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FLINTSHIRE
EDUCATION COMMITTEE

REPORT

on the work of the

FLINTSHIRE
School Health Service

in relation to the year

1952

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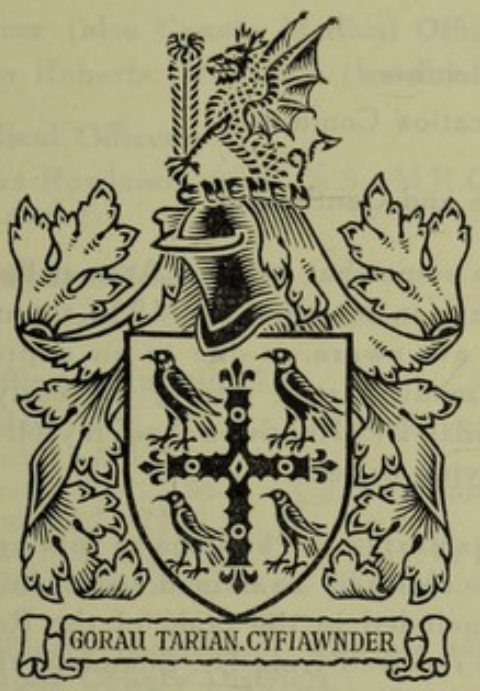

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Caxton Printing Co. (Mold) Ltd.

FLINTSHIRE EDUCATION COMMITTEE.

County Health Offices,
MOLD.

The Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen.

In presenting the somewhat belated Annual Report on the work of the School Health Service for the year 1952, I must apologise for the delay which, as you are aware, is due to an unprecedented amount of sickness among the medical staff during the early months of 1953—Dr. Gwladys Rowlands, Dr. Rhydwen and myself being unfortunately incapacitated for varying periods.

Statistical Tables showing the findings of routine medical inspections, the classification of children examined according to their physical condition, etc., are included in the body of the Report, together with extracts from reports received from Dr. Simmons, the Child Psychiatrist, on the functioning of the Child Guidance Service, from Mr. Shuttleworth, the Ophthalmic Specialist, on the School Ophthalmic Clinics, from Miss Parsons on the Orthoptic Clinic, from the School Dental Surgeon, and from Miss Ritson, the Speech Therapist.

Reference is also made to the visit of the Mass Radiography Unit and to the additional work thrown upon the medical staff by the Regulations of the Ministry of Education with regard to the medical examination of all applicants from the County for entry to Training Colleges for Teachers.

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. (Resigned 25.6.52).
Nest M. Jones, B.Sc., M.B., Ch.B. (Wales), D.Obst.R.C.O.G. (Resigned 13.7.52).
W. E. Denbow, M.R.C.S., L.R.C.P., D.P.H., B.Sc. (since 10.9.52).
Elizabeth D. M. J. Thomas, M.B., Ch.B. (since 6.8.52).

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

Dental Officers:
Leslie Hanson, L.D.S.

Speech Therapist:
Miss R. E. Ritson, L.C.S.T. (Part-time Fee paid) (since 6.5.52).

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 L. M. Eyes (Resigned 13.8.52)
Mrs. M. E. Hawkins
Miss M. J. Hughes
Miss J. M. Jewell
Miss Ellen Jones
Miss G. Jones
Miss P. M. Matthews (since 5.8.52)
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. E. G. E. Rees (since 1.9.52)
Mrs. J. Thomas
Mrs. M. P. Thomas (Resigned 19.11.52)
Mrs. D. Thompson

Tuberculosis Visitors :

Miss C. Hopwood (Resigned 30.9.52).
Miss M. M. D. Evans (since 17.11.52).
Miss M. E. Owen, S.R.N.

Dental Attendants :

Mrs. L. M. Martin : Mrs. D. Young.

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
1952 Mid-year Estimate	145,700
Number of Schools—	
Nursery	1
Primary : County 44 ; Voluntary 65 ; Total ...	109
Secondary Modern	6
Secondary Grammar	5
School Child Population—	
On School Registers (1952)	22,663
Financial Circumstances of County—	
Estimated Product of a Penny Rate—Year 1952-53 ...	£3,310
Number of Flintshire Live Births—	
Year 1952	2,303
Number of Flintshire Deaths (1952)—	
Infantile	75
General	1,758
Medical Officers—	
For County Health and School Medical Services combined	*8
School Dental Surgeons—	
Full-time Officers	†1
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
Speech Therapy	2

* Equivalent of 6½ whole-time officers, as 3 are also Medical Officers of Health for Grouped County Districts.

† Three 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).

SPEECH THERAPY.

Mold—The Clinic, King Street. Every Tuesday (morning and afternoon) by appointment only.

Prestatyn—The Clinic, King's Avenue. Every Wednesday (morning and afternoon) by appointment only.

Section 2.

A.—STAFF.

(1) **Medical.**—During the year, Dr. Gwladys Rowlands was absent for a further period of sick leave. Whilst she was away Dr. Corris Venables and Dr. Nest Jones, both having served the Authority very efficiently for over three years, resigned from their appointments almost simultaneously. Dr. Venables resigned because of increasing family responsibility, and Dr. Nest Jones secured an appointment nearer to her home in South Wales. The vacancies were filled by Dr. Jones Thomas and Dr. Denbow.

(2) **Dental.**—Again repeated advertisements of vacancies for full-time School Dental Officers failed to elicit any response, and throughout the year the staff consisted of one dental surgeon, as against an approved establishment of six. Serious consideration was therefore given to the employment of dental practitioners on a sessional basis in the School Dental Service.

(3) **Speech Therapy.**—Miss Ritson commenced duty as Speech Therapist on a part-time sessional basis in May, 1952.

(4) **Nursing.**—In August, Miss L. M. Eyes terminated her services and she was replaced by Miss P. M. Matthews as Health Visitor/School Nurse in the Buckley area. In September, Mrs. E. G. E. Rees took up duties in the Northop-Rhosesmor-Halkyn district, and filled the vacancy which had existed there for over two years. In November, Mrs. M. P. Thomas, resigned from her appointment as Health Visitor/School Nurse in the Maelor District. With regard to the Tuberculosis Visiting Staff, Miss M. E. Owen was transferred at her own request to the vacancy created in the Eastern half of the County by the resignation of Miss C. Hopwood in September. In November, Miss M. M. D. Evans took up duties as Tuberculosis Visitor in the Western half of the County.

B.—ADMINISTRATION.

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

(a) Pupils admitted for the first time to a maintained school, as soon as possible after the date of admission.

(b) Pupils attending a maintained primary school, during the last year of attendance at such a school.

(c) Pupils attending a maintained secondary school, during the last year of attendance at such a school.

Pupils in group (a) may be examined at the age of 3, 4, 5 or 6 years, and according to the Regulations are not due for re-examination in group

(b) until they reach the age of 10 years. Since certain defects such as visual defects and sub-normal mentality often become apparent at the age of 7 or 8 years, it has therefore 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 1 (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. Special inspections refer to children outside the above groups who are examined at the request of the parents, the Head Teacher or the Education Authority. Re-inspections refer to children who have been previously examined at periodic medical inspections or as special cases and who were then found to be suffering from defects which either needed treatment or to be kept under observation.

TABLE 1 (A) and (B).

RETURN OF MEDICAL INSPECTIONS, 1952.

Description.	Number.
(A) PERIODIC INSPECTIONS—	
Pupils of Prescribed Age Groups—	
Entrants	2778
Second Age Group	1864
Third Age Group	1821
Total	6463
Pupils of other ages	1932
Grand Total	8395
(B) OTHER INSPECTIONS—	
Special Inspections	3741
Re-inspections	5401
Total	9142
TOTAL INSPECTIONS—Periodic and others	17537

C.—FINDINGS OF MEDICAL INSPECTIONS.

TABLE 1 (C).

PUPILS FOUND TO REQUIRE TREATMENT.

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

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

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

Group	For Defective Vision (Excl Squint)	For any of the other conditions recorded in Table 2 (a)	Total individual pupils	Percentage of children examined (Table A)
(1)	(2)	(3)	(4)	(5)
Entrants	10	347	355	12.78
Second Age Group ...	98	202	291	15.61
Third Age Group	99	172	260	14.28
Total (Prescribed Groups)	207	721	906	14.02
Other Periodic Inspections	91	215	294	15.22
Grand Total	298	936	1200	14.29

From the above Table it will be seen that the percentage of individual children found to be suffering from defects is slightly higher in the second Prescribed Age Group (15.61%) than in the "Entrants" Group (12.78%), i.e., the percentage is higher in the 10 year old group than in the 3 - 5 year old group. This, in my opinon, emphasises the need for the periodic inspection at the age of 7 years

TABLE 2(a).

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1952.

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	166	86	426	56
5	Eyes—(a) Vision ...	298	315	310	175
	(b) Squint ...	101	80	51	37
	(c) Other ...	41	24	136	22
6	Ears—(a) Hearing ...	7	35	16	22
	(b) Otitis Media	30	57	30	30
	(c) Other ...	12	46	29	16
7	Nose or Throat	265	765	244	373
8	Speech	15	31	12	44
9	Cervical Glands	19	267	7	91
10	Heart and Circulation ...	3	235	7	115
11	Lungs	63	217	62	106
12	Developmental—				
	(a) Hernia ...	1	22	—	8
	(b) Other ...	2	29	2	25
13	Orthopædic—				
	(a) Posture ...	22	34	9	24
	(b) Flat Foot ...	85	76	70	40
	(c) Other ...	67	161	78	65
14	Nervous System— ...				
	(a) Epilepsy ...	3	6	7	4
	(b) Other ...	14	34	18	46
15	Psychological— ...				
	(a) Development	7	45	11	25
	(b) Stability ...	1	22	13	15
16	Other	163	63	371	165

This Table shows the various defects found at medical inspections grouped as required by the Ministry of Education. It will be noted that it excludes Dental Defects and Infestation with Vermin. Of Defects found at Periodic (Routine) Inspections the largest groups are Defects of Vision and Defects of Ear, Nose and Throat. Defects of Vision are referred to the Ophthalmic Clinics to be further examined by the Specialist. With regard to Defects of Ear, Nose and Throat, it will be noted that only some 25% were considered to be in need of treatment, the remainder being kept under observation. It has been the established custom in the County to refer such defects to the hospitals for examination, in the first place by the E.N.T. Surgeon, and operation if he considers it necessary.

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	2778	1459	52.5	1291	46.5	28	1.0
Second Age Group ...	1864	981	52.6	865	46.4	18	1.0
Third Age Group ...	1821	996	54.7	805	44.2	20	1.1
Other Periodic Inspections ...	1932	892	46.2	1016	52.6	24	1.2
Total	8395	4328	51.5	3977	47.4	90	1.1

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 1947-1952.

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
1952	52.5	46.5	1.0	52.6	46.4	1.0	54.7	44.2	1.1	46.2	52.6	1.2

It will be noted that the nutritional state of approximately 50% of the children examined were classified in Group A (good), while only 1% were classified as "poor."

Emphasis must again be laid upon adequate hours of sleep as an important factor in attaining and maintaining a good nutritional state.

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 the parents. That 10.9% of the children examined 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.

Preparations which kill all the vermin are supplied to parents at the School Clinics. Their application is a simple matter, but involves the washing and combing of the hair with a special tooth comb. This, apparently, is too onerous a job for some mothers, who would be quite prepared to allow the School Nurse to carry out the treatment, but such cannot be considered a function of the School Nurse. Prior to the Education Act, 1944, it was possible to exclude from school a child infested with vermin, and if the child was not satisfactorily cleansed in a stated period, to prosecute the parent for the non-attendance of the child at school. Under the 1944 Act, however, the child must have been

cleansed, in the first place, and then only when re-infested can the parents be prosecuted. In view of this, serious consideration will need to be given to the possibility of appointing persons to carry out such cleansing duties, in a part-time capacity. Centres could be established in those areas where the percentage of children found to be infested is high, and parents could then be compelled to present their children for treatment.

TABLE 3.

INFESTATION WITH VERMIN.

Total number of examinations in the schools by the School Nurses or other authorised persons	54,716
Total number of individual pupils examined	16,007
Total number of individual pupils found to be infested ...	1,741
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 against Smallpox.—Only 43.04% of children examined at routine medical examinations showed evidence of successful vaccination against Smallpox. Although prior to 1948 exemption from vaccination had been far too easily obtainable, the National Health Service Act abolished compulsory vaccination in the hope that voluntary vaccination against Smallpox would prove to be as successful as immunisation against diphtheria. Unfortunately, this hope has not been realised as, in spite of active propaganda by doctors, midwives, and health visitors, the number of primary vaccinations has fallen to approximately the level of the year 1950, and, in these days of rapid transit from one part of the world to another, the population at risk is far too large.

The following Table shows the number of primary vaccinations each year since 1948—figures which represent approximately only 25% of the live births.

1948	—	Number of primary vaccinations ...	808
1949	—	,, ,, ,, ,, ...	397
1950	—	,, ,, ,, ,, ...	660
1951	—	,, ,, ,, ,, ...	796
1952	—	,, ,, ,, ,, ...	663

Diphtheria Immunisation.—Of children of compulsory school attendance age 18,130 are known to have completed a full course of immunisation against Diphtheria. In addition, 5,780 children of pre-school age have also completed a full course of immunisation—a total of 23,910.

During the year 1952 the number immunised was :—

Aged 0—4 years	1,608
Aged 5—15 years	272
	1,880
Children who received re-inforcing injections	1,338

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-three 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	Physically handicapped	2
Educationally sub-normal	7	Maladjusted	4
Epileptic	2	Deaf	2
Partially Sighted ...	1	Partially Deaf	2

During the year, places were found in Special Schools or Homes for four handicapped pupils (Delicate - 1, Educationally sub-normal - 1, Maladjusted - 1, Epileptic - 1). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 38.

They were of the following categories :—

Blind and Partially Sighted	3
Deaf and Partially Deaf	12
Delicate and Physically Handicapped ...	1
Educationally sub-normal and maladjusted	20
Epileptic	2
	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 100; of this number, 53 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools ...	27
Requiring places in Specia lDay Schools	26
	53

In addition to the above, 6 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 " maladjusted " child, and particularly for those cases where the home conditions are the causative factor in the maladjustment. 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.—In 1951 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 1952, 50 teachers and 17 canteen workers were examined and reported on by the Medical Staff.

In addition, 57 candidates for admission to Training Colleges for Teachers were examined by the medical staff. These examinations were in consequence of new Regulations of the Ministry of Education, whereby all entrants to Training Colleges for Teachers must be examined before acceptance by the School Medical Officer of the area in which they reside. This examination includes X-ray examination of the chest.

Mass Radiography.—During 1952, the Mass Radiography Unit of the Welsh Regional Hospital Board visited the area and offered facilities for the X-ray examination of the chests of all school children of the age of 14 years and over. The response of the pupils was most satisfactory, and in some schools reached 100%. The result can also be considered as most satisfactory, as will be seen from the following figures :—

Number of children examined (Males 1,262 ; Females 1,194) ...	2,456
Definite Pulmonary Tuberculosis (Females 1)	1
Needing further observation (Males 4 ; Females 5)	9
Other abnormalities (Males 8 ; Females 10)	18

All those " needing further observation " were, of course, referred to the Chest Clinics conducted by the Chest Physician. " Other abnormalities " included bronchitis, bronchiectasis, spinal curvatures, and some cardiac cases. These were referred to the School Clinics for further observation.

B.C.G. Vaccination.—B.C.G. vaccination against Tuberculosis has only been available up to the present for the tuberculin negative contacts of known cases of tuberculosis, and it is carried out by the Chest Physician. During 1952, 64 contacts were vaccinated. It is hoped that before long, B.C.G. will be available in sufficient quantity to offer vaccination to all school children who, on examination, are found to be tuberculin negative.

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 precribing 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	—	—
(ii) Body	9	5
Scabies	16	1
Impetigo	94	15
Other Skin Diseases	217	73
Total ...	336	94

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	121	33
Errors of Refraction (including squint)	*537	—
Total ...	658	33
Number of pupils for whom spectacles were :—		
(a) Prescribed	*282	—
(b) Obtained	*282	—
Total ...	*282	—

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

Once a month, at each of four centres in the County (Rhyl, Mold, Holywell and Shotton), an Ophthalmic Clinic for School Children is conducted by Mr. Shuttleworth, the Ophthalmic Specialist. These Clinics, and especially those at Rhyl and Mold, are very busy, that in spite of the fact that Mr. Shuttleworth sees more than the average number of children at each Clinic, a long waiting list results, and it may be some months before a child referred to the Clinic can be examined. Mr. Shuttleworth has, from time time, attended extra Clinics in an effort to reduce this list, but the waiting list soon grows again. Consideration will need to be given in the near future to increasing the attendance of the Specialist at Mold and Rhyl from monthly to fortnightly sessions. In the following brief report from Mr. Shuttleworth on the operation of the Clinics, reference is again made to the urgent need for the provision of hospital beds in the area for ophthalmic cases.

> " The ophthalmic clinics have been continued as in the past; a monthly clinic has been held at Mold, Holywell, Rhyl and Shotton. The clinics are very busy, and large numbers of school children are examined for glasses.
>
> Many cases of squint were examined during the year and the usual orthoptic treatment given under the supervision of Miss Parsons. As in the past, difficulty is still being experienced in getting sufficient in-patient hospital accommodation for the operative treatment of cases of squint. Steps are being taken to remedy this deficiency, and it is hoped that in the course of the next few months more accommodation will be available."

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 Management 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, reports as follows :—

> " I do not think I have any observations to make this year except to say that the attendance record was no better than in the previous year, and also to record once again my appreciation of the co-operation received from the Health Visitors of the County."

Miss Parsons has also supplied statistics showing the total number of Flintshire children attending the orthoptic clinics at Chester and Prestatyn, and the attendances made. It will be noted that 50% of the attendances made at the Prestatyn Clinic were of children from the

neighbouring County of Denbigh. It will also be noted that the number of operations for squint on Flintshire children at the Royal Infirmary, Chester, was 15.

THE CHESTER ROYAL INFIRMARY.

ORTHOPTIC DEPARTMENT ANALYSIS, 1952.

School Children only.

	Chester.	Prestatyn.
Number of Flintshire children who attended in the year 1952 ...	362	—
Number of attendances for the year 1952	2,063	*145
	Mr. Wilson.	Mr. Shuttleworth.
Number of squint operations performed on Flintshire children at Chester Royal Infirmary ...	8	7

* Total attendances : Prestatyn Clinic 300 ; 155 coming from Colwyn Bay-Abergele area.

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	—	11
(b) for adenoids & chronic tonsillitis	—	597
(c) for other nose & throat conditions	—	15
Received other forms of treatment ...	87	110
Total ...	87	733

It must be borne in mind that as regards the number of 597 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	—	27
(b) Number treated otherwise, e.g., in clinics or out patient departments	—	409

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 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	—	45

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 1952, Dr. Simmons, the Child Psychiatrist, presents statistics showing that out of 173 children examined, 32 were educationally subnormal, and 8 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 us when someone feels that they are not as happy, not as honest, not as efficient, not as manageable, etc. ,as they might be.

Sometimes we shall find that a child, because of something in his own make up, has not been able to meet the ORDINARY demands of home, school or life in general. At other times it will be evident that UNUSUAL strains, such as extreme poverty, inconsistent handling, threatened or actual break-up of family life, have been at work and that not even a robust child could have resisted.

Whatever the referral cause may be we need to remember that, in most instances, "ordinary means" have been tried and have failed to secure a hoped for result ; that the children are sent to us for what we may be able to do. We shall then not be led to undertake responsibilities beyond our means, or be tempted to employ methods of investigation or treatment other than those accepted by trained Child Guidance Workers all over the country.

2. **Need for full investigation.**

It is generally agreed that the behaviour of children is determined by two broad sets of factors ; those working from within (health, intelligence, emotional factors, etc.), and those exerting their influence from without (attitudes and beliefs, social, religious and cultural, and material circumstances of home life and wider community).

When we examine a child at a clinic it is our task to determine where he differs from other children of his age and environment and where he is like them. We shall then be able to assess the meaning of the symptoms he is showing, i.e., we can make a diagnosis.

As in in any other branch of Medicine an accurate diagnosis needs to be made before the most appropriate form of treatment can be recommended.

Later tables show the variety of symptoms for which children are referred and the diagnostic groups into which they are placed. It has not been possible to relate referral symptoms to final diagnosis but perusal of the tables will make it clear that an adequate first examination is of the utmost importance.

3. Treatment.

The term treatment is applied to any measures which may be taken to improve the physical, psychological, or intellectual standing of a child. Such measures may be directed mainly towards the child or mainly towards the environment.

The form in which treatment is recommended depends on the nature of the difficulties.

(i) Educationally handicapped children.

As a rule we only need to suggest the most suitable methods by which the child might be taught. The Education Authority is responsible for the provision of the special education facilities which may be required (coaching, special class, special school).

In some instances we offer facilities at the clinics to children who are likely to benefit from special remedial teaching methods given for a relatively short period of time.

It might be mentioned here that facilties for the examination and treatment of EDUCATIONALLY handicapped children are normally provided by Education Authorities at Child Guidance CENTRES. No Centres exist in this area and the Child Guidance CLINICS have always dealt with a fair number of 'Centre cases.' The Clinics are of course provided by authority of the Regional Hospitals Board, and their main concern is with EMOTIONALLY handicapped children.

(ii) Emotionally handicapped children.

The position with regard to the treatment of these children is a rather complex one.

Sometimes, after investigations have been completed, one or two discussions between mother and Psychiatric Social Worker are all that is required.

At other times the Psychiatric Social Worker carries out treatment " through the mother " whom she may see at her home, or at a clinic, over a shorter or longer period of time—without the child seeing the Psychiatrist again. This is a common practice with under-fives.

Adolescents may be treated at the clinics, while contact with their parents is maintained by occasional Home Visits by the Psychiatric Social Worker.

Whenever required, however, mother and child come to the clinic for treatment. As a rule they do so once a week and treatment may last from a few months to 1½ to 2 years, or even longer. The child is seen by the Psychiatrist while the Psychiatric Social Worker interviews the mother.

Often, further help can best be given through other social agencies and their workers (Children's Officers, Probation Officers, Matrons of Homes, etc.). We are always glad to discuss matters with the worker concerned.

Finally, there are those who, it is thought, require long term environmental treatment and training in hostels or schools for maladjusted children.

It will be seen from this that the clinic premises are the focal points of our activities, but that a great deal of work is properly carried out beyond these premises and that treatment at, or through a clinic, is not necessarily the most appropriate form in which help can most be given to an individual child.

In passing it might be said here that neither hostels nor schools for maladjusted children exist in North Wales, and that it is difficult to get vacancies elsewhere.

4. Child Guidance as a Preventive Service.

It is thought that the clinics acting as diagnostic and therapeutic centres also serve a preventive function. The treatment of one child may influence a mother's handling of her other children to a considerable extent. Treatment of the same child may decide a teacher to seek advice for other children, etc.

The number of people whom the clinic personnel can meet is, however, small and cannot exceed more than a few per cent. of the parents/child population.

The quality of our clinical work must remain our most valuable " Propaganda " weapon but it would seem desirable that we should meet and discuss matters of mutual interest with people who in their daily lives come into contact with large numbers of children. Teachers, magistrates, children's officers come to one's mind, and one feels that a great deal might be achieved especially if we could meet them in groups.

A fair balance has to be struck, however, between time spent on purely clinical work and that outlined. Miss Wiggins has addressed a number of groups. I have given a few talks, and together with Mr. Midwinter have met, at about monthly intervals, a number of workers from allied fields for case discussion. The Bangor team also met the students at St. Mary's College, and we had a demonstration at the Bangor Clinic.

We feel that we have a specific contribution to make to meetings of this kind, and also that our own work would be enhanced by closer contact with workers in other but allied fields. We regret that shortage of staff severely limits our activities in this sphere.

5. **Intelligence and Intelligence Tests.**

It is important for us to know how intelligent a child is. Usually it is possible to assess intelligence with some degree of accuracy on the basis of general impressions, but an accurate assessment also demands the use of standardised tests.

These tests are of two main types : verbal and non-verbal. The latter, when they have been re-standardised for Welsh conditions, give a satisfactory assessment in the case of bi-lingual children. The former, however, have definite shortcomings in this respect.

This is an important matter and one which we discuss frequently. We do so especially at the Bangor clinic, where Dr. J. Rogers and Mr. W. R. Jones of the Department of Education, University College of North Wales, act as Educational Psychologists.

I am grateful to Mr. W. R. Jones for the following statement :

' The provision of Mental Tests, standardised for varying degrees of bilingual conditions has been given much prominence in recent discussions. The report of the Central Advisory Council (Wales) on " The place of Welsh and English in the Schools of Wales " just published, contains some pertinent comments on the subject. The Welsh Joint Education Committee, which acts for the Local Education Authorties, has received and considered a report of a Panel appointed to offer advice on the steps which should be taken to meet the needs of Welsh speaking children for standardised intelligence tests. The University of Wales, through its school of Education and Collegiate Faculties, is actively interested in the problem, and the National

Federation for Educational Research, which receives financial support from Wales, has already assisted in the statistical side of the work.'

At the moment, it appears that most of the work of preparing standardised tests in Welsh is being done in the Collegiate Faculties at Bangor and Aberystwyth. At Bangor, two research projects have been completed : an adapted version of the Hoffman Bilingual Schedule to meet Welsh conditions, and a Welsh version and standardisation of Jenkins' Scale of Non-Verbal Mental Ability are now ready for publication. Adapted versions of another non-verbal test and of a group verbal test of intelligence are in an advanced state of standardisation. Considerable progress has also been made in connection with the construction and standardisation of achievement Tests in Welsh, particularly with reference to Reading Comprehension and Language Usage. Much preliminary work has been done on the adjustment and standardisation of Schonell's Arithmetic and Silent Reading Tests A and B for Welsh conditions. The Collegiate Faculty at Aberystwyth is engaged in similar projects.

It is evident, however, that the construction, standardisation and production of a **series** of tests in Welsh will be inevitably slow under existing conditions. This important and urgent work is hampered by inadequate co-ordination between the bodies which are interested in the many problems of bilingualism and by the scarcity of research workers trained in the necessary techniques and statistical methods. On the other hand, the present outlook is promising. Many individuals and organisations are fully alive to the need for tests of intelligence and attainment prepared and standardised for bilingual children. Their hopes in this respect will be realised when, in the words of the Advisory Council's report on the bilingual situation, ' somebody assumes responsibility for the direction, co-ordination, and perhaps financial support of research into the many problems of bilingualism.'

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.

Speech Therapy.—Miss Ritson, the Speech Therapist, commenced duty on the 6th May on a part-time sessional basis, two sessions per week being held at Mold, and two sessions per week at Prestatyn. The service has been greatly appreciated by parents, especially at Mold, to which centre children have been brought from not only the immediate surroundings, but also from Flint and the Deeside .

TABLE 4 (continued).

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	35	—

I have great pleasure in appending a report from Miss Ritson on the work carried out by her during 1952 :

" I submit for your records my report of the work done in the Speech Therapy Clinics during the year of 1952.

A Speech Therapy Clinic was opened at Mold School Clinic on Tuesday, 6th May, and during those eight months :—

19 children have had Speech Therapy Service. These consisted of :—

11 dyslalias.
4 stutterers.
4 cleft palates.

All the dyslalic children who received treatment have improved.

2 nearly ready for discharge.
1 Parent objected to child having treatment.
1 Child—spastic, so mentally backward at present, treatment would be of no use.

With the cleft palates :—

2 have improved.
1 discharged, being treated in Liverpool.
1 under observation, child too young to begin regular treatment.

With the stutterers :—

2 are normal as far as mental adjustment is concerned, but there is still a little evidence of stuttering character in speech.
2 Improved.

At Mold the attendance has been good and regular in the great majority of cases. The co-operation of parents and their interest in the progress has been most encouraging to both patient and Speech Therapist. In several of the dyslalic cases the children are backward in their school learning, and probably in intelligence are below average, and this makes progress in such cases very slow.

On Wednesday, 7th May, 1952, a Speech Clinic was opened at Prestatyn, and since then 16 children have received speech therapy.

These consisted of :—

6 dyslalias.
7 stutterers.
2 cleft palates.
1 spastic.

The details of the dyslalic cases are :—

2 improved, but the attendance is irregular and therefore the improvement is slow.
1 improved, but mentally retarded. Her attendance is regular and improvement slow.
1 attendance too erratic to be of use in treatment, and case was discharged December, 1952.
1 child has suspended treatment for a few months owing to pressure of scholarship work.
1 child discharged because he was too mentally backward to benefit from treatment.

With the stutterers :—

1 discharged—normal.
1 nearly ready for discharge.
1 improved but undergoing further investigation and help from the Psychologist.
4 improved.

The results of the cleft palate cases are :—

1 improving.
1 enjoyed such erratic attendance that treatment was no use, and case was therefore discharged December 1952.

The 1 spastic child has made remarkably good progress and should continue to do so.

The parents of 1 child stutterer refused treatment, and a further stutterer left the district after only 3 visits.

On the whole, attendance in Prestatyn tends to be erratic, and improvement not as good as it might be otherwise. There seems also less interest and desire on the part of the parents in this area especially the parents of dyslalic children, with some exceptions of course.

The number of cases submitted for treatment are not as great in this area as they are in Mold, and there is now no waiting list in the clinic.

I would like to express my thanks to all the staff of Flintshire County Council—medical and office—with whom I have come in contact, for all the help and co-operation they have given me. The teachers and head teachers have also been of great help."

TABLE 4 (continued).

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	365	122
(b) Other :—		
(1) Cervical glands	3	29
(2) Heart and circulation ...	2	22
(3) Lungs	21	130
(4) Development	—	21
(5) Nervous system	—	46
Totals ...	391	370

Dental Inspection and Treatment.—The following statistics in Table 5 relate to the work carried out during the year by the one and only School Dental Surgeon, Mr. Hanson. Repeated advertisements having failed to attract any applications for appointments as School Dental Surgeons, the matter was further considered by the Authority and it was finally decided that efforts be made to recruit the services of dental surgeons in private practice to act as School Dental Surgeons on a part time sessional basis. By the end of the year discussions were taking place with the local branches of the British Dental Association and a scheme was being worked out which would be put into operation early in 1953.

In addition to the statistics that follow, I have pleasure in attaching Mr. Hanson's report for the year :

TABLE 5.

DENTAL INSPECTION AND TREATMENT.

Description.	Number.
Pupils inspected by the Authority's Dental Officers :—	
Periodic Age Groups	1831
Specials	540
Total (Periodic and Specials)	2371
Found to require treatment	2071
Number referred for treatment	2055
Actually treated	1735
Attendances made by pupils for treatment	1813
Half-days devoted to—	
Inspection	30
Treatment	367
Total (Half-days)	397
Fillings—	
Permanent Teeth	526
Temporary Teeth	—
Number of Teeth filled :	
Permanent Teeth	388
Temporary Teeth	—
Extractions—	
Permanent Teeth	165
Temporary Teeth	1833
Administrations of general anæsthetics for extraction	1085
Other Operations—	
Permanent Teeth	22
Temporary Teeth	—

" Report on the School Dental Service in Flintshire for 1952.

" With one Dental Officer and two attendants to cater for an insistent demand for treatment from a large school population, it was found necessary to devote most of the time to the elimination of pain and sepsis.

Long lists of children requiring emergency treatment were received throughout the year from every part of the County and in every case the applicant was given an appointment to attend one of the clinics.

The rapid deterioration of the children's teeth which has been observed in many parts of the country since the war was very evident during the school inspections in Flintshire. Nothing but regular inspection followed by systematic treatment can rectify this state of affairs, and until it is found possible to greatly increase the dental staff, further deterioration appears to be inevitable.

It would take at least six full-time dental officers several years of hard work to restore the children of Flintshire to a reasonable condition of dental health, but since such an ideal seems at present unlikely to be attained, it is felt that the County is, at least, providing a much appreciated emergency service.

There seems to be something wrong with a National Economy which results in the expenditure of vast sums of money on treatment for the middle-aged and elderly while the so-called ' priority classes' are often unable to obtain the bare essentials. Although children are entitled to treatment under the National Health Service Act there are large tracts of the County where they usually find it impossible to obtain it.

Numerous inquiries concerning orthodontic treatment were dealt with ; parents seem to be increasingly aware of the advantages of a regular dentition. It is sad to report, however, that very few succeeded in obtaining such treatment, and when they did so, it was outside the school service.

A satisfactory orthopdontic service is one of the fundamental pillars of any dental health scheme and it cannot be over-emphasised that a healthy mouth, of efficient mechanical structure, can contribute enormously to the general well-being of the person. The psychological considerations also are important, as an unsightly mouth may have a considerable effect upon the personality of the sensitive child. Since orthodontic treatment is a speciality however, and the country is experiencing a grave lack of consultants, the pros pect of dealing with the thousands of patients needing such treatment is not very good.

Fillings have once again been confined to the permanent dentition and considerable use has been made of chemical cautery in an endeavour to retard caries of the deciduous teeth.

The Assistant Medical Officers have been responsible for the administration of the large number of general anæsthetics recorded and without their able assistance, many of the emergency cases would inevitably have remained untreated.

The large amount of clerical and other work undertaken by the Dental Attendants and their tactful methods of dealing with patients have materially helped to smooth the path of a somewhat difficult year.

Teachers have, as usual, been most helpful, both at school inspections and by ensuring uninterrupted flow of patients to the clinics ; so to them and to the parents who have been on the whole so co-operative, we tender our grateful acknowledgements.

LESLIE E. HANSON,

L.D.S. U.Birm."

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.

Reference to School Milk is made in the report of the County Sanitary Inspector on page 35.

SCHOOL CANTEENS.

In previous reports, emphasis has been laid on 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. 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 .

Emphasis must also be laid on the need for 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 oubreak 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 walls and tins of food, which soon become rusty and a potential danger.

I have pleasure in attaching a brief report from Mr. Elwyn Lewis, the County Sanitary Inspector :—

" SCHOOL CANTEENS.

During the past year I made several inspections of school canteens and particular attention was paid to the cleanliness of the premises, the cooking utensils and crockery, the methods of food preparation and storage, the distribution of food from the central kitchens to the school canteens, first aid equipment and cloakroom accommodation. The attention of each cook concerned was drawn to any matter requiring attention.

Investigation into the dirty conditions found at the rear of some of the school canteens due to the accumulation of refuse and the foul condition of the waste food bins led to the discovery of what appeared to be a ' no-man's land.' The school cooks maintain that they are responsible for the inside of the canteens only ; the school caretakers maintain that they are responsible for the boilers only, with the result that the condition of the yards is no one's concern.

The amount of good food thrown into the pig swill bins is enormous. The cooks complain that some children will not eat the food placed before them, whereas if they were at home they would be compelled to eat it. One wonders whether it would be a more economic proposition to allow the mothers of the younger children to eat the school dinners with their children.

Inspections were made of the food contractors' premises, and where these were found unsatisfactory the attention of the District Council's Sanitary Inspector was drawn to the matter.

Talks were given on Clean Food to the kitchen staffs and emphasis was placed on personal hygiene, food infections and the part that food handlers have in their spread, the cleanliness of utensils, food handling and preparation.

To emphasise certain dangers and to bring them more clearly to the attention of the staff, I had prepared bacteriological exhibits. These were prepared by Dr. Morrison Ritchie of the Public Health Laboratory, Birkenhead, and I am grateful to him and to his staff for their willing co-operation at all times.

Care was taken not to develop a ' germ complex,' and the necessity for physical cleanliness was continually brought home.

Among the exhibits were the following germ cultures developed from :

(1) Plates handled by persons who used the toilet and did not wash their hands before resuming work. As a contrast a plate was shown where the handler had washed his hands.

(2) Plates that had been sneezed upon.

(3) Plates that had been washed probably clean, but had been dried with a damp, dirty cloth. As a contrast, a plate was shown which had been washed and then allowed to remain for two minutes in clean, hot water at a temperature of 180°F. It had not been dried by a cloth but just placed on the rack.

(4) Plates contaminated by fly marks.

(5) Dirty washing up water. This is necessary to emphasise the need of frequent changes in the washing up water, especially so in the larger canteens where hundreds of plates, etc. are washed.

(6) Gravy contaminated with hair. This was necessary to emphasise the need of wearing suitable head covering by the kitchen staff.

(7) Cutlery. This was necessary to emphasise the care that should be taken in handling knives and forks when setting the dining tables.

Raw milk is delivered to some of the school canteens and it is desirable that this supply should be pasteurised.

School Milk :

All milk supplied to the schools under the Milk in Schools Scheme is pasteurised. Samples are taken at weekly intervals for chemcial and bacteriological examination. 127 samples were taken and all were satisfactory.

E. LEWIS,

County Sanitary Inspector."