[Report 1957] / School Health Service, Flintshire County Council.

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FLINTSHIRE
EDUCATION COMMITTEE

REPORT

on the work of the

FLINTSHIRE
School Health Service

in relation to the year

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INTRODUCTION

County Health Offices,
Llwynegrin,
MOLD.

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen.

The work of the School Health Service during 1957 is given in detail in the report that follows. During the year some schools were not visited by the School Medical Officers due to additional work involved in giving Poliomyelitis and B.C.G. vaccines.

It is often stated that the National Health Service has, by providing better medical facilities, helped to reduce the incidence of some of the more crippling diseases in the community, particularly in children of school age. This is, in my opinion, quite true but it is only part of the story. Preventive medicine in the form of the School Health Service—improved housing, and economic conditions—and developments in education have also played an equally important part in reducing illness and promoting the health of the school child.

The following figures relating to defects requiring treatment found at school medical inspections are very revealing:—

1940. 31.62% of all children examined had a defect requiring treatment
1950. 23.57% " " " " "
1957. 7.79% " " " " "

(Many children have a defect requiring observation only and these figures are not included above. It is of interest to note that the fall in defects requiring observation only has not been as marked as in defects requiring treatment).

During 1957 we were able for the first time to offer B.C.G. vaccine to all children in the 13-14 year age group in secondary schools in the County. During the year, 1,311 children had preliminary skin tests and 871 received B.C.G. vaccine.

Poliomyelitis vaccination was restarted in March 1957 after the initial trials in 1956. This work entails a considerable amount of planning, and as there are special features attached to the giving of the vaccine and the keeping of records, many clinic sessions were devoted to this work with

the result that some school medical inspections were not carried out during the year. At the end of 1957, 3,767 children had received Poliomyelitis vaccine and there were 3,908 children on the waiting list.

In November 1957, Poliomyelitis vaccine was offered to children between six months and fifteen years of age—previously the age range was three to ten years.

The schools remained remarkably free from epidemics of infectious diseases until September when influenza of the Asian type occurred in schools in the Rhyl area. An outbreak had been reported a week or so earlier in a large military establishment in the Rhyl area. The influenza spread rapidly throughout the County and at the end of September 40% of the children were absent from schools with influenza. By the end of October only 25% were absent with influenza, and at the end of November attendance was back to normal. The influenza came on suddenly but was mild and did not appear to have any serious after-effects. Children were affected more frequently than adults in the ratio of approximately ten to one.

I am glad to report that the problem of vermin infestation now appears under control. The percentage of children found infested having been reduced from 10.9 in 1952 to 4.14 in 1957. (The percentage refers to children found infested per 100 examined at school). The steps already put into operation so successfully are being continued during 1958.

During the year two new clinic premises were completed and occupied—one at Rhyl and a small clinic of unique design at Penley. These new clinics and the facilities they provide are very much appreciated by parents, children, doctors, nurses and other staff that use them.

Additional Consultant Ophthalmic sessions were provided at Rhyl during the year—to provide a weekly clinic—instead of a fortnightly clinic and this reduced the long waiting list by the end of the year. The Ear, Nose and Throat Clinics established in 1956 became fully effective in 1957 when Miss C. Williams, the Consultant, was able to hold Audiology Clinics at Rhyl and Holywell. I would like to thank, most sincerely, all the Hospital Consultants for their excellent services to the children; and also the Clwyd and Deeside Hospital Management Committee for their friendly co-operation in meeting so readily the demands made on them for special consultant sessions in the clinics of the Authority.

As mentioned in earlier reports the total number of newly ascertained cases of tuberculosis has diminished gradually during the past ten years. I have been concerned, however, to find that a large percentage of the new cases are young persons between fifteen and twenty-five years of age. It was mainly for this reason that I recommended B.C.G. vaccination of older school children.

During 1957 further steps were taken to improve the diagnostic and follow-up facilities, and separate contact clinics have now been established at Rhyl, Holywell and Queensferry. The two Tuberculosis Visitors working in close contact with the Chest Physicians have been able to get most contacts and cases to attend clinics for examination and treatment. The introduction of the Semi Static Mass X-Ray Service in July 1957 was also a great step forward in the campaign against tuberculosis.

I would like to thank the Chest Physicians for their ready co-operation and the Welsh Regional Board for providing the improved Mass X-Ray facilities.

During 1957 one of the teachers' organisations arranged for me to meet teachers at four centres in the County. These meetings proved valuable, and the opportunity was taken to have frank and full discussions on all aspects of the School Health Service.

I would like to thank the Director of Education and his staff for their valuable help during the year.

My sincere thanks are also due to Head Teachers, and members of the teaching profession, whose ready help has made our work in schools much easier.

The Medical, Dental and Nursing Staff have again given excellent service during the year, a year which proved difficult, due to the extra sessions entailed in giving B.C.G. and Poliomyelitis vaccines.

The Office Staff gave loyal and efficient service and I would, in particular, like to thank Mr. W. I. Roberts, Chief Clerk, and Mr. A. Whitley, Clerk-in-charge of the School Health Service for preparing the statistics and collating the material for this report.

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., D.P.H.
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.

Chest Physicians (Part-time):
E. Clifford Jones, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (London)
J. B Morrison, M.D., Ch.B.

Child Guidance Consultant (Regional Hospital Board Staff):
E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow)

Ear, Nose, and Throat and Audiology Consultant (Regional Hospital Board Staff):
Catrin M. Williams, F.R.C.S.

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.

Orthopædic Consultant (Staff of Robert Jones & Agnes Hunt Orthopædic Hospital, Oswestry):
T. McSweeney, F.R.C.S.

Pædiatrician Consultant (Regional Hospital Board Staff):
M. M. McLean, M.D., M.R.C.P.E., D.C.H.

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.

Dental Officers (Part-time—Temporary Sessional):
John Stuart Selwyn, L.D.S.
A. G. Addinsell, L.D.S. (from 6.6.57 to 26.7.57)

Orthodontic Consultant (Part-time—Temporary Sessional):
B. J. Broadbent, F.D.F., R.C.S.

Dental Anæsthetists (Part-time sessional basis):
Dr. J. Griffiths.
Dr. J. G. MacQueen.
Dr. Prudence K. Owen.

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

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
Miss M. J. Hughes
Miss J. M. Jewell
Miss Ellen Jones
Miss G. Jones
†Miss P. M. Matthews
Miss A. Capper (Resigned (1.8.57)
Miss G. Jenkins
Miss J. S. Rogers (since 13.6.57)
*Mrs. A. E. Williams, S.R.N., S.R.F.N.
Miss L. Oliver
Mrs. M. E. Pearse
Mrs. E. G. E. Rees
Mrs. J. Thomas
Mrs. D. Thompson
Miss M. W. Wright
Miss E. M. L. Morgan
Miss M. Lees (since 24.6.57)
Mrs. M. C. Townley (since 18.11.57)

† See reference to Miss Matthews, page 10.

Clinic Nurses :
Nurse D. Owens (Part-time sessional).
Mrs. D. M. Lewis (Part-time sessional).
Mrs. E. Cull (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. (Resigned 12.10.57).
Mrs. I. M. M. Beedles, S.R.N., B.T.A. (since 30.9.57).

Dental Attendants :
Mrs. L. M Martin; Miss M. E. Roberts; Miss B. M. Powell; Miss N. Roberts (Resigned 31.3.57); Miss K. McGhee; Miss S. H. Corlett.

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, 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
1957 Mid-year Estimate	147,200
Number of Schools—	
Nursery	1
Primary: County 53; Voluntary 52; Total ...	105
Secondary Modern	10
Secondary Grammar	5
Bilateral	2
Technical College	1
Horticultural Institute	1
School Child Population—	
On School Registers (1957-58)	25,197
Financial Circumstances of County—	
Estimated Product of a Penny Rate—1957-58	£7,170
Number of Flintshire Live Births—	
Year 1957	2,294
Number of Flintshire Deaths (1957)—	
Infantile	57
General	1,694
Medical Officers—	
For County Health and School Medical Services combined	*8
School Dental Surgeons—	
Full-time Officers	†3
Part-time—Temporary (Sessional)	1
School Nurses—	
Serving half-time also as Health Visitors	17
School Dental Attendants—	
Full-time	5
Clinical Establishments (within the County)—	
Child Guidance	2
Dental (For School Children)	8
Minor Ailments (for School Children)	10
Ophthalmic (for School Children)	4
Ear, Nose and Throat and Audiology	2
Orthodontic	2
Orthopædic After-care (for Patients of all ages) ...	3
Chest (Welsh Regional Hospital Board)	3
Orthoptic (Hospital Management Committee	1
Speech Therapy	5

* Equivalent of 6½ 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—The Clinic, Ffordd Las, Off Marsh Road. 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—The Clinic, Ffordd Las, Off Marsh Road. 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—The Clinic, Fordd Las, Off Marsh Road. Every Thursday afternoon.

Shotton—The Clinic, Secondary Modern 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.

Shotton—The Clinic, Secondary Modern School.

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—The Clinic, Ffordd Las, Off Marsh 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 Monday, Tuesday and Thursday afternoons. 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
		2 p.m.	Contact Clinic
	Thursday.	2 p.m.	Contact Clinic (no X-Ray facilities)
Queensferry—Oaklands, Chester Road	Wednesday.	9 a.m.	Contact Clinic
		10 a.m.	Clinic Session
		2 p.m.	Refill Clinic
	Friday.	9 a.m.	Contact Clinic
Rhyl—Alexandra Hospital.	Monday.	10 a.m.	Contact Clinic (no X-Ray facilities)
	Friday.	9 a.m.	Contact Clinic
		9-30 a.m.	Clinic Session
		2 p.m.	Refill Clinic

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—The Clinic, Ffordd Las, Off Marsh Road. 2nd and 4th Thursday in each month (morning and afternoon) by appointment only.

Section 2

A.—STAFF

Medical.—During the year 1957 Dr. G. F. Devey continued to attend Manchester University on 1½ days each week to study for the D.P.H. His work was done during his absence by Dr. Y. B. Gibson who was engaged on a sessional basis.

Dr. G. W. Roberts attended the Royal Society of Health Congress which was held at Folkestone from the 30th April to 3rd May, 1957. He also attended a Course in Tuberculosis arranged by the National Association for Prevention of Tuberculosis which was held at Bangor on the 8th and 9th July, 1957, and a Special (Medical Officers of Health) Civil Defence Course held at Sunningdale from the 16th to 20th September, 1957.

Dr. E. H. Annels attended the Annual Conference of the National Association for Maternity and Child Welfare held at London from 26th to 28th June, 1957, and also attended the National Association for Mental Health Conference held at Manchester on the 7th and 8th November, 1957.

Dr. E. Pearse attended a Course for Medical Officers arranged by the Department for the Deaf, Manchester University which was held from 12th to 15th February, 1957, and she attended the Annual Conference of the National Association for Mental Health held at London on the 11th and 12th April, 1957.

Dental.—At the end of the year 1957, 3 full time and 1 part time dental officers were employed by the authority—this means that there were 2 vacancies for dental officers on the staff. During the year these vacancies were advertised on several occasions but with no response. It is proposed in 1958 to try to increase the number of part-time dental officers in view of the difficulty of obtaining full time staff.

Mr. A. G. Addinsell was employed on a part-time sessional basis from the 6th June, 1957 to the 26th July, 1957.

Dental Attendants: Miss N. Roberts resigned on the 31st March, 1957. Miss K. McGhee commenced duty on the 21st January, 1957 and Miss S. H. Corlett on the 1st April, 1957.

Miss B. Powell attended a One Day Course for Dental Receptionists at Liverpool on 19th March, 1957.

Nursing.—Miss P. M. Matthews, Health Visitor/School Nurse and Part-time Health Education Officer, was granted leave of absence without pay for one year from the 31st July, 1957 on obtaining a Scholarship of the Joint Committee of the Order of St. John and the British Red Cross

Society to take a Course arranged by the Royal College of Nursing to enable her to qualify as a Public Health Administrator.

Miss. J. S. Rogers, Health Visitor/School Nurse and Part-time Health Education Officer, commenced duty in the Buckley District on the 13th June, 1957.

Miss M. Lees, who was formerly District Nurse/Midwife in the Rhyl area, completed a Health Visitors Training Course on the 8th June, 1957 and commenced duty as Health Visitor/School Nurse in the Flint District on the 24th June, 1957.

Mrs. M. C. Townley commenced duty on the 18th November, 1957 as Health Visitor/School Nurse in the Queensferry area and Mrs. E. Cull commenced duty as part-time Clinic Nurse on the 2nd December, 1957.

B.—ADMINISTRATION.

During the year, the increasing amount of time given by the Medical Staff to B.C.G. Vaccination of Schoolchildren and Poliomyelitis Vaccination resulted in a considerable number of children due for examination not being examined at School Medical Inspections. In all, 36 schools were not visited and 2,500 children due for medical examination were not examined. It was entirely a question of using available staff in the best possible way, and I felt that priority should be given to B.C.G. and Poliomyelitis Vaccination. Children not examined in 1957 will be examined, whereever possible, first in 1958.

As in 1956 priority was given to School entrants and leavers, and children in the middle age group (10 years), only examined if the medical staff were available after meeting all priority demands.

Progress was made with Health Education in Schools, particularly Secondary Schools. Dr. E. Pearse, Miss P. M. Matthews, and the County Public Health Inspector, in various ways furthered this work and established contact with head teachers and teaching staff. This work can only progress slowly, as it is our aim to assist the teachers with health education problems, and take an active part in any programme of health education which the teaching staff have already prepared. The School Health Department staff do not take any direct part in health education work in Junior Schools, but we do meet the teaching staff and give every possible help in this way. Teachers are very appreciative of the health education material we are able to obtain for them from various sources, such as Central Council for Health Education, etc.

This work of Health Education in Schools needs developing, and the progress so far is encouraging; the teaching profession is becoming more aware of the help we can offer and, I feel certain that in a few years this subject will be more firmly established in the majority of schools in the County.

TABLE I (A) and (B).

RETURN OF MEDICAL INSPECTIONS, 1957

Description.	Number.
(A) PERIODIC INSPECTIONS—	
Pupils of Prescribed Age Groups—	
Entrants	1311
Leavers	1465
Other Age Groups	1662
Total	4438
Additional Periodic Inspections	914
Grand Total	5352
(B) OTHER INSPECTIONS—	
Special Inspections	5674
Re-inspections	5473
Total	11147
TOTAL INSPECTIONS—Periodic and others	16499

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	1	101	102	7.78
Leavers	72	57	129	8.81
Other Age Groups ...	49	71	119	7.16
Additional Periodic Inspection	20	47	67	7.33
Total (Prescribed Groups)	142	276	417	7.79

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 decrease in the percentage of defects found in entrants and leavers compared with 1956.

	1956	1957
Entrants	8.77%	7.78%
Leavers	11.42%	8.81%

The percentage of children with defects for all age groups fell from 8.99% in 1956 to 7.79% in 1957—the fall being accounted for by a reduction in defects found in "Leavers". 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. On the other hand, the majority of Leavers are children between 14 - 15 years of age.

TABLE 2(a)

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1957

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	6	35	18	30	48	113
5	Eyes—(a) Vision ...	1	11	72	132	142	351
	(b) Squint ...	14	16	7	12	40	69
	(c) Other ...	2	7	1	3	8	22
6	Ears—(a) Hearing ...	2	13	1	6	5	36
	(b) Otitis Media ...	6	22	3	3	14	39
	(c) Other ...	—	4	—	4	1	21
7	Nose and Throat	22	86	9	36	48	252
8	Speech	7	18	4	5	16	36
9	Lymphatic Glands ...	1	38	—	9	2	75
10	Heart	1	30	1	27	2	94
11	Lungs	4	37	2	19	13	109
12	Developmental—						
	(a) Hernia ...	1	4	—	2	3	15
	(b) Other ...	1	12	1	5	6	61
13	Orthopædic—						
	(a) Posture ...	—	7	1	8	1	34
	(b) Feet ...	13	27	2	8	24	70
	(c) Other ...	15	50	5	44	39	168
14	Nervous System—						
	(a) Epilepsy ...	1	3	3	1	4	8
	(b) Other ...	1	9	—	12	3	36
15	Psychological—						
	(a) Development	—	5	2	17	2	44
	(b) Stability ...	1	23	1	7	3	57
16	Abdomen	2	13	—	10	3	41
17	Other	1	3	—	5	3	14

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	311	190
5	Eyes—(a) Vision ...	503	485
	(b) Squint ...	75	72
	(c) Other ...	65	50
6	Ears—(a) Hearing ...	49	72
	(b) Otitis Media ...	54	67
	(c) Other ...	44	39
7	Nose and Throat	201	501
8	Speech	93	104
9	Lymphatic Glands	20	132
10	Heart	30	163
11	Lungs	83	226
12	Developmental—		
	(a) Hernia ...	7	29
	(b) Other ...	49	86
13	Orthopædic—		
	(a) Posture ...	27	60
	(b) Feet ...	93	99
	(c) Other ...	140	174
14	Nervous System—		
	(a) Epilepsy ...	18	24
	(b) Other ...	27	76
15	Psychological—		
	(a) Development ...	60	91
	(b) Stability ...	51	80
16	Abdomen	22	41
17	Other	250	320

Table 2(a) is now in two parts, the first part showing defects found at routine medical inspections at school, and the second part showing defects found in children seen at " special " inspections

The term "special" inspections refers to children seen at school clinic sessions, or who have been referred to the school doctor during his visit to a school because of some suspected or apparent defect. It is quite obvious, therefore that far more defects will be found requiring treatment and observation in the " special " inspections than amongst the cases seen at routine medical inspections.

The first part of Table 2(a) does not show any marked difference under any heading during 1957 from the same table for 1956.

The second part of the Table 2(a) does show considerable changes under certain headings.

During 1957 as in previous years by far the commonest defect found is defect of vision. During the year 503 children seen at " special " inspections required treatment usually spectacles and 485 were kept under observation. As will be noted later in this report the provision of treatment has now greatly improved, with the establishment of a weekly Ophthalmic Clinic at the Rhyl premises.

For some reason which is not apparent the number of children requiring treatment and observation for squint dropped to nearly a half during the year. This may be entirely fortuitous and we will have to study the figures over a period of years before we can say that the incidence of squint amongst children is declining.

During the year there was a small drop in the children with hearing defects requiring treatment (51 - 49) and a small drop also in those requiring observation. More children with otitis media requiring treatment are recorded (43 - 54) but the number kept under observation has dropped markedly (106 - 67). This is undoubtedly due to the more efficient check on cases at the two Ear, Nose and Throat Clinics established during the year at Holywell and Rhyl.

The number of children with speech defects requiring treatment and observation increased during the year. Unfortunately, the waiting time for children with speech defects increased during 1957, but every effort was made to see those with serious speech defects as soon as possible.

Children with heart defects requiring treatment increased during 1957, and the majority of these were seen at the Cardiac Clinics at the Chester Royal Infirmary. Those requiring observation only dropped from 226 - 163.

Children with lung abnormality requiring treatment increased from 70 - 83 during 1957, but those requiring observation fell from 332 - 226. Many of the children with lung abnormalities requiring treatment and

observation are suffering from non-tuberculous conditions such as bronchitis, bronchiectasis, developmental abnormalities, etc. The proper use of Mass Radiography facilities will do a great deal to bring to light lung abnormalities including tuberculosis which require treatment and observation.

It is of some significance that psychological conditions, both developmental and emotional, tend to gradually increase in school children. On the whole physical disabilities are declining whilst psychological disabilities are increasing.

There are undoubtedly many emotionally disturbed children who are not reported to the school medical officer. Some because their symptoms are not clearly understood, and others who are able to partially or wholly conceal their problems. It is significant that many of the emotionally disturbed children come from good homes where both parents go out to work.

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	1311	1305	99.54	6	.46
Leavers	1465	1460	99.66	5	.34
Other Age Groups	1662	1657	99.70	5	.30
Additional Periodic Inspections	914	911	99.67	3	.33
Total	5352	5333	99.64	19	.36

Information about the physical condition of pupils attending school is shown in Table 2 (b) above.

It should be explained that the children shown as "Other Age Groups" are, with few exceptions, children between 10 and 11 years of age, examined during their last year at a primary school.

During 1957 the percentage of children found satisfactory increased in all age groups from 98.02 in 1956 to 99.64. Of the total examined, 5352, only 19 (0.36%) were found unsatisfactory from a physical standpoint.

It will be appreciated that deciding on whether a child's physical condition is satisfactory or not, is not always easy, as many borderline cases are seen. Even allowing for this difficulty, the position in the County is very satisfactory and, I hope, that it will be maintained. It will be extremely difficult to improve on the present findings.

Many factors have played a part in bringing about the present satisfactory findings—improved social and economic conditions—improved child care—better nutrition—better medical and dental care in recent years and the important part played by teachers in fostering the physical care of children in primary and secondary schools.

Infestation with Vermin.—There was a reduction during the year in the number of children found infested with vermin, from 958 in 1956, to 815 in 1957. This reduction has now gone on steadily since 1955 as the following figures show.

	Total children infested	% Infestation of total examined
1955	1305	6.69
1956	958	4.14
1957	815	4.14

The present position leaves much to be desired, but compared with a percentage of 10.9 in 1952, it will be noted that a marked improvement has taken place.

As I mentioned last year, we are now approaching the "hard core" of the problem—children who become repeatedly infested in the course of the year, and whose parents are either unwilling or unable to provide adequate care for them. In my opinion, a parent who refuses to take proper steps to cleanse his child of vermin is just as negligent, as the parent who does not give his child adequate food and clothing.

During the year, Health Visitors continued to give "Suleo" free to parents of infested children to enable them to cleanse their children at home. During the year, also, Cleansing Clinics were held at all main Clinic Centres, when the Clinic Nurse cleansed children whose parents had not carried out the work themselves when requested to do so.

We have now arrived at the stage when the "clean" child does not acquire infestation by contact with infested children. This has been achieved by reducing the total infestation in the school population. The next stage of eliminating infestation will be much more difficult.

TABLE 3.

INFESTATION WITH VERMIN

Number of individual children examined by School Nurses ...	19,686
Total number of examinations in the schools by the School Nurses or other authorised persons	58,380
Total number of individual pupils found to be infested ...	815
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 38.40% 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 1957 shows a gratifying increase. This is partly due to the fact that vaccination is now offered at Child Welfare Clinics. Also, during 1957 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 1957 however, represents 51.01% 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
1957 —	,, ,, ,, ,, ...	1170

Diphtheria Immunisation.—Of children of compulsory school attendance age 7,345 have received a full course of immunisation against Diphtheria since 1952. In addition, 5,058 children of pre-school age have also completed a full course of immunisation.

An additional 16,116 children were immunised prior to 1952 but have not been immunised since that date.

During the year 1957, the number immunised was:—

Aged 0 — 4 years	1,371
Aged 5—15 years	131
	*1,502

Children who received re-inforcing injections 1,167†

(*1,188 of these had injections against Diphtheria and Whooping Cough)

(† 121 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 46.40% 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, 1957

Blind	6
Partially Sighted	11
Deaf	13
Partially Deaf	16
Educationally sub-normal	61
Epileptic	26
Maladjusted	15
Physically handicapped	111
Delicate	38
Speech	1
Total	298

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

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

During the year places were found in Special Schools or Homes for seven handicapped pupils (Blind 1, Partially sighted 1, Deaf 1, Physically Handicapped 2, Maladjusted 1, Epileptic 1). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 37.

They were of the following categories :—

Blind and Partially Sighted	11
Deaf and Partially Deaf	13
Educationally sub-normal and maladjusted	8
Epileptic	1
Delicate and Physically Handicapped	4
	37

Seventeen handicapped children were receiving home tuition, 4 pupils received bedside tuition in hospitals, and 3 pupils were attending a Day Spastic Unit.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 31; of this number 12 are educationally Sub-Normal, made up as follows:—

Requiring places in Special Boarding Schools	10
Requiring places in Special Day Schools	2
	12

In addition to the above, 13 children were ascertained to be incapable of education in school, and 6 pupils were found to require supervision after leaving school, these were reported to the local Authority in accordance with the requirments of Section 57 of the Education Act, 1944.

It will be noted from the number of ascertained handicapped pupils that at the end of 1957 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 spastice 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 beween 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 31 children are awaiting vacancies in special schools made up as follows :—

Blind and Partially Sighted ...	2
Physically handicapped	9
Educationally sub-normal	12
Maladjusted	5
Epileptic	2
Partially Deaf	1
Total	31

(Some of the 17 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 1957, 76 teachers, 30 canteen workers, and 11 school caretakers were examined and reported on by the Medical Staff.

In addition, 102 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.—A start was made in 1956 on B.C.G. vaccination of school children between the ages of 13 - 14 years. It was not possible during 1956 to visit all the secondary schools to do this work, but a total of 859 children had been given B.C.G. by the end of 1956.

In 1957, this work was started in the first term and the arrangements which had proved so successful in 1956 were followed. This entailed a preliminary visit by the Senior Medical Officer to each secondary school and the nature and need for B.C.G. vaccine was simply explained to the children between 13 - 14 years of age. The children were also given an explanatory leaflet for their parents and a consent form to sign. A visit was then paid to each school for skin testing and those with a negative skin test were given B.C.G. vaccine on a third visit. It should be made clear that the whole scheme is voluntary and B.C.G. vaccine is only given to children whose parents have consented.

Arrangements were also made for children who had a positive skin test to attend for Chest X-Ray, at one of the centres visited by the Semi-Static Mass X-Ray Unit.

By the end of 1957, all schools had been visited and the following statistics give a clear picture of the number of children tested and the number who were given B.C.G. vaccine.

In addition to the B.C.G. given at schools the Chest Physicians continued to give B.C.G. to "contacts" of known cases of Tuberculosis. During 1957, 217 contacts were given B.C.G. and some of these were children of school age.

B.C.G. VACCINATION OF 13 YEAR OLD SCHOOL CHILDREN, 1956

School	No. in Age Group	No. of Acceptances	No. Skin Tested	No. found Positive	No. found Negative	No. B.C.G. Vaccinated
Mold Grammar ...	98	87	87	31 (35%)	56 (64%)	54
Mold Secondary Modern	190	152	150	47 (31%)	103 (69%)	96
St. Asaph Grammar ...	48	33	32	7 (23%)	24 (77%)	22
Rhyl Grammar ...	109	88	83	17 (21%)	65 (79%)	63
Rhyl Glyndwr Secondary Modern	170	121	113	16 (14%)	97 (86%)	95
Rhyl Emmanuel Secondary Modern	92	84	82	17 (21%)	65 (79%)	64
Holywell Basingwerk Secondary Modern	190	125	116	29 (25%)	87 (75%)	83
Flint Blessed Richard Gwyn R.C. Sec. Mod.	70	39	37	11 (30%)	26 (70%)	23
Flint Secondary Modern	105	85	79	34 (43%)	45 (57%)	45
Buckley Elfed Secondary Modern	132	86	84	39 (47%)	44 (53%)	43
Shotton Deeside Secondary Modern	129	102	94	33 (35%)	60 (65%)	56
Queensferry Secondary Modern	106	66	62	26 (42%)	36 (58%)	35
Saltney Secondary Modern	85	66	64	17 (27%)	47 (73%)	45
Holywell Grammar ...	102	87	86	25 (29%)	61 (71%)	60
Hawarden Grammar ...	138	121	119	42 (35%)	77 (65%)	75

Average No. % Positive for 1956 = 30.6%

B.C.G. VACCINATION OF 13 YEAR OLD SCHOOL CHILDREN, 1957

School	No. in Age Group	No. of Acceptances	No. Skin Tested	No. found Positive	No. found Negative	No. B.C.G. Vaccinated
Mold Grammar ...	107	100	97	31 (32%)	66 (68%)	66
Mold Secondary Modern	136	115	100	24 (25%)	74 (75%)	72
St. Asaph Grammar ...	26	18	18	2 (11%)	16 (89%)	15
Rhyl Grammar ...	118	99	90	19 (21%)	70 (79%)	69
Ysgol Uwchradd Y Rhyl	11	10	10	1 (10%)	9 (90%)	9
Rhyl Glyndwr Secondary Modern	109	87	85	13 (15%)	72 (85%)	72
Clawdd Offa Secondary Modern	136	104	101	17 (17%)	83 (83%)	77
Holywell Basingwerk Secondary Modern	145	120	109	31 (29%)	77 (71%)	69
Flint Blessed Richard Gwyn R.C. Sec. Mod.	54	46	45	13 (29%)	32 (71%)	28
Flint Secondary Modern	106	100	95	34 (37%)	59 (63%)	57
Buckley Elfed Secondary Modern	133	107	106	40 (39%)	62 (61%)	59
Shotton Deeside Secondary Modern	148	125	113	35 (33%)	71 (67%)	68
Queensferry Secondary Modern	86	68	64	16 (29%)	39 (71) %	37
Saltney Secondary Modern	99	77	72	16 (23.5%)	52 (76.5%)	51
Holywell Grammar ...	80	71	71	24 (35%)	45 (65%)	43
Hawarden Grammar ...	148	139	135	48 (37.5%)	80 (62.5%)	79

Average No. % Positive for 1957 = 26.4%

Mass Radiography.—On July 1st, 1957, the Semi-Static Mass X-Ray Unit commenced to operate in the County. This Unit visits Rhyl, Holywell, Shotton and Mold, on fixed days every three weeks. As well as adults and persons with chest symptoms, children over thirteen years are also seen without any previous appointments. We have taken the opportunity of referring children who give a positive skin test at B.C.G. testing to this Unit wherever possible.

The Unit only commenced in July and up to the end of the year 500 pupils in this category had attended and 72 teachers were also examined. In coming years, it is hoped to make more use of this Semi-Static Unit in conjunction with our B.C.G. vaccination programme.

During 1957 another Mass X-Ray Unit visited several centres in the County to examine the general population and persons in industry. Opportunity was taken to refer children over 13 years of age to this Unit if they could not conveniently attend at the Semi-Static Unit, e.g., St. Asaph Grammar School as Semi-Static Unit only visits Rhyl in that part of the County.

The number of school children who attended at the general Mass X-Ray Centres and the findings are shown on Page 28.

SURVEY OF SCHOOL CHILDREN (aged 14 years and over) BY MASS RADIOGRAPHY UNIT DURING 1957.

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	Males	Females	Total
Flint Modern Secondary	113	109	222	—	—	—	2	1	3	4	—	4	6	1	7
Blessed Richard Gwyn Mod. Sec. ...	46	38	84	—	—	—	—	1	1	—	—	—	—	1	1
Prestatyn Modern Secondary ...	136	123	259	—	—	—	1	1	2	1	—	1	2	1	3
Buckley Elfed Modern Secondary ...	129	96	225	—	—	—	—	1	1	1	—	1	1	1	2
St. Asaph Grammar	53	47	100	—	—	—	—	—	—	—	—	—	—	—	—
St. Winifred's R.C., Holywell ...	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Oriel House, St. Asaph	59	1	60	—	—	—	—	—	—	—	—	—	—	—	—
Total	536	416	952	—	—	—	3	4	7	6	—	6	9	4	13

D.—TREATMENT

Clinic Premises.—A detailed report on clinic premises was given in the report for 1956.

During the year certain minor improvements were effected at certain of the clinics reported on adversely last year. Even so the following clinic premises, where Minor Ailment Clinics are held, are still unsatisfactory—Buckley, Caergwrle, St. Asaph.

During the year two new clinic premises came into use to replace existing clinics in the same localities. A new clinic was opened at Rhyl in September and has made work in this area much easier. This modern clinic has a dental centre, a sound-proof room for the Ear, Nose and Troat Specialist, special equipment for the Ophthalmic Consultant, and full clinic facilities for infants, school children and mothers. It is hoped that the Authority will permit the building of an additional wing to this clinic in the near future.

In November a new Clinic was opened at Penley in the grounds of the new Penley Bilateral School. This is the first clinic of its kind in Flintshire—it is smaller than the usual clinic and shares the main services such as heating, etc., with the school. The object was to provide for the main clinic needs in a building as small as possible.

At all other areas the clinic premises are satisfactory.

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	1	1
(ii) Body	—	4
Scabies	7	—
Impetigo	104	22
Other Skin Diseases	94	113
Total ...	206	140

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	41	38
Errors of Refraction (including squint)	1027	—
Total ...	1068	38
Number of pupils for whom spectacles were :—		
(a) Prescribed	*561	—
(b) Obtained	*561	—
Total ...	*561	—

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

During the year, Consultant Ophthalmologists attended at four clinics as in previous years—Rhyl, Holywell, Shotton and Mold. At all the centres except Rhyl there was only a short waiting time before children were seen at the clinic.

The waiting time at Rhyl was some months and this was brought to the notice of the Hospital Management Committee by the Consultant and myself and in October a weekly Ophthalmic Clinic was inaugurated instead of the bi-weekly clinic. By the provision of this extra session the waiting time for first appointments was reduced to only a week or so at the end of the year.

During the year the number of children examined at the four clinics with errors of refraction was 1,027 compared with 870 in 1956. During 1957, 561 pairs of spectacles were prescribed compared with 450 in 1956.

I met the Ophthalmic Consultants on several occasions during the year to discuss matters affecting the Clinics. I would like, once again, to thank Mr. Shuttleworth and Mr. Lyons for the very excellent service they gave during the year. I feel we are indeed fortunate in having Consultants that provide a first class service and take a real interest in the work.

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

" Clinics are held at fortnightly intervals at Mold and Shotton. The clinics are for the purpose of examining the eyesight of children and prescribing glasses when necessary. An appreciable proportion of the patients are found to be suffering from squint and, in addition to the wearing of glasses, this usually necessitates having orthoptic exercises at the clinic at Chester Infirmary and, in some cases, operation is necessary. The operative treatment is done at both Chester Infirmary and Chester City Hospital.

There is not a long waiting list for appointments at either clinic and new patients can usually be seen within a week or two of the request being received. The work of the clinics appears to proceed very happily and parents give the impression of being pleased with the service given. The health visitors concerned with the two clinics are most efficient and helpful in their work."

A. C. SHUTTLEWORTH.

" The past year has been a very successful one so far as the Rhyl and Holywell clinics are concerned. The work in the new school clinic at Holywell has proceeded smoothly and there has been virtually no waiting list for children requiring new appointments.

At Rhyl two major changes occurred during the year, which led to a marked improvement both in the general running and efficiency of the clinic. The first of these was the change over from the small and inadequate consulting room in the old Vale Road clinic to the large and comfortable room in the new school clinic The second was the appointment by the Welsh Regional Hospital Board, of Dr. G. L. Harper, as assistant ophthalmologist to the Clwyd and Deeside Hospital Management Committee. When Dr. Harper took up his appointment in October, 1957, it became possible to hold the Rhyl clinic weekly instead of twice monthly and as a result the waiting time for a first appointment, which was more than six months before October, has since been steadily reduced and at the time of writing, there is no waiting list at all.

A large number of children have been operated on for squint at St. Asaph General Hospital, although there are still many awaiting operation. The number of operations which can be performed has been limited not by the number of beds available, but by the shortage of nursing staff.

Children with squints have continued to be referred for examination and treatment to the orthoptic clinics at the Chester Royal Infirmary, Prestatyn and St. Asaph Hospital, but during the latter part of the year it has become necessary to reduce the number of clinics held owing to the shortage of orthoptic staff.

I should like to thank Miss K. M. Parons, Orthoptist-in-Charge, Chester Royal Infirmary and her colleagues for their efforts to maintain an efficient orthoptic service at Prestatyn and St. Asaph when faced with serious staffing difficulties."

EDWARD LYONS.

Miss K. M. Parsons and her staff from the Orthoptic Department of the Chester Royal Infirmary continued to attend Clinics at Prestatyn and St. Asaph. Flintshire children also attended the department at Chester.

Children from East Flintshire attend the Chester City Hospital for squint operations and from West Flintshire they attend at St. Asaph, Orthoptic work after the operation being done at the nearest clinic centre.

During the year, Miss Parsons arranged for all Flintshire Health Visitors to attend at the Orthoptic Department at Chester to see the clinic at work and to recieve explanations of the methods used to treat children.

There is a recommendation that an Orthoptist be appointed to the Clwyd and Deeside Hospital Management Committee area to attend hospital and school clinics. I hope that if this appointment is made that the person appointed will work in close collaboration with the Orthoptic Department at the Chester Royal Infirmary.

I would again like to thank, most sincerely, Miss K. M. Parons and her staff for the excellence of their work and their friendly and ready co-operation at all times.

THE CHESTER ROYAL INFIRMARY
ORTHOPTIC DEPARTMENT ANALYSIS, 1957
School Children only

	Chester	Prestatyn	St. Asaph
Number of Flintshire children who attended in the year 1957 ...	388	—	—
Number of attendances for the year 1957	1,779	515	313

Number of squint operations performed on Flintshire children at :

Chester Royal Infirmary	5
St. Asaph	15

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	—	3
(b) for adenoids and chronic tonsillitis	—	425
(c) for other nose & throat conditions	—	19
Received other forms of treatment ...	87	146
Total ...	87	593
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1957	—	2
(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 tonsillities still remains high — 425, but it must be remembered that 1,002 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.

Miss C. Williams, the Consultant Ear, Nose and Thoat Surgeon for the Clwyd and Deeside Hospital Management Committee continued to hold weekly Ear, Nose and Throat and Audiology clinics for children at Rhyl and Holywell. Cases requiring operative treatment were admitted to beds at St. Asaph General Hospital.

The Audiology Clinic (testing and hearing) did very valuable work during the year and many children suspected of having hearing defects were referred to Miss Williams at Rhyl or Holywell for testing.

Hearing aids were provided when necessary under the National Health Service Act and a Hearing Aid Technician attends for this purpose at the Royal Alexandra Hospital, Rhyl, every two weeks.

I would like to thank Miss C. Williams for her valuable services and in particular for her expert advice and assistance with partially deaf children who require special educational treatment.

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	—	15
(b) Number of attendances of pupils treated otherwise, e.g., in clinics or out-patient departments	—	1115

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	—	123

Very good clinic premises are now available at Fronfraith, Boughton Avenue, Rhyl, for the Child Guidance Clinic Staff and the Consultant Child Psychiatrist and his staff are very appreciative of the arrangements available to them at Rhyl.

In April 1957, a second Child Guidance Clinic Centre was established at the Clinic, Ash Grove, Shotton. This will prove very valuable for parents living in East Flintshire.

I would like to thank Dr. E. Simmons and his staff for their excellent work during the year, and their co-operation with the staff of this department and with members of the teaching profession.

At the end of 1957 Child Guidance Clinics were held at the times and places shown below :—

Rhyl—Fronfraith, Boughton Avenue, Rhyl	Monday and Friday afternoons.
Shotton—The Clinic, Ash Grove, Shotton	Friday morning and afternoon.

Extracts from Dr. Simmons' annual report for 1957 are given below.

" Psychological Services of the Clinics.

For the puroses of this report it is convenient to distinguish between a 'clinical' and an 'educational' psychological service. It should be remembered, however, that the psychologists just like other staff deal with all the children who are referred to the clinics at which they work. The investigations and remedial methods which they carry out are determined by the children's needs and do not depend on referral source or cause.

I am indebted to Dr. G. A. V. Morgan, Senior Psychologist, for the following report on the activities of his department.

A. Clinical Psychological Service.

The primary responsibility of this service is to carry out intelligence, personality and scholastic tests, and any other investigations which may be considered necessary for the investigation and treatment of children referred primarily because of behaviour difficulties, emotional maladjustment, or difficulties in personality development.

The numbers of children so referred have not varied greatly during the latter years.

B. School Psychological Service.

Much of the effort of the School Psychological Service during the current year has been devoted to consolidation of previous work described in the report for 1956. There has therefore been a relative lull in the tempo of **new** development. Pressure of work was, however, very considerable.

Thus, work on the individual ascertainment of intellectually handicapped children continued to develop in Caernarvonshire and Anglesey. In Flintshire, in addition to his usual visits, Mr. Karle has been assigned responsibility for undertaking detailed testing, as requested by the headteachers, of children previously screened by group tests in last year's survey of retarded classes in secondary modern schools. He has also carried out individual testing of children and discussed methods of approach with the teachers of a school where a class for retarded children is being developed. He has submited a report on his findings and recommendations.

Contact with teachers of retarded children in Caernarvonshire, Flintshire, Anglesey and Merionethshire has been maintained through visits and discussions. One could wish there was very much more time for this type of work.

A new development during this year has been the request by a number of Flintshire teachers in primary schools for help and advice on the choice of development of standardized tests suitable for grading and assessing children in the classroom. It would seem to be practicable to construct a series of attainment tests in basic subjects for the primary school age range and standardize them in a given area, the teaachers and representatives of the authority determining the aim and general content of the test and contributing or suggesting suitable items, the psychologist providing technical skill and advice on test construction and standardization.

The Senior Psychologist has had exploratory discussions on this project and it is anticipated that the work will develop during the course of the next year. Such tests would serve a most useful purpose

in allowing retardation to be detected early in the primary school so that remedial measures might be planned.

The Senior Psychologist, at their invitation, gave a paper on "The Individual Child and Backwardness" to the Autumn Conference of the Merioneth Association of the National Union of Teachers This aroused considerable interest, and it was suggested that he might contribute to a refresher course for teachers to be held in the Summer of 1958.

A talk on "Attainment Tests" was also given to the Ministry of Education course for teachers of retarded children at Cardiff in the summer. This gave a unique opportunity of establishing contact with teachers of retarded children from all parts of Wales, representatives of the Ministry of Education Inspectorate and specialists in the education of retarded children.

At Bangor, four students from Mr. Miles' Psychology class at University College have been assisting with the remedial teaching of a number of retarded children. We welcome this opportunity of collaboration with the University, which carries the double advantage of increasing the manpower available for remedial teaching, and offering the students themselves an opportunity of learning something of clinical procedure.

We have benefited very much in our work from the support of the School Medical Officers and of Mr. W. T. Jenkins, H.M. Inspector of Schools, and would like to record our appreciation of their interest.

As stated in the previous report, the pattern and development of the work must follow the needs of the School Medical Officers, Directors of Education and teachers who make use of the service, and it appears to be doing so."

Research—Intelligence Test for Welsh Speaking Children

The start of this research, which aims to adapt the "Wechsler Intelligence Scale for Children" for use with Welsh speaking children, was delayed as a result of the difficulties we had in securing the services of a suitably qualified senior worker.

Mr. U. Wiliam, Research Fellow, has kindly provided the following notes on the progress of the work, covering the period to the end of March, 1958.

" Since the commencement of the research programme in September, 1957, the Research Staff have been engaged on the First Stage of the Project, to establish a Welsh individual intelligence scale for children.

The First Stage may be divided into four main sections :

(a) **Preparation of Welsh Test Items.** Suitable items were translated from the Wechsler Intelligence Scale for Children and a considerable number of new test items were constructed from original and other sources. The approximate order of difficulty of the items in a new Vocabulary subtest was obtained by means of preliminary testing carried out on 275 pupils in selected schools.

(b) **Construction of an Oral Language Questionnaire** for individual use. It was decided to construct a language questionnaire for the purpose of determining whether a prospective testee should be tested in Welsh or not. This was held to be necessary as no other satisfactory method for selecting the most suitable language was available.

The questionnaire was tested, on two occasions, on two representatives and random samples of the primary school population of North Wales, about 550 children being interviewed individually.

The answers were subsequently analysed in detail, items were revised or replaced and considerable statistical work was carried out in connection with the answers.

The results so far obtained give grounds for hoping that the form of the questionnaire will be both accurate and reliable.

(c) **Selection of the Test Sample.** An enquiry form was constructed and circulated, with the assistance of the Local Education Authorities, among the headteachers of the area. The information thus obtained provided up-to-date details of the number of Welsh-speaking children in North Wales, stratified according to age, sex, class and school.

On the basis of this information a sample scheme was drawn up and a random sample was made of schools for the purpose of testing the test items. The guidance of Mr. G. F. Peaker, H.M.I., on this aspect of the work was particularly appreciated.

(d) **Preliminary Testing of Items.** Final preparations are now in hand for the first 'try-outs' of the Welsh test items in the schools during the school summer term. This will conclude the First Stage of the research programme.

The Second Stage of the Project will be mainly devoted to full-scale testing of test items. It is expected that approximately 1,000 children, between the ages of 6 and 12, will be included in the total test sample and they should provide a statistically reliable cross-section of the Welsh speaking school population of North Wales."

Residential Accommodation for Children requiring Psychiatric Treatment.

The need for a residential treatment unit for emotionally disturbed children who require psychiatric treatment has been stressed in earlier reports. It will be recalled also that the Regional Hospital Board expressed their agreement in principle to the establishment of such a unit some years ago.

At our clinics we aim to provide treatment on an out-patient basis for patients showing a wide variety of disturbances. If conditions seem reasonably favourable we accept even very seriously troubled children for long term therapy.

A relatively small number of children cannot, however, be treated with reasonable prospects of success while they remain in their own homes. These children constitute a most serious problem because of the far-reaching effects which their disturbed behaviour may have on those around them, the distress they may cause to their parents and siblings even when their behaviour may appear barely abnormal to the outsider, and the difficulties with which they may confront those who may wish to help them.

A proportion of these children can receive adequate help in schools for maladjusted children, where they can be admitted by arrangement with the Education Authority.

Others need intensive treatment of a kind which cannot be provided in special schools. They require admission to a psychiatric unit.

A unit of that kind would also cater for a further number of children who require extensive and specialised observation and investigation before a firm decision on the most appropriate form of treatment for them can be made.

There is no special school for maladjusted children and no unit of the kind required in North Wales.

Apart from the fact that vacancies outside the area are exteremely difficult to get because of a country wide shortage of accommodation of this type, there are other difficulties of various kinds to be considered before a recommendation for special placement can be made and implemented.

Thus, more often than not, a period of many months elapses before a place is offered, in response to many enquiries and after time consuming efforts. Even then we may have no choice but to accept a vacancy at a school of which we have no personal knowledge, or one which we cannot consider really adequate for the needs of the particular child.

On other occasions, special clinical considerations which would not arise if we had a unit in this area, prevent us from recommeding residential treatment which is indicated on general grounds. Thus it may be essential for parents to maintain close contact with a child and this cannot be secured if he is placed far away from his own home. Or, we may consider it necessary for a child to receive treatment at a Child Guidance Clinic. Few schools have access to such clinics.

Sometimes, it is thought that a short period of separation could reduce stresses sufficiently to allow parents to participate in outpatient treatment. Placement in cases of that kind is, often, a matter of urgency. Vacancies, on the other hand, are rarely available except at the beginning of a school term, and it is not a common practice to admit children from an outside authority to a special school for a period of only a few months.

Finally, only too often, especially in the cases of somewhat dull children or those aged over 12, experience has taught us that any efforts we might make to find a vacancy are likely to be in vain.

In some instances we call on the good offices of the Children's Officers, who do all in their power to provide for the children. Sometimes, the decision of a Juvenile Court to admit a child to an approved school removes our difficulties.

We recognise that a great deal of help may be given to children in this way. It is true however that the treatment of emotionally maladjusted children is not a function for which either Children's Homes or Approved Schools are adequately equipped or staffed..

Disposal then may cause us considerable concern. Apart from all other considerations, this is so particularly because our failure to provide adequate treatment, whether on an out-patient basis or by residential care, may lead the children to lose faith in their own worth, and in the ability of adults to give them the help they need.

For the reasons given above, the figures are not, however, thought to present a true measure of the extent of the problem under discussion. Many more children are involved, and it is considered that we might aim, in the first instance, at deveolping a unit for 15 to 20 children. This might be enlarged to 25 or even 30 if this was thought necessary and practical in the light of experience.

The establishment of a similar unit for adolescents will no doubt require consideration in due course.

The cost of a unit of the kind suggested would be high. The expense to the public of maintaining children in special schools is however also very considerable; families may suffer great economic loss if they are obliged to organise a household to meet the needs of disturbed children; and it will be agreed that considerations other than financial ones must be given full weight.

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	13	75	35	23	7	—	153
General Practitioners	9	25	23	20	3	—	80
Consultant Pædiatricians	4	9	3	4	2	—	22
Other Medical Specialists	2	1	5	2	1	—	11
Courts and Prob. Officers	—	1	9	11	—	—	21
Other Social Workers	2	5	9	5	—	—	21
Parents	—	1	4	2	—	—	7
All Agencies—1957 ...	30	117	88	67	13	—	315

On 31st December, 1956, 73 children were on the waiting list, 20 of these being cancelled later. 315 new referrals were received during 1957. 18 of these were cancelled and 33 remained on the waiting list on 31st December, 1957.

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

		Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Total
All Referring Agencies (Numbers referred by School Medical Officers shown in brackets)	1952	22 (13)	54 (40)	73 (38)	38 (4)	12 (10)	—	199
	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
	1957	30 (13)	117 (75)	88 (35)	67 (23)	13 (7)	—	315

It should perhaps be mentioned at this point that figures refer to children dealt with, or to be dealt with, individually. Requests for the examination of children in groups, or the results of group tests, are not recorded in the statistical data given in this report.

Diagnoses

The seriousness, or otherwise, of the conditions with which we are asked to deal, may be estimated from the Table which follows. In this the children who were first examined during 1957, and on investigations were completed during the year, are grouped in broad diagnostic catergories according to their ages.

Diagnostic Groups and Age Ranges	Under 5	5 - 7	7 - 10	10 - 12	12 - 15	Over 15	All Ages
A.—BEHAVIOUR & PERSONALITY DIFFICULTIES (No. of dull children in brackets)							
1. Behaviour Disorders, simple	—	3 (1)	2 (1)	1 (1)	—	—	6
Behaviour Disorders with neurotic traits ...	10 (2)	13 (2)	30 (14)	13 (2)	14 (4)	3	83
Behaviour Disorders with anti-social traits ...	—	—	5 (2)	4	13 (6)	7 (2)	29
Behaviour Disorders with epilepsy	1	1	—	—	—	1	3
2. Disorders of Adolescence, simple	—	—	—	—	2	—	2
Disorders of Adolescence, with neurotic traits	—	—	—	—	2	1	3
3. Neurotic illness (Neurosis)	—	3 (1)	11 (1)	15 (1)	11 (3)	4	44
Psychosomatic illness	—	1	2	—	—	—	3
Depression	1	—	1	—	1	—	3
Serious Disturbance of Personality							
Development	2 (1)	1	2	2	4 (1)	1	12
Psychosis	—	—	—	—	—	1	1
B.—EDUCATIONAL/INTELLECTUAL DIFFICULTIES							
Intelligence average and above :							
Retarded	3	3	12	13	3	—	34
Epileptic	—	—	—	1	—	1	2
Dull children (I.Q. 70-84)	1	—	9	13	3	—	26
Dull C. + Ep/serious phys. handicap ...	1	—	2	—	—	1	4
Very dull children (I.Q. 55-69)	—	3	4	9	3	2	21
Very dull children, part sighted	—	—	—	—	1	—	1
Very dull C. (post-encephalitis)	—	1	—	—	—	—	1
Very dull C. + serious Beh. difficulties ...	1	—	1	—	2	—	4
Educability in doubt (Epilepsy 2)	2	4	6.	1	2	2	17
C.—INEDUCABLE CHILDREN							
Epilepsy	—	1	—	1	—	—	2
Spastic	—	—	1	—	—	1	2
Other	—	4	3	4	3	—	14
Total Number of Children	22	38	91	77	64	25	317

Conclusion

Once again I wish to record my gratitude to my co-workers in the service for their constant efforts to maintain a high standard of clinical work and for their willing co-operation with me in the day to day work of the clinics.

At the clinics and elsewhere we are always greatly encouraged by the goodwill towards our work shown by medical specialists, general practitioners, and the personnel of medical, social and community services. I am glad to have this opportunity to express to them our sincere appreciation of their co-operation and help.

Our liasion with the Principal School Medical Officers has remained a very close one. Our work could not be carried out successfully without their constant assistance, and I am grateful for their ready help on many occasions.

Dr. J. H. O. Roberts has always been ready to discuss problems with me and to give me his advice and support. I am very conscious of my indebtedness to him.

To Mrs. Fisher, Chairman, and to the members of the Child Guidance Sub-Committee I wish to express my thanks for the consideration they have shown me.

To you, Mr. Chairman, Ladies and Gentlemen, I would convey my sincere appreciation of your unfailing support and your very real interest in the Child Guidance Clinics."

E. SIMMONS,

June 1958. Consultant Child Psychiatrist.

Speech Therapy.—Mrs. R. E. Ward, the part-time Speech Therapist, continued her excellent work during the year. More effective use was made of her time by a re-arrangement of clinic times at five centres attended.

Mrs. Ward gives six sessions to this Authority each week and by careful planning she has been able to keep the waiting time before treatment is commenced to a matter of weeks, and less than this with the more urgent cases.

TABLE 4 (continued).

SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	223	—

I have pleasure in appending a report from Mrs. Ward on the work carried out during 1957.

Throughout the year I have appreciated so much your help in sorting out my difficulties arising in my work for you—and also your personal kindness and understanding to me, when, owing to my civil state and responsibilities arising therefrom, I have had to alter my clinics.

Account of work done during 1957-58 in Speech Therapy Clinics in Flintshire.

Current Cases	130
Discharged	93

Analysis of Current Cases:

General Dyslalia	62
General dyslalia and cerebral palsy	1
Multiple dyslalia	12
Simple dyslalia	12
Alalia	3
Stutter	30
Stutter and dyslalia	3
Stutter and partial deafness	1
Partial deafness	1
Dyslexia	1
Spastic quadruplegia	3
Gross dysarthria	1
Total ...	130

Results of Current Cases:

General dyslalia

(a) Improved	59
(b) No improvement	3

General dyslalia and cerebral palsy

(a) Improved	1

Multiple dyslalia

(a) Improved	11
(b) No improvement	1

Simple Dyslalia

(a) Improved	9
(b) No improvement	3

Alalia

(a) Improved	3

Stutter

(a) Improved	24
(b) No improvement	6

Stutter and dyslalia

(a) Improved 3

Stutter and partial deafness

(a) Slight improvement 1

Partial deafness

(a) Improved 1

Dyslexia

(a) Improved 1

Spastic quadruplegia

(a) Improved 1
(b) No improvement 2

Gross dysarthria

(a) Improved 1

Total ... 130

Discharges - 93

General dyslalia	41
Multiple dyslalia	1
Simple dyslalia	17
Potential stutter	1
Stutter	19
Stutter and general dyslalia	1
Stutter and severe dysarthria	1
Stutter and simple dyslalia	1
Cleft palate	2
Dyslexia	1
Hyperhindalia	2
Idioglossia	2
Too low I.Q. to benefit	1
Spastic quadruplegia	1
Unclassified	1
Parents object to treatment	1
	93

Condition on Discharge:

General Dyslalia

(a) Speech normal 33
(b) Improved ... ... —
(1) Attendance too erratic 5
(2) Left district 1
(3) Left school 1
(4) Transferred to hospital Clinic 1

Multiple dyslalia

(a) No improvement—appointments not kept ... 1

Simple dyslalia

(a) Speech normal	14
(b) No improvement, attendance too erratic ...	3

Potential stutter

(a) Speech normal	1

Stutter

(a) Speech normal	10
(b) Improved, attendance too erratic	3
(c) Improved, family left district	1
(d) Slight improvement, too poor work	1
(e) No improvement—non-attendance	4

Stutter and general dyslalia

(a) General dyslalia cleared, stuttering slightly evident	1

Stutter and severe dysarthria

(a) Too backward to benefit	1

Stutter and simple dyslalia

(a) Speech normal	1

Cleft palate

(a) Speech normal	1
(b) Improved—family left district—transferred ...	1

Dyslexia

(a) Speech normal	2

Hyperhindalia

(a) Speech normal	2

Idioglossia

(a) Improved—attending occupation centre ...	1
(b) No improvement—in residential home	1

Spastic quadruplegia

(a) Improved—attends special school	1

Unclassified

Parents object to treatment	1
Total discharges ...	93

This last year has again continued smoothly with two outstanding features. Firstly, the great improvement in the regular attendances in the Rhyl Clinic, since this was moved from Prestatyn, and the increased work and co-operation from parents has made for a more efficient speech therapy service in that area.

The second is the opening of the delightful new clinic in Penley. This has had the advantage of establishing a proper clinic session, for children from the Penley Schools (one child attends from Overton) and in consequence, more children are seen than previously, when so much time was taken travelling from school to school.

I would like again to stress the necessity for early and prompt referral of speech cases—still cases are being received who should have had treatment years ago, and have never been referred. It is never too early to see a child for investigation, when it is realised speech development is not normal. Much help can be given to parents in producing the right and wisest stimuli, and much harm done when the wrong ones are given unwittingly through ignorance.

Once more, I would like to say what a pleasure it has been working in Flintshire and I have appreciated the great help received from all the staff, with whom I have come in contact. Dr. Roberts and Dr. Pearse in particular and also the Health Visitors and teachers whose co-operation is so invaluable. I thank Mr. Trevor Jones for his unfailing help in the office work."

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 ...	288	104
(b) Pupils who received convalescent treatment under School Health Service arrangements	8	—
(c) Pupils who received B. C. G. vaccination	871	—
(d) Other :—		
(1) Lymphatic glands	9	16
(2) Heart and circulation	—	33
(3) Lungs	13	96
(4) Development	9	56
(5) Nervous system	2	47
Total (a) - (d) ...	1200	352

Dental Inspection and Treatment.—The following statistics in Table 5 relate to the work carried out by three full-time Dental Officers and one part-time Dental Officer until the 5th June, 1957. From the 6th June, 1957, until the 26th July, 1957, by three full-time Officers and two part-time Officers. From the 27th July, 1957, by three full-time Officers and one part-time Officer. The part-time Officers conducted 229 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	11470
Specials	2431
Total (Periodic and Specials)	13901
(2) Found to require treatment	10758
(3) Number offered treatment	9409
(4) Actually treated	5333
(5) Attendances made by pupils for treatment, including those recorded at heading 11(h)	10272
(6) Half-days devoted to—	
Inspection	93
Treatment	1412
Total (Half-days)	1505
(7) Fillings—	
Permanent Teeth	4048
Temporary Teeth	389
(8) Number of Teeth filled—	
Permanent Teeth	3382
Temporary Teeth	354
(9) Extractions—	
Permanent Teeth	2754
Temporary Teeth	7399

(10)	Administrations of general anæsthetics for extraction	5233
(11)	Orthodontics—	
	(a) Cases commenced during the year	123
	(b) Cases carried forward from previous year ...	135
	(c) Cases completed during the year	40
	(d) Cases discontinued during the year	27
	(e) Pupils treated with appliances	103
	(f) Removable appliances fitted	28
	(g) Fixed appliances fitted	91
	(h) Total attendances	1020
(12)	Number of pupils supplied with artificial dentures ...	47
(13)	Other operations—	
	Permanent Teeth	1274
	Temporary Teeth	944

DENTAL REPORT 1957

"During 1957 we were able to open Dental Clinics at Rhyl, and in the Maelor district of Flintshire, and so complete a chain of surgeries that provide sufficient coverage throughout the County. The opening of the Welfare Clinic at Penley was particularly welcome to us, for until then it was practically impossible to provide any service at all in the Maelor part of the County. We have the use of this Clinic on the second and fourth Mondays in each month and even if our service is not as comprehensive as it might be, we feel it is well worth while.

The completion of the new Clinic in Rhyl now means that we have a suite of rooms suitable for a Clinic where there is a full-time Dental Officer, for although a great deal of good and pioneer work was carried out by Mr. Dodd in the Fronfraith premises, as a Clinic it had its limitations, and no longer need we consider the requirements of the other services who may be using the Clinic at the same time. Orthodontic treatment has been extended to Rhyl in conjunction with Mr. Broadbent, with the result that less travelling is involved for parents, and the waiting time for treatment is considerably reduced. We are hoping to obtain a dental X-Ray machine for Rhyl Clinic to cover cases in the Western part of the County.

As in previous years our difficulty remains one of staffing. The Clinic facilities are second to none, and must be the envy of many authorities, but, until we are able to attract more surgeons to this branch of Dentistry there is bound to be a great deal of work uncompleted. This applies particularly in the Holywell area, where an officer could be employed full-time, instead of at present sharing the services of Mr. Hanson.

General anæsthetic sessions have been held weekly at most clinics, and we are indebted to Dr. Devey and Dr. Manwell who have carried the brunt of this work. General Practitioners have helped out where necessary and have, in all cases, shown themselves interested in the work we are doing.

The Orthodontic Clinics at both Mold and Prestatyn continue to be well attended and are fulfilling a much needed service throughout the County.

Finally, I should like to thank the Medical Staff for their interest in our work, and my colleagues for their co-operation and loyalty."

A. FIELDING,

Principal School Dental Officer.

E.—SCHOOL PREMISES

School premises are inspected by the School Medical Officer during school medical inspections and school kitchens and dining rooms are also visited regularly by the County Public Health Inspector.

Defects found during inspections are reported to the Director of Education and the County Architect. In this way urgent matters can be attended to quickly and this applies particularly to sanitary defects, lack of ventilation, inadequate heating, etc

Owing to financial stringencies slow progress has been made to implement the provisions of the Food Hygiene Regulations 1955 which came into force on January 1st, 1956. So far it has only been possible to deal with the most urgent problems which have a direct bearing on possible contamination of food in storage, preparation or serving. The whole position is aggravated by the fact that many of the schools are out of date and the kitchens and dining rooms are dealing with far more meals than originally designed to handle. One imporant step forward was taken during the year in that 14 additional schools were provided with refrigerators. This now brings the number of school kitchens with refrigerators up to 59.

One of the most difficult problems in schools, particularly the older schools is hand washing. Hand washing is a good habit, but it is much more than that; it is a valuable means of preventing spread of infection amongst pupils It has been proved that adequate hand washing alone can prevent the spread of dysentery in a school, yet without adequate hand washing dysentery will spread in spite of taking every other precaution to prevent spread of infection.

Teachers rightly claim that toilet facilities are inadequate and the Education Authority state that funds are not available to bring all schools up to the required standard. It appears that a compromise is necessary, to make the best possible use of existing facilties even by the provision of basins on a table or shelf in the cloakroom. The Education Authority should provide better toilet facilties in the schools with totally inadequate facilties.

Another equally important matter is the question of towels—I still feel that the best practice is individual towels—the pupils to provide their own towels which are taken home on Friday and returned clean on Monday (or more often if necessary). Any alternative to this, such as roller towels, paper towels, etc., is a very poor substitute for individual towels particularly as regards preventing the spread of infection in schools.

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 staffs 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 11,562 meals on an average per day, an annual total of 2,389,787. Meals are carefully planned and well balanced and specimen menus for a primary and a secondary modern school are given below :—

Typical Menu served at a Primary School in the County

Monday.	
Meat Pie, Creamed Potatoes, Cooked Tomatoes	Rice Pudding with Jam
Tuesday.	
Roast Canterbury Lamb, Roast and Boiled Potatoes, Cabbage	Steamed Fruit Pudding with Custard
Wednesday.	
Sausage, Mashed Potatoes, Baked Beans in Tomato	Prunes and Custard
Thursday.	
Irish Stew with Potatoes and Carrots	Bakewell Tart with Custard
Friday.	
Fillet of Fish, Creamed Potatoes, and Green Peas	Steamed Jam Roll, with Jam Sauce

Typical Menu served at a Secondary Modern School in the County

Monday.	
Bacon, with Baked Beans in Tomato Sauce, Creamed Potatoes	Jam Tart with Custard
Tuesday.	
Roast Beef, Roast and Boiled Potatoes, Carrots	Rice Pudding with Dried Fruit
Wednesday.	
Beef Sausage, Mashed Potatoes, Tomatoes	Steamed Syrup Roll with Sweet Sauce

Thursday.

Shepherds Pie, Boiled Potatoes, Cabbage — Stewed Apples with Custard

Friday.

Filleted Cod, with Chips and Green Peas — Vanilla Blancmange with Jelly

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, 120 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 1957, 100% milk supplied to schools was pasteurised. There is, however, one private boarding school which provides its own T.T. milk from its own farm.

For the County as a whole, out of a possible total of 25,197 children, 17,535 took milk at school regularly (69.59%). The percentage taking milk varies greatly from school to school, the lowest being 14.55%, the highest being 100%, the average being 69.76%.

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.—A great deal of Health Education is done in schools by the teaching staff. Last year the staff of the Health Department were able to offer help to teachers by giving talks on certain aspects of Health Education such as Personal Hygiene, Mother Craft, Social Services, etc. This help was readily accepted by Secondary Schools in the County.

This work continued during 1957 and was undertaken largely by Miss J. S. Rogers, Health Visitor/School Nurse, Buckley, Miss Gray, Superintendent Health Visitor, and Mr. Lewis, County Public Health Inspector.

I appreciate that this is a scheme that will develop slowly but the basis is sound and teachers are now asking for lectures by these members of the staff to supplement their own Health Education work. These talks are intended to supplement the work already done, not to replace the excellent work done by those responsible for Health Education in schools.

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

School Milk

With the exception of one school, all schools are supplied with pasteurised milk. This exception is a private boarding school which has its own farm and produces T.T. milk.

120 samples of school milk were taken during the year and submitted for chemical and bacteriological examination and all the samples were found to be satisfactory.

Washed school milk bottles were taken from the bottle washing machines at the dairies and sent for bacteriological examination. The results in all cases were satisfactory.

The dirty condition of the empty milk bottles returned from some of the schools presents a serious problem. The bottles are found to contain modelling clay, stones, paper or metal caps, drinking straws, or colouring matter if they have been used for mixing paints or inks. This is most unfair to the dairy personnel who are responsible for cleaning the bottles and producing a clean product. These conditions are not confined to the milk bottles from Flintshire schools alone. They also apply to those returned from schools situated outside the County which receive bottled milk from Flintshire.

School children are the citizens of the future and surely now is the time for teaching them the dangers of misusing milk bottles.

Milk consumption varies considerably from school to school. More milk was drunk in the Primary schools than in the Secondary schools. Arrangements were made for several schools to visit two modern dairies to see the whole process of handling the milk from the farms, its testing, processing and bottling. The dairy managements were most co-operative. One firm provided free transport and refreshments for the children.

School Meals

The Clean Food Hygiene Regulations have been in force for two years and it was hoped that all the requirements laid down by the Regulations would have been complied with by now. Referen e

has already been made in previous reports to cloakroom accommodation, provision of wash hand basins, refrigerators, the lack of ventilation in kitchens, etc. Progress is being made but at a very slow pace. Several of the buildings are old and many were not designed for use as food premises.

Inspections of most school kitchens were made during the last year and any matter requiring attention was referred to the Education Department. The majority of the kitchens were scrupulously clean. Two lecture demonstrations on clean food handling were given to the kitchen staffs.

Twelve samples of foodstuffs—meat, sausages, ice cream and tinned foods were submitted to the Public Analyst and all were satisfactory.

The legal standard for the composition of ice cream is 5% fat, 7½% milk solids not fat, and 10% sugar. The fat used is mostly vegetable fat, and skimmed milk powder is used to provide the milk solids.

Having regard to the amount of ice cream which is now eaten as a sweet with the school dinners, I feel that we should specify that the fat content should be wholly milk fat.

I have received full co-operation from Mr. Parry, the School Meals Organiser, and his staff."

E. LEWIS,

County Public Health Inspector.