

Contributors

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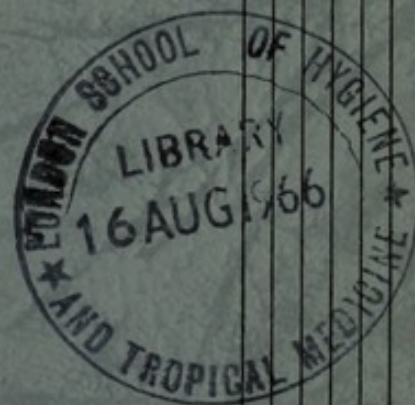
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FLINTSHIRE EDUCATION COMMITTEE



REPORT

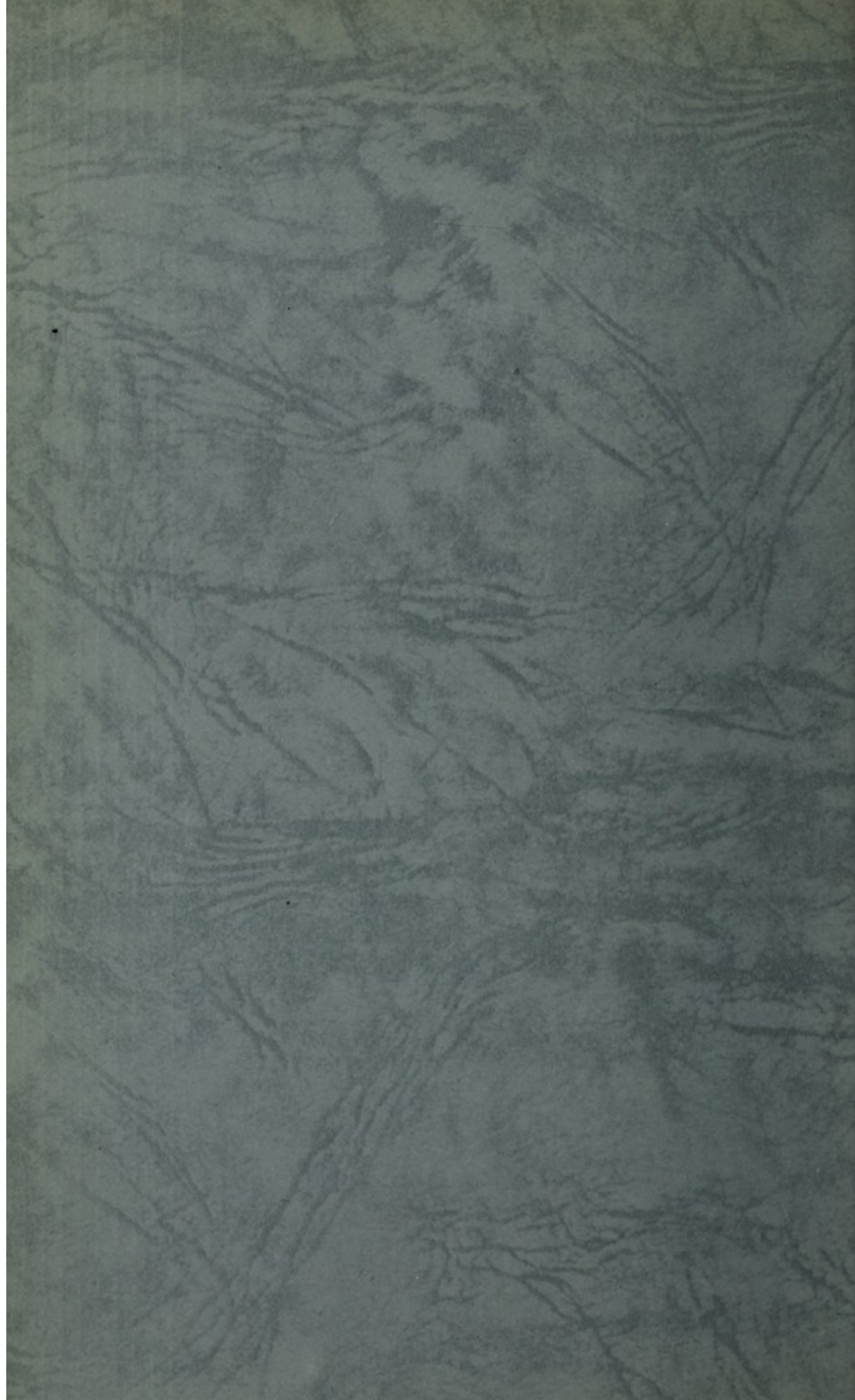
on the work of the

Flintshire School

Health Service

in relation to the year

1959



Flintshire Education Committee



REPORT

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INTRODUCTION

County Health Offices,
Llwynegrin,
MOLD.

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen.

During the year all sections of the School Health Service continued to function smoothly. The problems associated with the introduction of new services in previous years have now been overcome, and all demands were met except for a few schools which were not visited for medical examinations due to extra poliomyelitis vaccination sessions.

The Authority has been fortunate in receiving very wide consultant facilities in its own clinic premises for school children. With the exception of Orthopædic Consultant facilities our present services are very satisfactory. At present an Orthopædic Consultant from the Robert Jones and Dame Agnes Hunt Orthopædic Hospital attends at three centres in the County every three months, and a physiotherapist attends at each centre every fortnight. We have tried to get a consultant to attend more frequently but this has not been possible so far. An approach has been made to the Clwyd and Deeside Hospital Management Committee for additional cover in this speciality, and it is hoped that by a combined effort on the part of the Clwyd and Deeside Hospital Management Committee and the Robert Jones and Dame Agnes Hunt Hospital Management Committee, to provide the necessary consultant facilities for school children in the County.

During the year a great deal of health education work was done in schools working in close co-operation with the teaching staffs. A new health education syllabus was prepared, and introduced into selected secondary schools. Good use was made of visual aids and the advice and help of the Visual Aids Officer was very much appreciated. In the sphere of health education, I would like to thank, very sincerely, Mr. W. J. Jenkins, Her Majesty's Inspector of Schools, and his colleagues for their ready help and expert advice.

During 1959 group intelligence tests were done on all children in the County between 7 and 8 years of age. The object being to ascertain the amount and degree of educational retardation and in this way make special provision for the children needing special educational facilities in recovery classes or in ordinary classes. In this work the Authority received much help from Dr. Morgan and Mr. Karle, the Educational Psychologists on the staff of the North Wales Child Guidance Clinics.

There were no major outbreaks of infectious illnesses in schools during 1959. Head teachers notify me when outbreaks of illness occur at schools and in this way we are able to give advice and help. In the case of gastro-intestinal infections early information from schools is vital in the control of spread, and valuable help can be given to the teaching staff and parents.

I would like to thank very sincerely, Head Masters and members of their staff for their ready and active co-operation during the year. Their help makes our tasks easier and is evidence that our work is appreciated. In this connection, also, I would like to thank all General Practitioners in the County for their co-operation with members of the department. It is gratifying to report that our contacts with General Practitioners are frequent and friendly.

During the year close contact was maintained with the Director of Education and his staff, and once again, I would like to thank him and his staff for their help at all times.

During the year the medical, dental and nursing staff gave excellent service and worked as a team. In spite of much extra work on poliomyelitis vaccination and B.C.G. vaccination, thanks to their active co-operation, no section of the school health service was neglected. Once again, I would like to pay tribute to the excellent work done by Dr. E. Pearse, as Senior Medical Officer in charge of the School Health Service.

I would like to pay tribute once more to the office staff for their vital contribution to the service. I would like to mention, specially, Mr. W. I. Roberts, Chief Clerk of the Health Department 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., D.P.H.

Assistant Medical Officers (Part-time on sessional basis) :

Dr. E. M. Harding

Dr. Yvonne B. Gibson

Dr. Marie Beddow

Dr. L. Sheargold

Dr. M. C. Cameron

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.

Leon Harris, B.D.S. (Commenced 1.9.59)

Dental Officers (Part-time—Temporary Sessional) :

John Stuart Selwyn, L.D.S.

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

Miss M. Malcolm, L.D.S. (Resigned 24.7.59)

Orthodontic Consultant (Part-time—Temporary Sessional) :

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

Dental Anaesthetists (Part-time sessional basis) :

Dr. J. Griffiths	Dr. H. A. Freeman
(Resigned 27.3.59)	Dr. J. A. Green
Dr. Prudence K. Owen	(from 25.3.59 to 19.11.59)
(Resigned 9.7.59)	Dr. J. M. Hands
Dr. David Brash	Dr. M. E. Lloyd
(Resigned 21.7.59)	Dr G. E. S. Robinson
Dr. A. H. Babington	

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 E. Weston, Senior Health Visitor/School Nurse	
Miss M. J. Hughes	Mrs. M. E. Pearse
Miss J. M. Jewell	Mrs. E. G. E. Rees
Miss Ellen Jones	Mrs. J. Thomas
Miss G. Jones	Mrs. D. Thompson
Miss G. Jenkins	Miss M. W. Wright
*Miss J. S. Rogers	Miss E. M. L. Morgan
Miss M. Lees	Miss G. M. Jones
*Mrs. A. E. Williams,	(since 22.6.59)
S.R.N., S.R.F.N.	Mrs. D. M. Lewis
Miss A. M. Stewart	Miss M. Williams
Mrs. L. Pritchard	(since 4.8.59)

* Also part-time Health Education Officers.

Clinic Nurses (Part-time sessional) :

Nurse D. Owens	Mrs. A. R. Iball
(Resigned 22.7.59)	Mrs. M. Pritchard
Mrs. E. Boswell	(Resigned 23.2.59)
Miss F. Isherwood	Mrs. H. Davies
Mrs. M. M. Digweed	Mrs. R. Williams

Tuberculosis Visitors :

Mrs. M. M. Roberts, 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; Mrs. M. D. Lloyd-Jones; Mrs. B. M. Welch (part-time).

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, I.M.T.A.

Physical Training Organisers :

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

School Meals Manager : Mr. E. Parry.

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

C.—HEADQUARTERS.

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

D.—GENERAL INFORMATION.

Area of Administrative County—							
Statutory Acres	...	...	...	...	...	...	163,707
Square Miles	...	...	...	...	...	...	255.7
Population of County—							
1951 Census	...	...	...	...	...	...	145,108
1959 Mid-year Estimate	...	...	...	...	...	...	147,000
Number of Schools—							
Nursery	...	...	...	...	...	...	1
Primary : County 55 ; Voluntary 49 ; Total	...	...	...	...	...	...	104
Secondary Modern	...	...	...	...	...	...	10
Secondary Grammar	...	...	...	...	...	...	5
Bilateral	...	...	...	...	...	...	3
Technical College	...	...	...	...	...	...	1
Horticultural Institute	...	...	...	...	...	...	1
School Child Population—							
On School Registers (1959-60)	...	...	...	...	...	...	25,247
Financial Circumstances of County—							
Estimated Product of a Penny Rate—1959-60	...	...	...	...	...	...	£9,190
Number of Flintshire Live Births—							
Year 1959	...	...	...	...	...	...	2,354
Number of Flintshire Deaths (1959)—							
Infantile	...	...	...	...	...	...	57
General	...	...	...	...	...	...	1,731
Medical Officers—							
For County Health and School Medical Services combined	...	...	...	...	...	...	*8
School Dental Surgeons—							
Full-time Officers	...	...	...	...	...	...	†4
Part-time—Temporary (Sessional)	...	...	...	...	...	...	2
School Nurses—							
Serving half-time also as Health Visitors	...	...	...	...	...	...	20
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)	...	...	...	...	...	...	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 was at the end of the year one vacancy.

E.—FLINTSHIRE CLINICS

(Situations, Opening Hours, Etc.)

MINOR AILMENTS CLINICS.

- Buckley**—Welsh C.M. Chapel. Every Tuesday, 2 to 4-30 p.m. Doctor attends every opening.
- Caergwrle**—The Clinic, Ty Cerrig, Off High Street. 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**—Pen-y-Bont. 2nd and 4th Thursday. 1-30 to 2-30 p.m. Doctor attends every opening.

CLINICS

The Mobile Clinic continued to operate during 1959, and visits every two weeks the following Centres : Dyserth, Rhuddlan, Penyffordd, Halkyn, Ewloe, Sealand and Leeswood.

The Mobile Clinic is used as an all-purpose Clinic at each centre visited and this includes the examination and follow-up of school-children including immunisation and vaccination against Poliomyelitis.

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: Dr. 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.

(Note—The Speech Therapist also visits Schools in Maelor Area on these days, in order to see children who have been referred to her and who are not able to attend the Clinic at Penley).

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.

Section 2

A.—STAFF

Medical.—Dr. G. W. Roberts attended the Joint Conference of the College of General Practitioners and the Society of Medical Officers of Health which was held at London on the 23rd and 24th May, 1959. He also attended the Royal Society of Health Congress held at Harrogate from 27th April, 1959 to 1st May, 1959.

Dr. E. H. Annels attended the Annual Conference of the National Association for Maternity and Child Welfare which was held at London from the 21st to the 23rd July, 1959.

Dr. W. Manwell obtained his Diploma in Public Health in June, 1959.

Dr. R. Rhydwen was absent due to illness from 20th October, 1959 until the end of the year and his services in the Western half of the County were greatly missed. Dr. E. M. Harding who has had considerable experience in School Health duties was able to do some of the work in his area including School Medical Inspections and clinics.

Dental.—Miss M. Malcolm who had been employed as a part-time Dental Officer terminated her services on the 24th July, 1959. Mr. Leon Harris commenced duty as full-time Dental Officer on the 1st September, 1959.

Dr. J. Griffiths, part-time Dental Anæsthetist, resigned on 27th March, 1959. Dr. P. K. Owen resigned on 9th July, 1959, Dr. D. Brash resigned on 21st July, 1959 and Dr. J. A. Green resigned on 19th November, 1959.

The following were employed as part-time Dental Anæsthetists on a sessional basis :—

Dr. J. M. Hands commenced duty on 31st January, 1959

Dr. H. A. Freeman commenced duty on 19th September, 1959

Dr. G. E. S. Robinson commenced duty on 13th October, 1959

Dr. M. E. Lloyd commenced duty on 29th October, 1959

Dr. A. H. Babington commenced duty on 26th November, 1959

Nursing.—Miss G. M. Jones who was formerly District Nurse/Midwife in the Holywell area, successfully completed the Health Visitors' Training Course on 13th June, 1959, commenced duty as Health Visitor/School Nurse in the Holywell Rural Area on the 22nd June, 1959. Miss M. Williams commenced duty as Health Visitor-School Nurse in the Shotton District on the 4th August, 1959.

Mrs. M. Pritchard, who had been employed as part-time Clinic Nurse, resigned on 23rd February, 1959 and Nurse D. Owen resigned on the 22nd July, 1959.

Miss F. Isherwood commenced duty on the 2nd March, 1959, Mrs. H. Davies on the 23rd March, 1959, Mrs. R. Williams on the 4th May, 1959, and Mrs. M. M. Digweed on the 20th July, 1959, as part-time Clinic Nurses.

Miss D. V. Gray attended the Royal College of Nursing Conference on Mental Health which was held at London from the 28th to 30th October, 1959. Mrs. L. Pritchard attended the Annual Conference of the Royal College of Nursing held at London on the 6th June, 1959. Miss G. Jones attended a Course in "Some Modern Health Problems" arranged by the Central Council for Health Education which was held at Shrewsbury on 13th and 14th April, 1959. Miss J. S. Rogers attended the Summer School in Health Education held at Bangor from 18th to 28th August, 1959. Miss E. Weston attended the Women's Public Health Officers' Annual Conference which was held at London on 14th November, 1959.

Mrs. E. G. E. Rees and Miss M. Lees attended the Women's Public Health Officers' Winter School held at London from the 28th December, 1959 to the 10th January, 1960.

B.—ADMINISTRATION.

Due to additional Poliomyelitis Vaccination Sessions held during 1959 it was not possible to visit all schools to carry out medical examination of pupils. In all, fourteen schools due for medical inspection were not visited, and 1,100 children not examined. These schools will be visited early in 1960.

During 1959, 8,189 school children were vaccinated with Poliomyelitis Vaccine. Since the scheme started in May, 1956 a total of 20,413 children have been protected against Poliomyelitis. These children have had two injections of vaccine—a start was made in 1959 to give third injections to children and others who have had their second injection over seven months previously.

During the year the Ministry of Health extended the age range of children for B.C.G. vaccination. Vaccination can now be given to those approaching 13 years of age and over 14 years of age. All children in this age group were tested and offered B.C.G. vaccine if found suitable.

As in previous years a considerable amount of health education was done in schools by the health department staff. This work was done in consultation with the headmasters and the teaching staff. During the year a new syllabus on Health Education in Secondary Schools was prepared by the department in consultation with Her Majesty's Inspectors of Schools. This syllabus is experimental in character and thanks to the co-operation of headmasters was put into operation in selected

schools. In this work the medical, health visiting, and teaching staff worked closely together and valuable work was done and information gained for future work in the health education field.

In our work of health education in schools we were greatly helped by the establishment of a visual aids Department in the County. The Visual Aids Officer helped us to obtain suitable films and other material. Mr. Elwyn Lewis, the County Public Health Inspector, has also taken an active part in health education in schools, and to other bodies and is responsible for all aspects of visual aids used by the department working in close co-operation with the Visual Aids Officer of the Education Authority.

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)
1955 and later	202	201	99.51	1	.49
1954	852	851	99.88	1	.12
1953	877	877	100.	—	—
1952	39	39	100.	—	—
1951	289	289	100.	—	—
1950	—	—	—	—	—
1949	1520	1517	99.80	3	.2
1948	161	161	100.	—	—
1947	—	—	—	—	—
1946	—	—	—	—	—
1945	1555	1553	99.87	2	.13
1944 and earlier	109	109	100.	—	—
TOTAL	5604	5597	99.88	7	.12

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	For Defective Vision (Excl Squint)	For any of the other conditions recorded in Table 5	Total individual pupils	Percentage of children examined
(1)	(2)	(3)	(4)	(5)
Leavers	79	73	148	8.89
Entrants	9	118	125	6.47
Other Age Groups ...	93	86	169	11.11
Additional Periodic Inspection	19	32	49	10.02
Total (Prescribed Groups)	200	309	491	8.76

It will be noted that the total defects requiring treatment in Entrants increased from 6.24 % in 1958 to 6.47 % in 1959. Defects in leavers showed a slight fall from 10.98 % to 8.89 % in 1959. Figures from 1956 to date are given below.

	1956	1957	1958	1959
Entrants ...	8.77 %	7.78 %	6.24 %	6.47 %
Leavers ...	11.42 %	8.81 %	10.98 %	8.89 %
All ages ...	8.99 %	7.79 %	8.52 %	8.76 %

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 86 % of the defects in all ages.

Again with other defects requiring treatment there are three main age groups. 5—6 years of age, 10 years, and 14 years of age. These three groups account for 85.76 % of all defects found 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 Table 5	Total individual pupils
(1)	(2)	(3)	(4)
1955 and later ...	—	7	7
1954	4	50	54
1953	5	61	64
1952	—	2	2
1951	8	14	22
1950	—	—	—
1949	93	86	169
1948	11	16	25
1947	—	—	—
1946	—	—	—
1945	76	68	141
1944 and earlier ...	3	5	7
TOTAL ...	200	309	491

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	...	4,154
Number of Re-inspections	... ..	4,571
Total	...	<u>8,725</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	11	41	35	35	28	52	74	128
5	Eyes (a) Vision .	9	49	79	174	113	157	200	380
	(b) Squint .	17	39	2	16	13	50	32	105
	(c) Other .	3	9	2	7	2	15	7	31
6	Ears (a) Hearing .	9	20	2	11	4	13	15	44
	(b) Otitis Media	1	15	—	11	4	6	5	32
	(c) Other .	4	5	4	4	5	5	13	14
7	Nose and Throat	20	114	9	48	14	64	43	226
8	Speech	7	33	1	6	6	15	14	54
9	Lymphatic Glands	—	53	—	7	—	21	—	81
10	Heart	1	28	1	28	1	29	3	85
11	Lungs	9	54	3	25	6	37	18	116
12	Developmental :								
	(a) Hernia .	2	6	—	1	2	5	4	12
	(b) Other .	2	25	2	7	6	42	10	74
13	Orthopædic :								
	(a) Posture .	—	4	1	9	1	13	2	26
	(b) Feet .	11	43	2	10	7	28	20	81
	(c) Other .	22	94	6	36	19	78	47	208
14	Nervous System :								
	(a) Epilepsy	—	6	1	4	—	9	1	19
	(b) Other .	2	11	3	5	5	23	10	39
15	Psychological :								
	(a) Development	1	9	—	11	—	25	1	45
	(b) Stability ...	—	27	—	5	1	35	1	67
16	Abdomen	1	16	—	11	3	40	4	67
17	Other	1	—	—	—	—	5	1	5

TABLE 6

SPECIAL INSPECTIONS

Note : 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	273	199
5	Eyes—(a) Vision ...	370	438
	(b) Squint ...	52	60
	(c) Other ...	44	50
6	Ears—(a) Hearing ...	40	62
	(b) Otitis Media ...	27	37
	(c) Other ...	31	32
7	Nose and Throat	108	213
8	Speech	67	79
9	Lymphatic Glands	11	63
10	Heart	8	94
11	Lungs	36	142
12	Developmental—		
	(a) Hernia ...	7	20
	(b) Other ...	26	70
13	Orthopædic—		
	(a) Posture ...	11	26
	(b) Feet ...	41	65
	(c) Other ...	70	131
14	Nervous System—		
	(a) Epilepsy ...	9	18
	(b) Other ...	19	44
15	Psychological—		
	(a) Development ...	24	46
	(b) Stability ...	30	69
16	Abdomen	23	35
17	Other	213	173

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 shows an increase under all headings for 1959 compared with 1958, but it should be noted that the increase in most cases is in cases under observation and not on treatment. The position shown in Table 6 for 1959 shows little change compared with 1958 and really bears out that there has been no real increase in defects found, but an increase in cases needing observation. Cases requiring observation are usually early or suspected defects and many will rectify themselves as the pupil grows older, but observation over a period is a wise precaution.

During 1959 as in previous years by far the commonest defect found was defective vision. During the year 370 children seen at special inspections and 200 at periodic inspections required treatment for defective vision and many were prescribed spectacles. These figures are quite apart from a total of 818 found to need observation for defect of vision. The number of children requiring treatment and observation for squint still remained low compared with the 1958 figures—249 for 1959 — 207 for 1958. But it will be noted that an appreciable increase occurred during the year.

During the year there was an increase in children with hearing defects including treatment compared with 1958 (55 - 30). There was also an increase in those requiring observation (106 - 69).

The cases of otitis media requiring treatment also increased (32 - 18) and those needing observation (69 - 46). The improved service provided at our clinics by the Consultant Ear, Nose and Throat Surgeon has been responsible for this position and for improved treatment and follow up of cases.

The number of children with speech defects requiring treatment was the same as in 1958 (81 - 81). The number under observation increased during the year (133 - 108). Due to additional speech therapy sessions being made available in 1959 the waiting time for the commencement of treatment has been kept down to a week or so in all areas.

During the year the cases of chest conditions needing treatment increased (54 - 32). Also cases requiring observation increased (258 - 187). Many of these conditions are non-tuberculous and are discovered during the preliminary testing for B.C.G. Vaccination. Some of the chest conditions are found when children attend for Mass X-ray examination and have previously been diagnosed and known to the patient's General Practitioner.

It will be noted that there has been an increase in Orthopædic conditions found requiring treatment and observation during 1959. The position concerning orthopædic clinics is not entirely satisfactory at present, and is referred to in greater detail later in this report.

During 1959 there was an increase in psychological conditions needing treatment and observation, and this state of affairs is one likely to continue in the coming years. We have been conscious during recent years of an increase in the number of emotionally disturbed children. Many only show early and mild disturbances of behaviour and this is where active co-operation between teachers, doctors, school nurses and parents can prove very valuable. The more seriously disturbed children attend the Child Guidance Clinics, with very good result and full details of these referrals are given in the body of this report.

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	1931	1929	99.9	2	.10
Leavers	1664	1662	99.9	2	.12
Other Age Groups	1520	1517	99.8	3	.19
Additional Periodic Inspections	489	489	100.	—	—
Total	5604	5597	99.9	7	.12

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 1959 the percentage of children found satisfactory in all age groups was 99.9. Of the total examined, 5,604, only 7 (0.12%) were found unsatisfactory from a physical standpoint.

It will be appreciated that deciding 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 763 in 1958 to 711 in 1959. 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
1959	...	...	711	3.72

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 real "hard core" of the problem of infestation in school children. The level of infestation has now been so reduced that the "clean" child does not acquire infestation due to contact with an infested child at school. It should be pointed out that of the 711 pupils infested many are "re-infestations"—the same child being repeatedly infested during the year.

The Education Authority has now agreed to take proceedings against the parents of these persistent offenders under Section 54 of the Education Act of 1944.

TABLE 8

INFESTATION WITH VERMIN

Number of individual children examined by School Nurses ...	19,248
Total number of examinations in the schools by the School Nurses or other authorised persons	57,767
Total number of individual pupils found to be infested ...	711
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 35.86 % 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 1959 fell from 1,397 to 1,305.

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 1959 however, represents 55.44 % 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
1959 —	" " " " ...	1305

Diphtheria Immunisation.—Of children of compulsory school attendance age 6,767 have received a full course of immunisation against

Diphtheria since 1954. In addition, 5,262 children of pre-school age have also completed a full course of immunisation.

An additional 14,024 children were immunised prior to 1954 but have not been immunised since that date.

During the year 1959, the number immunised was :—

Aged 0 — 4 years	...	...	...	...	1,781
Aged 5—15 years	...	...	...	...	164
					<hr/>
					*1,945
					<hr/>

Children who received re-inforcing injections 1,058†
 (*1,814 of these had injections against Diphtheria and Whooping Cough)
 († 173 of these had re-inforcing injections against Diphtheria and Whooping Cough).

Children are immunised free of charge either by the general medical practitioner at 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 47.41% 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, 1959.

Blind	...	...	...	...	5
Partially Sighted	...	...	...	...	15
Deaf	...	...	...	...	13
Partially Deaf	...	...	...	...	17
Educationally sub-normal	...	...	...	...	85
Epileptic	...	...	...	...	25
Maladjusted	...	...	...	...	12
Physically handicapped	...	...	...	...	112
Delicate	...	...	...	...	36
Speech	...	...	...	...	1
					<hr/>
Total	...	...	...	...	321
					<hr/>

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

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

During the year places were found in Special Schools or Homes for seven handicapped pupils (Blind 1, Partially sighted 2, Deaf 1, Delicate 1, Physically Handicapped 2). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 38.

They were of the following categories :—

Blind and Partially Sighted	...	...	...	16
Deaf and Partially Deaf	...	...	...	11
Educationally sub-normal and maladjusted	...	...	...	6
Epileptic	...	...	...	—
Delicate and Physically Handicapped	...	...	...	5
				<hr/>
				38
				<hr/>

Fifteen handicapped children were receiving home tuition, 2 pupils received bedside tuition in hospital, and 22 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 26 ; of this number 12 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools	...	...	9
Requiring places in Special Day Schools	...	...	3
			<hr/>
			12
			<hr/>

In addition to the above, 7 children were ascertained to be incapable of education in school, and 4 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 1959 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.

During the year Flintshire children continued to attend the spastic unit at Clatterbridge Hospital. A spastic unit is also being established at Wrexham and it is hoped to admit Flintshire children to this unit when it opens early in 1960. No further progress has been made by the voluntary organisations for spastics in this area to provide a day spastic unit at Chester.

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 26 children are awaiting vacancies in special schools made up as follows:—

Blind and Partially Sighted	...	...	1
Delicate and Physically Handicapped			7
Educationally sub-normal	...	...	12
Maladjusted	...	...	3
Epileptic	...	...	2
Deaf	...	...	1

26

(Some of the 15 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.—It is the policy of the Education Authority to medically examine all newly appointed teachers, canteen staff, and others who come into close contact with children. This is a condition of service, and the examination includes an X-Ray examination of the chest, the right is reserved to request subsequent chest X-Ray examinations as and when this appears necessary. During 1959, 61 teachers, 51 canteen staff and 3 school caretakers were examined and reported on by the medical staff.

In addition, 89 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.—In April of 1959 the Welsh Board of Health issued Circular 7/59 (Wales) extending the B.C.G. Vaccination Scheme for school children to include children approaching 13 years of age and those over 14 years of age. (Previously, the scheme was confined to children between 13 and 14 years of age, and this caused difficulties in schools as it often entailed the splitting of classes for B.C.G. Vaccination due to the rigid age limits).

During the year all secondary schools in the County were visited and B.C.G. vaccination carried out on the lines recommended in the above Circular. At all the schools visited the nature of B.C.G. vaccine was explained to the pupils at school, and in a letter which each child took home to obtain consent for testing and vaccination. In the early part of the year all children with positive skin test results were referred to the Mass X-ray Units for chest examinations. Later in the year we were advised that school children should not attend for mass X-ray examination, and now we arrange for those with strongly positive skin test results to attend a chest clinic for a full size chest X-ray picture.

At all the schools attended the acceptance rate for B.C.G. vaccination has been excellent, and details of the children tested and given B.C.G. vaccine, are given in the Table on Page 25.

In addition to the B.C.G. vaccine given at schools, Chest Physicians continued to give vaccine to "contacts" of known cases of tuberculosis. During 1959, 193 "contacts" were skin tested and found suitable for B.C.G. vaccine and received vaccination at a chest clinic.

B.C.G. VACCINATION OF SCHOOL CHILDREN, 1959.

School	No. in Age Group	No. of Acceptances	No. Skin Tested	No. found Positive	No. found Negative	No. B.C.G. Vaccinated
Prestatyn Secondary Modern	129	119	91	9 (10 %)	82 (90 %)	71
Glyndwr Secondary Modern	98	80	72	10 (14 %)	62 (86 %)	58
Rhyl Grammar ...	106	103	89	10 (12 %)	76 (88 %)	75
Rhyl Welsh Bilateral ...	56	55	49	6 (13 %)	41 (87 %)	41
Holywell Grammar ...	100	99	85	26 (31 %)	59 (69 %)	56
St. Asaph Grammar ...	29	29	28	4 (15 %)	22 (85 %)	19
Penley Bilateral ...	32	26	22	11 (50 %)	11 (50 %)	11
Holywell Secondary Modern	149	136	115	22 (21 %)	85 (79 %)	78
Flint Blessed Richard Gwyn Sec. Modern	47	47	42	12 (29 %)	30 (71 %)	28
Flint Secondary Modern	126	110	98	38 (39 %)	60 (61 %)	51
Mold Secondary Modern	194	188	151	37 (26 %)	107 (74 %)	101
Mold Grammar ...	208	197	181	50 (29 %)	122 (71 %)	111
Hope Secondary Modern	126	123	107	31 (30 %)	71 (70 %)	60
Buckley Secondary Modern	110	108	98	28 (31 %)	62 (69 %)	56
Hawarden Grammar ...	144	127	118	30 (27 %)	83 (73 %)	70
Saltney Secondary Modern	121	105	99	29 (30 %)	67 (70 %)	60
Queensferry Secondary Modern	174	137	127	36 (31 %)	82 (69 %)	75
Deeside Secondary Modern	147	140	129	46 (38 %)	75 (62 %)	55

Average No. % Positive for 1959 = 26.5 %

Mass Radiography.—The Semi-Static Mass X-Ray Unit continued to operate in Flintshire during 1959 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 1959, 61 teachers had a chest X-Ray and 89 students prior to entering college.

The number of children and members of School Staffs 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 "G" DURING 1959.

School	Number of Persons Examined			Numbers found Abnormal									
				Definite Pulmonary Tuberculosis			Referred to Chest Physician as cases requiring further investigation			Other Abnormalities			Total
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	
Buckley Elfed Modern Secondary ...	31	30	61	—	—	—	—	—	—	—	—	—	—
Flint Modern Secondary ...	30	44	74	—	1	1	—	—	—	—	1	1	—
Flint Blessed Richard Gwyn ...	21	17	38	—	—	—	—	—	—	—	—	—	—
Prestatyn Clawdd Offa Mod. Secondary	7	10	17	—	—	—	—	—	—	—	—	—	—
Queensferry Modern Secondary ...	36	32	68	—	—	—	—	—	—	—	—	—	—
Saltney Modern Secondary ...	37	44	81	—	—	—	1	2	3	3	1	4	—
Hawarden Grammar ...	64	72	136	—	—	—	—	—	1	—	1	1	—
St. Asaph Grammar ...	6	3	9	—	—	—	—	—	—	—	—	—	—
Total ...	232	252	484	—	—	—	1	2	4	3	3	6	—
School Staff ...	40	31	71	—	—	—	1	—	—	1	—	1	—

C.—TREATMENT

Clinics.—School clinics are held at 10 centres each week and the clinic premises are good at all these centres, except Buckley. During the year new clinic premises were acquired at St. Asaph and it is hoped to enter new clinic premises at Caergwrle early in 1960. Most of the "special" examinations are carried out at clinics, and also the greater part of the follow up examinations of school children.

The mobile clinic continued to function during the year at the following centres :—

Dyserth, Rhuddlan, Penyffordd, Halkyn, Ewloe, Garden City, Leeswood.

The clinic attends each centre every two weeks and acts as an all-purpose clinic and on each visit, infants, mothers and schoolchildren are seen. A doctor and nurse attend at each session.

During the year the Semi-Static Mass X-Ray Unit continued to visit Rhyl, Holywell, Mold and Shotton. At Mold and Shotton the unit is located on our clinic premises.

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	...	...	...	—	3
	(ii) Body	...	...	...	7	4
Scabies	...	...	...	...	8	—
Impetigo	...	...	...	...	75	17
Other Skin Diseases	...	...	...	...	152	44
Total ...					242	68

TABLE 9 (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	28	22
Errors of Refraction (including squint)	1220	—
Total ...	1248	22
Number of pupils for whom spectacles were :—		
(a) Prescribed	*620	—
(b) Obtained	*620	—
Total ...	*620	—

* 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 waiting period at school eye clinics has been kept down very well during the year, thanks to the active co-operation of the Consultant Ophthalmologists. The large number of children attending these clinics at Rhyl were adequately met by providing three clinics a month at Rhyl throughout the year. At no time was there a long waiting list at Holywell.

As the numbers of the waiting lists at Shotton and Mold varied during the year, Mr. Shuttleworth very kindly agreed to vary his clinics at these centres depending on the numbers on the list.

During the year the number of children examined at the four clinics with errors of refraction was 1,220, compared with 1,461 in 1958. During 1959, 620 pairs of spectacles were prescribed compared with 670 in 1958.

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 :—

"Ophthalmic clinics for school children have been held at Shotton and Mold at intervals of a fortnight, as in the past. The children examined are those who have been referred by the school medical officers following examination at school or at child welfare clinics.

Many of the children referred are not simple cases of defective vision needing glasses, and frequently there is some other problem, such as squint, inflammatory conditions of the eyes and eyelids, and sometimes inherited abnormalities of the eyes, which have to be investigated. In many cases glasses are not needed, but rather explanation, advice and treatment of a medical nature have to be given. In the cases of squint, apart from testing the sight and prescribing glasses where necessary, exercises have to be undertaken which can only be done at Chester Infirmary orthoptic clinic and, in a fair proportion of cases, operation is needed.

It will be seen that these clinics are not merely places for testing sight and prescribing glasses and that there is a large medical background to the type of problem being dealt with."

A. C. SHUTTLEWORTH.

"The past year has been a very satisfactory one for the school ophthalmic service. Although attendances at both the Rhyl and Holywell clinics have continued to be high, there has been virtually no waiting list for children referred for the first time and the work of the clinics has proceeded smoothly and efficiently.

A number of children of pre-school age have been referred during the year, nearly all of whom were suffering or were suspected to be suffering from squint. These, together with many older children have attended the orthoptic clinics at Prestatyn and St. Asaph Hospital for investigation and treatment. In some cases, however, because of the travelling distance involved, mothers have found it very inconvenient or even impossible to take their children to an orthoptic clinic. This has always been a real problem for children living in the Holywell and Flint areas, but it is hoped that it will be possible to overcome this difficulty in the near future.

During 1959, 25 Flintshire schoolchildren were admitted to the Ophthalmic Department at St. Asaph Hospital. Of these, 20 required operations for the correction of squint. Three very young children of pre-school age were also admitted, two of whom required surgical treatment for congenital 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.

As in past years, many Flintshire children from the Deeside and Eastern half of the County continued to attend for treatment at the Orthoptic Department of the Chester Royal Infirmary. Miss K. M. Parsons, the Orthoptist-in-Charge, and her staff have given excellent service to the County for many years and a brief report received from Miss Parsons is given below.

THE CHESTER ROYAL INFIRMARY

ORTHOPTIC DEPARTMENT ANALYSIS, 1959

School Children only

	Chester	Prestatyn	St. Asaph
Number of Flintshire children who attended in the year 1959 ...	421	108	54
Number of attendances for the year 1959	1,612	414	387
Number of squint operations performed on Flintshire children at :			
Chester Royal Infirmary ... ..	...	...	23
St. Asaph ... ..	...	...	19

" Before making any remarks, I should like to thank you very much for your very kind tribute to the work of myself and staff in the orthoptic treatment of Flintshire children. It was with very real regret that we had to decide to give up the Rhyl - Holywell end of the County, and we are very glad that we still retain the Mold and Shotton children.

I should like to comment on the slight decrease in the average number of attendances made by each patient during the four years 1956 - 59. This is due to developments in methods of treatment of accommodative squints, whereby we are making greater use of simple exercises to be practised at home, thus reducing the number of visits in these cases. These exercises necessitate the co-operation of parents, which, we are pleased to say, is almost universally excellent.

We should also like to record our appreciation of the help given by the Health Visitors."

K. M. PARSONS.

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	—	6
(b) for adenoids & chronic tonsillitis	—	327
(c) for other nose & throat conditions	—	40
Received other forms of treatment ...	45	65
Total ...	45	438
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1959	—	4
(b) in previous years	—	*10

* Includes four 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—327, but it must be remembered that 590 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.

For some time now an attempt has been made to get an Orthopædic Surgeon to attend these clinics more frequently. At the three centres a physiotherapist attends every two weeks, but the Surgeon is only able to attend every three months. Due to pressure of work at the Robert Jones and Agnes Hunt Orthopædic Hospital, Gobowen, it has not been possible for the Surgeon to attend more frequently. During the year a full-time Consultant Orthopædic Surgeon was appointed to the Clwyd and Deeside Hospital Management Committee area and it is hoped that by arrangement between Gobowen Hospital and this Consultant to have an Orthopædic Surgeon at our three clinics more frequently, if possible, monthly. If this could be arranged, the Orthopædic facilities for school children would be greatly improved.

During the year children requiring urgent orthopædic consultations were seen at local hospitals at Rhyl, Chester and Wrexham. It should be made clear that the statistics in Table 9 refer only to children seen and treated at clinics within the County at Shotton, Holywell and Rhyl.

The Voluntary Committees at our three clinics continued to give valuable help during the year, and once again I would like to pay tribute to the excellent service they render and to say how much it is appreciated.

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
Pupils treated at clinics or out-patients' departments	—	653
Pupils treated at school for postural defects	—	11

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	—	114

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. E. Simmons' report for 1959 follow :—

" CHILD GUIDANCE, 1959

" The work of the clinics as far as its basic working principles are concerned has continued as hitherto. Unfortunately due to our inability to replace staff who had left earlier and a further depletion towards the end of the year, a reduction in our activities was unavoidable. This is reflected in the figures of attendances at clinics and of visits paid.

The shortage of Psychiatric Social Workers is particularly disconcerting and one would like to draw attention of Head Teachers, Youth Employment Officers and University Teachers to the fact that this shortage is country-wide and likely to become more acute in the coming years. They might encourage suitable students to take up social work and seek the further training required for psychiatric social work.

The School Psychological Service has been maintained at a high level of efficiency but no additional work could be undertaken. In fact it became evident that an increase in the establishment of psychologists was necessary. The appropriate recommendations were made by the Child Guidance Sub-Committee and have had the approval of the Regional Hospital Board. We are hoping for the early consent of the Welsh Board of Health for us to proceed.

A building which would be very suitable for use as a residential treatment centre has been found and the Regional Hospital Board are negotiating for its acquisition.

The three year research project which aims to develop a standardised intelligence test for Welsh speaking children has entered its third year and it is expected that the main work will be completed in the allotted period of time.

Unfortunately the serious shortage of staff is bound to continue into 1960. We propose to hold clinics and to provide general services as in the past. It will be necessary, however, for us to reduce the number of attendances of children coming for treatment and a lengthening of therapeutic and diagnostic waiting lists will be unavoidable.

The goodwill towards our work which we have met everywhere has been most encouraging. I, personally, am most grateful for your support at all times.

Figures relating to Flintshire children are given in the following Table. I also append a Table summarising statistical data for all clinics covering the last five years."

E. SIMMONS,

Consultant Child Psychiatrist.

NORTH WALES CHILD GUIDANCE CLINICS
Flintshire Children dealt with during the year 1959

1. At Clinics.

Clinic	Number of Individual Children	ATTENDANCES									
		Psychiatrist				Psychologist				P S W	
		First	Further	First	Further	First	Further	First	Further	First	Further
		C	P	C	P	C	P	C	P	P	P
Rhyl	85	30	36	233	60	48	3	80	—	27	174
Colwyn	2	—	—	—	1	—	—	16	3	—	13
Wrexham	19	12	14	41	36	7	1	41	4	—	—
Shotton	8	1	—	174	1	—	—	1	9	2	135
Totals	114	43	50	448	98	55	4	138	16	29	322

* 'C' = child. 'P' = parents or guardians.

2. Elsewhere — Number of Visits.

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
41	2	81	12

3. Children from other Counties seen at Flintshire Clinics.

Clinic	Number of Individual Children	ATTENDANCES									
		Psychiatrist				Psychologist				P.S.W.	
		First	Further	First	Further	First	Further	First	Further	First	Further
		C	P	C	P	C	P	C	P	P	P
Rhyl											
Denbigh-shire cases	25	9	8	69	4	9	—	—	—	9	58

4. Number of referrals received during 1959 (Flintshire).

Referring Agency				Number of Referrals	
School Medical Officer	...	...	...	56	
General Practitioners	...	...	...	13	
Consultant Pædiatricians	...	...	...	4	
Other Medical Specialists	...	...	...	2	
Courts and Probation Officers	...	...	...	10	
Other Social Workers	...	...	...	—
Children's Officers	...	...	...	1	
Parents	...	...	...	—
Headmasters	...	...	...	2	
				88	

Waiting list at 31st Dec. 1959 - 15.

NORTH WALES CHILD GUIDANCE CLINICS

	1955	1956	1957	1958	1959
New Referrals	319	363	315	426	374
Number of individual children dealt with by one or more members of clinic teams	419	485	541	561	545
(a) Attendances at clinics (as returnable to Regional Hospital Board)	1,280	1,577	2,183	2,397	2,343
(b) Examination of children elsewhere	18	28	63	109	116
Psychiatrist and Child Therapists:—					
Attendances at clinics :					
Children	1,053	1,014	1,236	1,486	1,493
Parents	—	—	—	452	506
Psychologists:—					
School and other visits	170	199	210	261	303
Psychologists — Interviews and Examinations:—					
Children	487	701	1,035	1,013	950
Parents	—	—	—	—	101
Psychiatric Social Workers—					
Home and other visits	314	636	504	204	193
Psychiatric Social Workers—					
Attendances at clinics	924	1,176	1,604	1,513	1,196

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	227	—

**REPORT OF WORK DONE IN SPEECH THERAPY CLINICS
DURING THE YEAR ENDING DECEMBER, 1959**

Current cases	129
Discharges	98
Total cases ...	227

CURRENT CASES

Dyslalia	85
Alalia	3
Stutter	22
Cleft Palate	2
Cerebral Palsy	3
Partial Deafness	2
Cases seen at Occupational Centre	12
Total ...	129

CONDITION OF CASES — 31st DECEMBER, 1959 :

Dyslalia.	
Improved	81
No appreciable progress	4
Alalia.	
Improved	2
No improvement—on observation	1
Stutter.	
Improved	18
No improvement	4
Cleft Palate.	
Improved	2
Cerebral Palsy.	
Improved	3
Partial Deafness.	
Improved	2
Cases seen at Occupational Centre once only	12
Total ...	129

DISCHARGES:

Dyslalia	...	...	...	...	...	...	...	70
Alalia	...	...	...	...	...	...	...	1
Stutter	...	...	...	...	...	...	...	19
Cleft Palate	...	...	...	...	...	...	...	2
Cerebral Palsy	...	...	...	...	...	...	...	1
Speech Therapy unnecessary	...	...	...	...	...	...	...	2
Unclassified (non-attendance of 1st interview)	...	...	...	...	...	...	...	3
Total ...								98

CONDITION OF CASES ON DISCHARGE:**Dyslalia.**

Speech normal	...	...	...	...	...	...	...	61
Improved	...	...	...	...	...	...	...	6
(1. Attending Wrexham for Speech Therapy.								
| 1. Left district, whereabouts not known.								
| 1. Failed to keep last check-up.								
| 1. Attending Occupational Centre.								
| 2. Too erratic attendance to benefit further.								
No improvement	...	...	...	...	...	...	...	3
(1. Too E.S.N. to benefit from Speech Therapy.								
| 2. Non-attendance.								

Alalia.

No improvement—unable to co-operate	1
-------------------------------------	-----	-----	-----	-----	-----	-----	-----	---

Stutter.

Speech normal	...	...	...	...	...	...	...	12
Improved	...	...	...	...	...	...	...	5
(2. Attending C.G.C.								
| 1. Family moved.								
| 2. Too erratic attendance to benefit further.								
No improvement	...	...	...	...	...	...	...	2

Cleft Palate.

Speech normal	...	...	...	...	...	...	...	1
Having treatment in Conway	...	...	...	...	...	...	...	1

Cerebral Palsy.

Improved as much as possible in present circumstances	1
---	-----	-----	-----	-----	-----	-----	-----	---

Speech Therapy unnecessary on 1st interview	2
---	-----	-----	-----	-----	-----	-----	-----	---

Unclassified :

Non-attendance of 1st interview	3
---------------------------------	-----	-----	-----	-----	-----	-----	-----	---

Total ... 98

1959 has been a smooth running year, and waiting lists reduced to nothing except in two clinics. Regular attendance at the clinics has been good and there has been an increase of appointment keeping in the school holidays.

Speech Therapy is becoming well established in the County and the general public much better informed about it. I am of the opinion that detailed instruction given to the parents of patients by the Therapist is quite largely responsible for this. It is interesting to note that in the Maelor district, where parental instruction is almost impossible except in outstanding cases, the good results are much harder to achieve, and positive interest by the patients outside the duration of my visits is almost non-existent.

I would like to express my appreciation of the enormous help I receive from the teachers in the schools I visit in this area. Without this, the patients in the Maelor district would cause me even greater concern.

This year has seen more interchange of patients to and from the Child Guidance Clinic and in every case, the full and instructive information I have received, has been of the utmost value. I feel this is an important liaison and I do not doubt that this co-operation will continue.

As always, I have received courtesy and help from all with whom I have worked. The Health Visitors in particular, whom I am continually calling on for assistance of one sort or another always supply it with graciousness and efficiency.

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 ...	141	89
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	2	—
(c) Pupils who received B. C. G. vaccination ...	1076	—
(d) Other :—		
(1) Lymphatic glands ...	3	8
(2) Heart and circulation ...	8	24
(3) Lungs ...	18	35
(4) Development ...	7	31
(5) Nervous system ...	4	27
Total (a) - (d) ...	1259	214

Dental Inspection and Treatment.— The following statistics in Table 10 relate to the work carried out by three full-time Dental Officers and three part-time Dental Officers until the 24th July 1959. From the 25th July to the 1st September, by three full-time Officers and two part-time Officers. From the 1st September by four full-time Officers and two part-time Officers. The part-time Officers conducted 428 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	...	...	...	...	...	11955
Specials	...	...	...	...	...	3685
Total (Periodic and Specials)						15640
(2) Found to require treatment						12355
(3) Number offered treatment						11138
(4) Actually treated						6530
(5) Attendances made by pupils for treatment, including those recorded at heading 11 (h)						14229
(6) Half-days devoted to—						
Inspection	...	...	...	...	...	94
Treatment	...	...	...	...	...	1786
Total (Half-days)						1880
(7) Fillings—						
Permanent Teeth	...	...	...	...	...	6706
Temporary Teeth	...	...	...	...	...	525
(8) Number of Teeth filled—						
Permanent Teeth	...	...	...	...	...	5698
Temporary Teeth	...	...	...	...	...	490
(9) Extractions—						
Permanent Teeth	...	...	...	...	...	3499
Temporary Teeth	...	...	...	...	...	8114
(10) Administrations of general anæsthetics for extraction						5828
(11) Orthodontics—						
(a) Cases commenced during the year	...	...	...	...	...	115
(b) Cases carried forward from previous year	...	...	...	...	...	218
(c) Cases completed during the year	...	...	...	...	...	62
(d) Cases discontinued during the year	...	...	...	...	...	24
(e) Pupils treated with appliances	...	...	...	...	...	128
(f) Removable appliances fitted	...	...	...	...	...	56
(g) Fixed appliances fitted	...	...	...	...	...	85
(h) Total attendances	...	...	...	...	...	1170
(12) Number of pupils supplied with artificial dentures						77
(13) Other operations—						
Permanent Teeth	...	...	...	...	...	1737
Temporary Teeth	...	...	...	...	...	664

DENTAL REPORT 1959

During 1959 it has been possible to extend our Dental Service at Holywell, Flint and Mold Clinics. This has been due to the appointment of an additional full-time dental officer. Four of our clinics—Mold, Holywell, Flint and Rhyl—are now open daily for dental treatment; at no time previously has this been possible.

We have taken advantage of the very excellent range of colour films on Dental Hygiene that are now available through the General Dental Council and other interested bodies. Mr. Lewis, the County Public Health Inspector, has co-operated with us and has shown these films in many schools and clinics throughout the County. We feel that a great deal of good can be done by these periodic film shows. It is a matter for regret that so many schools have entered the retail trade in biscuits and other confectionery. It is realised that this is probably one of the easier ways of raising money for extra school activities. Nevertheless, it must be very confusing to children when they find the very things they are encouraged to avoid eating between meals in the film shows, so readily available from their own teachers.

In July we purchased one of the new High Speed Turbines. These drills are now in use in the majority of private practices and it was felt that a start should be made in purchasing in order to keep our clinics as up-to-date as possible. It has been a success; the time taken in cavity preparation is considerably reduced, which is important particularly when dealing with children.

During the summer, visits were made to the Maelor area and extractions carried out at the Penley Clinic. Transport was provided from the schools to the clinic and back and the response was on the whole satisfactory. We are hoping later to provide a more complete dental service. Unfortunately, the scattered nature of the area makes it difficult to organise other than by using a great deal of transport.

We have maintained the same number of Orthodontic Sessions throughout the year at Mold and Prestatyn. These have been well attended and in most cases, parents and children have appreciated the advantages of regular teeth.

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 recently 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	...	...	...	...	55
Voluntary Primary	...	...	...	...	49
Secondary Modern	...	...	...	...	10
Secondary Grammar	...	...	...	...	5
Bilateral	...	...	...	...	3

123

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 further progress was made during the year to implement the provisions of the Food Hygiene Regulations, which apply to schools in the same way as they do to all catering establishments. This problem is complicated by the fact that some of the schools with poor kitchen facilities are due for closure at some future date or pending extensive alterations. At these schools there is close supervision to ensure that the best use is made of existing facilities, and that all possible steps are taken to minimize the risks of food-borne infections.

Another ever pressing problem is hand-washing facilities in schools. This is adequately met in the newer schools, but difficult to solve in older premises. In many primary schools individual towels are used by the pupils, provided by pupils or the school, and this appears to be the best solution to the problem. It is most difficult to implement this practice in secondary schools and trials have been carried out with paper towels, and towel cabinets, but so far no satisfactory solution has been found. We have, however, informed head teachers of the importance of hand hygiene in reducing the incidence of illness in schools, particularly gastro intestinal infections.

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 12,462 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.	Meat pie, creamed potatoes, carrots, rice pudding.
TUESDAY.	Roast Canterbury lamb, roast and boiled potatoes, cabbage, steamed fruit pudding with custard.
WEDNESDAY.	Beef sausage, mashed potatoes, baked beans in tomato sauce, prunes and custard.
THURSDAY.	Irish stew, potatoes and carrots, Bakewell tart with custard.
FRIDAY.	Fillet of fish, chips, green peas, baked jam roll with custard.

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, 151 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 1959, 100 % milk supplied to schools was pasteurised.

For the County as a whole, out of a possible total of 25,247 children, 18,783 took milk at school regularly (74.39 %). The percentage taking milk varies greatly from school to school, the lowest being 24.5 %, the highest being 95 %, the average being 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.—The work done in 1958 was continued and developed in 1959. During 1959 a model syllabus on Health Education in Secondary Schools was drawn up in collaboration with Mr. W. J. Jenkins, Her Majesty's Inspector of Schools, and his colleagues. In this syllabus most of the Health Education was incorporated into existing school subjects for the first two to three years, and then certain specialised aspects of Health Education to be given during the fourth year by outside speakers working with the teaching staff. A start on this work was made during the year at selected secondary schools.

At certain secondary schools, with the active co-operation of the Head Masters, in addition to this, sex education was undertaken by talks, films and discussions. This work was done by Dr. E. Pearse and Dr. W. Manwell. This new venture was welcomed by pupils and parents, and valuable information for future work in this field of health education was gained.

The establishment of a visual aids centre at Hawarden greatly helped our health education work, and Mr. Ellis, the Visual Aids Officer, has given valuable advice and help in this field. Certain films and strips dealing with aspects of health education have been purchased and are available at Hawarden for use in schools.

A course of lectures by the staff of the health department was also given to the pre-nursing students at Kelsterton Technical College. Here, again, all forms of visual aids were used including flannelgraphs, models, posters, films and film strips.

Mr. Elwyn Lewis, the County Public Health Inspector, has again done very valuable work in this field, and particularly so in showing films on all aspects of health education, to schools, in clinics, to youth clubs and various organisations. In addition, Miss E. Weston and Miss J. S. Rogers both part-time health education officers, have done excellent work in schools, working in close collaboration with the teaching staffs. They have as usual been helped in every possible way by Miss D. V. Gray, the Superintendent Health Visitor.

Health Education in schools in Flintshire is developing slowly but steadily. It should be stressed that the greater part is done and will continue to be done by the teachers in the schools. The health department staff work with the teachers in this field and are able to assist with certain aspects of the work, which have a social, medical or nursing content. I would like to thank all the teaching staff in the schools where we have assisted for their co-operation and valuable help.

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

School Milk.

151 samples of milk were taken during the year and submitted for chemical and bacteriological analysis. All samples were found to be satisfactory.

Washed school milk bottles were taken from the bottle washing machines at the respective dairies supplying school milk and the results in all cases were satisfactory.

Several complaints were received from schools that small pieces of glass were found in the milk bottles. In a number of instances it was found that the glass came from the chipped rims of the bottles—the result possibly of the rough handling of the milk crates during delivery. It was found necessary to prosecute in one instance where a dangerous piece of broken glass was found in the milk bottle. The defendants were fined a total of £16. 10s. 0d. including costs. The difficulties encountered by the dairy management in their efforts to produce clean bottled milk are well known to the Health Department, and appeals to the public and to schools to return clean rinsed bottles have met with little success.

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

Excessive condensation still remains an acute problem in some of the kitchens.

The provision of refrigerators is steadily progressing and it is hoped that the programme will be completed by the end of 1960. All matters requiring attention were referred to the Education Department.

Several complaints were received from the schools at the Eastern end of the County of fly nuisance and offensive smells. These were caused by the irregular collection by the contractor of the waste food from the school kitchens. It is essential that this food waste be regularly collected and arrangements should be made with the Local Authorities to have it removed as trade waste.

Twenty-four samples of foodstuffs used for school meals were submitted for chemical and bacteriological analysis and all were found to be satisfactory.

A lecture demonstration and a film on clean food handling was given to the school meal supervisors. The standard of cleanliness in all kitchens inspected was good and I received every co-operation from Mr. Parry, School Meals Organiser, and his staff.

E. LEWIS,

County Public Health Inspector.