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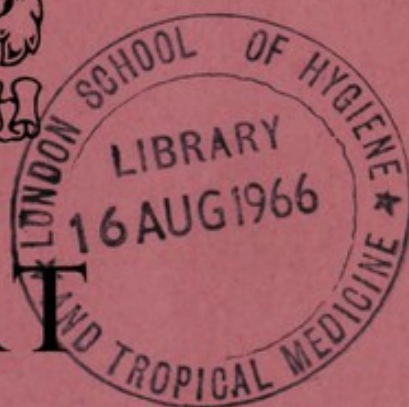
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FLINTSHIRE  
EDUCATION COMMITTEE



REPORT

on the work of the

FLINTSHIRE  
School Health Service

in relation to the year

1958





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## INTRODUCTION

County Health Offices,  
Llwynegryn,  
MOLD,

To the Chairman and Members  
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen.

Apart from medical examination of pupils at schools and clinics, the main preoccupation of the medical staff during the year was with the Poliomyelitis Vaccination programme. Poliomyelitis vaccine was plentiful in 1958. Sessions were held throughout the year, including the summer months. During the year 297 sessions were devoted to Poliomyelitis vaccination and at the end of 1958, 15,667 children had received two injections of vaccine. Of this total, 11,397 were children of school age. At the end of 1958, 45.54% of all children in the County had been vaccinated against Poliomyelitis.

Work on B.C.G. Vaccination continued and all secondary schools were visited during the year and B.C.G. vaccine offered to all pupils between 13 and 14 years of age. During the year 749 pupils received B.C.G. vaccine in 17 schools. It is gratifying to note that only 18 children of school age were notified as suffering from tuberculosis during the year (10 Respiratory and 8 non-respiratory).

Because of the extra work involved with B.C.G. and particularly Poliomyelitis vaccination, some pupils due for medical examination were not seen during the year and in all, 1,500 pupils due for examination were not seen. These pupils will be examined as soon as possible in 1959.

The beneficial effects of the National Health Service and other social services introduced in 1948 are clearly seen in the improvement in the health of children under 5 years of age and also of children of school age. Schools and the educational system play an important part in this by raising the level of education of the community as a whole and by acquainting the pupils of the services available and how best to use them.

The improved health of school children is seen in the reduction of defects found at medical examination at schools and clinics. In 1940, 31.62% of all children examined had defects requiring treatment. In 1958, this number had been reduced to 8.52%. It should be noted, also, that defects requiring treatment occur in three main age groups—5 to 6 years, 10 to 11 years and over 14 years. The defects fall into four main groups—vision, nose and throat, orthopædic, and lungs, and although there has been a fall in the total numbers there has been no change in the pattern of the main groups.



During the year no new clinic premises were opened, but improvements were made in several of our existing clinics. On 25th July, 1958, the mobile clinic started its round of eight rural areas, attending at each centre once every two weeks, and providing clinic facilities for mothers, infants and school children. Full details of the centres visited and the nature of the work done is contained in the main report.

Apart from extension of the Poliomyelitis vaccination programme, no new facilities were introduced during the year. During the year the Clwyd and Deeside Hospital Management Committee appointed a full-time Orthoptist, and Orthoptic Clinics are now held at St. Asaph Hospital and Prestatyn Clinic. Other children continue to attend at Chester Royal Infirmary for orthoptic treatment. In this connection reference should be made to the excellent services given to Flintshire children by Miss K. M. Parsons and the staff of the Orthoptic Department of the Chester Royal Infirmary who were responsible for the Flintshire Clinics until the recent appointment of a full-time Orthoptist for the area.

I would, once again, like to thank Head Masters and members of the teaching profession for their help and active co-operation during the year. It is becoming more evident that our services and education are complementary—a fit child is much easier to teach than one ill in body or mind.

I would also like to thank the Director of Education and his staff for their help at all times.

The medical, dental and nursing staff have served the Authority well during the year, and deserve a special tribute for the full programme of Poliomyelitis and B.C.G. vaccination carried out in addition to the ordinary work of the department. My special thanks are due to Dr. E. Pearse for her excellent work as Senior Medical Officer in charge of the School Health Service. During the year she did a great deal of extra work in planning the B.C.G. programme and in ascertaining and dealing with handicapped pupils.

I would also like to thank the office staff for their valuable contribution to the running of the department as a whole and particularly Mr. W. I. Roberts, Chief Clerk, and Mr. A. Whitley, Clerk-in-Charge of the School Health Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

Principal School Medical Officer.



## 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.

(County Health Offices, Mold. Tel. 106 Mold).

**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., D.T.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)

(Dr. Marie Beddow 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.

J. F. Wilson, L.D.S. (from 13.1.58 to 1.7.58)

A. O. Hewitt, L.D.S.

Miss M. Malcolm, L.D.S.

**Orthodontic Consultant (Part-time—Temporary Sessional) :**

B. J. Broadbent, F.D.F., R.C.S.

**Dental Anaesthetists (Part-time sessional basis) :**

Dr. J. Griffiths.

Dr. J. G. MacQueen (resigned 1.7.58)

Dr. Prudence K. Owen.

Dr. David Brash



**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  
(Died 13.3.58)

Miss E. Weston—Senior Health Visitor/School Nurse  
(Since 1.7.58)

Mrs. M. E. Hawkins  
(Resigned 31.12.58)

Miss M. J. Hughes

Miss J. M. Jewell

Miss Ellen Jones

Miss G. Jones

Miss G. Jenkins

Miss J. S. Rogers

Miss M. Lees

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

Miss A. M. Stewart (since 14.7.58)

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

Mrs. M. C. Townley

(Resigned 23.3.58)

Mrs. D. M. Lewis (Full-time  
(since 29.12.58)

**Clinic Nurses :**

Nurse D. Owens (Part-time sessional)

Mrs. A. R. Iball (Part-time sessional)

Mrs. E. Boswell (Part-time sessional)

Mrs. M. Pritchard (Part-time sessional)

**Tuberculosis Visitors :**

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

Mrs. I. M. M. Beedles, S.R.N., B.T.A.

**Dental Attendants :**

Mrs. L. M. Martin; Miss M. E. Roberts; Miss B. M. Powell; Mrs. K. Howard; Miss S. H. Corlett (Resigned 30.11.58); Mrs. M. D. Lloyd-Jones.

**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. S. Elmitt.

**Physical Training Organisers :**

Mr. Bertram W. Clarke ; Miss Sarah Storey-Jones.

School Maels Manager : Mr. E. Parry.

Children's Officer : Mrs. L. Davies, B.A.



## C.—HEADQUARTERS.

County Health Offices, Llwynegryn, Mold—Tel. : 106 Mold.

## D.—GENERAL INFORMATION.

## Area of Administrative County—

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

## Population of County—

1951 Census	...	...	...	...	...	...	145,108
1958 Mid-year Estimate	...	...	...	...	...	...	146,600

## Number of Schools—

Nursery	...	...	...	...	...	...	1
Primary : County 56 ; Voluntary 50 ; Total	...	...	...	...	...	...	106
Secondary Modern	...	...	...	...	...	...	11
Secondary Grammar	...	...	...	...	...	...	5
Bilateral	...	...	...	...	...	...	2
Technical College	...	...	...	...	...	...	1
Horticultural Institute	...	...	...	...	...	...	1

## School Child Population—

On School Registers (1958-59)	...	...	...	...	...	...	25,310
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## Financial Circumstances of County—

Estimated Product of a Penny Rate—1958-59	...	...	...	...	...	...	£7,160
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## Number of Flintshire Live Births—

Year 1958	...	...	...	...	...	...	2,389
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## Number of Flintshire Deaths (1958)—

Infantile	...	...	...	...	...	...	60
General	...	...	...	...	...	...	1,830

## Medical Officers—

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

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

## School Nurses—

Serving half-time also as Health Visitors	...	...	...	...	...	...	18
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## School Dental Attendants—

Full-time	...	...	...	...	...	...	5
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## 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)	...	...	...	...	...	...	2
Speech Therapy	...	...	...	...	...	...	5

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

† Includes Principal Dental Officer. There were at the end of the year two vacancies.



## E.—FLINTSHIRE CLINICS

(Situations, Opening Hours, Etc.)

### MINOR AILMENT CLINICS.

**Buckley**—Welsh C.M. Chapel. Every Tuesday, 2 to 4-30 p.m. Doctor attends every opening.

**Caergwrle**—Wesleyan Chapel Schoolrooms. Every Tuesday, 1-30 to 2-30 p.m. Doctor attends 1st and 3rd Tuesdays of month.

**Flint**—The Clinic, Borough Grove. Every Tuesday, 9-30 a.m. to 12 noon. Doctor attends every opening.

**Holywell**—The Clinic, Park Lane. Every Tuesday, 1-30 to 4-30 p.m. 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.

**Holywell**—The Clinic, Park Lane. Every Tuesday, 1-30 to 4-30 p.m.

### CLINICS

The Mobile Clinic started to operate in the County on 25th July, 1958. Though primarily used for Maternity and Child Welfare purposes the clinic does provide full clinic facilities at all the centres attended, including treating minor ailments, vaccination and immunisation of school children and the follow-up of school children in the areas visited by the clinic.

During the year the clinic visited the following centres every two weeks : Dyserth, Ewloe, Llanfynydd, Rhuddlan, St. Asaph, Garden City, Penyffordd, Halkyn.

### 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, Ffordd Las, Off Marsh Road. 1st, 2nd, 4th and 5th Thursday afternoon each month.

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.

(By appointment only)

Rhyl—Fronfraith, Boughton Avenue, Russell Road. Every Monday 9-30 a.m. and 1-30 p.m.

Shotton—The Clinic, Secondary Modern School. Every Friday 9-30 a.m. and 1-30 p.m.

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 (Physician: Dr. E. Clifford Jones).

Tuesday, 9 a.m. Clinic Session (and contacts).

12 noon. Refill Clinic.

2 p.m. Contact Clinic. (By appointment only).

Thursday, 9 a.m. Contact Clinic. (By appointment only).

Queensferry—Oaklands (Physician: D. E. Clifford Jones).

Monday, 9 a.m. Clinic Session (By appointment only).

Wednesday, 9 a.m. Clinic Session.

2 p.m. Refill Clinic.

Friday, 9 a.m. Contact Clinic (By appointment only).

Rhyl—Alexandra Hospital (Physician: Dr. J. B. Morrison).

\*Monday, 10 a.m. B.C.G. Test Reading.

Friday, 9 a.m. Clinic Session (and contacts).

2 p.m. Refill Clinic.

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



## SPEECH THERAPY.

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

Mold—The Clinic, King Street. 1st and 3rd Tuesday in each month (afternoon) and 2nd and 4th Tuesday in each month (morning and afternoon) by appointment only.

Penley—Maelor Bilateral School. 1st and 3rd Wednesday in each month (afternoon) by appointment only.

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

Saltney—The Clinic, St. David's Terrace. Every Monday morning by appointment only.

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

Note—The Speech Therapist also holds regular sessions at Bangor-on-Dee V.P. School on the 1st and 3rd Wednesday mornings in each month.



## Section 2

### A.—STAFF

**Medical.**—On the 7th October, 1958, Dr. W. Manwell commenced attendance at Liverpool University for a full-time course for the Diploma in Public Health.

Dr. Marie Beddow commenced duty on a part-time sessional basis on the 3rd March, 1958.

Dr. G. W. Roberts, with the County Public Health Inspector, attended a Symposium arranged by the Royal Society of Health, in London on the 10th March, 1958, on the subject "Nuclear Radiation Hazards : Training of Local Authority and Hospital Personnel". He also attended a Course in "Radiation Hazards" arranged by the Society of Medical Officers of Health from 10th to 12th April, 1958, and the Royal Society of Health Congress which was held at Eastbourne from the 28th April to 2nd May, 1958.

Dr. E. H. Annels attended the Annual Conference of the National Association for Maternity and Child Welfare which was held at Glasgow on the 25th and 26th June, 1958.

Dr. E. Pearse attended the National Association for Mental Health Annual Conference held at London on the 21st and 22nd March, 1958. She also attended the eighth Congress of the Medical Women's International Association at London from the 15th to 21st July, 1958.

Dr. W. Manwell attended a Seminar of School Medical Officers held at London from the 25th to 28th February, 1958.

It will be noted that three doctors were engaged on part-time sessional work during 1958. These three doctors were mainly engaged on Poliomyelitis vaccination. Dr. Marie Beddow, in addition to Poliomyelitis vaccination also does the major part of the medical work in the mobile clinic at the various centres in the County.

**Dental.**—Mr. A. Fielding attended the Dental Association Annual Conference which was held at Dundee from the 7th to 11th July, 1958.

Mr. J. F. Wilson was employed on a part-time sessional basis from the 13th January 1958 to the 1st July 1958. Mr. A. O. Hewitt commenced duty on the 31st January 1958 and Miss M. Malcolm on the 12th September 1958 as part-time Dental Officers on a sessional basis.

Dr. J. G. MacQueen, Part-time Dental Anæsthetist, resigned on the 1st July 1958 and Dr. David Brash commenced duty on the 1st July 1958 as a part-time Dental Anæsthetist on a sessional basis.

**Dental Attendants.**—Miss S. H. Corlett resigned on the 30th November 1958. Mrs. M. D. Lloyd Jones commenced duty on the 24th November 1958 and Mrs. B. M. Welsh commenced duty on a part-time sessional basis on the 24th April 1958.

**Nursing.**—Miss O. M. Pierce, Senior Health Visitor/School Nurse died on 13th March, 1958.



Mrs. M. C. Townley, temporary Health Visitor/School Nurse, resigned on the 23rd March 1958, and Mrs. M. E. Hawkins, Health Visitor/School Nurse, retired on the 31st December 1958.

Miss E. Weston was appointed Senior Health Visitor/School Nurse to succeed the late Miss O. M. Pierce and commenced duty in the Rhyl District on the 1st July, 1958.

Miss A. M. Stewart who was formerly District Nurse/Midwife in the Broughton area completed a Health Visitors Training Course on the 14th July 1958 and commenced duty as Health Visitor/School Nurse in the Queensferry District on the 14th July, 1958.

Mrs. D. M. Lewis who had been employed as Health Visitor/School Nurse on a part-time sessional basis since the 24th February 1956 commenced duty as Full-time Health Visitor/School Nurse in the St. Asaph District on the 29th December 1958.

Mrs. E. Cull who had been employed as part-time Clinic Nurse resigned on the 8th May 1958. Mrs. A. R. Iball commenced duty on the 24th February 1958, Mrs. E. Boswell on the 19th May 1958, and Mrs. M. Pritchard on the 2nd June 1958 as part-time Clinic Nurses.

Miss D. V. Gray attended the Royal College of Nursing Study Course held at Southport on the 9th and 10th May 1958. Miss E. M. L. Morgan attended the Women's Public Health Officers Summer School at Oxford from the 28th June 1958 to the 12th July 1958. Miss M. W. Wright and Mrs. A. E. Williams attended the Women's Public Health Officers Autumn School held at Nottingham from the 30th August to 13th September 1958. Miss E. Weston attended the Summer School in Health Education held at Chichester from the 19th to 29th August 1958, and Miss J. M. Jewell attended the Women's Public Health Officers 32nd Winter School held at London during the Christmas Vacation 1958/59.

### **B.—ADMINISTRATION.**

During 1958 again a great deal of importance was attached to Poliomyelitis vaccination and a total of 297 sessions were arranged for this purpose. This meant that routine medical inspections at some schools could not be done and in all 29 schools were not visited, and 1,500 children due for medical examination were not examined. These children will be examined first in 1959 before the usual medical examination programme is commenced.

As in 1957 certain priorities had to be settled to make the best use of available staff. It was agreed that B.C.G. vaccination should continue and that all children between 13 and 14 years of age should be offered B.C.G. vaccination. As noted above Poliomyelitis vaccination was given priority. On school medical examinations we concentrated on school entrants, school leavers and on children in their last year at the primary school (10+).

Some progress was made in Health Education in schools. Many schools are interested in Health Education and do good work. During the year a Senior Health Visitor was appointed who was also designated Part-time Health Education Officer and she is based at Rhyl. Another



Health Visitor is also Part-time Health Education Officer and based at Buckley. In addition to these two members of the staff, a great deal of Health Education was done by Dr. E. Pearse, Miss D. V. Gray and Mr. Elwyn Lewis. The aim remains to assist teachers with Health Education in schools—the teachers being responsible for the health education programme in their respective schools—and the Health Department staff assisting with talks on certain specialised topics. Developing Health Education in schools is a slow process, but a great deal of interest has been aroused and I would like to thank Mr W. J. Jenkins, Her Majesty's Inspector of Schools, for all his help and encouragement. Naturally most of our work is directed to the secondary schools and the Technical College. We were greatly helped in our work during the year as the department obtained a sound film projector and this, with the film strip projector already in use, has broadened the field of usefulness of the department to the school staff.

TABLE 1  
PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	117	116	99.15	1	.85
1953	773	770	99.61	3	.39
1952	953	948	99.48	5	.52
1951	385	382	99.22	3	.78
1950	160	158	98.75	2	1.25
1949	5	5	100.	—	—
1948	456	456	100.	—	—
1947	—	—	—	—	—
1946	—	—	—	—	—
1945	—	—	—	—	—
1944	1256	1255	99.92	1	.08
1943 and earlier	319	318	99.69	1	.31
TOTAL	4424	4408	99.64	16	.36



TABLE 2

## 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 Column (2) and (3).

Group (1)	For Defective Vision (Excl. Squint) (2)	For any of the other conditions recorded in Table 5 (3)	Total individual pupils (4)	Percentage of children examined (5)
Leavers ... ..	86	89	173	10.98
Entrants ... ..	8	108	115	6.24
Other Age Groups ...	19	21	39	8.55
Additional Periodic Inspection	16	35	50	9.09
Total (Prescribed Groups)	129	253	377	8.52

A new table has been introduced this year—Table 3 showing defects found to Require Treatment according to year of birth.

It will be noted that the total defects requiring treatment in Entrants fell from 7.78 % in 1957 to 6.24 % in 1958. Defects in leavers showed a slight increase from 8.81 % in 1957 to 10.98 % in 1958. Figures from 1956 to date are given below.

	1956.	1957.	1958.
Entrants ...	8.77 %	7.78 %	6.24 %
Leavers ...	11.42 %	8.81 %	10.98 %
All ages ...	8.99 %	7.79 %	8.52 %

It is very interesting and instructive to compare the incidence of defects requiring treatment with age (Table 3).

It will be noted that visual defects occur primarily in 3 age groups—10 years of age, 14 years, and over 15 years of age. These three age groups account for 81.39 % of the defects in all ages.

Again, with other defects requiring treatment there are three main age groups—5 to 6 years, 14 years, and over 15 years of age. These three groups account for 73.91 % of all defects in all ages.

These findings confirm our policy of concentrating our medical examinations on these important age groups—entrants 5 years+, last year in primary school, 10 years+, and school leavers, 14 years+.



TABLE 3

## 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 Column (2) and (3).

Age Groups Inspected (By year of birth)		For defective vision (excluding squint)	For any of the other conditions in Part II	Total individual pupils
(1)		(2)	(3)	(4)
1954 and later	...	—	10	10
1953	... ..	1	48	49
1952	... ..	7	50	56
1951	... ..	8	27	34
1950	... ..	6	8	14
1949	... ..	2	—	2
1948	... ..	19	21	39
1947	... ..	—	—	—
1946	... ..	—	—	—
1945	... ..	—	—	—
1944	... ..	56	42	97
1943 and earlier	...	30	47	76
TOTAL	...	129	253	377

## OTHER INSPECTIONS

TABLE 4

Note :—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	3,377
Number of Re-inspections	... ..	5,943
Total	...	<u>9,320</u>



TABLE 5

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR—  
PERIODIC INSPECTIONS.

Note : All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defects or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin ... ..	16	46	51	17	13	21	80	84
5	Eyes (a) Vision ...	8	32	86	125	35	87	129	244
	(b) Squint ...	23	40	2	21	5	22	30	83
	(c) Other ...	2	11	3	7	2	7	7	25
6	Ears (a) Hearing	4	11	2	4	2	12	8	27
	(b) Otitis Media	2	8	5	1	1	3	8	12
	(c) Other ...	6	5	1	1	2	8	9	14
7	Nose and Throat	27	104	5	40	8	45	40	189
8	Speech ... ..	8	30	2	6	4	10	14	46
9	Lymphatic Glands	—	37	—	6	—	16	—	59
10	Heart ... ..	—	25	1	35	—	15	1	75
11	Lungs ... ..	—	51	1	24	—	28	1	103
12	Developmental :								
	(a) Hernia ...	2	8	1	4	—	2	3	14
	(b) Other ...	1	32	1	7	1	14	3	53
13	Orthopædic :								
	(a) Posture ...	2	7	2	5	3	7	7	19
	(b) Feet ...	9	23	2	4	3	18	14	45
	(c) Other ...	6	100	8	24	7	34	21	158
14	Nervous System :								
	(a) Epilepsy ..	—	9	1	2	—	5	1	16
	(b) Other ...	1	12	1	5	1	5	3	22
15	Psychological:								
	(a) Development	—	12	—	6	1	13	1	31
	(b) Stability ...	1	38	—	8	1	10	2	56
16	Abdomen ... ..	3	15	3	7	2	5	8	27
17	Other ... ..	—	1	3	10	—	1	3	12



TABLE 6

## 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 ... ..	267	138
5	Eyes—(a) Vision ...	401	323
	(b) Squint ...	49	45
	(c) Other ...	50	60
6	Ears—(a) Hearing ...	22	42
	(b) Otitis Media ...	10	34
	(c) Other ...	15	34
7	Nose and Throat ...	100	187
8	Speech ... ..	67	62
9	Lymphatic Glands ...	—	49
10	Heart ... ..	18	85
11	Lungs ... ..	31	84
12	Developmental—		
	(a) Hernia ...	7	12
	(b) Other ...	16	33
13	Orthopædic—		
	(a) Posture ...	16	19
	(b) Feet ...	48	56
	(c) Other ...	52	53
14	Nervous System—		
	(a) Epilepsy ...	12	11
	(b) Other ...	12	33
15	Psychological—		
	(a) Development ...	29	23
	(b) Stability ...	33	28
16	Abdomen ... ..	20	32
17	Other ... ..	269	228



Table 5 shows the defects found at routine medical inspections at school, and Table 6 shows 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.

Table 5 does not show any marked difference under any heading during 1958 from the same table for 1957.

Table 6 does show considerable changes under certain headings.

During 1958 as in previous years by far the commonest defect found is defect of vision. During the year 401 children seen at "special" inspections required treatment usually spectacles and 323 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 marked drop in the children with hearing defects requiring treatment (49 - 22) and a small drop also in those requiring observation. Fewer children with otitis media requiring treatment are recorded (54 - 10) but the number kept under observation has dropped markedly (67 - 34). This is undoubtedly due to the more efficient check on cases at the two Ear, Nose and Throat Clinics at Holywell and Rhyl.

The number of children with speech defects requiring treatment and observation decreased during the year (197 - 129). Waiting time for speech defect cases has now been reduced to a few weeks, and serious speech defects can be seen within a week or so. It is hoped to get additional sessions from the Speech Therapist early in 1959.

The number of children with heart defects requiring treatment fell during the year (30 - 18). Those requiring observation also dropped from 163 to 85. Most of the children with the more serious heart defects continue to be seen, and kept under observation at the cardiac clinic at Chester Royal Infirmary.

Children with lung abnormalities requiring treatment decreased from 83 to 31 during 1958. Those requiring observation also fell from 226 to 84. It should be noted that the majority of lung abnormalities are non-tuberculous and comprise bronchitis, bronchiectasis, developmental abnormalities, etc. Many of these lung abnormalities are discovered by Mass Radiography.



Although the number of psychological conditions discovered in 1958 were fewer than in 1957, this is not a true indication of the real position. The trend has been upward in recent years and many emotionally disturbed children do attend schools and are not ascertained because their symptoms are not causing concern at school or the children are able to partly conceal their problems. This is a field where close liaison between teachers, doctors and school nurses could prove most valuable and would ensure early detection and prevention.

TABLE 7

Classification of the physical condition of the pupils inspected  
in the age groups recorded in Table 1

Age Group Inspected				Number of Pupils Inspected	Satisfactory		Unsatisfactory	
					No.	% of Col. 2	No.	% of Col. 2
(1)				(2)	(3)	(4)	(5)	(6)
Entrants	...	...	...	1843	1834	99.51	9	.49
Leavers	...	...	...	1575	1573	99.87	2	.13
Other Age Groups	...	...	...	456	456	100.	—	—
Additional Periodic Inspections				550	545	99.09	5	.91
Total	...	...	...	4424	4408	99.64	16	.36

Information about the physical condition of pupils attending school is shown in Table 7 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 1958 the percentage of children found satisfactory in all age groups remained at 99.64. Of the total examined, 4,424, only 16 (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 815 in 1957 to 763 in 1958. 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
1958	...	...	763	3.89

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.

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.

The problem of vermin infestation was dealt with by the staff as part of their health education work during the year. Talks were given to mothers in clinics and at school medical inspections, and talks were given and film strips were shown to senior girls in secondary schools.

TABLE 8

## INFESTATION WITH VERMIN.

Number of individual children examined by School Nurses	...	19,606
Total number of examinations in the schools by the School Nurses or other authorised persons	... ..	58,124
Total number of individual pupils found to be infested	...	763
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 35.38 % 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 1958 shows a gratifying increase. This is partly due to the fact that vaccination is now offered at Child Welfare Clinics. Also, during 1958 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 1958 however, represents 57.04 % 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
1958 —	" " " "	...	1397

**Diphtheria Immunisation.**—Of children of compulsory school attendance age 7,221 have received a full course of immunisation against Diphtheria since 1953. In addition, 5,254 children of pre-school age have also completed a full course of immunisation.

An additional 15,933 children were immunised prior to 1953 but have not been immunised since that date.

During the year 1958, the number immunised was :—

Aged 0 — 4 years	...	...	...	...	1,387
Aged 5—15 years	...	...	...	...	102
					<hr/>
					*1,489

Children who received re-inforcing injections 1,210†

(\*1,330 of these had injections against Diphtheria and Whooping Cough)

(†120 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 47.33 % 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, 1958.

Blind	...	...	...	...	6
Partially Sighted	...	...	...	...	14
Deaf	...	...	...	...	13
Partially Deaf	...	...	...	...	15
Educationally sub-normal	...	...	...	...	74
Epileptic	...	...	...	...	29
Maladjusted	...	...	...	...	16
Physically handicapped	...	...	...	...	116
Delicate	...	...	...	...	29
Speech	...	...	...	...	1
Total					313

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

Educationally sub-normal	6	Maladjusted	...	...	—			
Delicate	...	...	2	Physically handicapped	—			
Epileptic	...	...	1	Deaf	...	...	...	1
Partially Deaf	...	...	—	Blind	...	...	...	1
Partially Sighted	...	3						



During the year places were found in Special Schools or Homes for seven handicapped pupils (Blind 1, Partially sighted 3, Educationally sub-normal 1, Maladjusted 1, Epileptic 1). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 43.

They were of the following categories :—

Blind and Partially Sighted	...	...	15
Deaf and Partially Deaf	...	...	11
Educationally sub-normal and maladjusted			8
Epileptic	...	...	2
Delicate and Physically Handicapped	...		7
			<hr/> 43 <hr/>

Twelve handicapped children were receiving home tuition, 1 pupil received bedside tuition in hospital, and 27 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 29 ; of this number 14 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools	...	...	10
Requiring places in Special Day Schools	...	...	4
			<hr/> 14 <hr/>

In addition to the above, 9 children were ascertained to be incapable of education in school, and 2 pupils were found to require supervision after leaving school, these were reported to the local Authority in accordance with the requirements of Section 57 of the Education Act, 1944.

It will be noted from the number of ascertained handicapped pupils that at the end of 1958 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.



There is a very real need for a residential school in North Wales for the Physically Handicapped, and the North Wales Education Authorities agreed in 1956 to provide such a school at Llandudno. It was scheduled for the 1958/59 building programme but so far it has not been commenced. It is sincerely hoped that a start on the building of this school will be made in the near future.

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

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

The acceptance of more handicapped children into ordinary schools must not cloud the need of those 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 29 children are awaiting vacancies in special schools made up as follows :—

Blind and Partially Sighted	...	...	2
Physically handicapped	...	...	6
Educationally sub-normal	...	...	14
Maladjusted	...	...	4
Epileptic	...	...	1
Partially Deaf	...	...	2
Total	...	...	29

(Some of the 12 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 1958, 60 teachers, 41 canteen workers, and 8 school caretakers were examined and reported on by the Medical Staff.

In addition, 46 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 from 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.**—As reported last year it was possible in 1957 to visit all secondary schools in the County and offer B.C.G. vaccination to children between 13 and 14 years of age. The acceptance rate was very satisfactory and it was again decided to continue with the scheme in 1958. A decision had to be made early in the year either to concentrate on Poliomyelitis vaccination, and temporarily suspend B.C.G. vaccination or to continue the B.C.G. vaccination programme as in previous years. It was decided not to curtail the B.C.G. work as it had taken two years to set up the B.C.G. Scheme, and once stopped it would take at least two years to re-establish. Further, the statistics showed that tuberculosis was becoming more and more a problem of adolescence and old age, and for these reasons it was decided to continue with the full B.C.G. programme as well as Poliomyelitis vaccination.

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 1958 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 1958 283 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,  
1957

School	No. in Age Group	No. o Acceptances	No. Skin Tested	No. found Positive	No. found Negative	No. B.C.G. Vaccinated
Mold Grammar ...	107	100	97	31 (35 %)	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 %



B.C.G. VACCINATION OF 13 YEAR OLD SCHOOL CHILDREN,  
1958

School	No. in Age Group	No. of Acceptances	No. Skin Tested	No. found Positive	No. found Negative	No. B.C.G. Vaccinated
Holywell Grammar ...	50	46	44	11 (26 %)	31 (74 %)	31
Holywell Basingwerk Secondary Modern	108	92	82	18 (25 %)	53 (75 %)	52
Mold Grammar ...	77	71	64	26 (40 %)	38 (60 %)	36
Mold Secondary Modern	121	109	102	31 (34 %)	61 (66 %)	60
Clawdd Offa Secondary Modern	110	106	93	17 (19.5 %)	70 (80.5 %)	65
Rhyl Grammar ...	131	120	116	16 (14.5 %)	94 (85.5 %)	89
Ysgol Uwchradd, Glan Clwyd	36	36	33	10 (32 %)	21 (68 %)	19
Rhyl Glyndwr Secondary Modern	117	90	76	10 (13.5 %)	64 (86.5 %)	62
Flint Secondary Modern	92	87	79	17 (21.5 %)	62 (78.5 %)	61
Flint Blessed Richard Gwyn Sec. Modern	47	41	39	7 (18 %)	31 (82 %)	27
Buckley Elfed Secondary Modern	77	68	63	25 (43 %)	33 (57 %)	31
Saltney Secondary Modern	68	61	37	13 (37 %)	22 (63 %)	19
Penley Bilateral ...	38	33	25	16 (64 %)	9 (36 %)	8
Hawarden Grammar ...	160	150	135	37 (27 %)	98 (73 %)	94
Shotton Deeside Secondary Modern	42	39	37	12 (32 %)	25 (68 %)	25
Queensferry Secondary Modern	78	75	63	13 (21 %)	50 (79 %)	47
St. Asaph Grammar ...	42	40	37	9 (26 %)	25 (74 %)	23

Average No. % Positive for 1958 = 26.8 %



**Mass Radiography.**—The Semi-Static Mass X-Ray Unit continued to operate in Flintshire during 1958 and visits were made by the Unit every three weeks to the following centres—Rhyl, Holywell, Shotton and Mold. Wide publicity was given to the work of the Unit and good use was made of the facilities at each centre.

Children over 13 years of age were examined at the Semi-static Centres or by a Mass X-Ray Unit visiting the schools.

In addition to school children, students entering teachers' training colleges and newly engaged teaching staff are also examined at a Mass X-Ray Centre or at the nearest Chest Clinic. During 1958, sixty teachers had a chest X-Ray and forty-six students prior to entering college.

The total number of children, teachers and students examined at the Semi-static Centres and at schools by the Mass X-Ray Unit are given below :—

School children	...	...	1,553
Teachers	...	...	105
Students	...	...	14

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



# SURVEY OF SCHOOL CHILDREN (aged 14 years and over) BY MASS RADIOGRAPHY UNIT DURING 1958.

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			
Hawarden Grammar School ...	215	205	420	—	—	—	1	1	2	1	—	1	2	1	3
Saltney Secondary Modern School ...	38	59	97	—	—	—	—	—	—	—	1	1	1	—	1
Penley Bilateral School ...	49	48	97	—	—	—	—	—	—	—	—	1	—	1	1
Total ...	302	312	614	—	—	—	1	1	2	2	1	3	3	2	5

## SURVEY OF STUDENTS AT FLINTSHIRE TECHNICAL COLLEGE, CONNAH'S QUAY.

Students ...	499	100	599	—	—	—	2	—	2	12	3	15	14	3	17
Teaching Staff ...	15	9	24	—	—	—	—	—	—	2	—	2	2	—	2
Other Staff ...	8	18	26	—	—	—	—	—	—	—	1	1	—	1	1
Total ...	522	127	649	—	—	—	2	—	2	14	4	18	16	4	20



## C.—TREATMENT

**Clinic Premises.**—During the year steps were taken to have minor repairs and other work carried out at clinics. More use is now made of clinic premises than in previous years, due to the extension of services, and the introduction of new facilities at clinics. It is mainly due to the increased use of clinics that I feel it is so important to keep the premises in good repair, and satisfactory state of cleanliness.

School clinics are held at ten centres each week and at seven centres the premises are satisfactory. At three centres, Buckley, Caergwle, and St. Asaph, the premises are unsatisfactory. It is hoped to build new all-purpose clinics at these centres.

During 1958, the Mobile Clinic started to operate on 25th July 1958, and attends the following centres every two weeks.

Dyserth, Rhuddlan, Penyffordd and Penymynydd,  
Llanfynydd, Halkyn, St. Asaph, Ewloe, Garden City.

(The Mobile clinic will cease to visit St. Asaph when suitable permanent premises are available). The Mobile Clinic is an all-purpose clinic and on each visit to a centre, infants, mothers and schoolchildren are seen. As a doctor and nurse are present at each visit of the mobile clinic immunisation and poliomyelitis vaccination are also available to those that attend.

The Semi-static Mass X-Ray Unit visits two clinics every three weeks—Shotton and Mold. The Unit also visits Rhyl and Holywell every three weeks and is based on hospitals at these centres.

At all other areas the clinic premises are satisfactory.

TABLE 9  
DISEASES OF THE SKIN  
(excluding Uncleanliness, for which see Table 8)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm—(i) Scalp ... ..	—	—
(ii) Body ... ..	1	2
Scabies ... ..	9	—
Impetigo ... ..	94	13
Other Skin Diseases ... ..	172	53
Total ...	276	68



TABLE 2 (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 ... ..	52	21
Errors of Refraction (including squint)	1461	—
Total ...	1513	21
Number of pupils for whom spectacles were :—		
(a) Prescribed ... ..	*670	—
(b) Obtained ... ..	*670	—
Total ...	*670	—

\* 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 there was only a short waiting time before children were seen at the clinic.

The long waiting list at Rhyl was cleared before the beginning of 1958 by the provision of a weekly clinic. By the end of 1958, ophthalmic clinics were held at Rhyl on the first, second and fourth Thursday in each month, and there were only a small number of children on the waiting list at the end of the year.

During the year the waiting list at Shotton tended to increase. Mr. Shuttleworth utilised some of his Mold sessions to clear this up. The position at the end of the year was satisfactory at all four centres.

During the year the number of children examined at the four clinics with errors of refraction was 1,461, compared with 1,027 in 1957. During 1958, 670 pairs of spectacles were prescribed compared with 561 in 1957.

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:—

"The Ophthalmic clinics for children are held each fortnight at Mold and Shotton. These clinics are held for the purpose of examining children who are suspected of having defective vision. In a certain proportion of cases nothing is found wrong. In others there is a need for glasses, which are then prescribed. Some children may be found to have a disease of the eyes which may have to be investigated and treated. A fair proportion of children are found to have squints. In the case of these, glasses are usually necessary and they are then transferred to the Orthoptic Department at Chester Infirmary for special exercises for the eyes. If the squint is not cured by the use of glasses and having orthoptic exercises, the question of operation arises and children needing operation are admitted either to the Chester Royal Infirmary or to the Chester City Hospital.

Apart from the children with defective vision, a certain number attend because of inflammation and soreness of the eyes and treatment is given.

There is not a long waiting list for attendance at either clinic and children are given appointments very soon after the application has been made. As far as I can judge, the work of the clinics proceeds very satisfactorily and these two clinics are served excellently by the health visitors concerned."

A. C. SHUTTLEWORTH.

"During 1958, school ophthalmic clinics have been held weekly at Rhyl and fortnightly at Holywell and throughout the year, children referred for a first appointment have been examined with the minimum of delay. The great majority of children seen, are referred by the school medical officers, following routine school medical examinations at which their vision is usually found, or suspected to be defective, but there has been an increasing tendency, particularly in the Holywell area, for general medical practitioners to refer their patients of school and pre-school age, directly to the school clinic. Such children often suffer from squint or complain of headaches or other symptoms which their doctors feel might have an ocular cause.

At the beginning of the year, the orthoptic clinics at Prestatyn and St. Asaph Hospital lost the very valuable services of Miss K. M. Parsons and her colleagues from the Chester Royal Infirmary, due to shortage of staff. The continuity of the clinics was maintained, however, by the appointment of Mrs. J. Ferris as orthoptist to the Clwyd and Deeside Hospital Management Committee. This appointment made it possible to increase the number of orthoptic clinics held per week to 3 each at Prestatyn and St. Asaph.

Those children who have required surgical treatment were admitted for this to the Ophthalmic Department at St. Asaph Hospital and during the year 15 Flintshire school children underwent operations for the correction of squint. A further 6 children were operated upon for injuries and other conditions."

EDWARD LYONS.



During the year Flintshire children received orthoptic treatment at three centres—Chester, St. Asaph and Prestatyn. The clinic at Chester is at the Royal Infirmary and at the General Hospital at St. Asaph. At Prestatyn the clinic is held at the school clinic and the Orthoptist attends on Monday, Tuesday and Thursday afternoon each week.

In January 1958, Mrs. J. Ferris was appointed Orthoptist to the Clwyd and Deeside Hospital Management Committee and is responsible for the clinics at St. Asaph and Prestatyn. The clinic at Chester is staffed by members of the Orthoptic Department of the Chester Royal Infirmary.

I would like to thank Mrs. Ferris for her services in the County and to state how much parents appreciate the excellent work done by her and her colleagues in Chester.

I would like to pay a sincere tribute to Miss K. M. Parsons and the staff of the Orthoptic Department of the Chester Royal Infirmary for all the excellent work they have done in Flintshire clinics during the past years. To Miss Parsons, in particular, the Education Authority owe a great debt of gratitude for a good job well done.

### THE CHESTER ROYAL INFIRMARY

#### ORTHOPTIC DEPARTMENT ANALYSIS, 1958

##### School Children only

	Chester	Prestatyn	St. Asaph
Number of Flintshire children who attended in the year 1958 ...	411	123	76
Number of attendances for the year 1958 ... ..	1,614	482	284
Number of squint operations performed on Flintshire children at :			
Chester Royal Infirmary ... ..	...	...	28
St. Asaph ... ..	...	...	15



TABLE 9 (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 ... ..	—	5
(b) for adenoids and chronic tonsillitis	—	382
(c) for other nose & throat conditions	—	20
Received other forms of treatment ...	55	120
Total ...	55	527
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1958 ... ..	—	5
(b) in previous years ... ..	—	*7

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

The number of children who received operative treatment for adenoids and chronic tonsillitis still remains high—382, but it must be remembered that 516 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 Throat Surgeon for the Clwyd and Deeside Hospital Management Committee continued to hold regular 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 7 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 9 (continued)

## ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
(a) Number treated as in-patients in hospitals ... ..	—	11
(b) Number of attendances of pupils treated otherwise, e.g., in clinics or out-patient departments ... ..	—	668

TABLE 9 (continued)

## CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ... ..	—	157

During the year this service continued with the good work it has done in the past and clinics were held at Rhyl every Monday (morning and afternoon) and Shotton every Friday (morning and afternoon).

In addition to work at the clinics, members of the Child Guidance team do valuable work in schools and by home visits.

I would like to thank Dr. E. Simmons and his staff for the valuable service they have given during the year. I would also like, in particular, to refer to the excellent work done in schools by Dr. G. A. V. Morgan, Senior Psychologist, and Mr. Karle, Psychologist. Their work in schools is much appreciated by the teachers, who have co-operated fully with them at all times.



Extracts from Dr. Simmons report for 1958 are given below :—

For the North Wales area as a whole the number of children referred to the clinics and the total attendances have, once again, risen. This is seen in the following table :—

	1956	1957	1958
Number of individual children dealt with by one or more members of clinic teams ... ..	485	541	561
Psychiatrists and child Therapist—			
Attendances at clinics: <b>Children</b> ...	1,014	1,236	1,486
<b>Parents</b> ...	—	—	452
Psychologists—			
School and other visits ... ..	199	210	261
Psychologists—			
Interviews and Examinations ...	701	1,035	1,013
Psychiatric Social Workers—			
Home and other visits ... ..	636	504	204
Psychiatric Social Workers—			
Attendances at clinics ... ..	1,176	1,604	1,513

### NORTH WALES CHILD GUIDANCE CLINICS

Flintshire Children dealt with during the year 1958

#### 1. At Clinics.

Clinic	Number of Individual Children dealt with during year	ATTENDANCES					
		Psychiatrist and Child Therapist (children)		Psychologist (children)		P S.W. (Parents and/or Guardians)	
		First	Further	First	Further	First	Further
Rhyl	128	48	133	93	60	59	170
Colwyn	2	1	—	1	—	1	—
Shotton	11	—	183	—	—	—	147
Wrexham	16	9	34	8	38	8	41*
Totals	157	58	350	102	98	68	358

#### 2. Elsewhere — Number of Visits.

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
44	4	43	11

#### Psychologists.

Children not included in figures elsewhere :

Visits to Schools for Special Testings ...	57
Number of children tested ... ..	146



## 3. Children from other Counties seen at Flintshire Clinics.

Clinic	Number of Individual Children dealt with during year	ATTENDANCES					
		Psychiatrist and Child Therapist (children)		Psychologist (children)		P.S.W. (Parents and/or Guardians)	
		First	Further	First	Further	First	Further
Rhyl	34	12	127	12	20	14	84

## 4. Number of referrals received during 1958 (Flintshire).

Referring Agency	Number of Referrals
School Medical Officer ... ..	47
General Practitioners ... ..	13
Consultant Pædiatricians ... ..	3
Other Medical Specialists ... ..	3
Courts and Probation Officers ... ..	6
Other Social Workers ... ..	2
Children's Officers ... ..	1
Parents ... ..	2
Headmasters ... ..	35
Total ...	112

\*At Wrexham Clinic the Psychiatrist and Child Therapist took over the P.S.W. work from July, 1958, as the post could not be filled.

Unfortunately we had to re-organise a number of our clinical activities as a result of staffing difficulties. We have 4 Psychiatric Social Workers on our staff, but 2 posts have been vacant for some time, one since 30-6-57 and the second since 1-7-58. There is a serious shortage of Psychiatric Social Workers all over the country and as we considered it essential not to reduce the services normally rendered by them, other workers took over as many of their functions as they could.

The post of Child Therapist also was vacant from 30-9-57 until 1-6-58 when Mrs. V. Harris joined our staff. Her assistance has been invaluable.

The Research Project aimed at the establishment of a full scale intelligence test for Welsh speaking children which started on 1-9-57 has made good progress. We are greatly indebted to the many people, Head Teachers and Class Teachers in particular, who have co-operated with the research workers in their work at numerous schools.

Towards the end of the year we understood from the Welsh Regional Hospital Board that the financial means for the acquisition, equipment and staffing of a residential treatment unit for maladjusted children were now available and search is being made for suitable premises. We are well aware of the many new difficulties which we shall have to meet in relation to this but are looking forward to the time when we shall be able to provide in this area, the particular services which such a unit can give.

The School Psychological Service has shown very satisfying evidence of healthy growth. On its work in Flintshire, Dr. G. A. V. Morgan, Senior Psychologist, reports as follows:—



"In Flintshire, Mr. Karle carried out individual assessments on a considerable number of children. There were two new developments here.

(a) An Investigation of all pupils in the retarded class of one primary school. A report was submitted to the Chief Education Officer and the Principal School Medical Officer, with recommendations on approach and organisation. In addition the children were discussed in detail with their teachers.

(b) At the request of the Headmaster, the whole intake of one secondary bilateral school with an isolated rural catchment area was tested by means of a **group non-verbal test** of ability. The grouping of children and the development of a special class was thus facilitated. The children considered likely to present educational problems were investigated **individually** by the psychologist."

From pronouncements made by the Minister of Health and the Minister of Education, there can be no doubt left in any one's mind that further extensions of Child Guidance Services are anticipated. In this area, thanks to the co-operation between the officers of local authority, local education and hospital services, we have been able to establish a comprehensive clinic and school psychological service to the mutual benefit of the parties concerned. We feel that the service would benefit further from a rather closer association with, in particular, the paediatric services of the area. This will have to await increases in our staff. Meanwhile I think it can be said with justification that any future extensions which may become possible can safely be built on the foundations on which the existing service rests.

E. SIMMONS.

Cossultant 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 six centres attended.

TABLE 9 (continued)

**SPEECH THERAPY.**

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists . . . . .	206	—



I have pleasure in appending a report from Mrs. Ward on the work carried out during 1958:—

### ANALYSIS OF WORK DONE IN THE SPEECH THERAPY CLINICS DURING THE YEAR 1958-9

Number of cases dealt with were	...	...	...	...	206
Current cases number	...	...	...	...	107
Discharges number	...	...	...	...	99
					<hr/> 206

### ANALYSIS

#### CURRENT CASES

Dyslalia	...	...	...	...	...	66
Dyslalia + Severe Dysarthria	...	...	...	...	...	3
Dyslalia + Stutter	...	...	...	...	...	4
Alalia	...	...	...	...	...	6
Stutter	...	...	...	...	...	23
Stutter + ? Partial Deafness	...	...	...	...	...	1
Partial Deafness	...	...	...	...	...	1
Cleft Palate	...	...	...	...	...	1
Cerebral Palsy	...	...	...	...	...	2
						<hr/>
Total						107

#### CONDITION OF CURRENT CASES ON 31-12-58.

##### Dyslalia.

(a) Improved	...	...	...	...	...	61
(b) Improved (cannot attend further because of transport difficulty)	...	...	...	...	...	1
(c) Improved (awaiting results of orthodontic treatment)	...	...	...	...	...	1
(d) No improvement — attendance erratic	...	...	...	...	...	3

##### Dyslalia + Severe Dysarthria.

(a) Improved	...	...	...	...	...	3
--------------	-----	-----	-----	-----	-----	---

##### Dyslalia + Stutter.

(a) Improved	...	...	...	...	...	4
--------------	-----	-----	-----	-----	-----	---

##### Alalia.

(a) Improved	...	...	...	...	...	5
(b) Improved (on observation)	...	...	...	...	...	1

##### Stutter.

(a) Improved	...	...	...	...	...	17
(b) Improved — keeping constant level	...	...	...	...	...	2
(c) Improved — undergoing C.G.T.	...	...	...	...	...	1
(d) No improvement (just registered)	...	...	...	...	...	3

##### Stutter + ? Partial Deafness.

(a) No appreciable progress, case to be investigated further	...	...	...	...	...	1
--	-----	-----	-----	-----	-----	---

##### Partial Deafness.

(a) Improved	...	...	...	...	...	1
--------------	-----	-----	-----	-----	-----	---

##### Cleft Palate.

(a) Improved	...	...	...	...	...	1
--------------	-----	-----	-----	-----	-----	---

##### Cerebral Palsy.

(a) Improved	...	...	...	...	...	2
--------------	-----	-----	-----	-----	-----	---

Total 

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107



<b>DISCHARGED CASES</b>	...	...	...	...	...	...	99
Dyslalia	...	...	...	...	...	...	65
Dyslalia + Severe Dysarthria	...	...	...	...	...	...	1
Dyslalia + Stutter	...	...	...	...	...	...	8
Stutter	...	...	...	...	...	...	19
Hypothinalalia	...	...	...	...	...	...	1
Cleft Palate	...	...	...	...	...	...	1
Cerebral Palsy	...	...	...	...	...	...	1
Unclassified (non-attendance)	...	...	...	...	...	...	3
						<b>Total</b>	<b>99</b>

### CONDITION OF CASES UPON DISCHARGE.

#### Dyslalia.

(a) Speech Normal	...	...	...	...	...	...	40
(b) Improved (Sp. Therapy no further value at present)	...	...	...	...	...	...	5
(c) Improved (Family left district)	...	...	...	...	...	...	4
(d) Improved (Left School)	...	...	...	...	...	...	2
(e) Improved (Transferred to another area)	...	...	...	...	...	...	1
(f) Improved (Child too backward to benefit further)	...	...	...	...	...	...	2
(g) No improvement (non-attendance of treatment)	...	...	...	...	...	...	9
(h) Non-attendance of any appointment	...	...	...	...	...	...	2

#### Dyslalia + Severe Dysarthria.

(a) Improved (Mongol — has improved as far as possible with Sp. Therapy at present)	...	...	...	...	...	...	1
---	-----	-----	-----	-----	-----	-----	---

#### Dyslalia + Stutter.

(a) Speech Normal	...	...	...	...	...	...	2
(b) Stutter eliminated — slight dyslalia remains	...	...	...	...	...	...	1
(c) No improvement — non-attendance	...	...	...	...	...	...	3

#### Stutter.

(a) Speech Normal	...	...	...	...	...	...	12
(b) Improved (Family moved)	...	...	...	...	...	...	1
(c) Improved (Child left School)	...	...	...	...	...	...	1
(d) Improved (Poor attendance makes further Sp. Therapy of no more value)	...	...	...	...	...	...	2
(e) No improvement (Non-attendance)	...	...	...	...	...	...	2
(f) Parents objected to treatment	...	...	...	...	...	...	1

#### Hypothinalalia.

(a) Speech Normal	...	...	...	...	...	...	1
-------------------	-----	-----	-----	-----	-----	-----	---

#### Cleft Palate.

(a) No improvement (Non-attendance)	...	...	...	...	...	...	1
-------------------------------------	-----	-----	-----	-----	-----	-----	---

#### Cerebral Palsy.

(a) Speech Normal	...	...	...	...	...	...	1
-------------------	-----	-----	-----	-----	-----	-----	---

#### Unclassified.

(a) Non-attendance	...	...	...	...	...	...	3
--------------------	-----	-----	-----	-----	-----	-----	---

**Total** 99



This year the Clinics have continued to run fairly smoothly from the administrative angle — the only real problem in this respect being the Maelor District.

At the end of the year it was decided to try an experiment of working from two centres:— Penley Clinic and Bangor-on-Dee Primary School (by kind permission of Mr. Woodward, the Headmaster). This method is an attempt to replace school touring. It is too early to say how successful this will prove, although the actual clinics are more satisfactory. Not all the cases are being able to attend. This difficulty may be remedied in time.

From 1st November, a clinic has been held in Saltney every Monday morning. This is in addition to the clinics already held.

I would like this year, through the medium of this report, to convey a message to the teachers in the County. The help I have received, both from those whom I know through personal contact and those who have had parents as a middle-man between us, has been enormously appreciated by me.

I feel the liason between Speech Therapists and Teachers is of great importance. Speech and language ability are so allied to, and so affect learning achievements, that co-operation between our two professions is to the eventual benefit of the child.

I often wish I could have visited more schools than I have been able to, owing to pressure of heavy case loads. I am resolved however, to try this year and fulfil this wish, and have the pleasure of meeting some more of the Teaching profession in Flintshire. Thank you for your interest and other practical aid.

As always, I am much indebted to the Health Visitors and Medical Staff, for their co-operation, and Dr. Roberts and Dr. Pearce for always listening to the problems of speech therapy with equanimity, and offering suggested solutions. The courtesy of the office staff has done a lot towards making working in Flintshire so pleasant, and once again I would like to thank Mr. Trevor Jones for his unfailing help.

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



TABLE 9 (continued)

## OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	237	56
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	3	—
(c) Pupils who received B. C. G. vaccination ...	749	—
(d) Other :—		
(1) Lymphatic glands ...	4	3
(2) Heart and circulation ...	2	22
(3) Lungs ...	24	47
(4) Development ...	9	35
(5) Nervous system ...	6	28
Total (a) - (d) ...	1034	191

**Dental Inspection and Treatment.**—The following statistics in Table 10 relate to the work carried out by three full-time Dental Officers and one part-time Dental Officer until the 12th January, 1958. From the 13th to the 30th January, by three full-time Officers and two part-time Officers. From the 31st January to the 1st July by three full-time Officers and three part-time Officers. From the 2nd July to the 11th September by three full-time Officers and two part-time Officers. From the 12th September by three full-time Officers and three part-time Officers. The part-time Officers conducted 365 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 10

## DENTAL INSPECTION AND TREATMENT.

Description.						Number.
(1) Pupils inspected by the Authority's Dental Officers :—						
Periodic Age Groups	...	...	...	...	...	10616
Specials	...	...	...	...	...	2930
Total (Periodic and Specials)						13546
(2) Found to require treatment						11549
(3) Number offered treatment						9678
(4) Actually treated						5779
(5) Attendances made by pupils for treatment, including those recorded at heading 11 (h)						10907
(6) Half-days devoted to—						
Inspection	...	...	...	...	...	96
Treatment	...	...	...	...	...	1387
Total (Half-days)						1483
(7) Fillings—						
Permanent Teeth	...	...	...	...	...	4679
Temporary Teeth	...	...	...	...	...	529
(8) Number of Teeth filled—						
Permanent Teeth	...	...	...	...	...	3892
Temporary Teeth	...	...	...	...	...	482
(9) Extractions—						
Permanent Teeth	...	...	...	...	...	3066
Temporary Teeth	...	...	...	...	...	7045
(10) Administrations of general anæsthetics for extraction						5390
(11) Orthopodontics—						
(a) Cases commenced during the year	...	...	...	...	...	129
(b) Cases carried forward from previous year	...	...	...	...	...	194
(c) Cases completed during the year	...	...	...	...	...	56
(d) Cases discontinued during the year	...	...	...	...	...	16
(e) Pupils treated with appliances	...	...	...	...	...	84
(f) Removable appliances fitted	...	...	...	...	...	39
(g) Fixed appliances fitted	...	...	...	...	...	80
(h) Total attendances	...	...	...	...	...	1015
(12) Number of pupils supplied with artificial dentures						48
(13) Other operations—						
Permanent Teeth	...	...	...	...	...	1529
Temporary Teeth	...	...	...	...	...	992



## DENTAL REPORT 1958

During 1958, no major changes have taken place in the Dental Section. We have on several occasions advertised for additional full-time Dental Officers but without success. Mr. Hewitt and Miss Malcolm commenced duties on a sessional basis during the year. Mr. Hewitt in the first place for two sessions a week, and later five. These sessions have been held at our Holywell Clinic. The attendances at this clinic have always been good, partly due to the fact that it is centred on a fairly large rural, as well as an urban area. For a long time it has been a problem to provide a satisfactory service in this area and it is gratifying to report that the dental clinic is now staffed four days each week.

Miss Malcolm's sessions are at Mold Clinic every Friday and she is concentrating on the Mold Grammar and Modern Secondary Schools.

During the year, dental inspections were carried out at the schools in the Maelor area, transport was provided to bring the children requiring extractions to the new clinic in Penley and the arrangement worked satisfactorily. The attendances were good and we are hoping to visit the Maelor schools again next year. We were fortunate to obtain a dental X-ray machine for Rhyl Clinic and so provide X-ray facilities for the western part of the County. Previous to this, we had to ask the hospital to help us out and there was inevitably a delay in obtaining the films.

Orthodontic sessions have continued in Mold, Rhyl and Prestatyn. They have been well attended and in most cases this extra service has been appreciated.

We have carried on with our anaesthetic sessions, weekly in all clinics, with the exception of Prestatyn, where they are usually fortnightly. We have tried to arrange the days so that should a general anaesthetic be required, it can usually be obtained the following day at one of the Clinics in the vicinity.

A. FIELDING,

Principal School Dental Officer.

### D.—SCHOOL PREMISES

School premises are inspected by the School Medical Officer at the time he is in the school conducting the medical examination of pupils. Defects found are reported to the Director of Education and the County Architect.

In addition, defects are reported to the Director of Education by the Head Teachers and dealt with depending on the nature of the work required. Because of financial considerations defects have to be dealt with on a priority basis.

A great deal has been done since 1947 to improve the conditions of school premises, and the following figures show the present position relating to sewage disposal in schools.

Total number of schools 124 (excluding Technical Colleges, etc.).



Nursery	...	...	...	...	1
County Primary	...	...	...	...	56
Voluntary Primary	...	...	...	...	50
Secondary Modern	...	...	...	...	11
Secondary Grammar	...	...	...	...	5
Bilateral	...	...	...	...	2
					<hr/> 124 <hr/>

Of these schools only one County Primary School is without water carriage sanitation—Gwaenysgor. There are seven Voluntary Primary Schools without water carriage sanitation—Bangor-on-Dee, Higher Wych, Leeswood, Nannerch, Rhydymwyn, Bettisfield and Whitford.

Three Schools have septic tanks—Carmel, Rhosesmor, Elfed School, Buckley. All other Schools with water carriage sanitation are connected to mains sewerage.

Some progress was made during the year to implement the provisions of the Food Hygiene Regulations 1955 in school kitchens and canteens. This matter is a difficult one as the schools with the poorest kitchen standards are the older schools, many being scheduled for replacement in the Authority's building programme. Kitchens and canteens are well kept and clean, and a great deal is being done to raise the level of kitchen hygiene and food handling amongst the staff.

One problem that always presents difficulty in the older schools is hand-washing. Hand hygiene is extremely important in schools—not only as a good habit but also to prevent the spread of food borne infections such as dysentery, food poisoning, jaundice (infectious Hepatitis) and even Poliomyelitis. Many schools with inadequate washing facilities have improvised with portable wash basins to good effect. It is also gratifying to see that more and more primary schools are introducing individual towels for pupils, being provided by the school or by the pupils themselves.

**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 11,646 meals on an average per day, an annual total of 2,400,000. Meals are carefully planned and well balanced and a specimen menu is given below.

**Typical menu served at a School in the County.**

MONDAY.	Bacon, cooked tomatoes, creamed potatoes, semolina pudding.
TUESDAY.	Roast rib of beef, potatoes, carrots, apple crumble and custard.
WEDNESDAY.	Shepherd's pie, cabbage, prunes and custard.
THURSDAY.	Brown stew, potatoes, carrots, steamed syrup pudding with syrup sauce.
FRIDAY.	Salmon fish-cakes, creamed potatoes, green peas, fruit jelly and vanilla cream.

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 from infection. During the year, 118 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 1958, 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 25,310 children, 18,534 took milk at school regularly (73.23 %). 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 the 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 1958 and was undertaken largely by Miss J. S. Rogers, Health Visitor/School Nurse, Buckley; Miss E. Weston, Senior Health Visitor/School Nurse; 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.**

All schools, except one, are supplied with pasteurised milk. The exception is a private school which has its own farm and produces T.T. milk.

The pasteurised milk is delivered from three dairies, two situated within the County and the third on the border.

It is to be hoped that a time will come when the lowest tender is not to be the deciding factor in allocating milk contracts.

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

The raw milk supply to the private school was examined for Brucellosis and bovine tuberculosis with satisfactory results. Washed school milk bottles were taken from the bottle washing machines at the respective dairies and sent for bacteriological examination. The results in all cases were satisfactory.

### **School Meals.**

There are 70 school kitchens and 125 school dining rooms in the county, and from these approximately 2,400,000 meals were served during the last 12 months. As previously reported, many school kitchens are housed in old buildings and improvements are being made slowly. Four new kitchens were built during the year.



Inspections of most school kitchens were made during the year and any matter requiring attention was referred to the Education Department.

Two lecture demonstrations and a film show on clean food handling were given to the kitchen staffs.

14 samples of food stuffs were submitted to the Public Analyst for chemical analysis. 4 samples of custards and gravies were sent to the Public Health Laboratory for bacteriological examination. All samples were reported as being satisfactory. The standard of cleanliness in all kitchens inspected was good and I received every co-operation from the School Meals Organiser, Mr. Parry, and his staff.

E. LEWIS,

County Public Health Inspector.