[Report 1950] / School Health Service, Flintshire County Council.

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FLINTSHIRE
EDUCATION COMMITTEE

REPORT

on the work of the

FLINTSHIRE

School Health Service

in relation to the year

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Caxton Printing Co. (Mold) Limited

FLINTSHIRE EDUCATION COMMITTEE.

County Health Offices,

MOLD,

September, 1951.

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 1950, and in including reports from Mr. Shuttleworth, the Ophthalmic Specialist, Dr. Simmons, the Child Psychiatrist, and in the absence of a Chief Dental Officer, from the two dental officers still remaining with the Authority.

May I express to you, Mr. Chairman and to all members of the Education Authority, my appreciation of your individual and collective support. The medical, dental, nursing and clerical staff of fhe department have worked harmoniously and have continued to render most invaluable assistance. I am greatly indebted to them, to the Staff of the Director of Education, and to 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.
(Miss) Nest M. Jones, B.Sc., M.B., Ch.B. (Wales), D.Obst.R.C.O.G.

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.).
A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.
R. Rhydwen, M.B., B.S., D.P.H.

Senior Dental Officer:
Peter Lunt, L.D.S., R.C.S. (Eng.). (Resigned 30.6.50).

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.

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

Miss M. Ayrton
Miss L. M. Eyes
Mrs. M. E. Hawkins
Miss M. J. Hughes
Miss Elizabeth Jones (Temp.)
Miss Ellen Jones
Miss A. Molloy
Mrs. M. M. Nield
Miss L. Oliver
Mrs. M. E. Pearse
Miss O. M. Pierce
Miss M. Prince (Resigned 30.6.50)
Mrs. J. Thomas
Mrs. M. P. Thomas
Mrs. D. Thompson

*Mrs. A. E. Williams, S.R.N., S.R.F.N.

Tuberculosis Visitors :

Miss B. M. Brooks, S.R.N. (Temp.). (Since 17.7.50).
Miss Gwenneth Jones, S.R.N., S.C.M., H.V.Cert.
Miss E. R. Parry, S.R.N., Tb.Cert.

Dental Attendants :

Miss D. Reynolds ; Mrs. L. M. Martin ; Miss Gwenneth Roberts.

Chief Clerk :

William Davies, A.R.I.P.H.H. (Retired 31.3.50).
William Ithel Roberts (Since 1.4.50).

Departmental Senior Clerk :

Arthur Whitley.

B.—ASSOCIATED OFFICERS.

Clerk of the County Council :

Mr. W. Hugh Jones.

Secretary of the Education Committee :

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 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
1950 Mid-year Estimate	145,080
Number of Schools—	
Nursery	2
Primary :—County 43 ; Voluntary 71 ; Total	114
Secondary Modern	6
Secondary Grammar	5
School Child Population—	
On School Registers (1950)	22,142
Financial Circumstances of County—	
Estimated Product of a Penny Rate—Year 1950-51 ...	£3,160
Number of Flintshire Live Births—	
Year 1950	2,489
Number of Flintshire Deaths (1950)—	
Infantile	67
General	1,812
Medical Officers—	
For County Health and School Medical Services combined	*8
School Dental Surgeons—	
Full-time Officers	†3
School Nurses—	
Serving half-time also as Health Visitors	15
School Dental Attendants—	
Full-time	3
Clinical Establishments—	
Child Guidance	1
Dental (for School Children)	5
Minor Ailments (for School Children)	9
Ophthalmic (for School Children)	4
Orthopædic (for Patients of all ages)	3
Tuberculosis (Welsh Regional Hospital Board) ...	4

* including 3 part-time. † 3 to 30.6.50, 2 from 1.7.50.

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.

Caergwrle—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.

Prestatyn—King's Avenue. 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, Secondary Modern 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—Secondary Modern 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 by Ophthalmic Surgeon from the Chester Royal Infirmary).

Holywell—The Clinic, Grammar School Grounds. Third Monday afternoon in each month

Mold—The Clinic, King Street. Second Wednesday afternoon in each month.

Rhyl—Old Emmanuel School, Vale Road. First Monday afternoon in each month.

Shotton—The Clinic, Modern Secondary School. Fourth Wednesday afternoon in each month.

(N.B.—To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment. Additional Clinics are held when " waiting list " shows signs of becoming too long.)

TUBERCULOSIS CLINICS.

(Attended by Consultant Chest Physician and Assistant Chest Physicians of the Regional Hosptal Board).

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

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

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

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

Section 2.

A.—STAFF.

(1) **Medical.**—The Authority retained its full quota of medical staff, according to establishment, during the year. Unfortunately Dr. Rowlands had to be granted a prolonged period of sick leave, and during that time her duties had to be shared out among the other members of the staff. The services of Dr. Shone were obtained in a temporary capacity for a period of three months, and during that time she proved herself to be a most efficient and conscientious officer, popular with staff and with parents and children. Her departure to take up an appointment at a Liverpool Hospital was greatly regretted.

(2) **Dental.**—The resignation of Mr. Peter Lunt, the Chief Dental Officer on the grounds of ill health, reduced the already depleted dental staff to two dental officers (the establishment provides for a staff of six —a chief dental officers and five dental officers). As a consequence, the two remaining officers had to re organise their work so as to deal with the more urgent cases. Further reference is made to this in the report on the Dental Service.

(3) **Nursing.**—Certain changes occurred in the Nursing Staff during the year, but generally speaking, the service has been maintained at a fairly satisfactory level. On January 1st, 1950, Nurse Hughes took up her duties in the Prestatyn area, replacing Nurse Roberts who had retired. Nurse Pierce and Nurse Oliver took up their duties at Rhyl and Connah's Quay, respectively, on the same date. Later, Nurse Prince resigned in view of her impending marriage, and Nurse Oliver was transferred, at her own request, from Connah's Quay to the Caergwrle district. Nurse Molloy was transferred from the Northop-Rhosesmor-Halkyn district to Connah's Quay and since that time the Northop-Rhosesmor-Halkyn district has been without the services of a full-time Health Visitor/School Nurse. This particular area is entirely rural and repeated efforts to fill the vacancy have proved unsuccessful. In this area the use of a motor-car is essential if the Health Visitor/School Nurse is to carry out her duties efficiently. In spite of the Council's assisted purchase scheme, the difficulty of obtaining a new car and the inflated prirces of second-hand cars, has deterred more than one suitable applicant from accepting the appointment.

(4) **Clerical.**—At the end of March, Mr. William Davies, the Chief Clerk in the Health Department, retired after having served the Authority most efficiently and conscientiously for more than 40 years. He saw the inception of the School Medical Service in the County and had watched the development of the Service and the department. I, personally, and all members of my staff were indebted to him for most valuable assistance, and his decision to resign was regretted by all.

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 I (a) under " Pupils of other ages."

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

In the Reports on the School Health Service for 1948 and 1949, reference was made to certain difficulties which had arisen owing to the operation of the National Health Service Act, 1946.

The chief difficulty has been with regard to the provision of dental treatment for school-children, and unfortunately, owing to the dearth of dental staff, it has not been possible to overcome that difficulty. Assistant Medical Officers carrying out periodic medical inspections, are constantly commenting upon the deterioration which is already apparent in the dental state of the children examined. Treatment has had, of necessity, to be confined to the most urgent cases and the real "**conservative**" work has had to be put on one side. Many general dental practitioners will not undertake the treatment of children, and unless there is an increase in the dental staff in the near future, I dread to think what the dental condition of the adolescent population will be in a few years' time. This problem affects not only the County of Flint, but practically every Education Authority in England and Wales.

Reference was made to the " time-lag " between the prescription of spectacles for school children and the provision of these spectacles, and it is pleasing to report that this has been reduced. The " waiting list " of children awaiting operation for Ear, Nose and Throat conditions remains of some length, and this is partly due to the small number of hospital beds made available to the Specialist. For the same reason, the waiting list of children requiring operation for squint and other eye conditions is lengthy.

Reference must be made to the decrease in the number of children attending the Minor Ailments Clinics. This is mainly due to the fact that School Medical Officers are not recognised by the Executive Council for the purpose of prescribing " free " medicaments under the National Health Service Act. Consequently children in need of some simple medicine have to be referred to the general medical practitioner, if the parents wish to obtain that medicine " free of charge." unless the Education Authority itself is prepared to bear the cost. Recognition of School Medical Officers for this purpose by the Executive Council would undoubtedly save much overcrowding of the surgeries of over-burdened general medical practitioners, and would not add to the expenditure of the Executive Council.

D.—CLINIC PREMISES.

Early in the year, the building of the New Clinic at Prestatyn and the adaptation for Clinic purposes of the premises built as a First Aid Post at Shotton were completed. Thus, of the 14 " ad hoc" Clinics planned by the Education Authority in the year just preceding the Second World War, 5 have been completed (at Mold, Saltney, Shotton, Flint and Prestatyn). At these, medical rooms, dental rooms, waiting hall, etc., are provided so that medical officers and dental officers can be working at the same time, without interference with each other. In addition, the former War-time Nursery at Holywell and the Old Emmanul School at Rhyl are also used as Clinics, but at both of these it is not possible for a medical officer and a dental officer to be working at the same time. It is hoped that in spite of labour and material shortages, it will be possible to obtain permission in the near future to build a new Clinic at Holywell to replace the present building which is a prefabricated structure in a poor state of repair. The urgent need for new Clinic premises at Rhyl must be stressed, as the present building is old and was condemned as a School many years ago. It serves the needs of a large population in Rhyl and the surrounding district and is used for the following Clinic purposes :—Minor Ailments, Dental, Immunisation, Ophthalmic, Orthopædic, Child Guidance, Ante-natal, Child Welfare. The need for new Clinic premises at Rhyl is truly great and it is hoped that the matter will receive the early consideration of the Authority.

If the Clinics at Holywell and Rhyl are constructed, exactly 50% of the pre-war programme will have been achieved. What of the remaining 50% ? In view of labour and material shortages, which appear like lasting for some considerable time, it may be necessary to modify the remainder of the programme with a view to erecting less costly premises, bearing in mind, however, that the provision of separate accommodation for medical and dental services is a prime necessity. Further consideration must be given to the fact that since the original plan was conceived, there has been considerable housing development in areas which were at

that time not considered to have a population large enough to warrant the provision of clinic facilities. Clinics must be sited so as to be reasonably accessible. It will be appreciated that as regards the dental service, while **examination** by the dental officer can be carried out in the school without much difficulty, **actual treatment in the school** must cause considerable dislocation of the school curriculum. If the services of more dental officers were available and even if more clinic premises were provided, there would still remain the question of treatment in the more remote rural schools, e.g., in the Hundred of Maelor. Either transport should be available to take the children to and from the Clinic or consideration might be given to the provision of a "mobile" dental clinic.

E.—NURSERY SCHOOLS.

The former war-time Nursery at Shotton is still used as a Nursery School. The building cannot, however, be regarded as entirely satisfactory for this purpose.

F.—SCHOOL MILK.

All schools in the main portion of the County are supplied with pasteurised milk. Samples are ta ken at frequent intervals and are submitted to analysis. The reports on 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.

Too much emphasis cannot be placed upon the need for absolute cleanliness, both as regards the utensils used in the preparation and distribution of school meals, and personally as regards the staff employed. Outbreaks of "Food Poisoning" are increasing in number throughout the country and some have occurred among school children after partaking of school meals. Fortunately, up to the present, there has been no such outbreak in the County of Flint. Mr. Lewis, the County Sanitary Inspector, has been assiduous in his inspections of kitchens where school meals are prepared and has actively co-operated with the School Meals Manager and the Area Organisers. He has also paid particular attention to the premises from which foods are supplied to the School Canteens, and has brought several matters to the notice of the Sanitary Inspectors of the County Districts.

I cannot do better than include the following report which I have received from the County Sanitary Inspector on this matter.

" During the past year I made several visits to schools and canteens where school meals were prepared. The premises and food stuffs were inspected and samples of food were taken for analysis. All milk supplied under the "Milk in School Scheme" is pasteurised. Samples were taken for chemical and bacteriological analysis and where these samples failed to satisfy the tests, the producers were informed immediately. Samples of dish-washing water were taken for bacteriological examination and washed cutlery and crockery were swabbed to test the efficiency of the washing up. The attention of the cook concerned was drawn to any unsatisfactory report. I made several visits to Food Contractors' premises and where these were unsatisfactory, the attention of the District Sanitary Inspector was drawn to them.

There is always the danger, when discussing the activities of another Department, of not appreciating its difficulties and of suggesting standards which may be ideal but are not practical. There are certain features of the School Meals Service with which the Health Department is closely concerned. Among the most important are the preparation, storage and distribution of food, so that a clean food is supplied to the school-child. The Flintshire School Meals Service has an excellent reputation throughout the County. This reputation can only be maintained by a constant vigilance over matters which in themselves are small and do not appear to be important. The following are some of the items to which more attention should be paid :—

First Aid Equipment.—Ordinary gauze and cotton bandages have certain disadvantages when used to dress wounds on the hand. When wet they allow a free passage of organisms both to and from the wound. They retain moisture and become a reservoir of infection. All First Aid Outfits should contain rubber finger-stalls and the water-proof type of wound dressing. These First Aid Outfits should be inspected at frequent intervals.

Staff.—Canteen staffs should be encouraged to wear suitable overalls and head-dress. Flowing tresses may be very becoming in their place, but it is desirable that the hair be covered. Canteen staff crockery should be kept separate from that for pupils. In two cases I saw cups smeared with lipstick.

Part-time staff employed to deliver food from the Central Kitchens should be issued with suitable overalls. Clothing suitable for farm work is certainly not suitable for delivering food.

Waste Food Bins.—These should be sited where people can see them and not in a corner with the attendant risk of the accumulation of waste food scattered over the floor. It is a known fact that where bins are painted a distinctive colour they are always treated with respect. The bins should always be cleansed after use and if taken away they should be returned in a clean state. Some device should be employed for securing the lids to the bins. There are many bins with their lids missing, and these invite the attention of flies, with subsequent possible contamination of food in the kitchen.

Cutlery.—The worn handles, broken or serrated blades, bent fork prongs of the old type of cutlery still in use in some of the schools make them difficult to clean. In canteens where the cutlery is picked up by each child from the cutlery boxes as he collects his

food, there is a tendency for the knives and forks to be handled several times by the child as he searches in the boxes for a presentable knife and fork. Infection can easily be spread in this way.

Are children encouraged to wash their hands before meals ? I feel this query is important.

Utensils.—Where possible the double sink system of washing up should be installed in every school. With this system the crockery is washed in one sink and then immediately placed in an adjoining sink in which the water is at 180 degrees Fahrenheit. It is then kept there for a minimum of two mniutes and then placed on racks and allowed to dry. No wiping is required and a sterile article is produced. It is not possible to put this system in some schools because of lack of space, electricty, gas, etc. Where the single sink or wash bowl is used, the washing up water gets foul unless it is frequently changed. The frequency of changing the water depends on the standard of clealiness of the washer-up. The draining boards and wiping cloths can carry infection where washing up water is dirty. Under these conditions the danger can only be overcome by the use of a suitable detergent. This can be added to the washing up water and then the utensils will be properly cleansed. There should also be no need to wipe them as they also can be rack dried.

It is the practice in some central kitchens where meals are sent out to rural schools to use the returned food containers for further distributions of food, without washing them. The cooks mark the containers so that each school receives back its own containers. The school cook washes the containers before returning them to the central kitchen, but often she has no proper facilities for doing the work efficiently. This means that the containers can be used several times without being properly cleansed. These containers should be sterilised, and in the absence of proper facilities for doing so, they should be rinsed out with a suitable detergent.

Where school meals are held in private buildings—Church Halls, etc.—the crockery and cutlery should be stored under lock and key. There is always the risk of unauthorised people using them in the evenings and of not cleansing them properly."

H.—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 39.3% of the children examined were classified as A, 56.1% as B, and 4.6% as C. These figures compare very favourably with those for the previous year, when 36.7% were classified as A, 58.3% as B, and 5.0% 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 40.8, which is a slight improvement on the figures for 1949 (38.48%).

Although the percentage was over 50 in the pre-war years, during and since the war the percentage has remained at about 40. This means that approximately 60% of the school population is **not protected** against an attack of smallpox, and in view of the rapid means of transport available from countries where smallpox is endemic, risk of infection is great—I need only refer to the outbreak at Brighton. Parents of to-day regard smallpox as a disease of the long-distant past and when reminded that outbreaks such as those at Glasgow and Brighton do occur, say that they will have their children vaccinated when an outbreak occurs. They are not easily convinced that the risk of complications is far less when a child is vaccinated in infancy. In the report for the year 1949, reference was made to the considerable fall in the number of children vaccinated, since vaccination ceased to be compulsory—808 primary vaccinations in 1948 compared to 397 in 1949. I am glad to report that, owing to vigorous propaganda by medical officers, health visitors, and district midwives and nurses, in 1950 the number of primary vaccinations rose to 660.

Diphtheria Immunisation.—The number of children who had completed a full course of immunisation was 22,756. Of these, 5,752 were aged under 5 years, and the remainder—17,004—were between the ages of 5 and 15 years. The number of children immunised during the year was :—

Aged 0—4 years	1,506
Aged 5—15 years	365

In addition, 1,279 children received a re-inforcing injection.

During the year, three cases of diphtheria were notified. All three recovered.

Handicapped Pupils.—During the year under review, a total of 29 children were ascertained and classified as " handicapped pupils," in the various categories :—

Delicate	5	Partially sighted	1
Educationally sub-normal	17	Physically handicapped ...	4
Epileptic	1	Maladjusted	1

During the year, places were found in Special Schools or Homes for 5 handicapped pupils (Delicate - 2, Educationally sub-normal - 3). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 38.

Blind and Partially Sighted	6
Deaf and Partially Deaf	12
Delicate and Physically Handicapped ...	3
Educationally sub-normal and mal-adjusted	16
Epileptic	1
Total ...	38

In addition, 2 handicapped children were receiving education in " hospital schools."

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 79 ; of this number, 46 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools ...	27
Requiring places in Special Day Schools ...	19
	46

In addition to the above, 5 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.

Tuberculosis.—Towards the end of the year, the Mass Radiography Unit of the Welsh Regional Hospital Board visited the County for the purpose of examining all pupils aged 14 years and over. In addition, all the pupils at two Junior Schools were offered X-ray examination, as were the teaching staff and the school meals staff of all the schools in the County. It is gratifying to report that parents of pupils willingly accepted the offered facilities, and 2,659 pupils (1413 Boys and 1,246 Girls) were examined. The response on the part of the teaching and canteen staffs was not so good, although 484 (190 Males and 394 Females) did attend. 584.

The result of the examination is shown below :—

A. **Pupils.**

Number of pupils examined	2659
Number found to have chest abnormalities ...	37
Number found to be Definite T.B.	Nil
Number referred for observation	18

Of the 18 referred for observation, 3 were later diagnosed by the Chest Physician as " Definite T.B.," 3 were kept under observation, and 7 were diagnosed as " Non-Tuberculous." The remainder (5) failed to attend for the taking of a large film.

B. **Teaching and Canteen Staffs.**

Number of persons examined	~~484~~ 584
Number found to have chest abnormalities ...	21
Number found to be Definite T.B.	Nil
Number referred for observation	5

The cases " referred for observation " are, of course, referred to the Chest Clinics at Rhyl, Holywell, Queensferry, and Wrexham, where they are examined by the Chest Physician.

It is not necessary to dilate upon the great value of these examinations by the Mass Radiography Unit, and it is to be hoped that it will be possible for visits to be made more frequently in the near future.

I.—TREATMENT.

Minor Ailments Clinics.—During 1950, the number of children attending the Minor Ailments Clinics was 2,558—the total attendances being 3,124.

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 513.

Mr. Shuttleworth has kindly forwarded the following report on the general working of the Ophthalmic Clinics :—

> " During the past year one school children's ophthalmic clinic each month has been held at Rhyl, Holywell, Shotton, and Mold. The clinics have been very busy. At the beginning of the year there was a large waiting-list at three of the clinics, but by doing extra sessions the waiting-lists have been reduced so that at three of the clinics it is now possible to see children referred by the School Medical Officer without delay. There is still a small waiting-list at Rhyl, which is the busiest clinic.
>
> The work consists of testing the eyesight of children and prescribing glasses where necessary. A large number of children are found to be suffering from squint and these, generally speaking, are referred after the provision of glasses, for orthoptic treatment at Chester Infirmary under Miss Parsons, where they are also kept under observation by the school oculist. Facilities for orthoptic treatment have also been provided at Prestatyn.
>
> The clinics being held in the districts where patients live seems to be appreciated by the parents, as time and expense is saved by not having to travel to a hospital some distance away. The premises are suitable except in the case of Rhyl, which is very cramped, and consideration is being given to transferring this clinic to new premises in Prestatyn.

It is felt that a first-class ophthalmic service is provided, especially in view of the close co-operation with the Orthoptic Department at Chester Infirmary. The children's spectacles are now being supplied much more quickly than formerly, and this also is very advantageous. The clinic nurses are very efficient and do not lose sight of "defaulters," that is, children who fail to keep appointments. In such cases they often visit the children's home to emphasise the necessity for attendance."

Orthoptic Clinic.—Children suffering from squint have in the past had to travel to the Royal Infirmary at Chester in order to receive orthoptic treatment. As these journeys had to be made at least twice a week, difficulties often arose. Many of their difficulties have been overcome since the New Clinic at Prestatyn was opened. By arrangement between the Clwyd and Deeside Hospital Management Committee and the Chester Hospital Management Committee, the services of an Orthoptist were made available at the Prestatyn Clinic, and apparatus was also provided. Children from the Western portion of the County now visit Chester only for the initial examination by Miss Parsons and are then referred to the Prestatyn Clinic for further treatment. This has not only saved parents and children a great deal of time and travelling, but has relieved the pressure on the over-burdened Clinic at the Chester Royal Infirmary.

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.

329 Flintshire children were treated at these Clinics, while 40 others attended Clinics in neighbouring Counties.

During the year, 22 children between the ages of 5 and 16 were treated as in-patients at Gobowen.

Child Guidance Clinics.—It is a great pleasure to submit the following report provided by Dr. Simmons, the Child Psychiatrist :—

" NORTH WALES CHILD GUIDANCE CLINICS.

Report for the Year ending 31st December, 1950.

A.—Review of the History of the Clinics.

The first Child Guidance Clinic in the North Wales Area was opened at Bangor in 1943. It came into being as a result of the foresight of and the co operation between Dr. D. E. Parry Pritchard, Medical Officer of Health and School Medical Officer for Caernarvonshire, and Dr. J. H. O. Roberts, Medical Superintendent of the North Wales Hospital for Nervous and Mental Disorders, acting on behalf of the Committee of Visitors of the Hospital.

Dr. Roberts acted as the first Director of this Clinic, and Mr. Gell, an Officer on the staff of Dr. Parry Pritchard, was its first Psychiatric Social Worker—and the first such Worker in the Area.

Further clinics were opened as demands for the type of service which the clinics provide increased.

In 1945, Dr. M. Vidor was appointed as Psychologist and the first full Child Guidance Team had come into existence.

Opening dates are shown in Table 1, and Table 2 will serve to illustrate the growth of the clinics.

Table 1.

Town	Clinic opened in
Bangor	1943
Wrexham ...	1943
Dolgelley ...	1945
Rhyl	1946
Colwyn Bay ...	1950

Table 2.

YEAR	Numbers of FIRST & (ALL OTHER) Attendances					ALL CENTRES		
	Bangor	Wrexham	Dolgelley	Rhyl	Denbigh	First	Others	Total
1943	21 (1)	6	—	—	—	27	1	28
1944	27 (6)	9 (2)	—	—	—	36	8	44
1945	74 (131)	11 (14)	5 (2)	—	1	91	147	237
1946	55 (323)	31 (170)	12 (3)	—	2 (7)	110	503	613
1947	75 (349)	44 (216)	26 (9)	33 (263)	4	182	837	1019
1948	75 (385)	51 (445)	30 (9)	30 (311)	2	188	1150	1338
1949	62 (239)	58 (211)	14 (10)	38 (269)	—	172	729	901
1950	96 (201)	74 (299)	9 (7)	60 (223)	—	253	760	1013
1950					Col. Bay 14 (30)			

B.—Function and Aims of the Service.

These might be described as follows :—

1. To, provide a consultant service for parents, teachers, doctors magistrates, and others whose daily work brings them into close contact with children.
   The first duty of the clinic would be to confirm the existence of a problem and to decide on its nature and severity.

2. To make early recognition of children's difficulties possible and to promote knowledge with regard to the development of the normal child.

   Many of the nervous and mental disorders of adult life have their roots in childhood. A better understanding of the nature of children's difficulties would do a great deal to prevent their growing into unhappy and ineffectual adults.

3. To advise and, if required, undertake the treatment of those children who cannot be dealt with by ordinary methods. In this manner it would contribute most towards the achievement of Mental Health not only in children but also in adults.

This description suggests that the chief function of the clinics is to act as preventative and therapeutic rather than as diagnostic centres.

C.—Functions of Workers in a Child Guidance Team.

1. **Psychiatrist.**

He acts as the Director of the Clinic's activities and is ultimately responsible for the work of its members. His position arises from the necessity of having a worker who is able to assess and deal with not only the psychological but also the general medical and psychiatric aspects of a case. In addition, he is trained in psychiatric work with adults, and ill-health in parents is one of the important problems met with in Child Guidance work.

He presides at 'Case Conferences' where the team as a whole meet to discuss each child in full. He is responsible for making diagnoses, for sending reports to doctors and other agencies, for suggesting treatment elsewhere, and for making recommendations with regard to disposal. In our clinics, he carries out all treatment with children excepting those whose difficulties lie largely or entirely in the educational field.

2. **Psychologist.**

Her chief functions in a Child Guidance Clinic are as follows :—

(a) To assess each child and determine his position in relation to average children of his age in respect of :

(i) his intellectual capacity,
(ii) the level of social adjustment he has reached,
(iii) his general personality traits,
(iv) his level of scholastic atttainments, where required, as seen in the 'standardised test situation.'

(b) To report on her findings and to assist the team in arriving at a diagnosis.

(c) To maintain contact with and to visit schools and to discuss educational problems with teachers and others.

(d) To carry out 'Remedial Teaching.'

3. **Psychiatric Social Worker.**

Her functions are considered to be the following :—

(a) To interpret to the relatives the function of the clinics and the nature of the effort required.

(b) To obtain data (Social History) in respect of the child, his family and his environment.

(c) To inform the psychiatrist of the social problems involved and to keep him informed of progress made by the child and his environment.

Her aim will be to support the parents while treatment is in progress, to help them with general social problems and to modify their attitudes where this is necessary so that ultimately they can deal with the child unaided.

Generally speaking, she will act as liaison officer between the clinic and the child's environment and home, and school visits form part of her duties, in addition to certain administrative obligations she has.

D.—**Information and data relating to the Patients.**

1. **General account of methods.**

(i) The routine procedure carried out at a clinic is indicated in the following table. Time expenditure is also shown :—

Table 3.

Referral.

The child is examined by the psychologist	...	¾ to 1¼ hours
The mother is interviewed by the P.S.W.	...	¾ hour.
The child is examined by the psychiatrist	...	¾ hour.
The mother is interviewed by the psychiatrist	...	½ hour.
Case conference, all workers, per child	...	¾ to 1¼ hours

Treatment Case.

Treatment interviews—weekly—

(Child - Psychiatrist ; Mother - P.S.W.) ... ¾ hour approx.

Length of treatment : this varies with the severity of the case.

The average length of treatment is about 6 months, but many children require help over a considerably longer period.

(ii) In many cases, extensive investigations require to be carried out. they may involve any one of the workers, or the whole team. The distribution of such work was indicated when the functions of the different workers were described.

2. **Sources of Referrals.**

The majority of children are referred through the School Medical Officers. An increasing number come to us, however, through General Practitioners, other Medical Specialists, Children's and Probation Officers, Matrons of Homes, etc. We welcome referrals from any source, and parents themselves sometimes initiate proceedings. We have to work according to a strict time table and children can be seen, therefore, by appointment only.

3. **Causes for Referral.**

It has not been possible to tabulate symptoms for which children are brought to us, or to re-state them in accordance with the psychiatric diagnosis. The complaints for which children are referred are frequently minor ones when compared with the severity of the disturbance of the personality or character discovered. Perhaps less frequently, but still in many instances, we can re-assure parents who have been unduly worried by behaviour which although disturbing to them could be recognised as appropriate to the age of the child, or likely to respond to simple changes in his handling.

The following are common referral symptoms : Feeding difficulties, temper tantrums, irrational fears, wandering, truancy, delinquent behaviour, enuresis, backwardness in school.

4. **Age Distribution.**

Children up to the age of 16 or 17 are accepted. The needs of the child determine, in the case of the older child, whether he is advised to seek help in an adult psychiatric clinic or whether he is dealt with by us. The number of ' under fives ' seen has been very small. This is to be regretted. Generally speaking, it might be said that the duration and the result of treatment stand in inverse proportion to the length of time for which symptoms have been present. Many of the children referred during their early school years are sure to have had difficulties during their pre-school years. Their recognition then might have avoided more serious problems arising and treatment might have been shorter and more successful.

5. **Intelligence of Children Referred.**

The rangeof Intelligence Quotients found extended from under 40 to over 150 (average is 90 to 110). **The number of very dull children referred has continued to decrease. This is healthy evidence of the greater recognition of the fact that the clinics are primarily therapeutic and not diagnostic centres.** It is realised, however, that in the absence of alternative clinics, we must continue to deal with a fair number of ' diagnostic cases.' The relatively large number of referrals seen during the year is evidence of the fact that we have made every effort to fulfil the existing need.

6. **Other Activities.**

These have included talks to official organizations and discussions on test procedure and interpretation with Assistant School Medical Officers. Four members of the then Bangor Team gave a half-hour broadcast on ' Child Guidance Clinics ' in the Welsh Home Service earlier in the year. Two doctors required to attend at a Child Guidance Clinic in connection with their work for the Diploma in Child Health have been offered facilities. A number of Children's Officers, Probation Officers, Teachers and others have been present at discussions concerned with children under their care.

I believe that activities of this kind are extremely important and should be extended to the maximum compatible with our duties at the clinics.

7. **Research.**

If this term is used in its wider meaning, viz., careful search or enquiry after and for facts which may contribute to a better understanding and provide a more efficient solution of a given problem, it may justifiably be said that research aspects are always in our minds.

The first essential for such work is efficient record keeping. Various experiments have been made with regard to case records and registers capable of supplying the answers which research conducted on truly scientific lines might require. This is a lengthy and time-consuming process but we are satisfied with the progress made to date.

Of more general interest may be the following remarks in relation to a subject of prime importance in a bi-lingual area :—

Our chief concern, as has been said. is with the behaviour disturbances and the emotional disorders for which children are referred to us. Environmental factors play a large part in their creation. It is recognised, however, that innate endowments, abilities and physical health play a no less important role in the formation of symptoms.

The accurate measurement of innate endowments and abilities can present considerable difficulties in the case of a bi-lingual or monoglot Welsh child. For the English speaking child standardised tests are available. There are as yet none for the Welsh speaking child excepting those which do not require the use of language for their correct solution (non-verbal and performance tests). In regard to the child of, say under 7, we are relatively certain that we can make an adequate assessment. In respect of the older children we rely largely on the experience of the workers concerned. Fortunately, we are not entirely dependent on tests. The observations of the psychiatrist and the psychologist with regard to, e.g., a child's behaviour, his capacity to manipulate objects and situations, etc., are of value when a total assessment is made and, broadly speaking, it might be said, that we are now able to avoid gross injustice being done to Welsh speaking children. The value of Mr. Jones' work will be obvious here, and while we hope to have his help for a long time, I may mention that we know of only one other Welsh speaking Educational Psychologist in the country, who is now working in England.

The Department of Education of University College is, I understand, engaged on researches on this subject. Mr. W. R. Jones is the author of a number of important publications concerned with the matter, and it is to be hoped that these researches will succeed in providing the tests we require. We are pleased, of course, to be able to have the services of, and to provide facilities for, clinical work for some of the College's staff engaged on this most important work.

Statistical Data.

Table 4.

WORK OF PSYCHIATRIST.

Clinic	**First** Attendances (Referrals)			**Further** Attendances Re-exam. and Treatments			**Total** Number of Attendances
	Boys	Girls	Total	Boys	Girls	Total	
Bangor ...	70	26	96	152	49	201	297
Colwyn Bay ...	5	9	14	8	22	30	44
Dolgelley ...	2	7	9	3	4	7	16
Rhyl ...	35	25	60	161	62	223	283
Wrexham ...	49	25	74	217	82	299	373
ALL CLINICS	161	92	253	541	219	760	1013

Note : The above table refers to interviews with **Children** only.

Table 5.

WORK OF PSYCHOLOGISTS.

	Bangor	Dolgelley	Rhyl	Wrexham	All Clinics
First Examinations :					
Boys	58	2	23	42	125
Girls	22	4	21	21	68
Total	80	6	44	63	193
Further Examinations :					
Boys	11	—	16	5	32
Girls	5	—	11	19	35
Total	16	—	27	24	67
Total Attendances ...	96	6	21	87	210
Remedial Teaching :					
No. of Children ...	2	—	1	—	3
No. of Attendances	28	—	12	—	40
School Visits ...	3	—	—	—	3

Table 6.

PSYCHIATRIC SOCIAL WORKERS.

At Clinics.			Not at Clinics.		
Interviews with parents or guardians			Visits to		
First	Further	Total	Homes	Schools	Other Agencies
225	432	657	47	6	29

Table 7.

Numbers of children referred by the separate Counties during 1950.

Anglesey	Caernarvon	Denbigh	Flint	Merioneth	S. Wales	Others
7	73	85	44	12	1	1

It will be observed that these figures are not identical with those given in Table 4. The latter include children referred during and prior to 1950. Children referred during 1950 may, similarly, not have been examined yet.

Table 8.

Data from the Year 1950 which indicates the approximate working capacity of the Clinics on the existing Staff.

Diagnostic examinations	253
Treatments in progress during the year	43
Treatments concluded before 31.12.50	29
Numbers remaining under treatment on 31.12.50 ...	14
Treatment waiting list on 31.12.50	24
Diagnostic waiting list on 31.12.50	44

E.—Some Observations and Conclusions.

Most of the important points have been mentioned under their relevant headings. The most pleasant and far-reaching change resulted from the increase in Psychiatric Social Worker strength and particularly from Miss Wiggins' appointment as a full-time worker in the Service. Demands on each one of the specialists represented in the teams are very heavy. It appears to me that at least one worker in each field should have sufficient time to make problems of administration and of policy one of her special tasks. Only in that way can wastage of time and man power be avoided and maximal use of the available strength be assured.

The most disappointing aspect of our work, although one not under our control, has been our recognition of the fact that only a few of the children whom we recommend for special educational facilities can be placed in the appropriate schools. This applies equally to bright and dull ; disturbed and merely backward children. Treborth Hall, the first residential school for educationally subnormal children in North Wales, opened recently. Further schools will, no doubt, be opened in due course. Meanwhile, the problem persists in most areas.

Schools for mal-adjusted children are non-existent in North Wales and placement outside the Principality meets with near unsurmountable difficulties. There is, unfortunately, an extreme shortage of such schools in the whole country.

There are no hostels where children in need of treatment AND placement could be accommodated. Homes and Institutions of various kinds do valuable work here, but their staff is not trained to deal with psychiatrically disturbed children, and they have neither the special facilities nor the numbers of staff required.

Here I should perhaps mention again that diagnostic and treatment numbers are almost wholly determined by the time available from the Psychiatrist. It will be evident (v. Table 8 in particular) that some re-distribution but hardly any additional work can be undertaken unless at least one other therapist becomes available.

This is emphasised by the fact that referrals do not actually represent the total number of children known to be in need of examination or treatment.

Finally, I would like to thank the School Medical Officers of all Counties for their continued permission to use School Clinic premises and for their very active co-operation with us.

E. SIMMONS,

Consultant in Child Psychiatry,
North Wales Area,
Welsh Regional Hospital Board."

Dental.—As the Chief Dental Officer, Mr. Lunt, remained off duty on account of sickness during the first half of the year, and then felt compelled to resign, it is not possible to submit a report from the Chief Dental Officer. The two dentists (Mr. Glyn Jones and Mr. Hanson) have however prepared a report which I have pleasure in including :—

" The impact of the National Dental Service on the Schools Dental Service and on the dental health of the children is proving disastrous. Conditions prevailing in private practice are more attractive than those in the Schools Dental Service, causing a steady and crippling flow away from our Service. Parents find difficulty in obtaining appointments for children with dentists in private practice. Your staff are constantly distressed by cases, brought without appointment, of children in pain who have been unable to get attention or relief from other sources. Their treatment puts an added strain on our organization.

Having anticipated the deterioration in the position, your staff, now reduced to two Assistant Dental Officers (each having an attendant), have been steadily reorganizing our Service. Much of our treatment was formerly given under unsuitable conditions in schools and school buildings. We have reduced this side of the Service very considerably, with benefit to the patients, and with the blessing of the school staffs. The parents co-operate willingly in bringing their children to clinics, where we carry out as much of our tereatment as possible. More clinics are required, but we appreciate the added facilities in the new clinic at Prestatyn and the re-designed and well-equipped clinic at Shotton. The Service, thus re-organized, is performing more operations (and more operations per attendance) than formerly. In addition, the administration of general as well as local anæsthetics is carried out by your Dental Officers. Present conditions have imposed important changes on our routine. We have to devote so large a proportion of our time to the relief of pain and treatment of septic conditions, that we have to restrict our conservative operations drastically. We have no time available for instruction in dental hygiene, and clerical work has greatly increased. The area covered by our County Service involves considerable travelling and a consequent loss in operating time. As there seems little prospect of enlisting additional Officers, this loss appears likely to persist.

We have received and appreciated the co-operation of school staffs in our arrangements. Our Dental Attendants, now called upon to do much more than before, have carried out their work with the greatest efficiency and goodwill and deserve special commendation.

We would like to record our great disappointment and regret that our Senior Dental Officer, Mr. P. Lunt, found it necessary to submit his resignation during the year. Our association with him was always smooth and pleasant, and we miss his co-operation and encouragement. His knowledge of the Service, gained in so many years with this County, was gracefully handed on to us."

It will be noted from the Statistical Tables in Table 5 that of the 6,252 children inspected, 4,384 or 70.1%, were found to be in need of treatment. 4,374 of these were referred for treatment, and the number actually treated during the year was 3,533 or 81.2%—an achievement upon which the dental officers are to be congratulated.

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. Negotiations for a joint appointment of a Speech Therapist for the Counties of Denbigh and Flint are in progress.

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 sub-normal.

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 sub-normal children " are almost impossible to obtain. It is considered that 27 educationally sub-normal 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 sub-normal 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, 1950.

Description.	Number.
(A) PERIODIC INSPECTIONS—	
Pupils of Prescribed Age Groups—	
Entrants	1238
Second Age Group	1570
Third Age Group	1235
Total	4043
Pupils of other ages	1562
Grand Total	5605
(B) OTHER INSPECTIONS—	
Special Inspections	3207
Re-inspections	2571
Total	5778
TOTAL INSPECTIONS—Periodic and others	11383

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 (1)	For Defective Vision (Excl. Squint) (2)	For any of the other conditions recorded in Table 2 (a) (3)	Total individual pupils (4)
Entrants	1	256	256
Second Age Group	114	287	380
Third Age Group	82	239	308
Total (Prescribed Groups) ...	197	782	944
Other Periodic Inspections ...	89	313	377
Grand Total	286	1095	1321

TABLE 2(a).

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1950.

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 observation but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
(1)	(2)	(3)	(4)	(5)	(6)
4	Skin	121	43	266	20
5	Eyes—(a) Vision ...	286	254	259	135
	(b) Squint ...	77	22	59	31
	(c) Other ...	44	14	97	18
6	Ears—(a) Hearing ...	8	22	6	10
	(b) Otitis Media .	32	38	37	12
	(c) Other ...	16	30	20	10
7	Nose or Throat	426	732	445	272
8	Speech	7	26	5	8
9	Cervical Glands ...	50	275	35	63
10	Heart and Circulation ...	12	229	13	102
11	Lungs	62	182	68	80
12	Developmental—				
	(a) Hernia ...	3	4	2	3
	(b) Other ...	3	15	4	14
13	Orthopædic—				
	(a) Posture ...	40	25	21	8
	(b) Flat Foot ...	37	27	68	17
	(c) Other ...	86	81	53	44
14	Nervous System—				
	(a) Epilepsy ...	3	7	6	5
	(b) Other ...	29	33	19	53
15	Psychological—				
	(a) Development	3	26	15	12
	(b) Stability ...	2	13	8	10
16	Other	374	92	570	204

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	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	o/o of Col. 2	No.	o/o of Col. 2	No.	o/o of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1238	662	53.5	559	45.2	17	1.4
Second Age Group ...	1570	625	39.8	875	55.7	70	4.5
Third Age Group ...	1235	391	31.7	742	60.1	102	8.3
Other Periodic Inspections ...	1562	522	33.4	970	62.1	70	4.5
Total	5605	2200	39.3	3146	56.1	259	4.6

TABLE 3.

INFESTATION WITH VERMIN.

Total number of examinations in the schools by the School Nurses or other authorised persons	51,620
Total number of individual pupils found to be infested ...	1,410
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)	—

TABLE 4

MINOR AILMENTS.

GROUP 1.—DISEASES OF THE SKIN

(excluding Uncleanliness, for which see Table 3).

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm— (i) Scalp	1	2
(ii) Body	7	1
Scabies	3	—
Impetigo	37	2
Other Skin Diseases	149	32
Total ...	197	37

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refractions and squint	84	25
Errors of Refraction (including squint) ...	513*	—
Total ...	597	25
Number of pupils for whom spectacles were		
(a) Prescribed	286*	—
(b) Obtained	286*	—
Total ...	286	—

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

TABLE 4 (continued).

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment (a) for diseases of the ear	—	—
(b) for adenoids & chronic tonsillitis	—	283
(c) for other nose & throat conditions	—	2
Received other forms of treatment ...	155	83
Total ...	155	368

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Number of cases treated	
	by the Authority	Otherwise
(a) Number treated as in-patients in hospitals	—	22
(b) Number treated otherwise, e.g., in clinics or out-patient departments	—	369

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	60	—

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	1	—

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	512	103
(b) Other (specify)	—	—

TABLE 5.

DENTAL INSPECTION AND TREATMENT.

Description.	Number.
Pupils inspected by the Authority's Dental Officers :—	
Periodic Age Groups	5787
Specials	465
Total (Periodic and Specials)	6252
Found to require treatment	4384
Number referred for treatment	4374
Actually treated	3533
Attendances made by pupils for treatment	3954
Half-days devoted to—	
Inspection	96
Treatment	666
Total (Half-days)	762
Fillings—	
Permanent Teeth	802
Temporary Teeth	111
Number of Teeth filled :	
Permanent Teeth	694
Temporary Teeth	109
Extractions—	
Permanent Teeth	243
Temporary Teeth	4851
Administrations of general anæsthetics for extraction ...	2544
Other Operations—	
Permanent Teeth	212
Temporary Teeth	74