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FLINTSHIRE  
EDUCATION  
COMMITTEE

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REPORT

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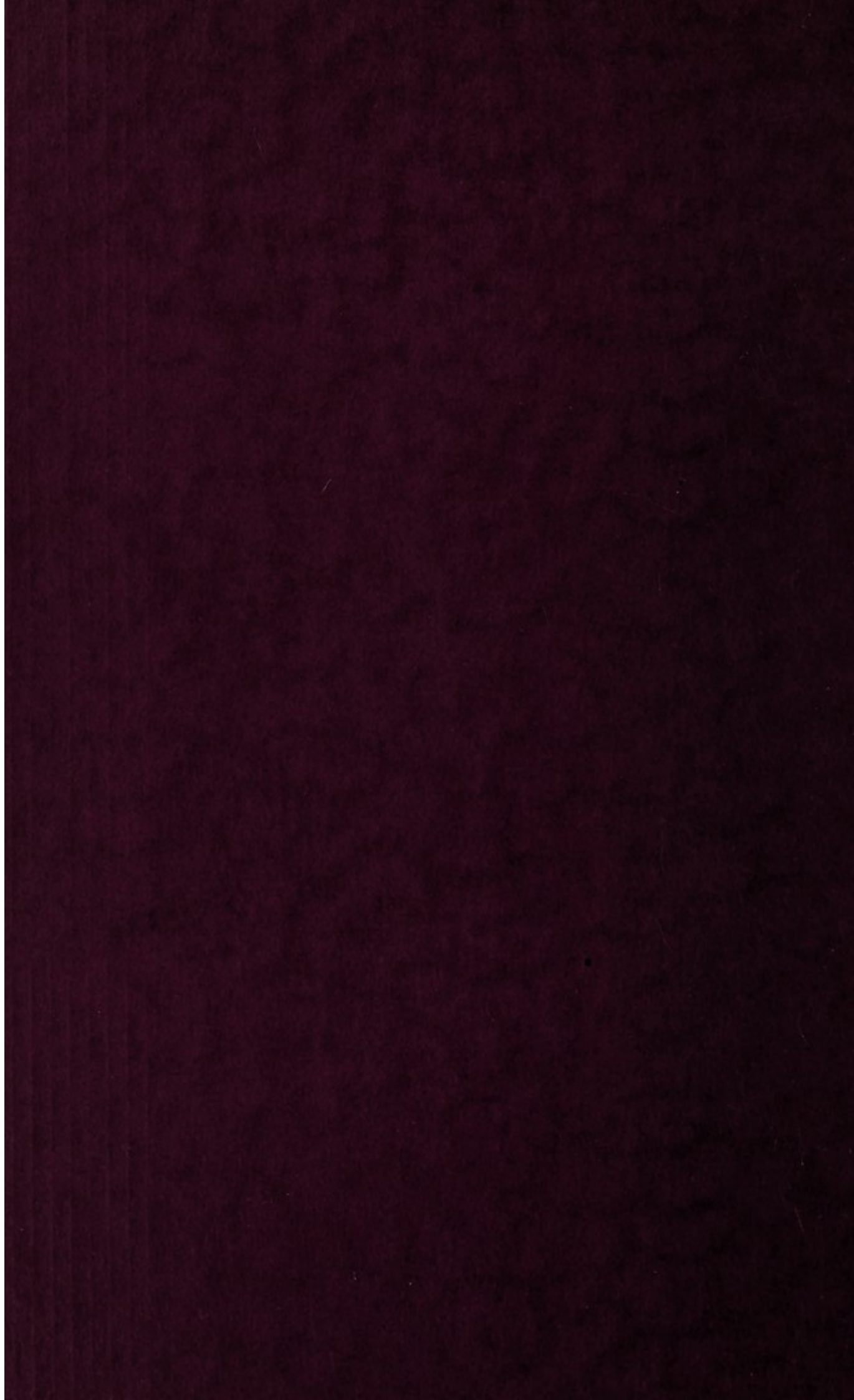
on the work of the

*Flintshire School*

*Health Service*

in relation to the year

1960





# *Flintshire Education Committee*



## REPORT

on the work of the

## *Flintshire School Health Service*

in relation to the year

# 1960



# INTRODUCTION

To the Chairman and Members  
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

The School Health Service settled down to normal again in 1960 after the disruption in 1958 and 1959 caused by the additional sessions for Poliomyelitis Vaccination. The disruption was not as severe in 1959 as in 1958, but during 1959 we were not able to visit all the schools in the County to carry out medical examinations of pupils. In 1960 a very determined effort was made to visit all schools, including those not visited during 1959, and at the end of the year all except six schools had been visited.

Mention has been made before of the very wide consultant cover provided at the Authority's clinics for children of all ages, and details of these special clinics will be found in the report. The only service where improvement is needed is the Orthopædic Service, as the Consultant is only able to visit three clinics in the County at intervals of three months. This is due to staff shortage at the Robert Jones and Dame Agnes Hunt Orthopædic Hospital, Gobowen—who provide the Consultant Staff and Physiotherapist. Recent discussions between the Clwyd and Deeside Hospital Management Committee and the Gobowen Hospital on this matter make it appear hopeful for improvements in the service in the future.

It will be noted from the report that at the end of 1960, the authority had a full complement of dental officers—1 Principal School Dental Officer and 5 Dental Officers—the first time that the Authority has had a full dental officer establishment certainly since 1939. This will mean that more dental clinic sessions can be arranged, and more children treated. The Authority now is in a position to offer a full dental service with treatment at modern static clinics and with consultant Orthodontic facilities in our own premises. It is hoped also that the mobile dental clinic will be available early in 1961, to provide treatment in the rural areas.

Good progress continued with the vaccination of children against Poliomyelitis. The acceptance rate of vaccination in infants and children at school is very satisfactory. During the year, additional clinic sessions, including evening clinics, were arranged for poliomyelitis vaccination and at the end of the year, 21,719 children between the ages of 5 and 15 years had been vaccinated against poliomyelitis and 19,700 had received 3 injections. This means that in Flintshire 93.61% of children between 5 and 15 years of age have been protected against Poliomyelitis.

In September 1960, a start was made in offering triple antigen to infants and also in modified form as "booster" injection to children entering school. Triple antigen is a mixed vaccine which contains the protective elements against Diphtheria, Whooping Cough and Tetanus.



By using the vaccine a child can be protected against the three conditions at the same time. Using the triple antigen also means that protection can be offered with half the number of injections needed if protection was given for the three conditions separately. The booster dose given to children on school entry contains the mixed vaccine of Diphtheria and Tetanus; Whooping Cough vaccine being omitted as Whooping Cough is not a serious illness of children over 2 years of age. The Authority also decided not to continue to offer booster injection against Diphtheria and Tetanus between 10 and 11 years of age as a matter of routine at school. This booster is available to any children when the parents specifically request it, but it is felt that routine "boosting" at 10 years is not as important as a high level of protection in infancy and at 5 years of age.

It is pleasing to report the steady improvement in clinic premises where school clinics are held. Clinics are held at 10 centres and at all except Buckley the premises are good. During the year new clinic premises became available at Caergwrle and it is hoped to start building a new clinic at Buckley in 1961.

Mention has been made before of the steady increase in emotional disturbances in school children. Some are severe disturbances requiring all the facilities of the Child Guidance Clinic and the number of severely disturbed children found again increased during the year, as will be seen in the body of the report. Many more children show signs of early disturbed behaviour and though they may not be referred to the Child Guidance Clinic are equally in need of help. With the early cases a great deal of valuable remedial work is done at schools by teachers, helped by educational psychologists and school nurses. This work is much more effective where the co-operation of the parents is obtained—the disheartening feature very often is the indifference of one or both parents to the child's needs and problems.

I would once again like to thank the Director of Education and his staff for their active co-operation during the year. Also, Headmasters and members of their staff for their ready help and interest in the work of the School Health Service.

The medical, dental, nursing and clerical staff of the Department all gave excellent service during the year, and I would like to pay tribute to the work of Dr. E. Pearse, the Senior Medical Officer in charge of the School Health Service. To Mr. W. I. Roberts, Chief Clerk of the Health Department, and Mr. A. Whitley, Clerk-in-charge of the School Health Service, I would also like to pay tribute for their work during the year and for collating the information for this annual report.

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 Pearce, 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. Marie Beddow

Dr. L. Sheargold

Dr. M. J. W. Dobbin (since 12.2.60)

**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. (Retired 31.12.60)

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.

**Orthopaedic Consultant (Staff of Robert Jones & Agnes Hunt Orthopaedic 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.

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

J. W. Eaves, L.D.S., R.C.S. (Commenced 4.7.60)

**Dental Officers (Part-time—Temporary Sessional) :**

John Stuart Selwyn, L.D.S. (Resigned 22.7.60)

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

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



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

Dr. A. H. Bebington

Dr. H. A. Freeman

Dr. J. M. Hands

(resigned 1.7.60)

Dr G. E. S. Robinson

Dr. M. E. Lloyd

**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. (Retired 9.7.60).

Miss P. M. Matthews, S.R.N., S.C.M., H.V.Cert., N.A.P.M. Cert.,  
(Commenced 7.5.60)**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  
S.R.N., S.R.F.N.

Mrs. D. M. Lewis

Miss A. M. Stewart

Miss M. Williams

Mrs. L. Pritchard

Miss M. Y. Secker

(since 11.7.60)

† Also part-time Health Education Officers

**Clinic Nurses (Part-time sessional) :**

Mrs. E. Boswell

Mrs. A. R. Iball

(Resigned 31.1.60)

Mrs. H. Davies

Miss F. Isherwood

Mrs. R. Williams

(Resigned 29.3.60)

Mrs. R. Connah

Mrs. M. M. Digweed

(since 22.2.60)

**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 (Resigned 29.2.60); Mrs. B. M. Welch; Mrs. P. Thomas (since 22.2.60); Mrs. M. D. Lloyd-Jones (Part-time); Mrs. M. Price (Part-time); Mrs. S. H. Cardell (from 29.8.60 to 10.9.60).

**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 Organiser :** Mr. E. Parry.**Children's Officer :** Mrs. L. Davies, B.A.



## C.—HEADQUARTERS.

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

## D.—GENERAL INFORMATION.

## Area of Administrative County—

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

## Population of County—

1951 Census	...	...	...	...	...	...	145,108
1960 Mid-year Estimate	...	...	...	...	...	...	148,060

## Number of Schools—

Nursery	...	...	...	...	...	...	1
Primary : County 56 ;	Voluntary 46 ;	Total	...	...	...	...	102
Secondary Modern	...	...	...	...	...	...	10
Secondary Grammar	...	...	...	...	...	...	5
Bilateral	...	...	...	...	...	...	3
Technical College	...	...	...	...	...	...	1
Horticultural Institute	...	...	...	...	...	...	1

## School Child Population—

On School Registers (1960-61)	...	...	...	...	...	...	25,273
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## Financial Circumstances of County—

Estimated Product of a Penny Rate—1960-61	...	...	...	...	...	...	£9,510
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## Number of Flintshire Live Births—

Year 1960	...	...	...	...	...	...	2,588
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## Number of Flintshire Deaths (1960)—

Infantile	...	...	...	...	...	...	49
General	...	...	...	...	...	...	1,819

## Medical Officers—

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

Full-time Officers	...	...	...	...	...	...	†6
Part-time—Temporary (Sessional)	...	...	...	...	...	...	2

## School Nurses—

Serving half-time also as Health Visitors	...	...	...	...	...	...	21
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## School Dental Attendants—

Full-time	...	...	...	...	...	...	5
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## Clinic 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
Orthopaedic After-care (for Patients of all ages)	...	...	...	...	...	...	3
Chest (Welsh Regional Hospital Board)	...	...	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	...	...	3
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.



## 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 1960, 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.

Holywell—The Clinic, Park Lane. Every Tuesday morning and afternoon

Rhyl—The Clinic, Ffordd Las, Off Marsh Road. Every Thursday afternoon and every Friday morning.

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, 2 p.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.

Flint—The Clinic, Borough Grove. Every Monday morning, by appointment only.

Holywell—The Clinic, Park Lane. First and third Tuesday in each month (morning), by appointment only.

Mold—The Clinic, King Street. Second and fourth Tuesday in each month (morning) and first, second, third and fourth Tuesday in each month (afternoon), by appointment only.

Penley—Maelor Bilateral School. First and third Wednesday in each month (morning), 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. Every Thursday in each month (morning and afternoon), by appointment only.

Shotton—The Clinic, Secondary Modern School Grounds. Second and fourth Wednesday in each month (morning and afternoon, by appointment only).



## Section 2

### A.—STAFF

**Medical.**—Dr. R. Rhydwen, Assistant County Medical Officer (also Medical Officer of Health for the County Districts of Prestatyn Urban, Rhyl Urban and St. Asaph Rural) resigned owing to ill health on the 31st December, 1960.

Dr. W. Manwell, Assistant County Medical Officer, with the approval of the County Council, was appointed by the three District Councils above referred to, to carry out the statutory duties of Medical Officer of Health to each of the Authorities in a part-time capacity during the absence of Dr. R. Rhydwen. Dr. W. Manwell continued also to serve as Assistant County Medical Officer during this period.

Dr. M. J. W. Dobbin commenced duty as a part-time Assistant County Medical Officer on 12th February, 1960.

**Dental.**—Mr. A. O. Hewitt who had been employed on a part-time sessional basis since the 31st January, 1958, commenced duty as a full-time Officer on the 4th July, 1960. Mr. J. W. Eaves commenced duty as a full-time Officer on 4th July, 1960. Mr. J. S. Selwyn terminated his services as part-time Officer on the 22nd July, 1960.

Dr. H. A. Freeman terminated his part-time service as Dental Anæsthetist on the 1st July, 1960.

**Dental Attendants.**—Mrs. B. M. Welch, who had been engaged on a part-time sessional basis commenced duty as a full-time attendant on the 1st February, 1960. Mrs. M. D. Lloyd-Jones terminated her services as full-time attendant on the 27th February, 1960 and commenced duty on a part-time sessional basis on the 28th February, 1960. Mrs. P. Thomas commenced duty on the 22nd February, 1960. Mrs. M. Price commenced duty on a part-time sessional basis on the 25th February, 1960. Mrs. K. Howard resigned on the 29th February, 1960. Miss S. H. Cardell was employed on a temporary part-time sessional basis from the 29th August, 1960 to the 10th September, 1960.

**Nursing.**—Miss D. V. Gray, Superintendent Health Visitor/School Nurse and Domestic Help Organiser, retired on the 9th July, 1960. Miss P. M. Matthews, who was appointed to succeed Miss Gray, commenced duty on the 7th May, 1960. Miss M. Y. Secker who was formerly District Nurse/Midwife in the Prestatyn area, successfully completed the Health Visitors' Training Course on the 2nd July, 1960 and commenced duty as Health Visitor/School Nurse in the Queensferry district on the 11th July, 1960. Mrs. E. Boswell, part-time Clinic Nurse, resigned on the 31st January, 1960. Miss F. Isherwood, part-time Health Visitor/School Nurse, resigned on the 29th March, 1960. Mrs. R. Connah commenced duty as a part-time Clinic Nurse on the 29th March, 1960.



Dr. G. W. Roberts attended the Conference of the National Association for Mental Welfare held at London on the 24th and 25th March, 1960, and the Royal Society of Health Congress held at Torquay from 25th to 29th April, 1960.

Dr. E. H. Annels attended the Annual Conference of the National Association for Maternity and Child Welfare held at Bristol from the 24th to 26th June, 1960.

Dr. E. Pearse attended the International Medical Women's Federation Conference held at Baden Baden, Germany, from the 7th to 10th September, 1960.

Mr. A. Fielding attended the British Dental Association Annual Conference held at Edinburgh from 11th to 15th July, 1960.

Miss P. M. Matthews attended the Institute of Home Help Organisers Conference held at Cheltenham on the 15th and 16th September, 1960. Miss J. M. Jewell attended the Royal College of Nursing Mental Health Course held at Birmingham from the 4th to 9th January, 1960. Mrs. D. M. Lewis and Miss A. M. Stewart attended the Women's Public Health Officers' Mental Health Course held at London from the 2nd to the 14th April, 1960.

## B.—ADMINISTRATION.

Due to additional Poliomyelitis Vaccination Sessions held during 1960 it was not possible to visit all schools to carry out medical examination of pupils. In all, six schools due for medical inspection were not visited, and 770 children were not examined. These schools will be visited early in 1961.

During 1960, 1,306 school children were vaccinated with Poliomyelitis Vaccine. Since the scheme started in May, 1956 a total of 21,719 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, and by the end of December, 1960, 19,700 had received the third injection.

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)
1956 and later	175	175	100.	—	—
1955	840	839	99.88	1	.12
1954	871	869	99.77	2	.23
1953	175	174	99.43	1	.57
1952	570	569	99.82	1	.18
1951	4	4	100.	—	—
1950	1886	1883	99.84	3	.16
1949	281	281	100.	—	—
1948	—	—	—	—	—
1947	—	—	—	—	—
1946	1766	1763	99.83	3	.17
1945 and earlier	145	145	100.	—	—
TOTAL	6713	6702	99.84	11	.16



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 ... ..	115	183	287	15.01
Entrants ... ..	20	189	208	11.02
Other Age Groups ...	105	140	239	12.66
Additional Periodic Inspection	36	80	116	11.26
Total (Prescribed Groups)	276	592	850	12.66

It will be noted that the total defects requiring treatment in Entrants increased from 6.47 % in 1959 to 11.02 % in 1960. Defects in leavers showed a marked increase from 8.89 % to 15.01 % in 1960. Figures from 1957 to date are given below :—

	1957	1958	1959	1960
Entrants ...	7.78 %	6.24 %	6.47 %	11.02 %
Leavers ...	8.81 %	10.98 %	8.89 %	15.01 %
All Ages ...	7.79 %	8.52 %	8.76 %	12.66 %

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 79.71 % of all defects found 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 84.12 % 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)
1956 and later	...	—	14	14
1955	... ..	6	85	90
1954	... ..	14	90	104
1953	... ..	6	17	23
1952	... ..	19	32	51
1951	... ..	—	—	—
1950	... ..	105	140	239
1949	... ..	11	31	42
1948	... ..	—	—	—
1947	... ..	—	—	—
1946	... ..	101	161	256
1945 and earlier	...	14	22	31
TOTAL		276	592	850

## 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	...	6,262
Number of Re-inspections	... ..	6,118
Total	...	<u>12,380</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 ...	17	41	79	31	36	44	132	116
5	Eyes (a) Vision .	20	130	115	196	141	234	276	560
	(b) Squint .	36	18	2	23	19	47	57	88
	(c) Other .	8	9	16	12	15	8	39	29
6	Ears (a) Hearing .	3	15	6	12	4	13	13	40
	(b) Otitis Media	6	13	4	12	5	17	15	42
	(c) Other .	12	4	8	5	19	9	39	18
7	Nose and Throat .	26	112	16	35	30	101	72	248
8	Speech ... ..	10	44	3	8	7	34	20	86
9	Lymphatic Glands	1	39	—	14	4	45	5	98
10	Heart ... ..	—	29	—	43	1	32	1	104
11	Lungs ... ..	9	42	4	28	11	49	24	119
12	Developmental :								
	(a) Hernia ...	3	7	2	—	—	9	5	16
	(b) Other ...	3	25	14	23	10	50	27	98
13	Orthopædic :								
	(a) Posture ...	3	4	4	26	9	25	16	55
	(b) Feet ...	26	34	17	17	27	41	70	92
	(c) Other ...	27	81	16	68	23	113	66	262
14	Nervous System :								
	(a) Epilepsy ..	—	3	2	—	1	8	3	11
	(b) Other ...	6	15	5	16	12	21	23	52
15	Psychological :								
	(a) Development	1	10	1	15	4	39	6	64
	(b) Stability ...	—	37	1	3	4	32	5	72
16	Abdomen ...	3	17	2	45	1	45	6	107
17	Other ... ..	1	2	1	9	—	9	2	20



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 ... ..	455	308
5	Eyes—(a) Vision ...	547	735
	(b) Squint ...	79	89
	(c) Other ...	76	57
6	Ears—(a) Hearing ...	65	73
	(b) Otitis Media ...	45	52
	(c) Other ...	54	40
7	Nose and Throat ... ..	187	339
8	Speech ... ..	74	115
9	Lymphatic Glands ... ..	15	98
10	Heart ... ..	25	198
11	Lungs ... ..	56	205
12	Developmental—		
	(a) Hernia ...	12	27
	(b) Other ...	40	83
13	Orthopædic—		
	(a) Posture ...	13	29
	(b) Feet ...	69	123
	(c) Other ...	103	211
14	Nervous System—		
	(a) Epilepsy ...	9	25
	(b) Other ...	18	42
15	Psychological—		
	(a) Development ...	39	94
	(b) Stability ...	57	105
16	Abdomen ... ..	13	53
17	Other ... ..	219	272



Table 5 shows the defects found at routine medical inspections at school. Table 6 shows defects found in children seen at "special" inspections.

The term "special" inspection refers to children specifically referred for examination either at the school clinic or school medical examination. Children may be referred for "special" examination by the parent, teacher, school nurse, or in some cases, by the general practitioner. It is quite obvious, therefore, that more defects will be found among children seen at "specials" than amongst children seen at periodic school medical examinations.

Both Tables 5 and 6 show increases in the number of defects found during 1960, compared with 1959, and this appears fairly general and is not confined to any particular heading. It is also true that the increase in defects requiring observation is greater in both tables than in defects requiring treatment. This is what one would expect in a service where the emphasis is on prevention rather than treatment. Many of the defects requiring observation are early, minimal defects, which may never require treatment, but which are better kept under observation in a rapidly growing child.

As in previous years the commonest defect found was defective vision. During 1960, there was a substantial increase in the number of children needing treatment (570—823) and observations (818—1295) for defective vision. The majority of those needing treatment were in need of spectacles which were prescribed and supplied through the National Health Service and the number of children with squint discovered during the year—both treatment and observation—also increased (249—313).

Defects associated with the ears and hearing also increased during the year and again this has been partly due to the excellent diagnostic and treatment service now provided in particular by the Consultant E.N.T. Surgeon for the Clwyd and Deeside Hospital Management Committee area who provides an Audiology Service in addition to treatment facilities.

Defects of the nose and throat discovered also show an increase for 1960. A total of 259 defects needing treatment and 587 observation. The largest single group here would be enlarged tonsils and adenoids, and the figures reveal how enlarged tonsils and adenoids are kept under observation for a period prior to operation.

Children with speech defects increased during 1960, both those in need of observation and treatment. In 1960 a total of 201 were in need of observation (133 in 1959); 94 in need of treatment (81 in 1959). Due to the best use being made of the speech therapist's time, new cases had only two to four weeks to wait for treatment to commence.

It will be noted that the majority of heart defects discovered only required observation—observation 302, treatment 26. Many of these



conditions are heart 'murmurs' needing observation sometimes over a prolonged period to ensure that the child's activity is matched to the cardiac abnormality present. It should be noted that many children with a heart murmur can lead a full and active school life, and take part in all forms of physical training and sport. Indeed some heart murmurs disappear just as quickly as they appear as the child grows older.

It will be noted that the number of orthopædic defects needing treatment and observation remains high, and in fact both treatment and observation cases show an increase over 1959 under the three sub-headings.

Although positive steps were taken during the year to improve the school orthopædic service, it was not possible to introduce a service on the same lines as with the other specialities referred to in the report. This does not mean that orthopædic defects are not adequately treated by the staff of the Gobowen Orthopædic Hospital, but that the children have to travel long distances to clinics for treatment and often lose valuable time from school during term time.

During 1960, there was a marked increase in the number of children showing emotional disturbances of various forms and of varying degree. It will be noted that the cases needing treatment amounted to 107 (56 in 1959). Cases needing observation also increased to 335, (227 in 1959). This is a disturbing state of affairs, particularly as the true incidence of early emotional disturbances in children is still higher than the figures reveal. In dealing with this problem the Child Guidance Service renders a valuable service, both in treating cases and in keeping others under observation. Certain extensions of this service with the appointment of additional staff will further improve the service given. Much remains to be done in giving advice to parents and teachers on the prevention of emotional disturbances in children and in dealing with early disturbances—the pre-maladjusted and pre-delinquent children which cause so much distress and concern to their parents, the teachers and the community. This is a field where an ounce of prevention is worth a ton of treatment. Prevention not only enables the children to adjust themselves to the demands of school and society—but also prevents the distress to homes and schools caused by established maladjustment.

A great deal still remains to be done to foster healthy development of mind in school children of all ages, and this work is a team effort. The most important members of the team are the parents, their part is vital, and no other member of the team can do quite what good parents can do to foster emotional stability and security. So many parents mean well but just do not somehow find the time or know how to manage to help their children—they have lost that intimacy so valuable in family life due to the intrusion of external influences such as the television, expensive impersonal toys and playthings, and cheap modern travel.



Child neglect, fortunately, is now infrequent—that is physical neglect—but emotional neglect much more difficult to detect is more prevalent and equally harmful if prolonged.

All the work of teachers, doctors, school nurses and the more specialised staff of the Child Guidance Service directed at helping parents to understand the problems of emotional development in their children, and they all fully understand that treatment of established emotional disturbance in children is only "salvage" work and very much a second best to prevention.

The encouraging part in prevention is the increasing part played by teachers in this work. The teacher is a key person in this work as he can detect early signs of disturbance in the child, and take steps to remedy the condition or call in help to deal with the position. Close contact between the school doctor, school nurse and the teacher is most valuable in this field of activity if the interest of the child are to be best served. It is gratifying to report how close and valuable this co-operation is between the teachers and the school health service.

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 ... ..	1886	1883	99.84	3	.16
Leavers ... ..	1911	1908	99.84	3	.16
Other Age Groups ... ..	1886	1883	99.84	3	.16
Additional Periodic Inspections	1030	1028	99.80	2	.19
Total ... ..	6713	6702	99.84	11	.16

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 exception, children between 10 and 11 years of age, examined during their last year at a primary school.



During 1960 the percentage of children found satisfactory in all age groups was 99.84. Of the total examined, 6,713 only 11 (0.16%) 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 an increase during the year in the number of children found infested with vermin, from 711 in 1959 to 922 in 1960.

This reversal in findings compared with the last three years is a great disappointment to the School Medical Officers and School Nurses. It is true to say that over 80% of the cases are mild infestation, even so there has been a marked increase in individual children found with lice or nits during 1960.

It should also be pointed out that of the 922 cases many are "re-infestations"—the same child being repeatedly infested during the year.

---

			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
1960	...	...	922	5.76

---

It is hard to explain the increase in 1960 in view of the rising standards of child care in the County which are clearly demonstrated in improved nutrition, improved general cleanliness, better clothing and adequate footwear.

The increase is too high to be explained as chance infestation of "clean" children from others at school.

During the year school nurses continued to work closely with teachers to discover cases of infestation as early as possible. When discovered "Sulco" was supplied free to parents and instruction in cleansing if



requested. Cleansing clinics were held as in previous years to cleanse children whose parents were unwilling or incapable of cleansing in a satisfactory manner.

Although the present position is very disheartening, we can only redouble our efforts in 1961 to see if the position in 1959 can be restored or even improved.

TABLE 8

## INFESTATION WITH VERMIN.

---

Number of individual children examined by School Nurses ...	16,008
Total number of examinations in the schools by the School Nurses or other authorised persons ... ..	45,049
Total number of individual pupils found to be infested ...	922
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 36.76 % 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 children vaccinated in 1960 fell from 1,305 to 1,252.

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 1960 however, represents 46.36 % 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
1960 —	" " " "	...	1252

**Diphtheria Immunisation.**—Of children of compulsory school attendance age 7,992 have received a course of immunisation against Diphtheria since 1956. In addition, 6,327 children of pre-school age have also completed a course of immunisation.

An additional 14,046 children were immunised prior to 1956 but have not been immunised since that date.

During the year 1960 the number immunised was :—

Aged 0 — 4 years	...	...	...	2,187
Aged 5—14 years	...	...	...	404
				<hr/>
				*2,591

Children who received re-inforcing injections 2,124†

(\*2,215 of these had injections against Diphtheria and Whooping Cough)

(†In addition, 721 had re-inforcing injections against Diphtheria and Whooping Cough).

The County Health Committee agreed in September 1960 that Triple Antigen should be offered to parents as this vaccine had been proved safe and effective. Triple Antigen is a mixed vaccine containing vaccine against Diphtheria, Tetanus and Whooping Cough, and three injections at monthly intervals will give protection against the three illnesses concerned. A start on the triple vaccine was made in 1960, but practically all the children were infants under 1 year of age. The vaccine will not be used for "boosting" primary vaccination for approximately 5 years, i.e., until the present infants reach school age.

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.

Approximately 55.50% 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, 1960.

Blind	...	...	...	...	6
Partially Sighted	...	...	...	...	17
Deaf	...	...	...	...	9
Partially Deaf	...	...	...	...	16
Educationally sub-normal	...	...	...	...	115
Epileptic	...	...	...	...	23
Maladjusted	...	...	...	...	12
Physically handicapped	...	...	...	...	135
Delicate	...	...	...	...	56
Speech	...	...	...	...	—
Total					389

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	...	...	2
Delicate	...	...	...	...	2
Physically handicapped	...	...	...	...	1
Epileptic	...	...	...	...	—
Deaf	...	...	...	...	—
Partially Deaf	...	...	...	...	—
Blind	...	...	...	...	—
Partially Sighted	...	3	Speech	...	...

During the year places were found in Special Schools or Homes for 10 handicapped pupils (Partially sighted 1, Deaf 1, Delicate 2, Physically handicapped 1, Educationally sub-normal 3, Maladjusted 2). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 42.

They were of the following categories :—

Blind and Partially Sighted	...	...	15
Deaf and Partially Deaf	...	...	10
Educationally sub-normal and maladjusted	...	...	9
Epileptic	...	...	—
Delicate and Physically Handicapped	...	...	8

42



Nineteen handicapped children received home tuition during the year, 13 of these were still receiving home tuition at the end of the year, 7 pupils received bedside tuition in hospital, and 21 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 22 ; of this number 13 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools ...	...	9
Requiring places in Special Day Schools ...	...	4
		<hr/>
		13
		<hr/>

In addition to the above, 6 children were ascertained to be incapable of education in school, and 1 pupil was 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 1960 there were more physically handicapped pupils on the register than any other group. This is possibly a false position as undoubtedly the greatest single group is the Educationally Sub-Normal.

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

The North Wales School for Physically Handicapped Children is now in course of erection at Llandudno, and it is hoped that it will be ready for the admission of pupils after Easter 1962.

In January 1960, a day spastic unit opened at the Maelor General Hospital, Wrexham, and the spastic children from Flintshire who were attending Clatterbridge Hospital were transferred to the Wrexham Unit. I would like to express my thanks to Dr. T. E. D. Bevan, the Consultant Pædiatrician at Clatterbridge, and the hospital authorities for accepting the Flintshire cases at the Unit, until facilities were available at Wrexham. It is understood that the Chester and District branch of the National Spastics Society has now acquired a site for a day unit at Chester and that a start is to be made in 1961 to build a unit which it is hoped will be ready either in late 1961 or 1962.



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 pupils 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 22 children are awaiting vacancies in special schools, made up as follows :—

Blind and Partially Sighted ... ..	2
Delicate and Physically Handicapped	3
Educationally sub-normal ... ..	13
Maladjusted ... ..	3
Epileptic ... ..	1
Deaf ... ..	—
	<hr/>
	22
	<hr/>

(Some of the 19 pupils receiving home tuition 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 1960, 45 teachers, 38 canteen staff and 7 school caretakers were examined and reported on by the medical staff.



In addition, 82 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.

It should be added that in 1960 the Authority made it a condition that all new staff on engagement should have a medical examination and this to include a chest X-Ray examination. During the year, in addition to the medical examinations in the Education department, a total of 143 other medical examinations were carried out of members of other departments and all these included a chest X-Ray examination.

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.**—During 1960, B.C.G. Vaccination was offered to all suitable children at secondary schools between 12 and 14 years of age. There was no variation in the policy of the scheme as outlined in the 1959 Annual School Health Report.

During the year all secondary schools with the exception of Queensferry Secondary Modern and Penley Bilateral were visited. 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.

Acting on the recommendations of the Ministry of Health, children found to have positive skin tests were referred for large chest X-Ray at the nearest chest clinic. We were advised not to send children of school age to mass X-Ray units for miniature chest X-Rays due to the higher dosage and scatter of radiation at the miniature units.

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 27.

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 1960, 288 "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, 1960.

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	111	111	98	25 (26 %)	73 (74 %)	58
Rhyl Glyndwr Secondary Modern	200	164	160	44 (28 %)	113 (72 %)	96
Rhyl Grammar ...	169	158	149	49 (36 %)	87 (64 %)	70
Rhyl Welsh Bilateral ...	87	81	75	12 (16 %)	62 (84 %)	55
Holywell Grammar ...	164	158	151	54 (37 %)	93 (63 %)	87
St. Asaph Grammar ...	58	52	52	15 (29 %)	37 (71 %)	24
Holywell Secondary Modern	257	231	198	60 (33 %)	120 (67 %)	96
Flint Blessed Richard Gwyn Sec. Modern	79	78	69	22 (32 %)	47 (68 %)	37
Flint Secondary Modern	180	169	162	52 (32 %)	110 (68 %)	80
Mold Secondary Modern	134	133	127	24 (21 %)	91 (79 %)	79
Mold Grammar ...	160	152	148	51 (34 %)	97 (66 %)	88
Hope Secondary Modern	107	96	87	42 (48 %)	45 (52 %)	35
Buckley Secondary Modern	98	90	87	31 (36 %)	56 (64 %)	47
Hawarden Grammar ...	189	176	166	53 (32 %)	112 (68 %)	90
Saltney Secondary Modern	105	99	92	44 (48 %)	47 (52 %)	40
Deeside Secondary Modern	160	149	128	31 (24 %)	96 (76 %)	75

Average No. % Positive for 1960 = 32 %

**Mass Radiography.**—The Semi-Static Mass X-Ray Unit continued to operate in Flintshire during 1960 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.

As mentioned earlier, children of school age were not referred to the Mass X-Ray Units during 1960.



Otherwise, the majority of new employees and others medically examined were referred to the Mass X-Ray Unit for chest X-Ray examination. Cases are only referred for X-Ray to the Chest Clinics when examination at the Mass X-Ray Unit would cause delay or inconvenience.

Due to the virtual embargo on the use of Mass X-Ray Units for the examination of children, no Mass X-Ray surveys of children over 14 years of age were carried out at schools as in previous years.

### C.—TREATMENT

**Clinics.**—School clinics continued to be held weekly at 10 centres in the County. At all except Buckley, the premises are satisfactory, and it is hoped to start on a new clinic in Buckley in 1961. During the year new clinic premises were acquired at Caergwrle, and the first clinic session at the new premises was held in April.

Practically all the "special" examinations are carried out at school clinics, so adequate premises with good facilities makes the work easier for the children and the staff. In addition to the "specials", follow up of school children is also done at school clinics and again good facilities make the work easier.

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 school children 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 the Unit is stationed in the County Hall Field, and at Shotton it 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 ... ..	—	—
(ii) Body ... ..	—	1
Scabies ... ..	5	—
Impetigo ... ..	81	18
Other Skin Diseases ... ..	249	95
Total ...	335	114



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 ... ..	35	40
Errors of Refraction (including squint)	1394	—
Total ...	1429	40
Number of pupils for whom spectacles were :—		
(a) Prescribed ... ..	*777	—
(b) Obtained ... ..	*777	—
Total ...	*777	—

\* 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 1,394, compared with 1,220 in 1959. During 1960, 777 pairs of spectacles were prescribed compared with 620 in 1959.

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 have been held as usual at fortnightly intervals at both Shotton and Mold. Each clinic is busy but the waiting lists have not been excessive, and it has been possible to give fairly prompt appointments to new cases.

As usual the new patients have consisted of children in whom defective vision is either apparent or suspected. Quite a proportion of these children are cases of squint, and following an examination and prescription for glasses where needed, orthoptic examination and treatment are given at Chester Infirmary, followed by operation in certain cases.

Work has proceeded in the usual way, and once again I am only too ready to praise the conscientious work of the nurses in charge of these clinics."

A. C. SHUTTLEWORTH.

"School ophthalmic clinics during 1960 were again held fortnightly at Holywell and three times per month at Rhyl, and despite the large numbers of children attending both for first appointments and for review, there was no significant waiting list at any time during the year.

Early in the year it became necessary for Mrs. J. Ferris to relinquish her appointment as Orthoptist to the Clwyd and Deeside Hospital Management Committee, after giving two years of excellent service, and her successor, Miss P. Brownbill, was appointed in February. This was a full-time appointment and the additional sessions which became available made it possible to reorganise the orthoptic services in the County so as to provide an additional orthoptic clinic at Holywell. This filled a long felt need, since there had always been difficulties in getting children from this area to travel to the orthoptic clinics at Prestatyn and Chester. It was also arranged for the orthoptic clinic to be held at the same time as the main ophthalmic clinic, thus making it possible for children to see both the ophthalmologist and the orthoptist at the same visit. This arrangement also facilitates co-operation and the discussion of problems between the ophthalmologist and the orthoptist, often allowing decisions with regard to treatment to be made on the spot.

With the establishment of the orthoptic clinic at Holywell it was decided to transfer the Prestatyn orthoptic clinic to Rhyl and this was effected in September. It was again arranged for the orthoptic clinic to be held at the same time as the main ophthalmic clinic.

The orthoptic clinic at the H. M. Stanley Hospital, St. Asaph, has continued as before, but the reorganisation carried out at Holywell and Rhyl will add substantially to the efficiency of the treatment of the large number of children who suffer from squint or ocular muscle imbalance, as well as to the convenience of the children and their parents.

During the year 30 Flintshire children were admitted to the Ophthalmic Department at H. M. Stanley Hospital, St. Asaph. Of these, 21 required operations for the correction of squint."

EDWARD LYONS.



Early in 1960, Mrs. J. Ferris resigned her part-time appointment with the Clwyd and Deeside Hospital Management Committee, and Miss P. Brownbill was appointed as the first full-time Orthoptist for the Hospital Management Committee area. This gave the Hospital Management Committee an opportunity of providing additional orthoptic sessions and a new orthoptic clinic was established at the County Clinic at Holywell. Also, the orthoptic clinic previously held at Prestatyn was transferred to Rhyl and additional sessions provided at H. M. Stanley Hospital, St. Asaph.

This provided a more efficient service for the County as a whole and meant much less travelling for the children and their parents, and this was much appreciated by the parents.

I should make it clear that many children from the Deeside and the Eastern half of the County continued to attend the Orthoptic Department of the Chester Royal Infirmary. This arrangement is one that has been going on for many years, and there is close contact between the School Health Department and Miss K. M. Parsons, the Orthoptist in charge at Chester. I would again like to pay tribute to the excellent work done by Miss Parsons and her staff for Flintshire children at the Orthoptic Department of the Chester Royal Infirmary.

### ORTHOPTIC CLINICS SCHOOL CHILDREN ONLY

	Chester Royal Infirmary	St. Asaph H. M. Stanley Hospital	Holywell Clinic	Rhyl and Prestatyn Clinics
Number of Flintshire children who attended in the year 1960      ...      ...      ...	304	96	43	104
Number of attendances for the year 1960      ...      ...      ...	1,637	428	171	409

Number of squint operations performed on Flintshire children at :—

Chester Royal Infirmary      ...      Information not available

St. Asaph H. M. Stanley Hospital      ...      ...      ...      21



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 ... ..	—	13
(b) for adenoids & chronic tonsillitis	—	317
(c) for other nose & throat conditions	—	36
Received other forms of treatment ...	94	72
Total ...	94	438
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1960 ... ..	—	2
(b) in previous years ... ..	—	*12

\* Includes six pupils who are now at Special Schools for the Deaf.

The number of children who received operative treatment for adenoids and chronic tonsillitis still remains high—317, but it must be remembered that 846 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 H. M. Stanley Hospital.



The Audiology Clinic (testing of 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.

Mention was made in my last annual report of the problem of staffing the Orthopædic Clinics. A Consultant Orthopædic Surgeon from the Gobowen Orthopædic Hospital attends at the clinics every three months, and a physiotherapist every two weeks. The infrequent attendance of the Consultant has meant that many children have to wait a considerable time for an appointment or be referred to other clinics, and this has militated against the provision of a comprehensive school orthopædic service. The position is not due to any lack of interest on the part of the staff of the Gobowen Orthopædic Hospital. It is entirely a matter of staffing and area to cover. It should be pointed out that the Consultant staff of the Gobowen Hospital provide cover for outpatients for a very large area in North Wales.

Recently a full-time Consultant Orthopædic Surgeon has been appointed to the Clwyd and Deeside Hospital Management Committee area and discussions have taken place with Mr. Robert Owen, the Consultant, and the Welsh Regional Hospital Board concerning the school orthopædic service. As a result of these discussions it is hoped that a link can be made between the orthopædic services of the Clwyd and Deeside Hospital Management Committee and Gobowen Hospital, and in this way more frequent Consultant cover provided at the School Orthopædic Clinics at Rhyl, Holywell and Shotton.

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 ... ..	—	517
Pupils treated at school for postural defects ... ..	—	12

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 ... ..	—	151

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. Scobbie, Senior Psychologist, and Mr. P. J. McDonald, 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 1960 follow :—

#### CHILD GUIDANCE

"The work of the clinics has continued as hitherto. Unfortunately, due to our inability to replace staff who had left, a reduction in our activities was unavoidable. This is reflected in the figures of attendance at clinics and of visits paid:

The shortage of Psychiatric Social Workers is particularly disconcerting and one would like to draw the 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.



It was possible to maintain the School Psychological Service at a satisfactory level but no additional work could be undertaken. The Child Guidance Sub-committee recommended an increase in the establishment of Psychologists by two, and suggested that they might be employed by the five Local Education Authorities on the Soulbury Scale of salaries and seconded to the Clinic Service, to be responsible to and work under the direction of its Medical Director. The Management Committee accepted these points and the concurrence of the five Local Education Authorities having been obtained and details discussed between the Principal Education Officers, the Principal School Medical Officers and ourselves, the two posts as suggested have recently been advertised in the National Press.

"Gwynfa" (formerly the "White House") a large modern building in Upper Colwyn was acquired by the Regional Hospital Board for use as a residential centre for the investigation and treatment of emotionally disturbed children. It is intended to open the centre during the second half of 1961, to admit boys and girls up to ages 11 or 12. A training course for "workers with maladjusted children", at the successful conclusion of which the Regional Hospital Board will award a 'Certificate of Competence', is being arranged, in co-operation with Lecturers from the Departments of Education and Psychology, University College, Bangor. It is hoped to attract well educated and temporarily suited candidates, and thus provide for them an opportunity to enter a rapidly expanding, and most important, field of work.

The research project which aims to develop a standardised intelligence test for Welsh speaking children was carried close to its declared aims as the originally allotted period of three years came to its end in September. We were able to secure an extension of one year to allow the scope of the new test to be enlarged to include children up to school leaving age.

The year 1960 was marked by considerable difficulties arising from serious staff shortages. Fortunately, the position improved towards the end of the year and we could look forward to 1961 with reasonable confidence of further additions to our staff and a corresponding increase in our ability to meet the still rising demands made on the service.

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.

E. SIMMONS.



## NORTH WALES CHILD GUIDANCE CLINICS

Flintshire Children dealt with during the year 1960

## 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	94	39	42	70	50	64	2	43	8	20	11
Colwyn	6	2	2	1	2	4	—	13	—	1	—
Shotton	13	5	—	83	5	4	3	8	61	3	18
Wrexham	37	10	9	43	18	24	—	27	1	8	7
Bangor	1	—	—	—	—	—	—	—	—	—	—
Totals	151	56	53	198	75	96	5	91	70	32	36

## Children from other Counties seen at Flintshire Clinics.

Rhyl (Denbighshire)	10	7	9	22	29	7	2	8	—	5	8
Shotton (Denbighshire)	1	1	—	4	—	—	1	—	4	—	—
Totals	11	8	9	26	29	7	3	8	4	5	8

\* '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
7	3	84	1
		25 (special testing)	



## 3. Number of referrals received during 1960.

Referring Agency	Number of Referrals
School Medical Officer ... ..	74
General Practitioners ... ..	18
Consultant Pædiatricians ... ..	6
Other Medical Specialists ... ..	7
Courts and Probation Officers ... ..	6
Other Social Workers ... ..	—
Children's Officers ... ..	2
Parents ... ..	2
Headmasters ... ..	16
	<hr/>
	131

Waiting list at 31st December, 1960 - 17

**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 Therapist ... ..	210	—

## REPORT OF WORK DONE IN SPEECH THERAPY CLINICS DURING THE YEAR ENDING DECEMBER, 1960

Number of current cases	...	...	...	...	143
Number of discharged cases	...	...	...	...	67
				Total ...	210

## ANALYSIS OF CURRENT CASES

Dyslalia	...	...	...	...	...	...	82
Dyslalia and Stutter	...	...	...	...	...	...	2
Alalia	...	...	...	...	...	...	5
Stutter	...	...	...	...	...	...	31
Hyperrhinophonia	...	...	...	...	...	...	4
Cleft Palate	...	...	...	...	...	...	3
Cerebral Palsy	...	...	...	...	...	...	4
Partial Deafness	...	...	...	...	...	...	1
Idioglossia	...	...	...	...	...	...	1
Patients seen at Fronfraith Occupational Centre	...	...	...	...	...	...	10
Total ...							143



## CONDITION OF CURRENT CASES ON 29th FEBRUARY, 1961 :

<b>Dyslalia.</b>							
Improved	...	...	...	...	...	...	78
No improvement :							
(a) Too erratic attendance	...	...	...	...	...	...	3
(b) Just registered	...	...	...	...	...	...	1
(c) On observation—Language problem (Child is of Indian extraction)	...	...	...	...	...	...	1
<b>Dyslalia and Stutter.</b>							
Improved	...	...	...	...	...	...	2
<b>Alalia.</b>							
Improved	...	...	...	...	...	...	5
<b>Stutter.</b>							
Improved	...	...	...	...	...	...	23
No improvement :							
(a) Too erratic attendance	...	...	...	...	...	...	6
(b) Just registered	...	...	...	...	...	...	2
<b>Hyperrhinophonia</b>							
Improved	...	...	...	...	...	...	4
<b>Cleft Palate.</b>							
Improved	...	...	...	...	...	...	3
<b>Cerebral Palsy.</b>							
Improved	...	...	...	...	...	...	3
<b>Partial Deafness.</b>							
Improved	...	...	...	...	...	...	1
<b>Idioglossia.</b>							
No appreciable improvement	...	...	...	...	...	...	1
Total ...							133

The patients seen at Fronfraith are to be seen at monthly intervals over a period of six months for the purpose of establishing whether there are any attenders who might be able to benefit from speech therapy.

## DISCHARGES :

Dyslalia	...	...	...	...	...	...	45
Alalia	...	...	...	...	...	...	2
Stutter	...	...	...	...	...	...	16
Cerebral Palsy	...	...	...	...	...	...	2
Partial Deafness	...	...	...	...	...	...	2
Total ...							67

## CONDITION ON DISCHARGE :

<b>Dyslalia.</b>							
Speech normal	...	...	...	...	...	...	36
Improved :							
(a) Family moved—case transferred	...	...	...	...	...	...	2
(b) Too erratic attendance to benefit	...	...	...	...	...	...	3
No improvement :							
(a) Non-attendance	...	...	...	...	...	...	4



**Alalia.**

Speech normal	...	...	...	...	...	...	2
---------------	-----	-----	-----	-----	-----	-----	---

**Stutter.**

Speech normal	...	...	...	...	...	...	12
---------------	-----	-----	-----	-----	-----	-----	----

## Improved :

(a) Left school	...	...	...	...	...	...	1
-----------------	-----	-----	-----	-----	-----	-----	---

(b) Left District—transferred	...	...	...	...	...	...	1
-------------------------------	-----	-----	-----	-----	-----	-----	---

## No improvement :

(a) Non-attendance	...	...	...	...	...	...	1
--------------------	-----	-----	-----	-----	-----	-----	---

(b) Child gypsy—left district, address unknown	...	...	...	...	...	...	1
--	-----	-----	-----	-----	-----	-----	---

**Cerebral Palsy.**

## Improved :

(a) Child attending Residential C.P. School	...	...	...	...	...	...	1
---	-----	-----	-----	-----	-----	-----	---

(b) Improved as much as he can in circumstances at present	...	...	...	...	...	...	1
--	-----	-----	-----	-----	-----	-----	---

**Partial Deafness.**

## Improved :

(a) Left school	...	...	...	...	...	...	2
-----------------	-----	-----	-----	-----	-----	-----	---

Total	...	...	...	...	...	...	67
-------	-----	-----	-----	-----	-----	-----	----

The Speech Therapy service has had another smooth running year. Attendances at all clinics (with one exception and this has now been dealt with) have been excellent and co-operation and interest of parents encouraging.

Since September there has been slight re-arrangement of Clinics. One day a week being spent in Rhyl, instead of fortnightly, and a weekly session at Flint instead of Saltney. This is proving a very satisfactory change, and has helped to spread the case load throughout Deeside more evenly.

The distribution of types of cases follows the pattern of previous years, but there are a greater number of current cases and less discharges in proportion to last year's figures. Quite a considerable number of these current cases are nearing the end of their therapy and are on observation, and treatment at various length of intervals.

I would like to emphasise the encouragement of early referrals of children who show abnormal speech development. This can often save considerable psychological and academic handicaps from developing as additional complications to the patient and anxiety for the parents. This is apart from the possible increase in severity of the speech defect itself—especially stuttering—if the speech is left to jog along unattended.

There has been no obviously dramatic change in the working of the Clinics and I have always found liaison between the various departments working on cases to be good. During the past year, as far as my work is concerned, I feel this has made even greater progress. Investigation requests have been dealt with in most cases quickly, and in all cases efficiently. Relevant reports have been circulated as a matter of course, so keeping one up to date and tying the case up as a whole, which is so essential from the diagnostic and treatment points of view.



May I thank Dr. Roberts and all the other people of the Medical, Educational and Office Staff with whom I have been connected, for their considerable help in the past year, which is very much appreciated. It will always remain a mystery to me, how Mr. Trevor Jones can always produce an answer—usually swiftly—to my numerous variety of queries. He contributes a lot from the office towards the smooth running of the Speech Therapy Service.

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 ...	157	54
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	1	—
(c) Pupils who received B. C. G. vaccination ...	1057	—
(d) Other :—		
(1) Lymphatic glands ...	8	9
(2) Heart and circulation ...	—	24
(3) Lungs ...	11	60
(4) Development ...	9	36
(5) Nervous system ...	4	25
Total (a) - (d) ...	1247	208

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

The statistics in Table 10 relate to the work carried out by four full-time Dental Officers and two part-time Officers until the 3rd July, 1960; from the 4th July to the 22nd July by six full-time Officers and one part-time Officer; and from the 23rd July by six full-time Officers. The Part-time Officers conducted 222 three-hourly sessions.



TABLE 10

## DENTAL INSPECTION AND TREATMENT.

Description.						Number.
(1) Pupils inspected by the Authority's Dental Officers :—						
Periodic Age Groups	...	...	...	...	...	14145
Specials	...	...	...	...	...	3640
Total (Periodic and Specials)						17785
(2) Found to require treatment						
	...	...	...	...	...	13973
(3) Number offered treatment						
	...	...	...	...	...	12600
(4) Actually treated						
	...	...	...	...	...	6967
(5) Attendances made by pupils for treatment, including those recorded at heading 11 (h)						
	...	.....	...	...	...	17286
(6) Half-days devoted to—						
Inspection	...	...	...	...	...	126½
Treatment	...	...	...	...	...	2237½
Total (Half-days)						2364
(7) Fillings—						
Permanent Teeth	...	...	...	...	...	8797
Temporary Teeth	...	...	...	...	...	743
(8) Number of Teeth filled—						
Permanent Teeth	...	...	...	...	...	7586
Temporary Teeth	...	...	...	...	...	691
(9) Extractions—						
Permanent Teeth	...	...	...	...	...	3735
Temporary Teeth	...	...	...	...	...	7068
(10) Administrations of general anæsthetics for extraction...						
	...	...	...	...	...	5805
(11) Orthodontics—						
(a) Cases commenced during the year	...	...	...	...	...	138
(b) Cases carried forward from previous year	...	...	...	...	...	236
(c) Cases completed during the year	...	...	...	...	...	86
(d) Cases discontinued during the year	...	...	...	...	...	25
(e) Pupils treated with appliances	...	...	...	...	...	171
(f) Removable appliances fitted	...	...	...	...	...	73
(g) Fixed appliances fitted	...	...	...	...	...	109
(h) Total attendances	...	...	...	...	...	1373
(12) Number of pupils supplied with artificial dentures						
	...	...	...	...	...	174
(13) Other operations—						
Permanent Teeth	...	...	...	...	...	2227
Temporary Teeth	...	...	...	...	...	648



## DENTAL REPORT, 1960

During 1960, two events worthy of special note occurred. For the first time in the history of the School Dental Service in this County we finished the year with a full establishment of six Dental Officers, and secondly it was decided to purchase a Mobile Dental Unit.

In July, Mr. Hewitt, who for over two years had worked on a part-time sessional basis, was appointed to a full-time post at Holywell Clinic, and Mr. Eaves on the same day was appointed to a full-time post at Shotton Clinic. Both these Clinics cover thickly populated areas, with high acceptance rates, and it is gratifying to know that a start can now be made to develop and build up a complete dental service for the children in these areas.

We have also commenced regular Clinics at Penley on one day each week. This is not the easiest of areas to organise, but it is hoped that sufficient support will be forthcoming to justify a regular service.

It has always been a problem to provide an adequate service for some of the country schools. Flintshire, on the whole, is well provided with Clinics. Unfortunately, the majority of the patients from the country districts are entirely dependent on 'bus services, and from some areas these are very infrequent, in many cases a visit to the Clinic of half an hour has meant for a child, and quite often a parent, an absence of half a day. It has been felt for some time that though parents might be prepared for this inconvenience in the case of toothache and extractions, a course of fillings involving four or five visits was quite impossible. The provision of a fully equipped Mobile Dental Unit appears to be the answer for these country areas. The Unit will be parked in the school grounds, and interruption to normal lessons will be cut to a minimum.

During the year additions have been made, where possible, to the static clinics. We are hoping to buy two more high speed turbines. The one at Mold Clinic has been a big help in reducing the time of cavity preparation. These instruments must now be considered as a standard equipment rather than a luxury, and we look forward to installing them in all our Clinics in the near future.

Health Education has been taught in schools wherever possible and our thanks are due mainly to Mr. E. Lewis, the County Public Health Inspector, who has shown films on Dental Health in many schools throughout the County, often under very difficult circumstances, and to the Health Visitors who have tried to educate as many children as possible in Dental Hygiene.

There is still a need for Orthodontic Treatment. It has been possible during the year to treat the simpler types of irregularities as part of routine treatment. This has enabled Mr. Broadbent to concentrate on the more difficult and unusual cases.

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 - 121 (excluding Technical Colleges, etc.).

Nursery	...	...	...	...	1
County Primary	...	...	...	...	56
Voluntary Primary	...	...	...	...	46
Secondary Modern	...	...	...	...	10
Secondary Grammar	...	...	...	...	5
Bilateral	...	...	...	...	3
					<hr/>
					121
					<hr/>

Of these schools only one County Primary School is without water carriage sanitation—Gwaenysgor. There are six Voluntary Primary Schools without water carriage sanitation—Bangor-on-Dee, Higher Wych, Leeswood, Nannerch, Rhydymwyn, 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 minimise 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 13,413 meals on an average per day, an annual total of 2,600,000. Meals are carefully planned and well balanced and a specimen menu is given below:

#### Typical menu served at a School in the County

MONDAY.	Corned beef, winter salad, baked jam roll with custard.
TUESDAY.	Stewed steak, with onion, potatoes, carrots, jam tart and custard.
WEDNESDAY.	Beef sausage, mashed potatoes, tomatoes, apricots and cream.
THURSDAY.	Roast pork, apple sauce, potatoes, cauliflower, semolina pudding with jam.
FRIDAY.	Golden fillet of fish, creamed potatoes, peas, chocolate sponge pudding with white sauce.

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, 116 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 1960, 100 % milk supplied to schools was pasteurised.



For the County as a whole, out of a possible total of 25,273 children, 18,733 took milk at school regularly (74.51%). The percentage taking milk varies greatly from school to school, the lowest being 26.55%, the highest being 100%, the average being 77.8%.

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.**—Progress with health education in schools was made during 1960. Much of the work started in 1958 was still being pursued in schools, particularly secondary schools. As mentioned last year, a considerable amount of the health education is done by the teaching staff as part of school activities, the Health Department helping with specialised subjects and visual aids. This approach to health education through the ordinary school activities is one that the Ministry of Education favour and undoubtedly the best long term method of raising the standards of healthy living in the community. Education is fitting a child to meet the demands of life and it is acknowledged by all that in this process a knowledge of the principles of healthy living is essential.

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 P. M. Matthews, the Superintendent Health Visitor.

Health education in schools in the County is developing slowly but steadily. We in the School Health Service can offer quite a lot of help to teachers in this work, help with staff to give talks on selected topics, and with various forms of visual aids. We are anxious to offer help and at all times work with the Teaching Staff, and Health Education in my opinion is "education" and, therefore, the part of the work of the school and the teaching staff, and our job is to offer technical help when requested. I would like to say that good co-operation has been achieved between the teachers throughout the County and the staff of the Health Department—both doctors and school nurses—and I would like, once again, to thank all the teachers in the schools we have visited for their co-operation and active interest.

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

**School Milk.**—All schools are supplied with pasteurised milk for drinking purposes. One school received raw T.T. milk for use in its schools meals kitchen and a sample of this milk, when submitted to the Bacteriologist, was found to contain brucellosis. However, the producer had stopped supplying the school with the milk before the receipt of the adverse report.

One hundred and sixteen samples of school milk were taken during the year and submitted for chemical and bacteriological analysis and all were found satisfactory. Two complaints were received of broken glass being found in milk bottles and on examination it was found that the rims of the two bottles concerned were broken, probably as the result of the rough handling of the crates.

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.**—Samples of food stuffs delivered to the School Meals Service were submitted for bacteriological and chemical analysis. Amongst these were desiccated coconut, skimmed milk powder, minced beef, ice cream, flour, vinegar, potatoes and sausages.

Bacteriological swabs were taken from the School Meals crockery and cutlery, and from containers used for delivering meat to the schools from the contractors' premises. The attention of the Local Authority concerned was drawn to the condition of one contractor's premises.



Inspections were made of the School Meals canteens and attention paid to the structural condition of the premises, the hygienic handling, storage and distribution of the food, the cleanliness of the utensils and crockery, the storage and disposal of waste food, staff cloakrooms and conveniences.

A considerable amount of work is carried out in these school kitchens and, consequently, the wear and tear of equipment is heavy and its replacement is expensive and slow.

The Clean Food Hygiene Regulations deal with every aspect of the hygienic handling of school meals and their preparation, storage and distribution. They include the provision for the personal cleanliness and health of the food handlers, cloakroom accommodation, first aid equipment, provision of separate wash hand basins with hot water supply and towels, and for notices to be displayed requesting the staff to wash their hands after using the conveniences, etc.

These requirements are compulsory, with penalties for non-compliance, and the Local District Health Authorities have powers to enforce them.

One lecture demonstration and a film on Clean Food Handling was given to the School Meals Staff. I have received every co-operation from Mr. Parry, School Meals Organiser, and his staff.

E. LEWIS,

County Public Health Inspector.



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sanitary condition and distribution of the food, the cleanliness  
of the premises and stock, the storage and disposal of waste  
material, the ventilation and convenience of arrangements for  
the children and the general condition of the school.  
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#### E. LEWIS

County Public Health Inspector

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