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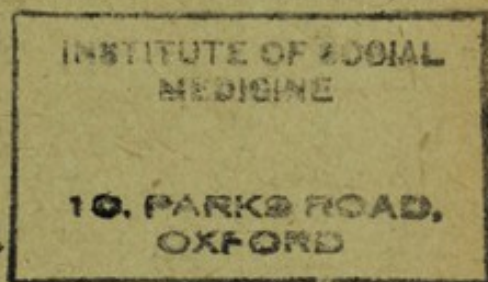


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FLINTSHIRE
EDUCATION COMMITTEE



REPORT

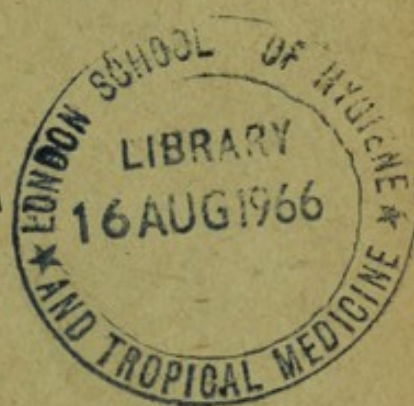
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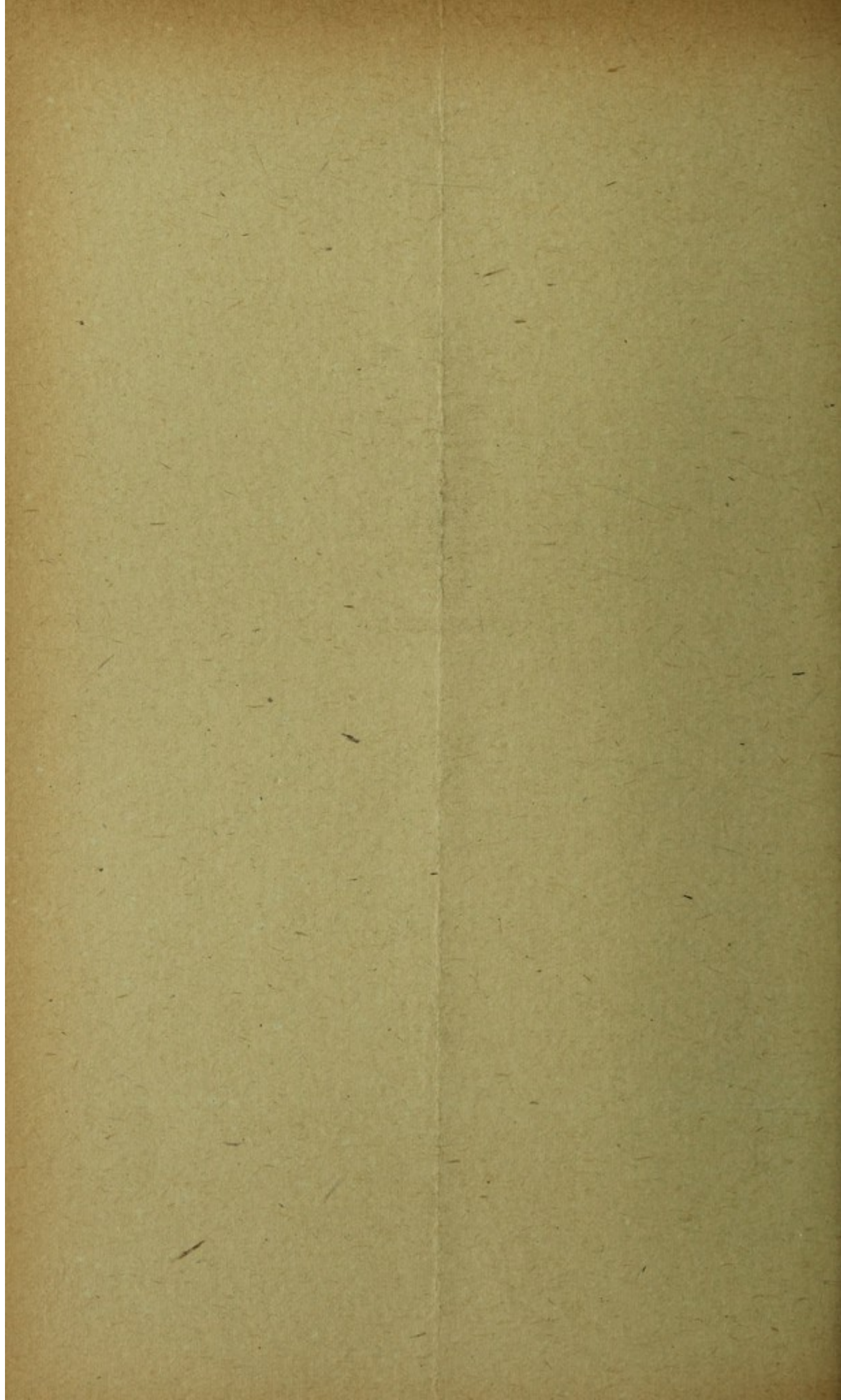
FLINTSHIRE

School Health Service

in relation to the year

1951





FLINTSHIRE EDUCATION COMMITTEE



REPORT

on the work of the

FLINTSHIRE

School Health Service

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1951

FLINTSHIRE EDUCATION COMMITTEE.

County Health Offices,
MOLD,

June, 1952.

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 1951.

In previous years, it has been customary to print the statistical tables prescribed by the Ministry of Education at the end of the report. This year the statistical tables are included in the body of the report with appropriate comments and subsidiary statistics, together with extracts from the reports of the Child Psychiatrist (Dr. Simmons), the Ophthalmic Specialist (Mr. Shuttleworth), the Assistant Medical Officers, the Dental Surgeon, and others. This alteration should make for ease of reference by those members of the Committee who are sufficiently interested to give more than a cursory glance at the cover of the report.

The aim of the School Health Service should be the prevention of disease, or alternatively, the early detection of disease, and the avoidance of crippling defects. Unfortunately, even in the National Health Service, the **curative** aspect of disease appears to have a stronger appeal than the **preventive** aspect. It is not inappropriate here to quote the dictum of a celebrated Master of Balliol: "Measures of precaution are never justly appreciated, for when they are most effective they seldom appear to be necessary."

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 the 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 :

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

Senior Assistant Medical Officer :

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

Assistant Medical Officers (full-time) :

Corris Venables, M.B., Ch.B., C.P.H. (Liverp.), D.Obst.R.C.O.G.
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.),
(Resigned 28.9.51).
A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.
R. Rhydwen, M.B., B.S., D.P.H.
D. J. Fraser, M.B., Ch.B., D.P.H. (Since 1.12.51).

Dental Officers :

W. B. Glynn Jones, L.D.S. (Resigned 12.12.51).
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
(Resigned 30.8.51)
Miss L. M. Eyes
Mrs. M. E. Hawkins
Miss M. J. Hughes
Miss J. M. Jewell
(Since 18.10.51)
Miss Elizabeth Jones (Temp.)
(Left 7.4.51)
Miss Ellen Jones
Miss G. Jones (Since 9.4.51)

Miss A. Molloy
Mrs. M. M. Nield
*Mrs. A. E. Williams,
S.R.N., S.R.F.N.
Miss L. Oliver
Mrs. M. E. Pearse
Miss O. M. Pierce
Mrs. J. Thomas
Mrs. M. P. Thomas
Mrs. D. Thompson

Tuberculosis Visitors :

Miss B. M. Brooks, S.R.N. (Temp.). (Resigned 7.4.51).

Miss C. Hopwood (Since 2.4.51).

Miss Gwenneth Jones, S.R.N., S.C.M., H.V.Cert. (Transferred to Health Visiting and School Nursing Staff - 9.4.51).

Miss E. R. Parry, S.R.N., Tb.Cert. (Resigned 7.2.51).

Miss M. E. Owen, S.R.N. (Since 12.3.51).

Dental Attendants :

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

Chief Clerk :

William Ithel Roberts.

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.

County 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, Llwynegrin, Mold—Tel. : 106 Mold.

D.—GENERAL INFORMATION.

Area of Administrative County—

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

Population of County—

1951 Census	...	...	...	...	...	145,108
1951 Mid-year Estimate	...	...	...	...	...	145,700

Number of Schools—

Nursery	...	...	...	...	...	1
Primary . County 46 ; Voluntary 62 ;					Total	208 108
Secondary Modern	...	...	...	...	...	6
Secondary Grammar	5

School Child Population—

On School Registers (1951)	22,170
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Financial Circumstances of County—

Estimated Product of a Penny Rate—Year 1951-52	...	£3,323
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Number of Flintshire Live Births—

Year 1951	2,381
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Number of Flintshire Deaths (1951)—

Infantile	78
General	1,940

Medical Officers—

For County Health and School Medical Services combined	*8
--	----

School Dental Surgeons—

Full-time Officers	†1
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School Nurses—

Serving half-time also as Health Visitors	15
---	-----	-----	----

School Dental Attendants—

Full-time	2
-----------	-----	-----	-----	-----	---

Clinical Establishments (within the County):—

Child Guidance	...	...	...	...	1
Dental (for School Children)	...	...	...	...	5
Minor Ailments (for School Children)	...	...	...	...	10
Ophthalmic (for School Children)	...	...	...	...	4
Orthopædic After-care (for Patients of all ages)	...	...	...	...	3
Chest (Welsh Regional Hospital Board)	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	1

* Equivalent of $6\frac{1}{2}$ whole-time officers, as 3 are also Medical Officers of Health for Grouped County Districts.

† 2 to 12.12.51 — 1 from 13.12.51 (3 vacancies).

E.—FLINTSHIRE CLINICS.

(Situations, Opening Hours, Etc.).

MINOR AILMENT 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 AFTER-CARE CLINICS.

(The days shown below are those on which these Clinics are **at present** operating. Previously the Orthopædic After-care Clinics all operated on a Friday).

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 Tuesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 4 months.

Shotton—Secondary Modern School. 1st and 3rd Wednesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 4 months.

CHILD GUIDANCE.

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.

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 morning 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.)

ORTHOPTIC.

Prestatyn—King's Avenue. Every Monday, afternoon only ; and every Thursday, morning and afternoon.

CHEST CLINICS.

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

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.

A.—STAFF.

(1) **Medical.**—Unfortunately, Dr. Gwladys Rowlands had to be granted a further prolonged period of sick-leave during the year, otherwise the Authority retained its full quota of medical staff, according to establishment.

(2) **Dental.**—Early in the year Mr. W. B. Glynne Jones contracted an illness which prevented him from carrying out his duties for a considerable time. Towards the end of the year he reluctantly decided that he must tender his resignation, and the school dental staff was consequently reduced to one dental surgeon. Repeated advertisement of vacancies has failed to elicit any response, and serious consideration now needs to be given to the question of the employment of dental practitioners in general practice on a sessional basis. Further reference is made to this in the report on the Dental Service.

(3) **Nursing.**—During the year there have been only minor alterations in the Health Visitor/School Nurse Staff. Miss Bessie Jones terminated her services in April, 1951, and was replaced by Miss Gwenneth Jones, who had expressed a wish to change her duties from those of Tuberculosis Visitor to those of a Health Visitor/School Nurse. The vacancy in the Tuberculosis Visiting Staff was filled by the appointment of Miss Hopwood. In September, Miss M. Ayrton resigned her appointment as Health Visitor/School Nurse in the Rhyl area and was replaced by Miss J. M. Jewell. It is to be regretted that it has not been possible to fill the vacancy in the Northop-Rhosesmor-Halkyn area, and urgent matters in this area have had to be covered by the nurses in the Mold and Holywell areas. The area being almost entirely rural, necessitates the use of a motor car, and the difficulty in obtaining new cars, and the inflated prices of second-hand cars, have debarred more than one suitable applicant from accepting the appointment. The present establishment of Health Visitor/School Nurses is 16, and 15 are actually employed. For some time, emphasis has been laid upon the need to increase this establishment, as the case load of these nurses is far too great. Their attendance at ante-natal clinics, child welfare centres, school clinics, periodic medical inspections by assistant medical officers, and their own examinations of children in school, leave them very little time for domiciliary visiting which is such an important part of the work of the Health Visitor and the School Nurse. The urgent need for economy prevented any provision being made for increasing this establishment in the Estimates for 1952-53, but very serious consideration will need to be given to the expansion of this service in the future.

(4) **Clerical.**—There have been minor alterations only in the Clerical Staff during the year, chiefly due to the call up of junior members for their period of National Service.

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.

Pupils in group (a) may be examined at the age of 3, 4, 5 or 6 years, and according to the Regulations would not be due for re-examination in group (b) until they reached the age of 10 years. As certain defects, particularly visual defects and sub-normal mentality, often become apparent at the age of 7 or 8 years, it has been considered advisable to insert an additional intermediate examination between groups (a) and (b) at the age of 7 years, and pupils of this age group are included in Table 1 (A) below under "Pupils of other ages."

Table I (A & B) shows : (A) the number of children of the age groups already mentioned, who were medically examined by assistant medical officers.

(B) the number of special inspections and re-inspections by assistant medical officers, whether at school, or at school clinics.

TABLE 1 (A) and (B).
RETURN OF MEDICAL INSPECTIONS, 1951.

Description.	Number.
(A) PERIODIC INSPECTIONS—	
Pupils of Prescribed Age Groups—	
Entrants	2070
Second Age Group	1723
Third Age Group	1439
Total	5232
Pupils of other ages	1784
Grand Total	7016
(B) OTHER INSPECTIONS—	
Special Inspections	3365
Re-inspections	4305
Total	7670
TOTAL INSPECTIONS—Periodic and others	14686

C.—FINDINGS OF MEDICAL INSPECTIONS.

The following Table 1 (C) shows the number of **individual** children found at periodic medical inspections to need treatment for defects other than dental or infestation with vermin.

It will be noted from comparison of the figures in this Table with those in Table 1 (A) above, that approximately 20 per cent. of the children in each age group suffered from one or more defects which required treatment.

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	8	394	401
Second Age Group	96	254	337
Third Age Group	85	246	310
Total (Prescribed Groups) ...	189	894	1048
Other Periodic Inspections ...	74	297	350
Grand Total	263	1191	1398

Table 2 (a) which follows, shows the various defects found at routine and special inspections, grouped as required by the Ministry of Education. It will be observed that the largest number of defects requiring treatment is grouped under Code No. 16—Other (or Miscellaneous). This group includes such defects as anæmia, infectious diseases and various minor defects, which cannot be classified under the Code numbers.

The second largest number requiring treatment are under Code No. 5—defects of the eyes—and of this number 105 represent cases of

squint found at routine medical inspections. Further reference will be made to this in the reports of the Ophthalmic Specialist and the Orthoptist.

The third largest group requiring treatment are under Code No. 7—defects of the nose and throat. It must not be assumed that **treatment** for these defects necessarily means **operative** treatment. In fact, during the year, only 196 children were referred to the Ear, Nose and Throat Surgeons at the various hospitals.

Acute controversy rages periodically as to whether the removal of tonsils is justified. It can only be justified when **diseased** tonsils are affecting adversely the general health. In this County it has long been the practice to keep children under close observation for a considerable period, and then to refer certain cases to the Surgeon for his **opinion** in the first place, and operative treatment if he, the Surgeon, considers it necessary.

Little need be said with regard to the other groups of defects, except that Dr. Rhydwen, in his report at the end of the year, remarks "In the three years that I have spent as School Medical Officer in the Western area of the County, I have been struck by the remarkably few cases of chronic otitis media that one sees compared with the relatively high number that one saw in the same number of school children in an industrial area in Lancashire."

TABLE 2(a).

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1951.

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	179	92	286	65
5	Eyes—(a) Vision ...	263	220	287	128
	(b) Squint ...	105	53	75	17
	(c) Other ...	61	15	131	32
6	Ears —(a) Hearing ...	13	31	13	10
	(b) Otitis Media ...	30	43	42	17
	(c) Other ...	11	19	23	10
7	Nose or Throat ...	352	889	321	345
8	Speech	23	24	10	16
9	Cervical Glands ...	22	361	16	101
10	Heart and Circulation ...	7	253	14	95
11	Lungs	99	214	78	85
12	Developmental—				
	(a) Hernia ...	5	14	5	14
	(b) Other ...	8	8	8	21
13	Orthopædic—				
	(a) Posture ...	25	20	19	7
	(b) Flat Foot ...	50	21	54	23
	(c) Other ...	63	103	56	49
14	Nervous System—				
	(a) Epilepsy ...	4	5	7	4
	(b) Other ...	30	41	10	14
15	Psychological—				
	(a) Development ...	6	19	14	24
	(b) Stability ...	3	15	11	25
16	Other	551	105	484	299

Table 2(b) shows the general nutritional state of the pupils examined at the periodic medical inspection.

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.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2070	742	35.8	1275	61.6	53	2.6
Second Age Group ...	1723	569	33.0	1094	63.5	60	3.5
Third Age Group ...	1439	582	40.4	816	56.7	41	2.9
Other Periodic Inspections ...	1784	453	25.4	1293	72.5	38	2.1
Total	7016	2346	33.4	4478	63.8	192	2.8

It is not possible to compare the general condition of the pupils with that of pupils in the pre-war years, as in 1947 the Ministry of Education altered the basis of classification in an attempt to obtain more uniformity throughout the country. In assessing the general condition of a child, the school medical officer takes into consideration various factors such as colour and texture of skin, muscle tone, the amount of subcutaneous fat, posture, general alertness, etc., etc. In spite of this, there is bound to be some variation in the standards adopted by different medical officers. The following table compares the percentages assessed in Groups A, B and C for entrants, second age group, third age group and other age groups in the years 1947 - 1951.

Year	Entrants			2nd Age Group			3rd Age Group			Others		
	A	B	C	A	B	C	A	B	C	A	B	C
1947	61.4	36.1	2.5	62.6	34.2	3.2	53.9	41.9	4.1	77.3	21.7	1.0
1948	33.2	60.4	6.4	30.9	60.4	8.6	18.5	73.3	8.2	27.8	63.5	8.7
1949	47.2	50.2	2.6	37.4	57.6	5.0	29.0	63.6	7.4	31.9	62.5	5.6
1950	53.5	45.2	1.4	39.8	55.7	4.5	31.7	60.1	8.3	33.4	62.1	4.5
1951	35.8	61.6	2.6	33.0	63.5	3.5	40.4	56.7	2.9	25.4	72.5	2.1

It is difficult to account for the variations in these percentages, particularly during the years 1949, 1950 and 1951, as during those years the medical staff has remained unchanged, and presumably their standards of assessment would not have altered to any considerable extent. A question that naturally arises is as to whether long continued rationing, especially of certain foodstuffs, is now beginning to show its effect upon the nutritional state of the younger members of the school population—the entrants and the intermediate group age 7 or 8 years. A considerable amount of research would be needed before any definite conclusions on the matter could be arrived at.

Another question is whether children are having adequate hours of sleep, in view of the counter attractions of the radio, television and the cinema, and the late hours at which they are kept practising for various choral competitions, etc.

Infestation with Vermin.—Table 3 shows the findings of the School Nurses in respect of their examination of school children for head or body infestation. These examinations differ from those of the school medical officers in that no prior notice of the examination is given to parents. That 7.7 per cent. of the school population was found to be infested with vermin cannot be regarded as a satisfactory state of affairs. It must be emphasised, however, that these findings include even the most minor degree of infestation. The School Nurses spare no effort to improve this state of affairs, and often succeed in inducing parents to cleanse the children, only to find at a later date that the children have become re-infested, and it can be certain that the re-infestation has come from older members of the family, over whom the School Nurse has no control.

TABLE 3.

INFESTATION WITH VERMIN.

Total number of examinations in the schools by the School Nurses or other authorised persons	...	...	...	51,549
Total number of individual pupils examined	...	...	...	20,532
Total number of individual pupils found to be infested	...	...	...	1,584
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)	...	...	...	—

Vaccination.—43.4 per cent. of the pupils examined at routine inspections showed evidence of successful vaccination. It is pleasing to report that this is an improvement on 1950, when the percentage was 40.0, and on 1949 when the percentage was 38.48. Vaccination ceased to be compulsory when the National Health Service Act became operative in July 1948, and although before that date exemption from vaccination had been relatively easy to obtain, there was a fall of more than 50 per cent. in the number of primary vaccinations in 1949—from 808 in 1948 to 397 in 1949. Vigorous propaganda however by medical officers, health visitors, midwives and district nurses has helped to restore matters almost to their previous level.

1948	—	Number of primary vaccinations	...	808
1949	—	" " " "	...	397
1950	—	" " " "	...	660
1951	—	" " " "	...	796

The population at risk is still far too large for the position to be regarded with any degree of equanimity.

Diphtheria Immunisation.—Of children of compulsory school attendance age 17,568 are known to have completed a full course of immunisation against diphtheria. In addition, 5,923 children of pre-school age have also completed a full course of immunisation—a total of 23,491.

During the year 1951 the number immunised was :—

Aged 0—4 years	...	...	...	...	1,649
Aged 5—15 years	...	...	...	...	262
					<hr/> 1,911 <hr/>
Children who received re-inforcing injections					1,272

Children are immunised free of charge either by the general medical practitioner in his surgery, or by assistant medical officers at clinics and in schools.

Handicapped Pupils.—Twenty-five children were ascertained to be in need of special education either in residential schools, or special day schools, and were classified as follows :—

Delicate	...	...	3	Partially-sighted	...	...	—
Educationally sub-normal	12			Physically handicapped	...	4	
Epileptic	...	...	1	Maladjusted	...	...	5

During the year, places were found in Special Schools or Homes for seven handicapped pupils (Delicate - 1, Educationally sub-normal - 4, Physically handicapped - 2). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 39.

They were of the following categories :—

Blind and Partially Sighted	...	...	5
Deaf and Partially Deaf	...	...	11
Delicate and Physically Handicapped	...	6	
Educationally sub-normal and mal-adjusted	16		
Epileptic	...	...	1
			<hr/> 39 <hr/>

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 73 ; of this number, 47 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools	...	27
Requiring places in Special Day Schools	...	20
		<hr/> 47 <hr/>

In addition to the above, 12 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.

There is a growing need for the establishment in North Wales of Residential Special Schools for certain categories of handicapped pupils and the Joint Education Committee for Wales has the matter under active consideration, particularly with regard to the Physically Handicapped Child. The number of such children in the County of Flint who require special education in a Residential School is relatively small, and it would consequently be impossible for the Authority to establish such a school on its own.

Another category of handicapped child for whom special consideration is needed is the seriously "mal adjusted" child, and particularly for those cases where the home conditions are the causative factor in the mal-adjustment. Some of these children do not require special education in the generally accepted sense of the word, but do require to be removed from their home surroundings in order to prevent them from developing a psychosis at a later date. Their needs could be met by the provision of hostel accommodation where they would be carefully handled, and from where they could attend the ordinary elementary and secondary schools.

Prevention of Tuberculosis among School Children.—During the year, the Authority decided that all newly appointed teachers, canteen workers and others who were to be closely associated with children, should, as a condition of service, undergo a medical examination which included X-ray examination of the chest. During the year, 44 teachers and 4 canteen workers were examined and reported on by the Medical Staff.

The Mass Radiography Unit of the Welsh Regional Hospital Board has not carried out any survey of school children during the year, but arrangements have been made for such a survey to be made in 1952, and the survey will commence in June. The facilities of the Unit will be available to all pupils of the age of 14 years and over, and to all teachers and canteen staff.

D.—TREATMENT.

Before presenting certain Tables, required by the Ministry of Education, of the number of children who received treatment for defects, it is advisable to refer to the School Clinics and some matters connected with them.

Clinic Premises.—Of the 14 Clinics originally planned for the County, just before the outbreak of the second World War, 5 have been built—Mold, Saltney, Shotton, Flint and Prestatyn. These are provided with rooms for medical, nursing and dental services, and are fully equipped.

In addition, the Old Emmanuel School at Rhyl, and the former war-time Nursery at Holywell, are used for Clinic purposes, but unfortunately the accommodation in these is such that they cannot be used for medical and for dental services at the same time. In other areas in the County, Clinics have to be held in Chapel School-rooms (e.g., Buckley, St. Asaph and Caergwrle) or in Village Institutes (Caerwys and Penley), and these premises cannot be regarded as satisfactory. It is fully appreciated that owing to present shortage of labour and materials, and the economic state of the country, the Authority cannot embark on any extensive scheme of clinic construction, but at the same time, when new and expensive schools can still be built, it is difficult to avoid a sense of frustration and the feeling that the proper supervision of the health of the school child has to be thrust very far into the background. It cannot be denied that the number of children attending Minor Ailments Clinics has fallen very considerably since the National Health Service Act came into operation in 1948, simply due to the fact that Assistant School Medical Officers are not recognised by the Executive Councils for the purpose of prescribing medicines. Recognition for this purpose would not add to the expenditure of the Executive Council and would save much overcrowding of the surgeries of over-burdened general medical practitioners. It is sincerely hoped that the Authority will bear in mind the provision of additional clinic facilities, even in a modified form, as soon as conditions permit

TABLE 4

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
(ii) Body	...	...	...	...	...	6	16
Scabies	...	...	...	...	...	14	2
Impetigo	...	...	...	...	...	36	7
Other Skin Diseases	...	...	...	...	...	190	67
Total ...						246	93

TABLE 4 (continued).

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	91	32
Errors of Refraction (including squint)	541*	—
Total ...	632	32
Number of pupils for whom spectacles were—		
(a) Prescribed	274*	—
(b) Obtained	274*	—
Total ...	274*	—

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

Four Clinics are held in each month by Mr. Shuttleworth, the Ophthalmic Specialist (Rhyl, Shotton, Holywell and Mold). In addition, a number of children attend at the Ophthalmic Clinics at Chester Royal Infirmary and at the Wrexham Hospitals. The following extract from the report of Mr. Shuttleworth points out some of the difficulties with regard to the treatment of squints.

"A great difficulty is being experienced in getting in-patient hospital accommodation for children who need operations for squint. At present all these children are put on the waiting list at Chester Infirmary. That waiting list is very long and a great deal of delay is experienced in getting children into hospital after their names have been put down.

The question of in-patient accommodation for these cases is being investigated, and it is hoped that in the near future further accommodation will be available, and that the period of waiting for a bed will consequently be very much reduced."

In connection with the treatment of cases of squint, it is necessary to state here that with the co-operation of the Clwyd and Deeside Hospital Management Committee and the Chester and District Hospital Manage-

ment Committee, an **Orthoptic Clinic** was established in the Authority's Clinic at Prestatyn. This had been necessary as the Orthoptic Clinic at the Royal Infirmary, Chester, was being seriously overloaded with children from Flintshire and Denbighshire, and children from the western end of Flintshire and the Colwyn Bay area of Denbighshire could not attend as frequently as was necessary because of the long distance they had to travel. The Orthoptic Clinic at Prestatyn is an out-post of the Chester Clinic, and Miss Parsons, the Orthoptist, while being unable to give separate statistics for the Prestatyn Clinic, reports as follows :—

“ Mr. Shuttleworth, having seen the patient at his School Clinic, sends me the record card. I then send for the patient to come to Chester, write my report on the Clinic Card and return it. The majority of patients require occlusion first, and therefore, only have to make a visit about once a month. I require those patients as a general rule to come to Chester for the first tests, as I have the help of students and often two people are necessary if the child is young, and also naturally I have a fuller quota of apparatus here. I also find children are more responsive here because there are others in the room at the same time. As soon as the children are ready for weekly exercises, these are arranged for them at Prestatyn. I make an exception in a case where the mother is unable to travel to Chester and see these cases at Prestatyn even for occlusion, and I am grateful for the co-operation of the Health Visitors in this as in all other matters.

I would like to place on record the help, and co operation, which I have received from the Health Visitors in each Centre.

My assistant, Miss Boardman, and I take this Prestatyn Clinic alternate weeks. We find that we can manage on one day's attendance, that is, two sessions, and Thursday is the day which suits us best, and that appears to be convenient at the Clinic.

I think you should know also that pending the opening of an Orthoptic Clinic at Colwyn Bay, we also have some children from that area attending the Prestatyn Clinic—you did say you had no objections to this arrangement, and the Clwyd and Deeside Hospital Management Committee suggested that we did this as a temporary measure. I cannot see any possibility of the structural alterations which are necessary at Colwyn Bay being carried out for many years, but I assure you that I give the Flintshire children precedence at the Prestatyn Clinic.”

Miss Parsons has also kindly supplied the following statistics of children seen and attendances made at the Orthoptic Clinic at Chester Royal Infirmary from which it will be seen that Flintshire children are the largest group. Separate records were not kept of attendances at the Prestatyn Clinic, but it is estimated that they would be 460, and these are not included in the total of 6,747 attendances shown below.

THE CHESTER ROYAL INFIRMARY.
ORTHOPTIC DEPARTMENT ANALYSIS, 1951.

School Children Only.

	Chester City	Cheshire County Council	Flints.	Denbighs.	Total
Number of patients attended	284	354	437	68	1143
Number of attendances	1482	2048	2917	300	6747
Number of operations performed	9	18	23	3	53

The comparatively small number of children who were treated by operation during the year emphasises Mr. Shuttleworth's comments, and gives some indication of the urgent need for beds being made available for **ophthalmic** cases in the hospitals under the control of the Clwyd and Deeside Hospital Management Committee. This matter is, I believe, receiving consideration at the present time.

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	—	16
(b) for adenoids & chronic tonsillitis	—	650
(c) for other nose & throat conditions	—	62
Received other forms of treatment ...	102	98
Total ...	102	826

It must be borne in mind that as regards the number of 650 children who received operative treatment for adenoids and chronic tonsillitis, these figures bear no relation to the number of children found at periodic medical inspection to require treatment. The number of beds available in the various hospitals for persons suffering from ear, nose and throat defects is small, and consequently waiting lists are long, especially when operative treatment has had to be suspended at times owing to the incidence of infectious diseases. These figures are based on returns received from the various hospitals under the control of the Chester, Wrexham, and Clwyd and Deeside Hospital Management Committees,

TABLE 4 (continued).

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Number of cases treated	
	by the Authority	Otherwise
(a) Number treated as in-patients in hospitals	—	24
(b) Number treated otherwise, e.g., in clinics or out patient departments	—	321

The statistics as regards the number of children treated at clinics refer only to children treated at Clinics within the County (Shotton, Holywell and Rhyl). Some Flintshire children also attend the Clinics at Wrexham and Denbigh, but it is not possible to obtain statistics of these, as the methods of record keeping at the Hospital have been altered. These Clinics are staffed by a Surgeon and the After-care Sisters from the Robert Jones & Agnes Hunt Orthopædic Hospital, Gobowen.

Other Flintshire children are referred by general practitioners to the Orthopædic surgeons at hospitals in Liverpool, Chester, Wrexham, and since September, 1951, at Rhyl.

TABLE 4 (continued).

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	34	—

The statistics given above represent the number of Flintshire children who attended the Child Guidance Clinic and Centre held weekly at the Old Emmanuel School, Rhyl. This Centre is the only one established **within** the County, but children from the eastern part of the County are referred to a similar Centre at Wrexham. These two clinics and centres and other centres in North Wales are staffed by a team consisting of Child Psychiatrist, Psychologist, and Psychiatric Social Worker from the

North Wales Hospital for Mental and Nervous Disorders. The morning session is in the nature of a Child Psychiatric **Clinic**, while the afternoon session is in the nature of a Child Guidance **Centre**. This distinction must be borne in mind, as although Clinic and Centre are staffed by the same team of experts, the Clinic is the responsibility of the Regional Hospital Board, while the Centre is the responsibility of the Local Education Authority. Children are referred to the Clinics and Centres by School Medical Officers, General Medical Practitioners, Probation Officers, Children's Officers, Teachers and others, and in my opinion the continuance of this practice is undesirable. All children should in the first place be referred to the school medical officer, who has a special knowledge of the ascertainment of the educationally subnormal or mentally defective child, and who can therefore weed out a number of children, for whom the Child Guidance Clinic or Centre is not called upon to cater. For instance, in his annual report on the North Wales Child Guidance Clinics for 1951, Dr. Simmons, the Child Psychiatrist, presents statistics showing that out of 208 children examined, 45 were educationally subnormal, and 16 were incapable of education in school.

The following extracts from the annual report of Dr. Simmons are of general interest, bearing in mind that they refer to the five North Wales Counties (Anglesey, Caernarvon, Denbigh, Flint, Merioneth).

" 1. Problems for which children are referred to Child Guidance Clinics.

As a rule children are brought to our clinics when someone is worried about them.

Sometimes a mother is distressed by her child's intractable behaviour, by his persistent bed wetting, or his inability to do well at school. At other times a teacher is concerned because a child is timid, unable to fit into the life of his class, or complains of feeling ill when unusual demands are made on him. In yet another instance a child, often to the surprise of parents and teachers alike, has come into conflict with civil authority, perhaps for stealing, perhaps for causing wilful damage.

We shall have to look at the child and his environment if we want to discover the causes for his behaviour.

Sometimes a child, because of his own make up, cannot meet the reasonable demands which school or society make on him. At other times poverty, inconsistent handling, threatened breakup of family life, etc., produce conditions which even a robust child cannot resist.

Whatever the cause, help given early by either the parents, the school, or the clinic, will be most effective. Our task will be to provide guidance to the former and treatment for the latter, depending on the needs of the individual case.

2. Facilities for Special Treatment.

Emotionally handicapped children requiring placement.

(i) **Foster Homes.** Sometimes re-adjustment cannot be effected because of adverse and unmodifiable conditions in a child's home. Placement in a family selected for their understanding of the needs, and the tolerance of the behaviour, of unstable children may then allow a child to 'settle down' or make treatment at a clinic possible. On economic and general grounds this method has many advantages.

Unfortunately, it is extremely difficult to find suitable homes, but the method warrants further and serious enquiry.

(ii) **Hostels and Residential Schools for Maladjusted Children.** These are required for the treatment of certain children. Special training of the staff and psychiatric supervision are needed.

Both should be in close geographical and functional relationship to a Child Guidance Clinic. Children in the former attend neighbouring schools and this gives a stimulus absent in a residential school. Hostels would seem to be the most appropriate for this area. They should be small, 8 - 12 children, or if larger allow of easy division into groups of this size. I would estimate that some 25 - 30 places might be required annually. Hostels might be administered by Education, Health or Joint Authorities.

Neither Hostels nor Schools have been established yet.

3. Some comment on Intelligence Testing—with special reference to Welsh Speaking Children.

(i) **Intelligence Tests.** Two main types of intelligence tests are in use: Verbal and non-verbal or performance tests. Most of the children seen at the clinics are given a series of both types of tests. This is of particular importance in this area because of the shortcomings which verbal tests have when given to Welsh speaking children.

The Stanford Binet Test is one of the most commonly used verbal scales and no alternative for use in North Wales is as yet available. We are aware of the problems raised by its use, and scores are always carefully analysed.

(ii) **Need for tests for Welsh speaking children.** It seems clear that an urgent need exists for standardised intelligence (and performance) tests for Welsh speaking children. I might quote Mr. W. R. Jones who is an expert on this subject:—'We need to adapt and standardise individual performance and group non-verbal tests'

and 'to construct anew and standardise verbal intelligence tests. 'I understand that a beginning has been made by a research panel of the Collegiate Faculty of Education at Bangor.' To this I cannot usefully add anything except perhaps that an intensive programme of work is now in progress, and we hope that this will, in the course of the next few years, give us the tests which we require.

I must place on record my great appreciation of the excellent co-operation received from the team from the North Wales Hospital for Mental and Nervous Disorders. There is undoubtedly room for considerable expansion of the Child Guidance Service, e.g., visits to schools by the Psychologist would be of great assistance to teachers—but with the present staff, and in view of the great distances between Clinics (held at Bangor, Colwyn Bay, Rhyl, Wrexham and Dolgelley), this is not possible."

TABLE 4 (continued).

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	—	5

TABLE 4 (continued).

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	450	127
(b) Other :—		
(1) Cervical glands	1	10
(2) Heart and circulation ...	7	7
(3) Lungs	16	59
(4) Development	—	13
(5) Nervous system	—	18
Totals ...	474	234

TABLE 5.
DENTAL INSPECTION AND TREATMENT.

Description.						Number.
Pupils inspected by the Authority's Dental Officers :—						
Periodic Age Groups	...	...	...	...	...	2048
Specials	...	...	...	...	...	519
Total (Periodic and Specials)	...	...	...	...	...	2567
Found to require treatment	...	...	...	...	...	2133
Number referred for treatment	...	...	...	...	...	2124
Actually treated	...	...	...	...	...	1721
Attendances made by pupils for treatment	...	...	...	...	...	1866
Half-days devoted to—						
Inspection	...	...	...	...	...	32
Treatment	...	...	...	...	...	365
Total (Half-days)	...	...	...	...	...	397
Fillings—						
Permanent Teeth	...	...	...	...	...	691
Temporary Teeth	...	...	...	...	...	—
Number of Teeth filled :						
Permanent Teeth	...	...	...	...	...	552
Temporary Teeth	...	...	...	...	...	—
Extractions—						
Permanent Teeth	...	...	...	...	...	118
Temporary Teeth	...	...	...	...	...	1893
Administrations of general anæsthetics for extraction	...	...	...	...	...	1100
Other Operations—						
Permanent Teeth	...	...	...	...	...	47
Temporary Teeth	...	...	...	...	...	—

The foregoing table relates to work carried out by Mr. Hanson, the school dental surgeon, who for the greater part of the year has had to carry the whole responsibility for the school dental service. For the administration of general anæsthetics he has had the assistance of Assistant School Medical Officers, otherwise he would not have been able to carry out the amount of work he has done. Mr. Hanson's report is appended, and in view of repeated failure to attract dental surgeons to the service, **urgent consideration** needs to be given to the question of the employment of dental surgeons in private practice on a sessional basis.

**" Annual Report on School Dental Service in the County of Flintshire
for 1951.**

In common with most other parts of the country, Flintshire is suffering from an acute shortage of School Dental Officers, and the year under review has, owing to the resignation of Mr. Glynn Jones, seen their reduction to one.

One Assistant Dental Officer with two attendants cannot be expected to cope very effectively with a school population of more than twenty-thousand. Nevertheless, strenuous efforts have been made to deal with all reported cases of an urgent nature, and in referring such cases, the service is indebted to the Assistant Medical Officers and School Nurses. Every case so referred has been given an appointment within one week and most of them have been treated within a few days of their application.

It will, of course, be realised that in many instances the patient has had to travel many miles to the clinic at which the Dental Surgeon has been located, but the standard of attendance has been so good as to suggest that the journey provided only a slight deterrent in the case of a child suffering from toothache, and unable to obtain relief elsewhere.

More than any other factor, the introduction of general anæsthesia has made this emergency treatment possible, and the large number of administrations recorded elsewhere have been considerably augmented from time to time by the participation of the Assistant Medical Officers, to whom the Dental Service owes a debt of gratitude.

Despite the emphasis on emergency treatment, no less than nineteen schools underwent routine inspection and treatment of a more comprehensive nature.

The large number of dressings recorded refer chiefly to the chemical cautery of teeth by silver nitrate application—a useful

means of retarding dental caries, but in many cases only an alternative to the more desirable treatment by filling. As only a limited number of fillings were possible, these were exclusively confined to the permanent dentition.

Since general anæsthetics now figure so prominently in our treatment, and every child so treated must be accompanied by a responsible adult, many opportunities have arisen for imparting to parents and guardians the principles of dental and oral hygiene.

The general deterioration in the teeth of children all over the country since the war, can probably be traced to the fact that the concentrated carbohydrate foods have become more freely available every effort has been made to instruct parents in the advantages of a healthy diet.

Very few cases of gingivitis were observed, most of which yielded to scaling and mild antiseptic treatment.

The co-operation of parents has generally been excellent and the never-failing help and kindness of the teachers is gratefully acknowledged.

LESLIE E. HANSON. L.D.S. U.Birm.,

Assistant Dental Officer."

E.—SCHOOL PREMISES.

At the time of periodic medical inspection of pupils, assistant medical officers inspect the sanitary conditions of the schools, and report matters which are unsatisfactory. In addition, the County Sanitary Inspector also visits, and in some areas the District Sanitary Inspectors also inspect.

Reports on unsatisfactory conditions such as overcrowding, lack of adequate cloakroom and lavatory accommodation, inadequate heating, unsuitable desks, etc., etc., are forwarded to the Director of Education and at the same time to the County Architect, who can often give immediate attention to the more urgent defects without having to wait for the report to be presented to the appropriate Committee.

The exigencies of the present economic position are fully appreciated but it is sometimes difficult to understand why when vast sums of money are being spent on providing large modern schools—which may become obsolete in thirty to forty years—some small portion could not be diverted towards bringing some of the older schools in the County up to something approaching decent standards.

F.—SCHOOL MILK.

All schools in the County are supplied with Pasteurised Milk. Samples are taken at weekly intervals for bacteriological and chemical analysis. Of the total samples taken, only three failed to pass the "keeping quality" test.

Complaints were received from two schools that a piece of glass had been found in a milk bottle. The matter was immediately investigated, when it was found that the bottle washing machine at the dairy concerned needed adjustment. This matter was remedied and no further complaints were received.

G.—SCHOOL CANTEENS.

In the Report on the School Health Service for 1950, emphasis was placed on the necessity for **absolute cleanliness**, both as regards the utensils used in the preparation and distribution of school meals, and personally as regards the staff. All staff are medically examined on appointment, and the examination includes an X-ray examination of the chest. Many of the staff also avail themselves of further examination by the Mass Radiography Unit of the Regional Hospital Board, whenever it is in the area. If such precautions can be taken on appointment to prevent the possible infection of a few children with tuberculosis, surely it is not too much to ask for daily supervision both of the personal cleanliness of the staff and their methods of food preparation, if an outbreak of food poisoning is to be avoided.

School meals are inspected and sometimes partaken of by Assistant School Medical Officers. The County Sanitary Inspector also inspects the kitchens, utensils, and the food provided, and endeavours to work in close co-operation with the School Meals Manager and the Supervisors.

The County Sanitary Inspector also visits the premises of butchers supplying meat to the schools, and reports all matters which he considers unsatisfactory to the District Sanitary Inspectors.

One matter which requires urgent attention is the provision of proper "**First Aid**" Equipment in all school kitchens. First Aid cabinets should be fully equipped and **kept fully equipped**, with 'Burns dressings,' **waterproof first aid dressings** for cut fingers, and **finger stalls**. A kitchen worker with a septic finger, which is only covered by a dirty piece of bandage, may be responsible for an outbreak of food poisoning affecting a very large number of children.

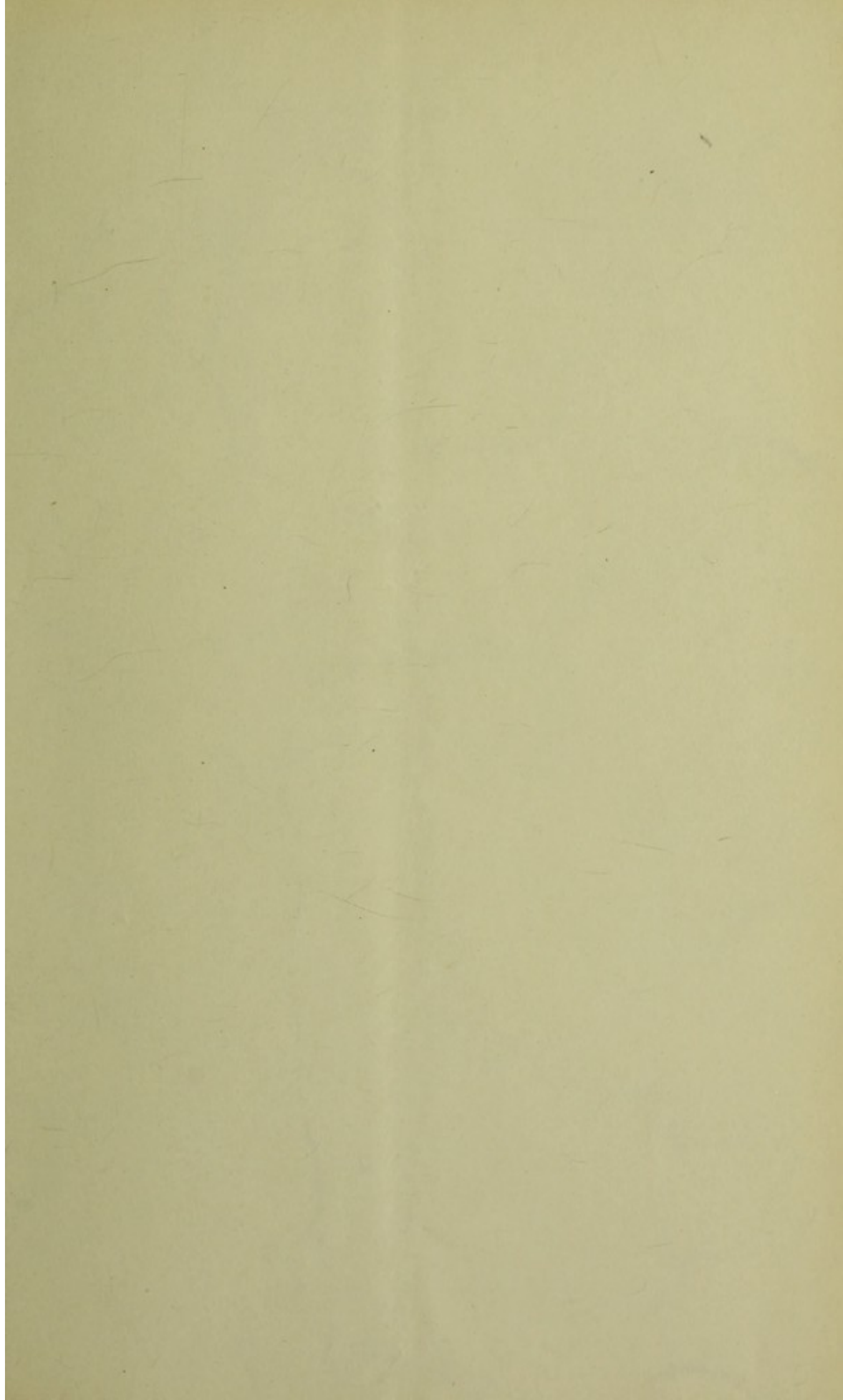
Previously, attention has been called to certain matters such as ;

- (1) the lack of proper cloakroom accommodation for the kitchen staff ;
- (2) the retention in kitchens of broken or disused cooking utensils which only harbour dust and vermin ;
- (3) bad ventilation of larders, with resulting heavy condensation on on walls and tins of food, which soon become rusty and a potential danger.

It is regretted that these matters are still awaiting remedial action.

Mr. Lewis (County Sanitary Inspector) reports :—

- (1) Swabs were taken from (a) clean crockery, (b) washing up water, and were submitted to bacteriological examination. Adverse reports were received on the swabs from crockery which had been hand dried and were from premises where there were inadequate facilities for towel drying.
- (2) Samples of food-stuffs supplied were taken and submitted for analysis to the Public Analyst. No adverse reports were received.



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