

Contributors

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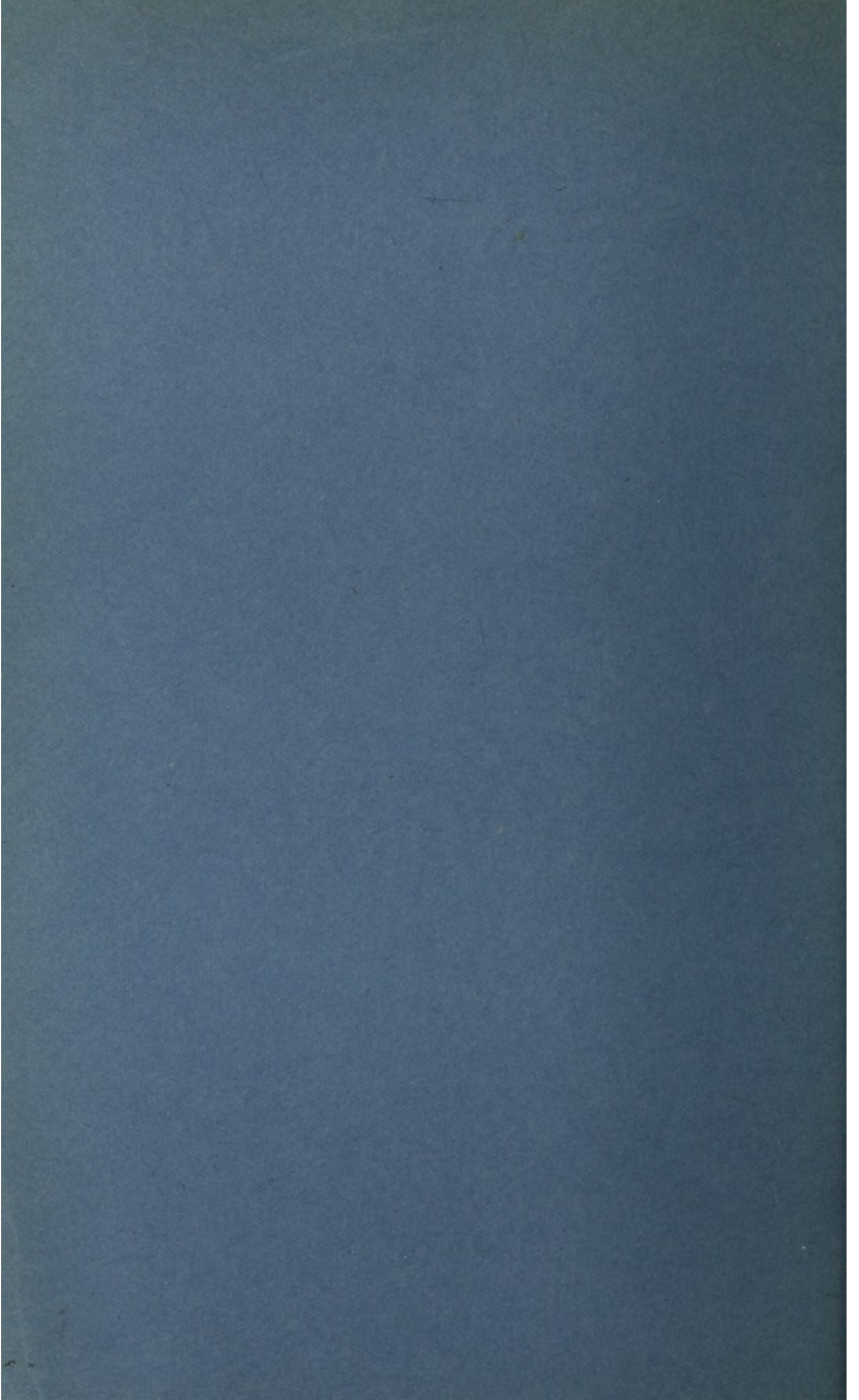
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FLINTSHIRE
EDUCATION COMMITTEE



REPORT
on the work of the
FLINTSHIRE
School Health Service
in relation to the year
1956

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FLINTSHIRE EDUCATION COMMITTEE



REPORT on the work of the FLINTSHIRE School Health Service in relation to the year 1956

INTRODUCTION

County Health Offices,
Llwynegrin,
MOLD,

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen.

During 1956 several new services relating to the health of school children came into operation. Some of these services such as B.C.G. vaccination of school children entailed a great deal of preliminary planning which had been done over several months during 1955. In many ways 1956 was a year when work planned the previous year was put into effect.

The intensive work done by the Health Visiting Staff, and the establishing of Cleansing Clinics has shown a gratifying reduction in the number of school children infested with vermin. During the year, 958 children were found infested compared with 1,305 in 1955. This figure (958) is 4.83 % of all pupils examined and is higher than the corresponding figure for Wales which in 1955 was 2.19 %. The work of Health Visitors and the Cleansing Clinics has also meant that many children are discovered early, when infestation is slight, and by prompt and expert treatment they are able to return to school in a few days.

During the year B.C.G. vaccination of children between 13 - 14 years of age commenced. The preliminary planning and administrative arrangements were very ably carried out by Dr. E. Pearse, the Senior Medical Officer. Mainly due to good arrangements at school, the acceptance rate by parents was very high. The first clinic was held on February 3rd, 1956 and it was not possible during the year to visit all the Secondary schools in the County. At the end of 1956, 1,288 pupils had received the preliminary skin tests carried out before B.C.G. vaccination, and 859 pupils had been vaccinated with B.C.G. It should be explained that those with a "positive" skin test are not vaccinated, only those with a "negative" test. This work will continue next year when it is hoped to visit all Secondary schools in the County and offer B.C.G. to all suitable pupils between 13 - 14 years of age whose parents consent.

I would like to thank, most sincerely, the Head Teachers of the Secondary schools where B.C.G. vaccination was done, for their co-operation and valuable assistance.

Last year I reported that the Child Guidance Service, due to extra staff, had extended the facilities available to children in need of their help. During this year I am glad to report that it has been possible to

provide Dr. E. Simmons, the Consultant Child Psychiatrist, and his staff, with more suitable premises at Fronfraith, Boughton Avenue, Rhyl. The Clinic Staff are very appreciative of the facilities available at Fronfraith and more useful work can now be done in assessment and remedial teaching as the premises are available to the staff throughout the week. As it was necessary to carry out certain alterations and repairs at Fronfraith, it was not possible to transfer the Child Guidance Clinic there until September 17th, from the Old Emmanuel School, Vale Road, Rhyl.

During 1956, it was possible to establish Ear, Nose, and Throat, and Audiology Clinics for school children at the Rhyl and Holywell School Clinics. These clinics opened on 1st November, 1956, and are attended by Miss C. Williams, the recently appointed Consultant Ear, Nose, and Throat Surgeon to the Clwyd and Deeside Hospital Group. Miss C. Williams has had considerable experience in Ear, Nose, and Throat work in school children and she gave valuable and ready assistance in the establishment of these new clinics. It has been arranged that children can be referred to these two clinics by school medical officers and by General Practitioners.

The new British Poliomyelitis Vaccine was released during the year for children born between 1947 and 1954. Parents anxious to have their children vaccinated against poliomyelitis were provided with consent forms and a supply of forms was sent, amongst others, to Head Teachers of all Primary and Nursery Schools. At the end of 1956, 3,128 parents had signified their consent and 306 children given a complete course (2 injections) of Poliomyelitis vaccine. Only children born in 1947 - 1954 were protected this year but it is hoped that the vaccine will become more plentiful in 1957, and that a greater number of children can be offered vaccination.

In the text of this report a special note will be found on Clinic premises. Much of our work has to be done at clinics which are unsatisfactory and lacking in facilities. The Education Committee has approved my recommendation that new permanent clinics be provided at :—

Buckley
Pentre and Mancot
St. Asaph
Connah's Quay
Caergwrle

Also that a mobile clinic be obtained to provide adequate facilities for the smaller rural communities. It should be made clear that the new premises and the mobile clinic will provide facilities for school children in the areas served and for mothers and children under school age.

During the year a new clinic was opened on May 1st at Holywell. Good use is made of the premises and a full range of clinics has already been established.

During the year a visit was paid to the County by Dr. D. M. Llewelin, Senior Medical Officer of the Ministry of Education. This was the first visit by one of the Medical Staff of the Ministry since my appointment as Principal School Medical Officer in 1954. Dr. Llewelin was interested in all aspects of the School Health Service and we were able to obtain useful information from her relating to certain new services and future trends. Dr. Llewelin's visit was mainly concerned with certain specialist services available to school children, but opportunity was taken to discuss with her the many problems relating to handicapped pupils.

Tribute should be paid to Mr. A. Fielding, the Principal School Dental Officer, for arranging the work of his staff in such a way that the maximum number of children are examined and treated. At the end of the year the total full-time dental staff was 3 and 1 part-time dental officer. The establishment of dental staff is 5 dental officers, including the Principal Dental Officer. By imaginative planning, the dental facilities have been provided in all areas and children in need of urgent treatment attended to.

During the year a new dental surgery was provided for the Rhyl area at Fronfraith and a dental unit at the new Holywell Clinic. Improvements were carried out to other dental units and a dental X-Ray machine installed at the Mold Clinic. Mr. Fielding was also able to secure the services of a Consultant Orthodontist on a sessional basis, and Orthodontic Clinics are now held at Mold and Prestatyn.

I would again like to thank the Director of Education and his staff for their help and co-operation. Also Head Teachers, and other members of the teaching profession, for their assistance and co-operation during the year.

The Medical and Nursing Staff have given loyal service during the year, and Dr. E. Pearse, the Senior Medical Officer, has carried out the day to day work in connection with the School Health Service in a very competent and thorough manner.

The statistics and other material for this report have been collated by Mr. W. I. Roberts, Chief Clerk, and Mr. A. Whitley, Clerk in Charge of the School Health Service.

I would like to pay tribute to them and the other members of the office staff for their excellent service during the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

Principal School Medical Officer.

Section 1.

ADMINISTRATION.**A.—DEPARTMENTAL OFFICERS.****Principal School Medical Officer**(also **County Medical Officer of Health**) :

Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H.

Deputy County Medical Officer :

E. H. Annels, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer :

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

Assistant Medical Officers (full-time) :

G. F. Devey, M.B., Ch.B.

W. Manwell, M.B., B.Ch., B.A.O., T.D.M., C.M.

(Dr. E. M. Harding was engaged on a **part-time** sessional basis)(Dr. Yvonne B. Gibson was engaged on a **part-time** sessional basis)**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.

Ophthalmic Consultants (Regional Hospital Board Staff) :

E. F. Wilson, B.A., M.B., B.Ch., B.A.O.

A. C. Shuttleworth, M.B., Ch.B., D.O.M.S.

E. Lyons, M.B., Ch.B., D.O.M.S.

Ear, Nose, and Throat and Audiology Consultants (Regional Hospital Board Staff) :

Miss Catherine M. Williams, F.R.C.S.

Child Guidance Consultant (Regional Hospital Board Staff) :

Dr. E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S.

(Glasgow)

Principal School Dental Officer (Full-time) :

A. Fielding, L.D.S., R.C.S.

Dental Officers (Full-time) :

Leslie Hanson, L.D.S.

F. S. Dodd, L.D.S. (since 1.6.56).

Dental Officers (Part-time—Temporary Sessional) :

John Stuart Selwyn, L.D.S.

F. S. Dodd, L.D.S. (from 2.2.56 to 31.5.56).

Orthodontic Consultant (Part-time—Temporary Sessional) :

B. J. Broadbent.

Dental Anaesthetists (Part-time sessional basis) :

Dr. J. Griffiths.

Dr. J. G. MacQueen.

Dr. Prudence K. Owen.

Speech Therapist :

Mrs. R. E. Ward, L.C.S.T. (Part-time).

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

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert.

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

Miss O. M. Pierce (Senior Health Visitor/School Nurse).	
Mrs. M. E. Hawkins	*Mrs. A. E. Williams,
Miss M. J. Hughes	S.R.N., S.R.F.N.
Miss J. M. Jewell	Miss L. Oliver
Miss Ellen Jones	Mrs. M. E. Pearse
Miss G. Jones	Mrs. E. G. E. Rees
Miss P. M. Matthews	Mrs. J. Thomas
Miss A. Capper	Mrs. D. Thompson
Miss G. Jenkins	Miss M. W. Wright (since
Miss D. Williams (Resigned	1.9.56)
30.6.56)	Miss E. M. L. Morgan
	(since 1.12.56)

Clinic Nurses :

Nurse D. Owens (Part-time sessional).
Mrs. D. M. Lewis (Part-time sessional).

Tuberculosis Visitors :

Miss M. M. D. Evans, S.R.N., S.C.M., T.B.Cert.
Miss M. E. Owen, S.R.N.

Dental Attendants :

Mrs. L. M. Martin; Mrs. D. Young; Mrs. Ann Williams (Resigned 31.12.56); Miss A. A. Dornan (Resigned 31.3.56); Miss M. E. Roberts; Miss B. M. Powell; Miss N. Roberts.

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.

Children's Officer :

Mrs. L. Davies, B.A.

C.—HEADQUARTERS.

County Health Offices, Llwynegryn, 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
1956 Mid-year Estimate	...	...	...	...	...	...	146,000

Number of Schools—

Nursery	...	...	...	...	...	...	1
Primary : County 50 ; Voluntary 53 ; Total	...	...	...	...	...	...	103
Secondary Modern	...	...	...	...	...	...	11
Secondary Grammar	...	...	...	...	...	...	5
Technical College	...	...	...	...	...	...	1
Horticultural Institute	1

School Child Population—

On School Registers (1956)	24,975
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Financial Circumstances of County—

Estimated Product of a Penny Rate—Year 1956-57	£7,311
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Number of Flintshire Live Births—

Year 1956	2,310
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Number of Flintshire Deaths (1956)—

Infantile	65
General	1,754

Medical Officers—

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

Full-time Officers	†3
Part-time—Temporary (Sessional)	1

School Nurses—

Serving half-time also as Health Visitors	17
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School Dental Attendants—

Full-time	5
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Clinical Establishments (within the County)—

Child Guidance	1
Dental (For School Children)	7
Minor Ailments (for School Children)	...	...	...	...	...	...	10
Ophthalmic (for School Children)	...	...	...	...	...	...	4
Ear, Nose and Throat and Audiology	...	...	...	...	...	...	2
Orthodontic	...	...	...	...	...	...	2
Orthopaedic After-care (for Patients of all ages)	...	...	...	...	...	...	3
Chest (Welsh Regional Hospital Board)	...	...	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	...	...	1
Speech Therapy	...	...	...	...	...	...	5

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

† Includes Principal Dental Officer. There were at the end of the year two 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—The Clinic, Park Lane. 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 Thursday, 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.

- 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.

OPHTHALMIC.

- Holywell—The Clinic, Park Lane. 2nd and 4th Tuesday mornings in each month.
- Mold—The Clinic, King Street. 2nd and 4th Monday mornings in each month.
- Rhyl—Old Emmanuel School, Vale Road. 1st and 3rd Tuesday mornings in each month.
- Shotton—The Clinic, Modern Secondary School. 1st and 3rd Monday mornings in each month.

To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment.

CHILD GUIDANCE.

Rhyl—Fronfraith, Boughton Avenue, Russell Road.

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

EAR, NOSE, AND THROAT AND AUDIOLOGY.

Rhyl—Old Emmanuel School, Vale Road. Every Friday afternoon (by appointment).

Holywell—The Clinic, Park Lane. Every Monday afternoon (by appointment).

ORTHODONTIC.

Mold—The Clinic, King Street (by appointment).

Prestatyn—The Clinic, King's Avenue (by appointment).

ORTHOPTIC.

Prestatyn—King's Avenue. Every Thursday, morning and afternoon.

Many children from the Eastern half of the County are seen by the Orthoptist at Chester Royal Infirmary.

CHEST CLINICS.

Holywell—Cottage Hospital.	Tuesday.	9 a.m. Clinic Session
		(and contacts)
		2 p.m. Refill Clinic

Queensferry—Oaklands.	Wednesday.	9 a.m. Clinic Sessions
	Wednesday.	2 p.m. Refill Sessions
	Friday.	9 a.m. Contact Clinic by appointment only.

Rhyl—Alexandra Hospital.	Friday.	9 a.m. Clinic Sessions
		(and contacts)
	Friday.	2 p.m. Refill Clinic
	* Monday.	9 a.m. B.C.G. Test reading

* Contacts are seen on Friday mornings and if necessary given B.C.G. They then attend on the Monday morning following for reading.

SPEECH THERAPY.

Holywell—The Clinic, Park Lane. 1st and 3rd Tuesday in each month (morning and afternoon) by appointment only.

Mold—The Clinic, King Street. 2nd and 4th Tuesday in each month (morning and afternoon) by appointment only.

Maelor District—Bronington, Hanmer and Penley. 1st and 3rd Wednesday in each month (morning and afternoon) by appointment only.

Shotton—The Clinic, Modern Secondary School. 2nd and 4th Wednesday and 1st and 3rd Thursday in each month (morning and afternoon) by appointment only.

Rhyl—Old Emmanuel School, Vale Road. 2nd and 4th Thursday in each month (morning and afternoon) by appointment only.

Section 2.

A.—STAFF.

Medical.—On 4th October, 1956, Dr. G. F. Devey commenced a Course for the Diploma in Public Health at Manchester University necessitating his absence from duty for an average of one-and-a-half days per week. Dr. Y. B. Gibson was engaged on a part-time sessional basis to carry out duties during the absence of Dr. Devey.

Dental.—Mr. F. S. Dodd who had been employed on a part-time sessional basis from the 2nd February, 1956, to the 31st May, 1956, was appointed Full-time Dental Officer on the 1st June, 1956.

Dr. J. Griffiths commenced duty on the 11th February, 1956 and Dr. J. G. MacQueen on the 23rd October, 1956 as part-time Dental Anaesthetists on a sessional basis.

Mr. B. J. Broadbent commenced duty as part-time Orthodontic Consultant on the 24th April, 1956 on a sessional basis.

Dental Attendants.—Miss A. A. Dornan resigned on 31st March, 1956. Mrs. A. Williams resigned on 31st December, 1956. Miss M. E. Roberts commenced duty on 2nd February, 1956, Miss B. M. Powell on the 10th April, 1956 and Miss N. Roberts on the 1st July, 1956.

Nursing.—Miss O. M. Pierce was designated Senior Health Visitor/School Nurse as from 1st April, 1956. Miss D. Williams, Health Visitor/School Nurse resigned on the 30th June, 1956.

Miss M. W. Wright commenced duty on the 1st September, 1956, and Miss E. M. L. Morgan on the 1st December, 1956 as Health Visitors/School Nurses.

Mrs. D. M. Lewis commenced duty as part-time Clinic Nurse on the 24th February, 1956.

Miss P. M. Matthews was designated part-time Health Education Officer as from 1st December, 1956.

B.—ADMINISTRATION.

Medical examination of pupils at schools in the County continued throughout the year, but due to pressure of other work, 13 schools were not visited during the year. At the schools not visited there were 1,680 children due for medical examination.

It was also necessary in certain schools visited to concentrate on two age groups instead of the usual three age groups. The age group omitted being the second age group (10 plus)—which is the group seen during the last year at a primary school.

The reasons for not being able to visit all schools was the considerable extra work on the medical staff due to the introduction of B.C.G. vaccination of school children, and the additional clinic sessions for Poliomyelitis vaccination.

Although it was not possible to carry out medical inspection of all age groups, the other special work of the department such as ascertainment of handicapped pupils, examination of children at school clinics, follow-up of children receiving treatment, reports on children to Youth Employment Officer, investigation of school epidemics, etc., was not affected by the additional work undertaken by the medical staff.

More and more emphasis is now being placed on advice and assistance to teaching staff on health problems by medical and nursing staff. During the year one Health Visitor was designated a Part-time Health Education Officer. She has done a great deal of valuable work in schools on health education by assisting teachers with their health education programme.

B.—ADMINISTRATION.

TABLE I (A) and (B).
RETURN OF MEDICAL INSPECTIONS, 1956

Description.	Number.
(A) PERIODIC INSPECTIONS—	
Pupils of Prescribed Age Groups—	
Entrants	2131
Leavers	1672
Other Age Groups	2551
Total	6354
Additional Periodic Inspections	15
Grand Total	6369
(B) OTHER INSPECTIONS—	
Special Inspections	6829
Re-inspections	5276
Total	12105
TOTAL INSPECTIONS—Periodic and others	18474

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 (1)	For Defective Vision (Excl Squint) (2)	For any of the other conditions recorded in Table 2 (a) (3)	Total individual pupils (4)	Percentage of children examined (Table A) (5)
Entrants	4	183	187	8.77
Leavers	91	110	191	11.42
Other Age Groups ...	77	124	195	7.64
Additional Periodic Inspection	—	—	—	—
Total (Prescribed Groups)	172	417	573	8.99

The lay-out of Table 1 (C) has now been changed by the Ministry of Education which makes accurate comparison of percentage of defects found at various age groups with previous years difficult. The table does show a slight increase in the percentage of defects found in entrants and leavers compared with 1955.

	1955	1956
Entrants	8.33 %	8.77 %
Leavers	10.16 %	11.42 %

The percentage of defects for all age groups fell from 9.54 % in 1955 to 8.99 % in 1956—the fall being accounted for by a reduction in defects found in "Other Age Groups". The majority of children in "Other Age Groups" are those between 10 and 11 years of age examined during their last year at a primary school.

TABLE 2(a)

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1956

Note : 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.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (Including all other Age Groups Inspected)	
		Entrants		Leavers		Requiring Treatment	Requiring Observation
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	10	57	43	25	77	133
5	Eyes—(a) Vision ...	4	30	91	110	172	319
	(b) Squint ...	32	32	7	7	52	70
	(c) Other ...	8	16	7	3	21	29
6	Ears—(a) Hearing ...	3	19	2	6	10	45
	(b) Otitis Media ...	10	31	4	5	19	58
	(c) Other ...	2	11	5	8	8	36
7	Nose and Throat ...	38	245	6	69	66	497
8	Speech	15	22	3	3	28	41
9	Lymphatic Glands ...	—	73	—	10	1	128
10	Heart	3	36	4	36	10	123
11	Lungs	6	72	1	21	10	139
12	Developmental—						
	(a) Hernia ...	1	10	—	—	2	16
	(b) Other ...	2	16	3	10	7	49
13	Orthopædic—						
	(a) Posture ...	1	9	1	4	4	29
	(b) Feet ...	27	72	6	10	50	134
	(c) Other ...	36	78	17	58	71	208
14	Nervous System—						
	(a) Epilepsy ...	1	3	1	—	4	5
	(b) Other ...	4	14	3	14	10	47
15	Psychological—						
	(a) Development ...	—	14	—	13	1	52
	(b) Stability ...	—	33	—	—	—	49
16	Abdomen	3	21	—	4	6	45
17	Other	3	8	6	8	10	34

TABLE 2(a) continued

SPECIAL INSPECTIONS

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

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	323	235
5	Eyes—(a) Vision ...	558	455
	(b) Squint ...	102	123
	(c) Other ...	90	64
6	Ears—(a) Hearing ...	51	75
	(b) Otitis Media ...	43	106
	(c) Other ...	25	45
7	Nose and Throat	204	676
8	Speech	80	93
9	Lymphatic Glands	6	204
10	Heart	28	226
11	Lungs	70	332
12	Developmental—		
	(a) Hernia ...	8	25
	(b) Other ...	14	83
13	Orthopædic—		
	(a) Posture ...	17	51
	(b) Feet	121	144
	(c) Other ...	118	226
14	Nervous System—		
	(a) Epilepsy ...	15	29
	(b) Other ...	27	91
15	Psychological—		
	(a) Development ...	33	91
	(b) Stability ...	28	76
16	Abdomen	24	54
17	Other	297	393

The Ministry of Education have changed the lay-out of Table 2(a) to bring the returns in line with the recommendation made in Administrative Memorandum No. 514. The findings amongst pupils referred as "specials" are now tabled separately.

There was an increase during the year in skin conditions requiring treatment and observation. Although there was a slight increase in several skin conditions found, the major part of the increase was due to an outbreak of "Plantar warts" affecting mainly pupils at Secondary Schools. This outbreak was reported upon to the School Health Committee and all the necessary steps were taken at the schools concerned.

During the year also, there was an increase in the number of children with defective vision, requiring treatment and observation. All children requiring treatment — usually spectacles — are seen by a Consultant Ophthalmologist at our own clinics and, with the exception of Rhyl, the waiting time is only a week or two. At the Rhyl Clinic the waiting time is several weeks and Mr. Lyons, the Consultant Ophthalmologist, hopes to remedy this by holding extra clinics when a Senior Hospital Medical Officer is appointed.

During 1956 there was a slight increase in nose and throat conditions requiring treatment, but a decrease in these conditions needing observation. The whole position of nose and throat defects and defective hearing will, in future, be more satisfactorily dealt with as the Clwyd and Deeside Hospital Management Committee appointed an Ear, Nose and Throat Consultant in the latter part of the year, and the Consultant holds special Ear, Nose and Throat and Audiology Clinics for school children at selected centres in the County.

During the year there was an increase in the number of children found with some abnormalities of their heart and, or circulation. The majority of these cases only required observation. The importance of discovering heart abnormalities in children was the subject of discussion at a medical staff meeting during the year. I am also very grateful to Dr. Kiloh and the staff of the Cardiac Clinic at the Chester Royal Infirmary for their help in this field.

With the development of the B.C.G. Vaccination programme for children between 13 and 14 years of age, more and more children who are Mantoux Positive are having a chest X-Ray. This increases the number of children with chest conditions needing observation—a few have inactive tubercle, others have conditions such as bronchitis, bronchiectosis, developmental abnormalities, etc. Although the number of chest conditions requiring observations have increased, the number requiring treatment decreased during the year.

Better ascertainment also found a greater number of minor orthopædic conditions and also more psychological problems amongst school children. Full details of these will be found in the sections dealing with Orthopædic and Child Guidance Clinics.

CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE 1 (A).

TABLE 2 (b)

Classification of the physical condition of the pupils inspected in the age groups recorded in Table 1 (A).

Age Group Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	2131	2068	97.04	63	2.96
Leavers	1672	1655	98.98	17	1.02
Other Age Groups	2551	2506	98.24	45	1.76
Additional Periodic Inspections	15	14	93.33	1	6.67
Total	6369	6243	98.02	126	1.98

This year, information relating to the physical condition of pupils is presented in a different form in Table 2 (b).

The categories have been reduced from three to two—namely, satisfactory and unsatisfactory. Further information on the physical condition of pupils in the Second Age Group is omitted as a separate entry and included with the physical condition of pupils in "Other Age Groups".

Although only 1.98% of the total number of pupils examined were classed as "unsatisfactory"—this represents 126 children, and arrangements have been made to keep these children under observation in an endeavour to improve their physical condition.

In dealing with a difficult human problem of this nature, the Health Visitor plays a vital part in advising the family in child care and management, and by keeping these pupils under observation at school and at home.

Infestation with Vermin.—During the past three years strenuous efforts were made to reduce the incidence of children infested with vermin. In 1955 Cleansing Clinics were opened and attended by a Clinic Nurse. Children infested with vermin who were not cleansed by their parents, or whose parents lacked facilities for treatment, were cleansed at these clinics. Any child found by a Health Visitor at school inspection to be infested was excluded from school and the parent requested to cleanse or attend with the child at a cleansing clinic.

The cleansing clinics serve three useful purposes, viz. :—

1. To ensure that children are cleansed quickly and thus enabled to return to school without delay.
2. To prevent infestation spreading to "clean" contacts at school.
3. To enable the Authority to take proceedings against parents whose children are habitually infested. It is a requirement of the Education Act that the Education Authority must have cleansed a child before legal proceedings can be taken against the parents.

The combined efforts of doctors and nurses has reduced the incidence of infestation in the County as the following figures show :—

			Total children infested	% Infestation of total examined
1955	...	...	1305	6.69
1956	...	...	958	4.83

The position has improved very much compared with recent years—in 1952, 10.9% of all children examined at routine cleanliness inspections were infested. Every effort will be made to further reduce the number found infested, but this task will grow more and more difficult as the small hard core of "dirty children" remain to be dealt with.

TABLE 3.
INFESTATION WITH VERMIN.

Number of individual children examined by School Nurses	...	19,818
Total number of examinations in the schools by the School Nurses or other authorised persons	... ..	58,338
Total number of individual pupils found to be infested	...	958
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 38.31 % 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.

In the years immediately following 1948 the number of children who received primary vaccination fell sharply, but in recent years the number has again increased.

The total number of infants vaccinated in 1956 shows a gratifying increase. This is partly due to the fact that vaccination is now offered at Child Welfare Clinics. Also, during 1956, every mother was strongly advised to have her child vaccinated against Smallpox.

The following Table shows the number of primary vaccinations each year since 1948 ; figures which up to 1952 represent approximately only 25 % of the live births. The figure for 1956 however, represents 39.61 % of the live births.

1948 —	Number of primary vaccinations ...	808
1949 —	" " " " ...	397
1950 —	" " " " ...	660
1951 —	" " " " ...	796
1952 —	" " " " ...	663
1953 —	" " " " ...	663
1954 —	" " " " ...	636
1955 —	" " " " ...	803
1956 —	" " " " ...	915

Diphtheria Immunisation.—Of children of compulsory school attendance age 7,428 have received a full course of immunisation against Diphtheria since 1951. In addition, 4,964 children of pre-school age have also completed a full course of immunisation.

An additional 15,641 children were immunised prior to 1951 but have not been immunised since that date.

During the year 1956, the number immunised was :—

Aged 0 — 4 years	...	...	...	...	1,403
Aged 5—15 years	...	...	...	...	58
					<hr/>
					*1,461
					<hr/>

Children who received re-inforcing injections 905†

(*1,152 of these had injections against Diphtheria and Whooping Cough)

(† 107 of these had re-inforcing injections against Diphtheria and Whooping Cough).

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.

During 1955 the County Council recommended that mothers who choose to have their children immunised at clinics be given the option of protecting their child against Diphtheria or a combined protection against Diphtheria and Whooping Cough.

Approximately 45.12 % children under five years have been immunised against Diphtheria in the County. The Ministry of Health is particularly anxious to keep the number of children immunised as high as possible. Their experts state that unless at least 60 % of the child population under 5 years of age is protected, there is always the risk of an outbreak of Diphtheria with the well-known serious consequences.

Handicapped Pupils.—The following table shows the number of handicapped pupils on the register at the end of the year, in their several categories.

NUMBER OF ASCERTAINED HANDICAPPED PUPILS
ON REGISTER AT 31st DECEMBER, 1956.

Blind	...	...	...	...	...	6
Partially Sighted	...	...	...	...	...	9
Deaf	...	...	...	...	...	14
Partially Deaf	...	...	...	...	...	11
Educationally sub-normal	...	...	...	...	...	55
Epileptic	...	...	...	...	...	25
Maladjusted	...	...	...	...	...	11
Physically handicapped	...	...	...	...	...	89
Delicate	...	...	...	...	...	17
Speech	...	...	...	...	...	1
Total						238

Fourteen children were ascertained to be in need of special education, either in residential schools or special day schools and were classified as follows :—

Educationally sub-normal	1	Maladjusted	...	...	2	
Delicate	...	...	...	...	1	
Epileptic	...	...	...	...	3	
Partially sighted	...	—	Blind	...	...	1
			Physically handicapped	...	...	5
			Deaf	...	...	1

During the year places were found in Special Schools or Homes for eight handicapped pupils (Partially sighted 2, Deaf 1, Delicate 1, Edu-

cationally sub-normal 3, 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	...	...	9
Deaf and Partially Deaf	...	...	13
Educationally sub-normal and maladjusted			10
Epileptic	...	...	3
Delicate and Physically Handicapped	...		3
			<hr/> 38 <hr/>

In addition, 16 handicapped children were receiving home tuition, and 2 children were attending a Day Spastic Unit.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 36 ; of this number 11 are Educationally Sub-Normal, made up as follows :—

Requiring places in Special Boarding Schools	8
Requiring places in Special Day Schools ...	3
	<hr/> 11

In addition to the above, 20 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.

It will be noted from the number of ascertained handicapped pupils that at the end of 1956 there were more physically handicapped pupils on the register than any other group. This is possibly a false position, as undoubtedly the greatest single group is the Educationally Sub-normal.

With better facilities for the education of the Educationally Sub-normal at ordinary schools in special classes, fewer are formally ascertained as Handicapped Pupils. It is the policy of the Education Authority to try and provide the necessary special facilities for these pupils in primary and secondary schools. There has been a marked increase in the educational provision for this type of child in recent years in the County and this has undoubtedly met a very real need. Whether a day or residential school will be needed, for the more retarded, remains to be seen after the present arrangements have been given a further trial.

The need of the Physically Handicapped Pupils is still acute. This is well known to the Education Authority and during the year the Welsh Joint Education Committee convened a meeting of the six North Wales Authorities to discuss this problem.

All Authorities agreed that the need was pressing, and a site for a residential school was selected at Llandudno and permission obtained to commence building in the 1958/59 building programme. This school will serve the Physically Handicapped of the six North Wales Education Authorities and will have special provisions for spastics.

In the meantime, arrangements are proceeding to establish day centres for the treatment and education of spastics not requiring residential schooling. A centre has already opened at Clatterbridge Hospital and some Flintshire children attend. A voluntary organisation interested in the welfare of spastics is also trying to establish a similar centre at Chester, and this centre would meet the needs of many Flintshire spastics who, whilst not able to attend ordinary school, yet do not require residential schooling.

It is the policy of the Ministry of Education to allow handicapped pupils to attend ordinary schools wherever possible. This entails close liaison between the teaching staff of schools accepting these pupils and the staff of the School Health Service. It is interesting to note that even in the past five years there have been great strides in the placement and education of the handicapped at ordinary schools. Many of the handicapped pupils now attending ordinary schools would not have been permitted to do so some years ago and this speaks well for the important part played by teachers in meeting the needs of these less fortunate children.

The acceptance of more handicapped children into ordinary schools must not cloud the need of these pupils who require special schooling, mainly in residential special schools. Home tuition though meeting a real need is not an adequate substitute for a residential special school.

It has been already pointed out that 36 children are awaiting vacancies in special schools made up as follows :—

Blind	...	...	...	4
Delicate	...	...	...	1
Physically handicapped	...	...	...	13
Educationally sub-normal	...	...	...	11
Maladjusted	...	...	...	3
Epileptic	...	...	...	4
Total				36

(Some of the 16 pupils receiving home tuition at present would also benefit by special schooling).

The needs of these pupils can only be met by a combined action on the part of the North Wales Education Authorities. The needs of the blind and deaf have been met in this way and now a school for the Physically Handicapped has been approved.

It is hoped that similar combined action in the near future will be taken to meet the needs of other handicapped pupils.

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 1956, 52 teachers, 35 canteen workers, and 11 school caretakers were examined and reported on by the Medical Staff.

In addition, 93 candidates for admission to Training Colleges for Teachers were examined by the medical staff. These examinations were in consequence of 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.

When a case of tuberculosis is diagnosed in a school child, efforts are made to trace the source of infection, and steps to ascertain if children in contact with the case are free of infection. This entails carrying out Mantoux Tests on some or all of the children at the school. Those with positive test findings have a chest X-ray, and those who are negative are offered B.C.G. vaccination.

B.C.G. Vaccination.—For some years now B.C.G. vaccination against tuberculosis has been given to child "contacts" of known cases of tuberculosis—when parents consent. This work is done by the Chest Physicians and during 1956, 229 contacts were vaccinated.

During 1956, B.C.G. vaccination of school leavers was introduced and done by the School Medical Staff. A great deal of preliminary planning was required before this scheme was put into operation. A preliminary visit was paid to each secondary school and the whole procedure explained to the pupils concerned. At a later visit, skin testing was carried out, and B.C.G. given to those with a negative skin test during a third visit.

Arrangements were also made for all children who were skin tested to have a chest X-ray by the Mass Radiography Unit.

By the end of 1956 a total of 859 children had been vaccinated with B.C.G. at the following schools :—

Hawarden Grammar
 Holywell Grammar
 Mold Grammar
 Rhyl Grammar
 St. Asaph Grammar
 Buckley Elfed Secondary Modern
 Flint Blessed Richard Gwyn R.C. Secondary
 Flint Secondary Modern
 Holywell Basingwerk Secondary Modern
 Mold Secondary Modern
 Queensferry Secondary Modern
 Rhyl Glyndwr Secondary Modern
 Rhyl Emmanuel Secondary Modern
 Saltney Secondary Modern
 Shotton Deeside Secondary Modern

Next year it is hoped to offer B.C.G. to children in the selected age groups at all Secondary Schools in the County.

Mass Radiography—During 1956 the Mass Radiography Unit of the Welsh Regional Hospital Board visited the County and facilities for X-ray examination of the chest were offered to members of the general public and to certain school children. We requested the Unit to carry out the examination of children of the age of 14 years and over and the result of the findings of the Unit are shown in the following Table :—

SURVEY OF SCHOOL CHILDREN (aged 14 years and over) BY MASS RADIOGRAPHY UNIT DURING 1956.

School	Number of Persons Examined			Numbers found Abnormal									
				Definite Pulmonary Tuberculosis			Referred to Chest Physician as cases requiring further investigation			Other Abnormalities			Total
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	
Buckley Elfed Secondary Modern ...	147	139	286	—	—	—	—	1	1	1	2	1	3
Caerwrlle ...	2	2	4	—	—	—	—	—	—	—	—	—	—
Hawarden Grammar ...	230	203	433	—	—	—	—	—	—	5	3	8	8
Holywell Grammar ...	283	243	526	—	—	—	1	—	—	3	2	5	6
Holywell Basingwerk Secondary Mod.	278	276	554	—	—	—	1	3	4	3	6	9	13
Mold Grammar and others ...	192	181	373	—	—	—	—	1	1	4	3	7	8
Mold Secondary Modern ...	156	185	341	—	—	—	—	—	—	1	7	8	8
Penyffordd C.P. ...	2	2	4	—	—	—	—	—	—	—	—	—	—
Rhyl Emmanuel Secondary Modern	118	118	236	—	—	—	2	—	2	—	—	2	2
Rhyl Glyndwr Secondary Modern ...	154	157	311	—	—	—	—	1	1	1	—	1	2
Rhyl Grammar ...	223	188	411	—	—	—	—	—	—	5	—	5	5
Total ...	1785	1694	3479	—	—	—	4	6	10*	23	22	45	55

* On re-examination the following results were reported :

One pulmonary tuberculosis; One pneumonitis; One bronchiectasis;
Three healed pulmonary tuberculosis; One pulmonary fibrosis
(non-T.B.); One N.A.D.; Two failed to attend clinic.

D.—TREATMENT.

Clinic Premises.—During the year a special report on Clinic premises was prepared for the Health Committee. As clinics for school children are held at many of these premises, a copy of this report on clinic premises is given below.

**Report by the County Medical Officer on Clinic Premises
in the County.**

Clinics are held at the centres shown below. The range of services provided at clinics varies. At the smaller centres, only child welfare clinics, and special clinics where needed, e.g., B.C.G. Poliomyelitis Vaccination are held. At the bigger centres the services provided are child welfare clinics, school clinics, and special clinics such as orthopædic, ophthalmic, ear, nose and throat, speech therapy, orthoptic, etc.

Bagillt (Premises unsatisfactory)
Bodelwyddan
Broughton
Buckley (Premises unsatisfactory)
Caergwrle (Premises unsatisfactory)
Caerwys (Premises unsatisfactory)
Connah's Quay (Premises unsatisfactory)
Flint—County Council
Greenfield (Premises unsatisfactory)
Holywell—County Council
Leeswood (Premises unsatisfactory)
Mold—County Council
Mostyn—County Council
Penley—County Council
Pentre Mancot (Premises unsatisfactory)
Prestatyn—County Council
Rhyl—County Council
Saltney—County Council
Shotton—County Council
St. Asaph (Premises unsatisfactory)
Rhuddlan (Premises unsatisfactory)
Unsatisfactory ... 10
Satisfactory ... 11
Total ... 21 clinics

Of the eleven satisfactory clinics, ten are held in County Council premises, one being held at the Bryn Pennant School, Mostyn.

The child population in the various areas where clinic premises are unsatisfactory are shown below :—

	0 - 5 Years	5 - 16 Years
Bagillt ...	300	460
Caerwys ...	100	135
Buckley ...	800	1,612
Caergwrle ...	286	430
Connah's Quay ...	700	918
Greenfield ...	150	333
Leeswood ...	200	407
Pentre Mancot ...	775	811
St. Asaph ...	400	700
Rhuddlan ...	—	—

New permanent clinics are needed at Buckley, Caergwrle, Connah's Quay, Pentre and Mancot, and St. Asaph.

Requests for new clinics have been received from Cwm, Ewloe, Dyserth, Treuddyn, Meliden, Llanfynydd, Penyffordd. It appears desirable also to provide clinic facilities at Halkyn, Northop and Queensferry.

A mobile clinic could provide the following centres with satisfactory service, clinics being held at each centre once a fortnight.

WESTERN AREA

Caerwys	Dyserth
Greenfield	Meliden
St. Asaph	Halkyn

EASTERN AREA

Caergwrle	Llanfynydd
Leeswood	Penyffordd
Ewloe	Northop
Treuddyn	Queensferry

A mobile clinic, fully equipped, as used by the Warwickshire County Council—The Warwick Knight, made by the Coventry Steel Caravans Limited—would cost £2,500. (There would be a fifty per cent. grant from the Ministry). The cost of operating the clinic for a year, based on the Warwickshire figures would be £750. This includes the wages of the driver, the maintenance of the towing vehicle, petrol, etc.

The figure of £750 for Warwickshire includes a considerable mileage covered for collecting mothers from scattered rural areas to the clinic centre, as the towing vehicle used is also suitable for the conveyance of passengers.

It is extremely difficult to get suitable premises in rural areas at which a clinic can be held, particularly bearing in mind that with the development of new techniques higher standards are essential in clinic premises. Cleanliness, heating, sterilising facilities and equipment of a high standard are now necessary and are provided without duplication by means of a mobile clinic.

The cost of a small permanent clinic is approximately £4,500 and of a standard permanent clinic approximately £10,000.

Mobile clinics are not suitable where the attendances at clinics are high, but would be eminently suitable for the smaller centres.

I recommend the Health Committee to purchase one mobile clinic to cover present small centres where premises are unsatisfactory and to provide clinic facilities at the centres where a clinic has been requested but so far not provided.

At the same time, I would recommend the Health Committee to proceed to erect permanent clinics at the following centres:—

1. Buckley
2. Pentre and Mancot
3. St. Asaph
4. Connah's Quay
5. Caergwrle

During the year the new clinic at Holywell was opened and provides excellent facilities for the patients and the staff. This clinic has a modern dental surgery and this meets a long felt need in the Holywell area.

TABLE 4
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	—	3
Scabies	3	—
Impetigo	123	11
Other Skin Diseases	126	119
Total ...	252	133

TABLE 4 (continued)
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	48	54
Errors of Refraction (including squint)	870	—
Total ...	918	54
Number of pupils for whom spectacles were :—		
(a) Prescribed	*450	—
(b) Obtained	*450	—
Total ...	*450	—

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

The four ophthalmic clinics for school children have continued to work satisfactorily. At three areas, Holywell, Shotton and Mold, the waiting lists for consultations have been greatly reduced, and children referred to the Consultant Ophthalmologist are seen within a matter of a few weeks. At Rhyl the waiting list has not been reduced—in fact, it has steadily grown and the delay between referral and the date on which the child sees the Consultant was approximately six months at the end of the year.

The Consultant Ophthalmologist is very concerned about this delay and when additional medical staff is available it has been arranged that an extra session be held at Rhyl and in this way ensure that children with eye defects are seen quickly.

During the year the number of children examined at the four clinics with errors of refraction were 870 compared with 904 in 1955. During 1956—450 pairs of spectacles were prescribed compared with 523 in 1955.

I would like to thank both Ophthalmic Consultants for the excellent service they have given during the year. Their services have been greatly appreciated by parents, and their work has greatly improved the facilities available to children with defective vision.

Brief reports from Mr. Shuttleworth and Mr. Lyons on the operation of these clinics are given below :—

"I have nothing new to say about the clinics in my area. As far as I am concerned, they operate very satisfactorily. The accommodation is good, the equipment adequate and the nursing staffs very helpful and efficient. There are no long waiting lists for appointments at either of the clinics I do, and new cases are seen almost immediately. As in the past, there is close co-operation with the orthoptic department at Chester Infirmary, and I also operate upon those children with squints when necessary, usually at the City Hospital. I think everything runs very smoothly and satisfactorily, and I consider that it is a good and efficient service.

A. C. SHUTTLEWORTH."

"The main development during the past year has been the establishment by the Clwyd and Deeside Hospital Management Committee of the Group Ophthalmic Centre at St. Asaph General Hospital. As a result, beds have become available for children requiring operation for squint and a considerable reduction has already been made in the number of school-children on the waiting list for this operation. An additional orthoptic clinic has also been established at St. Asaph General Hospital under the supervision of Miss K. M. Parsons, Orthoptist-in-Charge at Chester Royal Infirmary and there are now three orthoptic clinics available—at Chester, Prestatyn and St. Asaph—to which children are being referred for orthoptic treatment.

I have continued to hold two clinics each month at Holywell and Rhyl and while this has proved to be quite adequate for the Holywell clinic, the continued large attendances at the Rhyl clinic and the waiting list of several months for children requiring first appointments, has confirmed the need for the clinic to be held more often than once a fortnight. In fact, this has now become an urgent necessity if children with defective vision are not to be placed at a disadvantage in school by the delay in providing them with the usual aids they require.

I should like to record my appreciation of the help and co-operation given me by the Health Visitors at the clinics, particularly with regard to their willingness to visit the homes of those children who for some reason or other have persistently defaulted in their attendances at the clinics. This is one way in which local authority clinics have an advantage over hospital clinics.

EDWARD LYONS,

Consultant Ophthalmologist."

During the year Miss K. M. Parsons, the Orthoptist-in-Charge, and her staff at the Chester Royal Infirmary, continued to render excellent service to Flintshire children at Chester, Prestatyn Clinic and St. Asaph Ophthalmic Centre.

Squint operations were performed by Mr. Shuttleworth at the special ward for this work at the City Hospital, Chester, but all orthoptic work for in-patients and out-patients in the Chester area is done at the Orthoptic Department of Chester Royal Infirmary.

Similarly for West Flintshire, Mr. Lyons performed squint operations at St. Asaph Hospital, and orthoptic work was done either at St. Asaph or at the Prestatyn Clinic.

THE CHESTER ROYAL INFIRMARY ORTHOPTIC DEPARTMENT ANALYSIS, 1956

School Children only

	Chester	Prestatyn	St. Asaph
Number of Flintshire children who attended in the year 1956 ...	421	137	32
Number of attendances for the year 1956	1,981	621	60
Number of squint operations performed on Flintshire children at :			
Chester Royal Infirmary ... ..	...	31	
St. Asaph ... ..	...	9	

TABLE 4 (continued).

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	—	13
(b) for adenoids and chronic tonsillitis	—	428
(c) for other nose & throat conditions	—	9
Received other forms of treatment ...	52	128
Total ...	52	578
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1956	—	3
(b) in previous years	—	*6

* Includes two pupils who are now at a Special School for the Deaf, Manchester.

The number of children who received operative treatment for adenoids and chronic tonsillitis still remains high—428, but it must be remembered that 1,443 children were found at routine and special medical inspection to have defects of the nose and throat that required treatment. Many of these children were kept under observation by the School Medical Officers at minor ailment clinics and later did not require operative treatment. Others were referred to Ear, Nose and Throat Consultants, who prescribed treatment in some cases and carried out operative treatment in other cases.

No child has operative treatment for tonsils and adenoids until kept under observation for some time, or unless non-surgical treatment has failed.

During the year the Clwyd and Deeside Hospital Management Committee appointed Miss C. Williams, as Consultant Ear, Nose and Throat Surgeon. Miss Williams had previously done a great deal of work with children and is specially interested in children with defective hearing.

Arrangements were made with Miss Williams, and the Hospital Management Committee, to open Ear, Nose and Throat, and Audiology Clinics for school children at Rhyl and Holywell.

These clinics were opened in November at our own premises and have already proved most valuable. This new service will reduce the long waiting list of children awaiting Ear, Nose and Throat consultations, and also reduce the travelling previously necessary to Ear, Nose and Throat clinics outside the County.

(Miss Williams was not able to implement her audiology work in 1956 as she was without an audiometer. It is hoped that this will be available early in 1957).

I would like to thank Miss Williams for her valuable help and for her ready co-operation in establishing this new service.

I would also like to thank Mr. Kilpatrick, Ear, Nose and Throat Surgeon at the Chester Royal Infirmary for his valuable help in the past and for his readiness to see our urgent cases at all times.

Orthopædic.—Orthopædic clinics are held at Holywell, Rhyl and Shotton. Particulars of the days and times of opening are given on page 8 of this report.

At each Clinic there is a Voluntary Committee who attend each opening and who have, for many years, given valuable service.

This is an example of the way we want voluntary efforts to continue. Such help by voluntary workers interested in the several localities is of great assistance to the Authority, and I would like to record my most sincere thanks to them for their help.

Children requiring more urgent consultations are seen at Rhyl and Chester hospitals and when necessary are admitted to orthopædic beds and receive out-patient treatment at these Centres.

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).

ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
(a) Number treated as in-patients in hospitals	—	17
(b) Number of attendances of pupils treated otherwise, e.g., in clinics or out-patient departments	—	1145

TABLE 4 (continued).

CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	83

During the year it was possible to provide better accommodation for the Child Guidance Clinic Staff at Rhyl. The clinic has now moved to Fronfraith, Boughton Avenue, Rhyl and here the facilities for children and staff are very much better. Furthermore, the premises are available to the Child Guidance Staff at all times for work by individual members of the staff outside ordinary full clinic days.

The Child Guidance Clinic opened at Fronfraith on September 17th.

Extracts from Dr. E. Simmons annual report are given below.

" Some Observations on Future Services for Children.

Maladjusted Children have been the subject of a number of publications in more recent times. The 'Report of the Committee on Maladjusted Children' (The Underwood Report, Ministry of Education, 1955) and two memoranda, on 'The Provision of Psychiatric Services for Children and Adolescents' and on 'In-Patient Accommodation for Child and Adolescent Psychiatric Patients' (Royal Medico-Psychological Association, 1955 and 1956) might be mentioned specifically.

These publications and others by workers representing various disciplines leave one in no doubt that a new approach is being sought to problems of Mental Health in general, and more important for us here, to those of Mental Hygiene, preventive work and early treatment, applied to children.

It seems agreed that a considerable extension of Child Guidance facilities is required, but stress is laid on the need for a major part of the work to be carried by those who are already in contact with large numbers of children.

On this point a great deal of discussion has been roused, and continues, on the roles which General Practitioners, School Teachers and Health Visitors in particular, might play in the future services, and on the training they would require.

It is suggested that a re-orientation of attitudes towards the problems of children will be required, and that a fuller understanding of the principles which underlie the Child Guidance approach might contribute towards this.

Knowledge of agreed facts on child development, early symptoms of disturbance, family dynamics, non-coercive methods of treatment, etc., should be more widely spread.

Workers from existing Child Guidance Clinics should take an increasingly active part in developments, on the staffs of other clinical services, as members of groups composed of medical and non-medical personnel, etc. They should continue to provide a specialist service and facilities for consultation, but their work should also become more closely intergrated with that of the other community services.

It is recognised that the country is short of trained and experienced workers at all levels and that the present clinic facilities are already stressed to their limits. Further, specialised workers need not only to be trained, a lengthy process, but they also have to gather experience before they can make a worthwhile contribution to the deliberations of others who are specialised in their own fields.

These, as well as financial considerations, will no doubt influence all programmes for further expansions. It would seem certain however that, over the country as a whole, a considerable effort will be made during the coming years to improve and extend the services which might lead to a wider recognition of the early signs of emotional disturbance, the prevention of mental ill health and the early treatment of established illness. Child Guidance Clinics will doubtlessly be called upon to play an important part in this effort.

It is probably true that the areas of responsibility which different authorities have for the care, schooling and treatment of children, and which often overlap, may be re-defined in due course. There is not, however, any reason to believe that the responsibilities of Regional Hospital Boards will become any less onerous than they are now.

It would seem desirable, therefore, that the issues raised in the above should be kept in mind when matters appertaining to the future health services for the children in this area are considered.

Education Services for the Clinics.

In Flintshire the psychologist worked in close contact with a panel of the National Union of Teachers and H.M. Inspector of Schools, Mr. Jenkins. The work was supported by the Education Authority. The pupils in "retarded" or "recovery" classes of seven secondary modern schools—practically all of those in the County—were tested by means of **group tests** of ability and attainment, and a questionnaire on the organization of these classes was circulated.

The aim was to obtain further information on the intellectual level of the pupils and the degree of their backwardness, and to throw some light on the way in which the problem of backwardness is being tackled.

The panel has met to discuss preliminary findings. A joint report by Mr. Jenkins and the Senior Psychologist is to be considered by H.M. Inspectorate, and a similar one is to be presented to the panel.

In Flintshire, assessments were also made, by means of **individual tests**, of children in "retarded" classes in primary schools when such children appeared to have specific learning or emotional difficulties.

In Anglesey and in Flintshire, in addition to the larger surveys, there have been investigations at the request of individual schools in which a high proportion of dullness and backwardness had been causing concern. This brought the problem of backwardness into focus and useful discussions with teachers followed. In one instance, a retarded class with its own teacher was formed as a result of the findings.

Research — Intelligence Test for Welsh speaking Children.

In 1955 we submitted a memorandum to the Regional Hospital Board setting out the reasons why we considered that a research aiming to produce a full scale intelligence test for Welsh speaking children was required and suggesting that this research should be carried out at our clinics.

The project, which is to cover a period of three years, was finally approved and permission to proceed given about the middle of the year.

A Research Fellow and an Assistant were to be appointed under conditions of service and on salary scales which compared favourably with those of similar posts elsewhere. For the senior post an Honours Degree in Psychology or Education, or an equivalent academic qualification, considerable knowledge of the Welsh language, experience in academic research, and knowledge of intelligence testing and test construction, were required. For the junior post an Honours Degree and extensive knowledge of the Welsh language, but not necessarily practical experience, were needed.

No suitably qualified candidates for the senior post came forward and no appointments could be made during 1956. Later, however, Mr. Urien William, B.A. Hons., M.A. (Wales), Diploma in Education, was appointed and it is expected that work on the research will start on 1st September, 1957. The appointment of an Assistant is not expected to meet with difficulties as the post offers excellent opportunities for training in field work and in research methods.

Sources of Referral.

The following table will give a picture of the extent to which various agencies used the Service. All children referred during the year are included, but not all of them were examined.

Referring Agency	COUNTIES						
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Total
School Medical Officers	43	77	38	28	22	—	208
General Practitioners	9	20	24	17	4	—	74
Consultant Pædiatricians	6	7	6	4	1	—	24
Other Medical Specialists	—	2	5	2	—	1	10
Courts and Prob. Officers	3	3	9	5	—	—	20
Other Social Workers	—	7	4	3	—	—	14
Parents	—	4	5	4	—	—	13
All Agencies—1956	61	120	91	63	27	1	363

On 31st December, 1955, 36 children were on the waiting list. 363 new referrals were received during 1956, making a total of 399. The referrals of 27 of these were cancelled and 76 remained on the waiting list on 31st December, 1956.

The table of Referral Figures for the last five years may be of interest.

		Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Total
All Referring Agencies								
1952	22 (13)	54 (40)	73 (38)	38 (4)	12 (10)	—		199
(Numbers referred by School Medical Officers shown in brackets)	1953	18 (13)	60 (42)	67 (31)	28 (4)	10 (7)	—	183
	1954	21 (10)	76 (50)	71 (23)	51 (15)	16 (16)	—	235
	1955	33 (24)	106 (75)	97 (23)	63 (22)	18 (13)	2	319
	1956	61 (43)	126 (77)	91 (38)	63 (28)	22 (22)	1	363

E. SIMMONS,
Consultant Child Psychiatrist."

Speech Therapy.—Mrs. Ward has continued to give excellent service throughout the year. Her services are very much appreciated by the parents and teachers. Mrs. Ward is a person who is able to get the best out of the children referred to her. By regular contact with the teaching staff, she is able to give help and advice on follow-up and handling of pupils at schools.

During the year much needed equipment was provided for Mrs. Ward, including a tape recorder which has proved of inestimable value in treatment.

The excellence of the work done is clearly indicated in the report of the Speech Therapist which is given below. The work has steadily grown since the service was established four years ago and the total of 218 children treated in 1956 was the highest number in any year since the service became available.

TABLE 4 (continued).

SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	218	—

I have great pleasure in appending a report from Mrs. Ward on the work carried out by her during 1956 :—

MOLD CLINIC.

Number of cases dealt with — 49

Current cases	...	...	...	...	...	...	32
Discharges	...	...	...	...	...	...	17
					Total	...	49

Current Cases (types).

Stutterers	...	...	...	...	...	9
General dyslalia	...	...	...	...	...	13
General dyslalia and stutter	...	...	...	...	...	1
General dyslalia and dysarthria	...	...	...	...	...	1
Multiple dyslalia	...	...	...	...	...	2
Multiple dyslalia and stutter	...	...	...	...	...	1
Simple dyslalia	...	...	...	...	...	3

Spastic quadruplegia	...	...	...	...	1
Partial deafness	...	...	...	...	1
Total	...	...	...	...	32

Condition of Cases (31.12.56).

Stutterers.

(a) Improved	...	...	...	...	8
(b) No improvement — difficult housing conditions make great contribution to maintaining stutter	...	...	...	...	1

General Dyslalia.

(a) Improved	...	...	...	...	11
(b) No improvement — very erratic attendance and poor co-operation from home	...	...	...	...	1
(c) No improvement—unable to attend at present owing to illness	1

General Dyslalia and Stutter.

(a) Improved	1
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General Dyslalia and Dysarthria.

(a) Improved	1
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Multiple Dyslalia.

(a) Improved	2
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Multiple Dyslalia and Stutter.

(a) Improved	1
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Simple Dyslalia.

(a) Improved	3
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Spastic Quadruplegia.

(a) No improvement with speech—but is beginning to read. (Domiciliary case with special circumstances attached)	1
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Partial Deafness.

(a) No improvement — very erratic attendance and little work done in the work	1
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Total ... 32

Discharges - 17

Types of Cases.

Stutterers	7
General dyslalia	5
Hyporhinalia	1
Partial deafness	...	...	...	...	1
Child attending Wrexham Clinic	} unclassified				1
Non-attendance of first interview	} unclassified				2
Total	...	...	...	...	17

This clinic was held on Tuesdays from January 3rd to May 22nd. As patients were mostly on observation, and the waiting list was reduced to two, the clinic was held only in the morning after May 22nd. Since November, by which date the waiting list had grown, a clinic has been held all day on the 2nd and 4th Tuesday in the month.

Work here has continued steadily with the usual good co-operation from children and parents.

PRESTATYN CLINIC.

Number of cases dealt with — 77

Current cases	...	...	...	...	...	34
Discharges	...	...	...	...	...	43
Total						77

Current Cases.

Types of Cases.

Stutterers	...	...	...	...	...	6
General dyslalia	...	...	...	...	...	16
General dyslalia and hyporhinalia	...	...	...	...	...	1
General dyslalia and stutter	...	...	...	...	...	2
Multiple dyslalia	...	...	...	...	...	1
Multiple dyslalia and stutter	...	...	...	...	...	1
Simple dyslalia	...	...	...	...	...	5
Cleft palate speech	...	...	...	...	...	1
Spastic quadruplegia (typical speech)	...	...	...	...	...	1
Total						34

Condition of Cases (31.12.56).

Stutterers.

(a) Improved	...	...	...	...	4
(b) Slight improvement—poor attenders	...	...	...	...	2

General Dyslalia.

(a) Improved	...	...	...	...	13
(b) No improvement (erratic attendance)	3

General Dyslalia and Hyporhinalia.

(a) Improved	1
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General Dyslalia and Stutter.

(a) Improved	1
(b) No improvement (poor background — no help)	1

Multiple Dyslalia.

(a) Improved	1
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Multiple Dyslalia and Stutter.

(a) No improvement—awaiting report and I.Q. before possible discharge	1
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Simple Dyslalia.

(a) Improved	3
(b) Slight improvement	1
(c) No improvement — awaiting orthodontic treatment	1

Cleft Palate Speech.

(a) Improved	1
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Spastic Quadraplegia.

(a) Improved	1
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Total ... 34

Discharges - 43**Types of Cases.**

Stutterers	12
General dyslalia	6
General dyslalia and stutter	1
General dyslalia and dysarthria	...	...	...	...	1
Multiple dyslalia and dysarthria	...	...	...	...	1
Multiple dyslalia and stutter	...	...	...	...	1
Sigmatism	...	...	...	...	4
Rotarism	...	...	...	...	1
Partial Deafness	...	...	...	...	1
Hyperhindalia	...	...	...	...	1
Idioglossia	...	...	...	...	1
Cleft palate speech	...	...	...	...	1
Speech Therapy unnecessary	...	...	...	...	7
Non-attendance of first appointment	...	...	...	...	5
Total	...	...	...	...	43

This Clinic was held every Wednesday, from January 4th to November 7th. Attendances throughout this period were more erratic than they were during 1955. This was probably owing to the fact that very few of the cases lived in Prestatyn, and most of the patients had to come on a 'bus journey, which was often awkward and time consuming.

After November 7th, remaining cases were divided according to place of residence and treated at Rhyl (2nd and 4th Thursday in the month), and Holywell (1st and 3rd Tuesday in the month).

For the purpose of simplicity of the report, cases dealt with under the heading of "Prestatyn" for this year.

SHOTTON CLINIC.

Number of cases dealt with — 71

Current cases	...	...	...	...	32
Discharges	...	...	...	...	39
Total	...	...	...	...	71

Current Cases.**Types of Cases.**

Stutterers	...	...	...	...	4
General dyslalia	...	...	...	...	12

Multiple dyslalia	...	...	...	...	...	2
Simple dyslalia	...	...	...	...	...	7
Hyporhindalia	...	...	...	...	...	1
Simple dyslalia and dyslexia	...	...	...	...	...	1
Stutter and partial deafness	...	...	...	...	...	1
Rotarism	...	...	...	...	...	1
Idioglossia and severe dysarthria	...	...	...	...	...	1
Idioglossia ? Aphasia ? M.D.	...	...	...	...	...	1
Spastic quadriplegia — with typical dysarthria speech	1
Total	32

Condition of Cases (31.12.56).

Stutterers.

(a) Improved	4
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General Dyslalia.

(a) Improved	8
(b) Slight improvement—work erratic	1
(c) No improvement (only just admitted)	2
(d) No improvement ? whether child will be able to attend—family may move	1

Multiple Dyslalia.

(a) Improved	2
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Simple Dyslalia.

(a) Improved	6
(b) No improvement—no co-operation at home	1

Hyporhindalia.

(a) Improved	1
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Simple Dyslalia and Dyslexia.

(a) Improved	1
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Stuttering and Partial Deafness

(a) Very little progress, child continually ill. Cannot attend regularly, though excellent background	1
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Condition of Cases (31.12.56).

Rotarism.

(a) Improved	1
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Idioglossia and Dysarthria.

(a) Improved	1
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Idioglossia and ? Aphasia ? M.D.

(a) No improvement	1
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Spastic Quadriplegia.

(a) Improved	1
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Total	32
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Discharges - 39

Types of Cases.

Stutterers	9
General dyslalia	13
Multiple dyslalia	1
Hyporhinalia and dyslalia	...	...	...	...	...	2
Simple dyslalia	...	...	...	...	...	8
Idioglossia	...	...	...	...	...	1
Family moved before child attended	...	...	...	...	...	1
Cases not attending first appointment						
				(unclassified)		4
Total	...	...	...	...	...	39

This Clinic was held on Thursday mornings, from January 5th to May 24th, and from that date until November 14th was held all day on Thursdays. From November 14th it was held on the 2nd and 4th Wednesday (all day) and 1st and 3rd Thursdays (all day) under which arrangement it still functions.

Work in the Clinic has continued smoothly. It has been well attended and the therapist has received excellent co-operation from the children and their parents.

MAELOR DISTRICT.

Number of cases dealt with - 21

Current Cases	...	...	...	...	...	17
Discharges	...	...	...	...	...	4
Total	...	...	...	...	...	21

Current Cases.

Types of Cases.

Stutterers	...	...	...	...	...	5
General dyslalia	...	...	...	...	...	11
Simple dyslalia	1
Total	17

Condition of Cases (31.12.56).

Stutterers.

(a) Improved	5
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General Dyslalia.

(a) Improved	10
(b) Slight improvement	1

Simple Dyslalia.

(a) Improved	1
Total	...	...	...	...	...	17

Discharges - 4

Types of Cases.

Stutterers	...	...	...	...	...	1
General dyslalia	...	...	...	...	...	3

Until November 21st this area was visited only once a week for an afternoon session. In this time only a small amount of work could be accomplished owing to the distances which had to be covered.

After November 21st a visit has been made once a fortnight for a whole day (1st and 3rd Wednesday). This is much more satisfactory, as a longer time can be given at each school, and since that date two extra schools are being served—Overton and Tallwrn Green; the other three being Penley, Hanmer and Bronington. It is hoped a further school may be included in 1957.

General Comment.

1956 has been a year of smooth running and expansion. Since the splitting of Prestatyn Clinic between Holywell and Rhyl, a greater area is covered and easier access to the clinics ensured.

Again, as in the past, the Speech Therapist has received every kindness and co-operation from all Public Health and Education Staff with whom she has dealt. The Therapist is most grateful for all the help so willingly given by everyone concerned, and which has contributed greatly to the running of the clinics during the past year.

RUTH E. WARD, L.C.S.T.

TABLE 4 (continued).

OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	239	136
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	6	—
(c) Pupils who received B. C. G. vaccination ...	859	—
(d) Other :—		
(1) Lymphatic glands ...	1	16
(2) Heart and circulation ...	—	39
(3) Lungs ...	11	113
(4) Development ...	3	39
(5) Nervous system ...	5	56
Total (a) - (d)	1124	399

Dental Inspection and Treatment.—The following statistics in Table 5 relate to the work carried out by two full-time Dental Officers and one part-time Dental Officer until 1st February, 1956. From the 2nd February, 1956, until the 31st May, 1956, by two full-time Officers and two part-time Officers. From the 1st June, 1956, by three full-time Officers and one part-time Officer. The part-time Officers conducted 281 three-hourly sessions.

In addition to the statistics that follow, I have pleasure in appending the report of Mr. Fielding, Principal School Dental Officer.

TABLE 5.
DENTAL INSPECTION AND TREATMENT.

Description.					Number.
(1) Pupils inspected by the Authority's Dental Officers :—					
Periodic Age Groups	...	...	...	...	11622
Specials	...	...	...	...	1928
Total (Periodic and Specials)	...	...	...	...	13550
(2) Found to require treatment	...	...	...	...	10895
(3) Number offered treatment	...	...	...	...	9013
(4) Actually treated	...	...	...	...	5646
(5) Attendances made by pupils for treatment, including those recorded at heading 11(h)	...	...	...	...	19813
(6) Half-days devoted to—					
Inspection	...	...	...	...	102
Treatment	...	...	...	...	1213
Total (Half-days)	...	...	...	...	1315
(7) Fillings—					
Permanent Teeth	...	...	...	...	3718
Temporary Teeth	...	...	...	...	220
(8) Number of Teeth filled—					
Permanent Teeth	...	...	...	...	3182
Temporary Teeth	...	...	...	...	214
(9) Extractions—					
Permanent Teeth	...	...	...	...	2200
Temporary Teeth	...	...	...	...	7699

(10)	Administrations of general anæsthetics for extraction	4669
(11)	Orthodontics—	
	(a) Cases commenced during the year	159
	(b) Cases carried forward from previous year ...	—
	(c) Cases completed during the year	11
	(d) Cases discontinued during the year	14
	(e) Pupils treated with appliances	72
	(f) Removable appliances fitted	27
	(g) Fixed appliances fitted	47
	(h) Total attendances	436
(12)	Number of pupils supplied with artificial dentures ...	43
(13)	Other operations—	
	Permanent Teeth	1115
	Temporary Teeth	271

DENTAL REPORT, 1956.

" During 1956 it was possible to extend the scope of the School Dental Service to the Rhyl area. This was due to a great measure to the appointment of Mr. Dodd, firstly on a sessional basis in February and three months later to a full-time appointment. Until Mr. Dodd's appointment, the Rhyl area had been without dental inspections and treatment for many years, and with the provision of a temporary dental surgery at Fronfraith Clinic, Rhyl, a step forward was made in extending the dental coverage throughout the County. Although the present premises have some disadvantages and their position is not very central, the response for treatment has been remarkably good, when it is remembered that no children in the area had previously received treatment in our Clinics.

In May the new clinic at Holywell was opened. It is now possible to set aside definite days for treatment and patients need no longer travel from the Holywell area to Flint Clinic for general anæsthetics. Holywell is a large area and the request for treatment is increasing and could now provide work for a full-time officer. Unfortunately, the response to our advertisements has been poor, and at present we can only provide clinics on two days a week.

We were fortunate to obtain the services of Mr. B. T. Broadbent, a Consultant Orthodontist of Oswestry, on a sessional basis. There is a great demand for this form of treatment and until Mr. Broadbent's appointment, patients had no alternative but to travel to either Chester or Liverpool. Mr. Broadbent commenced his sessions at Mold in April to cover cases in the eastern part of the

County, and in June at Prestatyn for cases in the west of the County. In both areas the co-operation and attendances have been excellent.

General anæsthetics have continued to be given mainly by General Medical Practitioners, on a sessional basis, with additional sessions several mornings a week by the County's own Medical officers.

A. FIELDING,

Principal School 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 Public Health 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 Food Hygiene Regulations 1955 came into force on 1st January 1956. The Regulations apply to all premises where food is handled and prepared, and school canteens are, therefore, subject to the provisions of the Regulations. School canteens present many difficulties as far as the Regulations are concerned as many of the buildings are of a temporary character, and some are inadequate for present needs; others may only be required for a limited period, e.g., pending the opening of new school premises.

The enforcement of the Regulations is a matter for each District Council, and during the year Mr. Lewis, the County Public Health Inspector, has met the District Public Health Inspectors and visited school canteens with them, and in this way it has been possible to some extent to put forward to the Education Committee recommendations for carrying out the most urgent work.

It will take a considerable time to implement all the Regulations. In the meantime, efforts are being made to remedy some of the matters that are adverse from the food hygiene aspect.

School Meals.—During the year there has been close co-operation between the School Meals Organiser and his staff and the staff of the

Health Department. All canteen staff are medically examined on appointment and after absence due to certain illnesses—these examinations include a chest X-ray. During the year a start was made to examine some of the staff engaged prior to 1951 who had not been examined on entry into the School Meals Service.

The School Meals Service provide 12,000 meals on an average per day, an annual total of 2,630,000. Meals are carefully planned and well balanced and a specimen menu for a primary school is given below :—

Monday.

Grilled bacon.
Baked beans in tomato sauce.
Creamed potatoes.
Rice pudding with sultanas.

Tuesday.

Roast Lamb.
Cabbage.
Roast and boiled potatoes.
Steamed fruit pudding with white sauce.

Wednesday.

Sausage.
Mashed potatoes.
Green peas.
Onion sauce.
Stewed fruit and custard.

Thursday.

Steak pie.
Creamed potatoes.
Carrots.
Jam tart with jam sauce.

Friday.

Fillet of White Fish.
Green peas.
Chipped potatoes.
Semolina pudding.

There is a great deal of day to day contact between the School Meals Department and the Health Department—particularly Mr. Lewis, the County Public Health Inspector.

It speaks well for the service that no case of Food Poisoning was attributed to meals prepared and taken at schools during the year.

School Milk.—Milk is a very valuable food and an important supplement to the diet of a child, who has great need for the natural ingredients contained in milk.

Every possible care is taken that the milk supplied to schools is of good quality, and free of infection. During the year, 143 samples of school milk were taken for chemical and bacteriological examination. The quality of the milk is good and no undesignated milk is supplied to any school in the County. At the end of 1956, 100 % milk supplied to schools was pasteurised,

For the County as a whole, out of a possible total of 24,975 children, 17,157 took milk at school regularly (68.70 %). The percentage taking milk varies greatly from school to school, the lowest being 15.49 %, the highest being 100 %, the average being 77.43 %.

Secondary schools on an average have a smaller number taking milk than primary and infants' schools.

I would like to stress two important points :—

1. That children still need school milk, even with the improvement in diet since the end of war. School milk is a supplement to their other diet.
2. That the secondary school pupils (11 - 15 +) need school milk even more than the primary pupils. The secondary school pupil has great demands during puberty on the ingredients contained and readily available in milk (Protein and Carbohydrates, Fats, Minerals and Vitamins).

Health Education.—For many years Mr. Lewis, the County Public Health Inspector, has been very active in the work of health education both in the public health field, and in connection with schools. The Health Visitors have also played a part and in particular, Miss D. V. Gray, the Superintendent Health Visitor.

During the latter part of the year Miss P. M. Matthews, Health Visitor for the Buckley area, was designated a Part-time Health Education Officer, and she did valuable Health Education work in Secondary schools in her area. This work was carried out as part of the school programme, Miss Matthews giving talks at the request of the teaching staff.

It is hoped to extend this service to schools and bring in more of the staff of the Health Department to talk on their work and subjects on which they are specially suited to speak.

This work will be done as part of a programme drawn up by the Head Teacher and staff and not as Health Education unrelated to other subjects on the school time table. I want to help teachers by making available staff who can assist in the programme of health education prepared and under the direction of the teaching staff.

I have pleasure in appending a brief report from Mr. Elwyn Lewis, the County Public Health Inspector.

“ 143 samples of milk were taken during the year, for chemical and bacteriological analysis. Traces of water were found in six samples and legal proceedings were instituted in respect of three.

At the first hearing in the Magistrates' Court, the charges against the defendant were dismissed and it was decided to appeal to the High Court. Here, the Lord Chief Justice reversed the decisions and ordered the Magistrates to convict the defendants.

At the second hearing at the Magistrates' Court, the defendants were fined a total of £60 9s. 0d. with costs.

Successful proceedings were also instituted in respect of pieces of broken glass found in a school milk bottle. The defendants were fined £5 3s. 0d. and costs.

Samples of other foodstuffs were also taken and submitted for chemical and bacteriological analysis. Amongst these were sausages, ice cream, flour, colouring matter, gravy mixture, etc. All these foodstuffs were found to be satisfactory.

Inspections were made of the school meals canteens and attention was paid to the structural conditions of premises ; the hygienic handling, storage, and distribution of the food ; the cleanliness of the utensils and crockery ; the storage and disposal of waste food ; staff cloakrooms and conveniences.

It will take some time before all school kitchens comply with the requirements of the food hygiene regulations. The most important requirements still outstanding in some of the canteens are the provision of refrigerators ; improvement in the ventilation ; and cloakroom facilities. It is pleasing to note that this work is in hand.

Inspections were also made of some of the butchers' shops supplying meat to the schools.

No set lectures on clean food handling were given this year to the kitchen staff, but the staffs were reminded during the kitchen inspections about the necessity for clean food handling.

E. LEWIS,
County Public Health Inspector."

