education in School and were reported to the local authority for the purposes of the Mental Deficiency Act, 1913.

J.—TREATMENT.

Minor Ailments Clinics.—During 1949, the number of children attending the Minor Ailments Clinics was 3,446—the total attendances being 4,319.

Ophthalmic Clinics.—Children suffering from visual defects attend the Clinics at Rhyl, Holywell, Mold and Shotton by appointment, and are examined by Mr. Shuttleworth, the Ophthalmic Specialist. Children are also referred to the Ophthalmic Clinic at the Royal Infirmary, Chester. The number of children who attended during the year was 448.

Orthoptic Clinic.—Children suffering from Squint are treated at the Orthoptic Clinic at the Royal Infirmary, Chester. As it is necessary for such children to attend at least twice a week, difficulties often arise, particularly with regard to children from the Western portion of the County, as travelling to Chester with the parent as escort, is expensive both in money and time. Negotiations are proceeding, with the Hospital Management Committee, to establish another Clinic in Rhyl or Prestatyn in premises which belong to the Education Authority. This Clinic would meet the needs of, not only the Western portion of Flintshire, but also those of the adjoining portion of Denbighshire.

Orthopædic Clinics.—The Clinics at Shotton, Holywell and Rhyl, which are staffed by a Surgeon and an After-care Sister from the Robert Jones and Agnes Hunt Orthopædic Hospital, Gobowen, have continued to operate throughout the year.

363 Flintshire children were treated at these Clinics, while 17 others attended Clinics in neighbouring Counties.

During the year, 20 children between the ages of 5 and 16 were treated as in-patients at Gobowen.

Child Guidance Clinics.—The following report on the work of the Clinics at Rhyl and Wrexham has been kindly provided by the Psychiatrist :—

“ NORTH WALES CHILD GUIDANCE CLINICS.
RHYL AND WREXHAM.

Annual Report, 1949.

During the year 1949 clinics were held every week at Rhyl and Wrexham, except during the school holidays. The Child Guidance team, unfortunately, had to work under considerable strain as the result of the sudden death of Dr. Wilson in May 1949 and the illness of Miss Thomas, Psychiatric Social Worker, and her death in July.

Miss Thomas' place was taken in October 1949 by Mrs. Iolo Jones, P.S.W., and towards the end of the year Dr. E. Simmons, Consultant Child Psychiatrist for the North Wales Area, took over the Medical Directorship of the Clinics. He is assisted by a Registrar at each clinic. Dr. Vidor continues to act in her capacity as Educational Psychologist.

Children are referred by the County Medical Officers of Health, General Practitioners, Probation Officers, Headmasters, parents directly, etc. Behavioural abnormalities rank prominently among the causes for referral. Children are also seen at the request of various Authorities for ascertainment of intellectual standards, because of scholastic difficulties, for advice on choice of careers, etc.

It is the practice of the Clinics to consider that every child referred presents a problem to someone who has to deal with him and

that the team's opinion and advice can help either school, parents or others to tackle their problems more hopefully as a result of their better knowledge of the facts. These facts, as a result of a child's failure to conform to commonly accepted patterns, are often hidden from those genuinely anxious to help because of their close association with the child.

It can be said that the Clinics have continued to work at a satisfactory level. It is hoped, however, that with an increase in personnel, their scope can be extended.

An increase in their capacity to function as therapeutic centres—as distinct from diagnostic units—is thought to be particularly desirable. This aim is of necessity difficult to achieve because every child requires the psychiatrist's attention for half an hour to three quarters of an hour on the occasion of each visit, and the Psychiatric Social Worker is similarly occupied in interviews with parents or guardians.

It is also thought that a still closer contact might be developed with School Medical Officers, District Nurses, teachers and others who have the welfare of children at heart, and that opportunities might be created for them to see the clinic team at work and for an exchange of views.

One would then hope that the clinics could most effectively do their share to secure the early recognition and, if not the prevention, the early treatment of those conditions which at a later stage so often result in distress to children and guardians alike.

March, 1950.

NORTH WALES CHILD GUIDANCE CLINICS.

Clinic Attendances 1949, and Jan. 1st—March 31st, 1950.

		FLINTSHIRE children seen during 1949 at			Non-FLINTSHIRE children seen during 1949 at
		RHYL	WREXHAM	Total	RHYL
Referred					
1948	...	8	2	10	15
1949	...	29	6	35	9
TOTAL	...	37	8	45	24
Total number attendances 1949		185	33	218	122

E. & O.E.
March, 1950

FLINTSHIRE children Non-FLINTSHIRE children
seen Jan. 1st - March 31st seen Jan. 1st - March 31st
1950, at 1950, at

		RHYL WREXHAM Total			RHYL
Referred					
1949	...	14	—	14	11
1950	...	11	—	11	4
TOTAL	...	25	—	25	15
Total number attendances January 1st - March 31st, 1950		45	—	45	40

N.B.—It is to be understood that every child referred has been subjected to intelligence tests and where necessary to scholastic and projective tests.

NORTH WALES CHILD GUIDANCE CLINICS.

P.S.W. Department, 1949.

FLINTSHIRE children Non-FLINTSHIRE children
referred to P.S.W. ex referred to P.S.W. ex

		RHYL WREXHAM Total			RHYL
Referred					
1948	...	14	2	16	16
1949	...	28	6	34	10
TOTAL	...	42	8	50	26
Total number P.S.W. clinical interviews 1949		82	2	84	29

Visits made by Psychiatric Social Worker, in connection with
FLINTSHIRE children, to :—

HOME	...	...	38
SCHOOL	...	...	11
OTHER AGENCIES	...	...	4
Total	...	...	53

E. & O.E.
March, 1950

Dental.—It is greatly regretted that, owing to the illness of Mr. Lunt, the Senior Dental Officer, it is not possible to publish a report other than a statistical one, on the working of the School Dental Service.

Reference to Table 4, shows that of the total of 6,584 children inspected, 4,828 or 73.3 % were found to require treatment. Of the 4,828 children requiring treatment, 3,843 or 79.6 % were actually treated. Further, this treatment was carried out in a fewer number of half days than in previous years, and fewer attendances had to be made by pupils. This is partly due to the increased amount of treatment that is carried out under "general" rather than "local" anæsthesia, and the depleted dental staff is to be congratulated on the manner in which it has coped with the many difficulties. Since the Senior Dental Surgeon has been off duty, the remaining two dental officers have had to concentrate on children who are urgently in need of dental treatment and the "conservative" work which has always been the aim of the School Dental Service has had to suffer. Owing to dental officers being in short supply, the position is the same in all parts of the country, and what the dental condition of the older school-child will be in a few years time, hardly bears contemplation.

Speech Defects.—The number of children ascertained to be suffering from speech defects remains fairly constant, but it is becoming increasingly difficult to obtain courses of speech therapy for them, as speech therapists, like dentists, are in short supply. The number of children needing Speech Therapy hardly warrants the appointment of a full-time Speech Therapist for the County of Flint alone, but consideration will need to be given to the possibility of making a joint appointment with a neighbouring Authority.

Handicapped Pupils.—While no great difficulty has been experienced in obtaining vacancies in Special Residential Schools for children who are Blind or Deaf, the position is most difficult in regard to those children who are delicate or physically handicapped, or educationally subnormal.

Prior to the 5th July, 1948, considerable numbers of Flintshire children were sent, for varying periods of convalescence, to the Royal Alexandra Hospital, Rhyl, through the generosity of certain voluntary organisations such as The Flintshire Ailing Children's Fund, The Sunshine Guild, etc. Unfortunately, the former "convalescent" portion of the Royal Alexandra Hospital has now to be used for other purposes, and vacancies have to be sought at Convalescent Homes in England. Owing to the demands made upon these Homes, vacancies are far from easy to obtain. Vacancies in Special Residential Schools for "educationally subnormal children" are almost impossible to obtain. It is considered that 41 educationally subnormal children in the County require special education in a Residential School, and it must be remembered that only those children, whose home conditions are unsatisfactory, are recommended for such education. For other educationally subnormal children education in Special Classes in ordinary elementary schools is considered more suitable, as no stigma is thus placed upon the child. In certain schools in the County these Special Classes are proving most successful. Stress, however must be laid upon the necessity of appointing, to take charge of these Special Classes, teachers who have a special aptitude for this type of education and who have also had some years experience of teaching normal children.

Section 3.

STATISTICAL TABLES.

TABLE 1 (a & b).

RETURN OF MEDICAL INSPECTIONS, 1949.

Description.	Number.
(A) PERIODIC INSPECTIONS—	
Pupils of Prescribed Age Groups—	
Entrants	2239
Second Age Group	1696
Third Age Group	1537
Total	5472
Pupils of other ages	2674
Grand Total	8146
(B) OTHER INSPECTIONS—	
Special Inspections	5142
Re-inspections	3746
TOTAL INSPECTIONS—Periodic and others ...	17034

TABLE 1 (c).

PUPILS FOUND TO REQUIRE TREATMENT.

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Note : (1) Pupils already under treatment are included.

(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).

Group	For Defective Vision (Excl Squint)	For any of the other conditions recorded in Table 2 (a)	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	6	428	433
Second Age Group	98	316	397
Third Age Group	119	250	344
Total (Prescribed Groups) ...	223	994	1174
Other Periodic Inspections ...	140	529	640
Grand Total	363	1523	1814

TABLE 2 (a).

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1949.

Note : (1) All defects noted at medical inspection as requiring treatment are included in this table, whether or not this treatment was begun before the date of the inspection.

(2) Uncleanliness and dental conditions are excluded.

Defect Code No.	Disease or Defect	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment	Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment
(1)	(2)	(3)	(4)	(5)	(6)
4	Skin	174	59	416	76
5	Eyes—(a) Vision ...	363	237	325	136
	(b) Squint ...	114	33	105	31
	(c) Other ...	44	24	111	36
6	Ears—(a) Hearing ...	11	21	14	20
	(b) Otitis Media .	23	29	49	34
	(c) Other ...	17	25	27	22
7	Nose or Throat ...	636	1148	752	477
8	Speech	8	20	11	20
9	Cervical Glands ...	51	575	42	80
10	Heart and Circulation ...	54	406	36	139
11	Lungs	118	195	93	165
12	Developmental—				
	(a) Hernia ...	5	11	3	10
	(b) Other ...	3	11	5	25
13	Orthopædic—				
	(a) Posture ...	32	17	20	16
	(b) Flat Foot ...	32	27	57	26
	(c) Other ...	93	67	101	86
14	Nervous System—				
	(a) Epilepsy ...	5	5	2	5
	(b) Other ...	34	36	29	69
15	Psychological—				
	(a) Development	2	38	23	21
	(b) Stability ...	2	19	12	19
16	Other	439	138	1013	383

TABLE 2(b).

GENERAL CONDITION OF THE PUPILS.

Classification of the general condition of the pupils inspected
during the year in the various age groups.

Age Group				A. (Good)		B. (Fair)		C. (Poor)	
				No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)			(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	...	...	2239	1057	47.2	1124	50.2	58	2.6
Second Age Group	...		1696	635	37.4	977	57.6	84	5.0
Third Age Group	...		1537	446	29.0	977	63.6	114	7.4
Other Periodic Inspections	...		2674	854	31.9	1671	62.5	149	5.6
Total	...	...	8146	2992	36.7	4749	58.3	405	5.0

TABLE 3.

GROUP 1.

MINOR AILMENTS.

(Excluding Dental and Verminous Conditions
for which see Tables 4 and 5).

DISEASE OR DEFECT								No. of Diseases or Defects treated or under treatment during the year
(a)								
Skin :								
Ringworm—Scalp	...	...	...	...	...	...	...	—
X-Ray treatment	...	...	...	...	...	...	...	—
Other treatment	...	...	...	...	...	...	...	4
Ringworm—Body	...	...	...	...	...	...	...	6
Scabies	...	...	...	...	...	...	...	9
Impetigo	...	...	...	...	...	...	...	52
Other Skin Diseases	...	...	...	...	...	...	...	338
Eye Disease :								
External and other, but excluding errors of refraction, squint, and cases admitted to hospital ...								97
Ear Defects :								
Other than serious diseases of the ear (such as those needing operative treatment in hospital) ...								75
Miscellaneous :								
(e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)								1,042
Total	...	...	...	...	...	...	...	1,623
(b)								
Total Number of Attendances at Authority's Minor Ailments Clinics ...								4,319

TABLE 4

DENTAL INSPECTION AND TREATMENT.

Description.							Number.
Pupils inspected by the Authority's Dental Officers :—							
Periodic Age Groups	...	...	...	...	...	...	5992
Specials	...	...	...	...	...	...	592
Total (Periodic and Specials)	...	...	...	...	...	...	6584
Found to require treatment	...	...	...	...	...	...	4828
Actually treated	...	...	...	...	...	...	3843
Attendances made by pupils for treatment	...	...	...	...	...	...	6262
Half-days devoted to—							
Inspection	...	...	...	...	...	...	112
Treatment	...	...	...	...	...	...	1004½
Total (Half-days)	...	...	...	...	...	...	1116½
Fillings—							
Permanent Teeth	...	...	...	...	...	...	1315
Temporary Teeth	...	...	...	...	...	...	155
Extractions—							
Permanent Teeth	...	...	...	...	...	...	210
Temporary Teeth	...	...	...	...	...	...	3587
Administrations of general anæsthetics for extraction	...	...	...	...	...	...	1751
Other Operations—							
Permanent Teeth	...	...	...	...	...	...	579
Temporary Teeth	...	...	...	...	...	...	628

TABLE 5.

INFESTATION WITH VERMIN.

Total number of examinations in the schools by the School							
Nurses or other authorised persons	...	...	...	...	...	...	53,548
Total number of individual pupils found to be infested	...	...	...	...	...	...	903
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)							
...	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)							
...	—