

[Report 1961] / School Health Service, Flintshire County Council.

Contributors

Flintshire (Wales). County Council. School Health Service.

Publication/Creation

1961

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FLINTSHIRE
EDUCATION
COMMITTEE



REPORT

on the work of the

*Flintshire School
Health Service*

in relation to the year

1961



Flintshire Education Committee



REPORT

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Flintshire

School Health Service

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INTRODUCTION

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

During 1961, the School Health Service continued to function smoothly, and in certain branches developments took place during the year which further improved the service given to school children in the County.

The year was possibly noteworthy in that it was possible to visit all schools in the County to carry out medical inspections and other work. In the past three years it will be recalled that some schools were not visited due to the additional work entailed in meeting the demands made by extra clinic sessions needed for poliomyelitis vaccination. During the year a fourth or booster dose of poliomyelitis vaccine was recommended for children between 5 and 11 years of age. This work was started in May and before the school summer holidays at the end of July all children willing to have a fourth dose of vaccine had been vaccinated at school or by their own doctor—in all a total of 10,162. At the end of the year, 22,767 children between 5 and 15 years of age had been protected against poliomyelitis. This means that 89.51% of school children in the County had received protection—which is a very satisfactory position.

I would like to thank the Welsh Hospital Board and the Clwyd and Deeside Hospital Management Committee for their valuable help in providing good consultant facilities for school children in the County. Full details of the facilities available appear in the report and details of the new arrangements to provide improved Consultant Orthopædic cover in the County. This speciality was the only one needing review and with the service now provided by Mr. Robert Owen, the Consultant Orthopædic Surgeon to the Clwyd and Deeside Hospital Management Committee it is hoped that these difficulties will cease to exist.

The Child Guidance Clinic team continued to do valuable work during the year in spite of staff shortages and several staff changes. Dr. E. Simmons, the Consultant Child Psychiatrist, refers to the possible use of his staff to help those that come into contact with the parents of small

children, to advise on preventive measures, or possibly to give positive help in right attitudes towards problems of emotional development in young children. This work is much needed and would reduce the incidence of maladjustment in children of school age—particularly children in infants and primary schools who show signs of emotional disturbance when they come into contact with other children who have more stable personalities and more secure backgrounds.

In January, an epidemic of influenza affected school attendances throughout the County, and although the epidemic started on Deeside it soon affected all schools in the County. The outbreak was due to Type A virus (Asian Flu) affecting mainly children, lasting about five to seven days and with few complications. The outbreak was at its height in mid-February and over at the end of March. Several teachers were affected by the epidemic and it was decided to offer Influenza Vaccine to teachers and others in the Autumn of 1961. In all, 561 teachers were vaccinated against influenza in November by the School Medical Staff, the vaccine being paid for by the Education Authority.

We were fortunate again in 1961 in having a full establishment of dental officers—one Principal Dental Officer and five Dental Officers. In addition a Consultant Orthodontist does sessional work for the Authority and this has proved of great value in materially reducing the waiting time for this specialised treatment to correct dental abnormalities. In June the Mobile Dental Clinic, ordered in 1960, was delivered and went into use in schools not easily accessible to static dental clinics. This mobile clinic is a purpose built clinic fitted with modern dental equipment and designed specially for child dentistry.

Our health education activities continued and indeed increased during the year. Our policy remained the same of providing facilities to schools to enable their own staff to carry out health education programmes of their choice. All staff of the department—medical, nursing and others—visited schools for this purpose and obtained visual and other aids to help in the work of health education in schools. Our long term projects previously started in selected secondary schools continued during the year, also, several "Health Weeks" were arranged in primary schools and these were followed up to try and apply in practice the principles taught during the "Health Week".

The problem of children absent from schools for long periods without adequate reasons continued to give concern to the department during the year as in the past. Close co-operation was maintained with General Practitioners and school welfare officers in this matter, and independent medical examinations arranged when this appeared desirable. This procedure helped, in some measure, but many children still had irregular attendances and it appears that the most important single cause of this

is over-protection by parents. Some years ago the majority of poor attendances were amongst children from "poor" homes—this group still remains but is smaller than the over-protected group.

I would again like to thank the Director of Education and his staff for their ready co-operation during the year. Also, Her Majesty's Inspectors of Schools, Headmasters and members of School Staffs for their valuable help and interest.

The medical, dental, nursing and clerical staff of the Department all gave excellent service during the year, and I would, in particular, like to thank Dr. E. Pearse for her work as 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 like also to pay tribute for their work during the year and for collating the information for this 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. (left 4.6.61)
G. F. Devey, M.B., Ch.B., D.P.H. (from 5.6.61 to 31.12.61).

Senior Medical Officer :

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

Assistant Medical Officers (full-time) :

G. F. Devey, M.B., Ch.B., D.P.H. (until 4.6.61—see above).
W. Manwell, M.B., B.Ch., B.A.O., D.T.M., C.M., D.P.H.
Lillie Lund Munro, M.B., Ch.B., D.P.H. (since 1.9.61).

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

Dr. E. M. Harding
Dr. Marie Beddow (left 31.8.61)
Dr. L. Sheargold
Dr. M. J. W. Dobbin

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.
D. J. Fraser, M.B., Ch.B., D.P.H.
D. P. W. Roberts, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
(from 1.3.61)

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) :

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

Orthopædic Consultant (Regional Hospital Board Staff) :

Robert Owen, M.Ch. (Orth.), 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. (left 10.2.61)
David R. Pearse, B.D.S. (from 1.9.61)

Orthodontic Consultant (Part-time—Temporary Sessional) :

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

Dental Anaesthetists (Part-time sessional basis) :

Dr. A. H. Babington

Dr. M. E. Lloyd

Dr. J. M. Hands

Dr. C. W. Fisher

Dr G. E. S. Robinson

Speech Therapist (Part-time) :

Mrs. R. E. Ward, L.C.S.T.

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

Miss P. M. Matthews, S.R.N., S.C.M., H.V.Cert., N.A.P.M. Cert.,

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

†Miss E. Weston, Senior Health Visitor/School Nurse

Miss M. J. Hughes

Mrs. M. E. Pearce

Miss J. M. Jewell

Mrs. E. G. E. Rees

Miss Ellen Jones

Mrs. J. Thomas

Miss G. Jones

(Retired 31.12.61)

Miss G. Jenkins

Mrs. D. Thompson

†Miss J. S. Rogers

Miss M. W. Wright

Miss M. Lees

Miss E. M. L. Morgan

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

Miss G. M. Jones

Miss A. M. Stewart

Mrs. D. M. Lewis

Mrs. L. Pritchard

Miss M. Williams

Miss M. Y. Secker

Mrs. M. Jones (from 9.10.61)

† Also part-time Health Education Officers

Clinic Nurses (Part-time sessional) :

Mrs. M. M. Digweed

Mrs. R. Williams

Mrs. A. R. Iball

Mrs. R. Connah

Mrs. H. Davies

Visitors for Chest Diseases :

Mrs. M. M. Roberts, S.R.N., S.C.M., T.B.Cert.

Mrs. I. M. Beedles, S.R.N., B.T.A. (Left 16.12.61).

Dental Surgery Assistants :

Mrs. L. M. Martin; Miss M. E. Roberts; Miss B. M. Powell; Mrs. B. M. Welch; Mrs. P. Thomas; Mrs. M. D. Lloyd-Jones (Part-time); Mrs. J. M. Mills (Part-time from 16.1.61); Mrs. M. Price (Left 10.3.61); Miss K. Williams (from 2.10.61).

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. R. W. Harvey, A.R.I.B.A.**County Treasurer :** Mr. S. Elmitt, I.M.T.A.**Physical Training Organiser :** Mr. Bertram W. Clarke.**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
1961 Mid-year Estimate	....	....	....	....	....	....	149,240

Number of Schools—

Nursery	...	...	...	...	...	...	1
Primary : County 58 ;	Voluntary 45 ;	Total	...	...	...	...	103
Secondary Modern	...	...	...	...	...	...	10
Secondary Grammar	...	...	...	...	...	...	5
Bilateral	....	....	....	....	....	....	4
Technical College	...	...	...	...	...	...	1
Horticultural Institute	1

School Child Population—

On School Registers (1961-62)	25,544
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Financial Circumstances of County—

Estimated Product of a Penny Rate—1961-62	£10,042
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Number of Flintshire Live Births—

Year 1961	2,715
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Number of Flintshire Deaths (1961)—

Infantile	68
General	1,952

Medical Officers—

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

Full-time Officers	†6
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School Nurses—

Serving half-time also as Health Visitors	21
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Dental Surgery Assistants—

Full-time	6
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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 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, Rowleys Drive. 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 1961, 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 3 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 3 months.

Shotton—Rowleys Drive. 1st and 3rd Wednesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 3 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—Rowleys Drive. 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—Rowleys Drive. 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).
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.

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—Rowleys Drive. Second and fourth Wednesday in each month (morning and afternoon, by appointment only).

Section 2

A.—STAFF

Medical.—Dr. E. H. Annels, Deputy County Medical Officer, left on 4th June 1961 to take up a senior appointment with Liverpool Regional Hospital Board.

Dr. G. F. Devey, formerly Assistant Medical Officer, was appointed to succeed Dr. E. H. Annels as Deputy County Medical Officer and took up his appointment on 5th June 1961. He resigned this appointment, however, and terminated his service on 31st December 1961.

Dr. D. P. W. Roberts was appointed to succeed Dr. R. Rhydwen as Assistant Medical Officer and Medical Officer for the Rhyl Urban, Prestatyn Urban and St. Asaph Rural Districts. He took up his duties on 1st March 1961.

Dr. Lillie L. Munro was appointed to the post of Assistant County Medical Officer vacated by Dr. G. F. Devey and commenced duty on 1st September 1961.

Dr. Marie Beddow ceased to be employed as a part-time Medical Officer with the Authority during the year on taking up a post at a hospital in addition to helping her husband in general practice. Dr. Beddow started as part-time Medical Officer in March 1958 and was the first doctor to attend at various sessions of the mobile clinic when it was introduced in July 1958. During her stay with the Authority she undertook a wide range of duties and was always willing to undertake any new duties and help with the diverse medical duties of the department. She gave good service and was liked by all her colleagues and will be missed by all with whom she came in contact, particularly the mothers and staff in the areas visited by the mobile clinic.

Dental.—Mr. J. W. Eaves, Dental Officer, resigned his appointment and terminated his services on 10th February 1961.

Mr. D. R. Pearse, Dental Officer, commenced duty on 1st September 1961.

The following changes occurred also in the Dental Surgery Assistants Staff (formerly known as Dental Attendants):—

Mrs. M. Price, part time temporary Dental Surgery Assistant, left the service on 10th March, 1961.

Mrs. J. M. Mills commenced duty as part-time Dental Surgery Assistant on 16th January 1961.

Miss M. K. Williams commenced duty as full-time Dental Surgery Assistant on 2nd October 1961.

Nursing.—Mrs. Janet Thomas, Health Visitor/School Nurse for Mold district retired on the 31st December 1961, after twenty-two years service in the County.

Miss M. Williams, formerly Health Visitor for Shotton district, was appointed Senior Health Visitor for the Eastern area of the County based

at Mold. She, therefore, terminated her appointment as Health Visitor for Shotton on 31st December 1961 to take up her new duties on 1st January 1962.

Mrs. I. M. Beedles, Visitor for Chest Diseases for the Eastern half of the County, resigned her appointment and left the Service on 16th December 1961.

Mrs. Margaret Jones, who was appointed temporary Health Visitor/School Nurse for Buckley district on 9th October 1961, during the absence of the Health Visitor on a three months course, was transferred to the permanent appointment at Shotton to commence duty on 1st January 1962.

Dr. G. W. Roberts attended The Royal Society of Health Annual Conference held at Blackpool in April 1961. He also attended a Symposium on "Social Clubs for the Mentally Disordered" held at London in May 1961, and a Symposium on "The Health Visitor and the Family Doctor" held at London in October 1961.

Mr. A. Fielding attended the British Dental Association Annual Conference held at Harrogate in June 1961. He also attended a meeting of Principal Dental Officers held at Wolverhampton in October 1961 and the Dental Trades Exhibition held at London in October 1961.

Mrs. R. E. Ward attended the Speech Therapists' Conference at Birmingham in July 1961.

Miss G. M. Jones attended The Royal College of Nursing Care of the Aged Course held at Birmingham in March 1961. Mrs. I. M. Beedles attended the Royal College of Nursing Health Visitors' Refresher Course held at London in March 1961. Miss M. Williams attended the Summer School in Health Education held at Bangor in August 1961. Miss J. S. Rogers attended a Course in Administration at the William Rathbone Staff College, Liverpool, from the 14th September 1961 to the 4th December 1961.

B.—ADMINISTRATION.

The School Health Section of the department functions as a unit, and is responsible for all aspects of the work affecting the health of children in school, and young persons in establishments of further education. In addition, the section has to work in close contact with other sections of the department in order that services fit into a County Health Service, e.g., immunisation of children on school entry who have had initial protection in infancy.

During the year children were medically examined on entry into school—5 years plus, during their last year in a primary school 10 years+, and towards the end of their school life 14 years+. A great deal of detailed work is necessary in planning school medical inspections and in following up children found to have various defects at medical examination. In spite of additional sessions for poliomyelitis vaccination, all except four schools in the County were visited during the year and in all 6,920 pupils examined. During the year some preliminary

work was done on a new scheme of examining only children referred for a medical examination by the parent, teacher or school nurse, and it is hoped to start on this work in 1962 in selected areas.

Our B.C.G. Scheme continued during the year and full details are given later. A great deal of extra work was involved in the administration of the poliomyelitis vaccination scheme, for in addition to the three doses of vaccine given previously, a fourth dose was advocated in 1961 for children between five and twelve years of age who had already received three doses of vaccine. Further it was essential that the fourth dose be given before the summer holidays. At the end of the year 10,162 children had received a fourth dose of vaccine and in all 20,872 children of school age had received three injections.

The vaccination and immunisation section of the health department works in close touch with the school health service and in this way it is possible to check that children entering school at about five years of age are offered the necessary protection in the form of initial protection or "booster" doses.

In many schools now cleanliness inspections by school nurses have been replaced by class inspections. This was started three years ago in some secondary schools and the practice is gradually spreading in primary schools. The procedure to be adopted in a given school is left to the discretion of each school nurse—but with a steadily rising standard of cleanliness amongst school children it is felt that the practice of selected inspection is the right procedure to adopt.

The practice of reporting to the Youth Employment Officer on children unfit for full employment continued during the year and in fact was made more complete. When a pupil is examined prior to leaving school and a defect is found that may interfere with ordinary training or employment then a confidential medical report is submitted to the Youth Employment Officer. With the more serious disabilities, reports are only submitted after obtaining the consent of the parents.

During the year, our arrangements for following up children absent from school for long periods were examined and brought up to date. These children are visited by the School Welfare Officers who work in close contact with school medical officers, and school nurses. When it appears that a child is kept at home for no adequate reason, then the case is referred to this department and an independent medical examination arranged after consultation with the family doctor. In this way, many children are returned to school earlier than would be the case if not followed up, and we get the utmost co-operation in this work from General Practitioners and hospital medical staff.

Full records are kept of all handicapped pupils ascertained in the County and appropriate action taken as regards special educational treatment. In the majority of cases there is very little formality in the process of ascertainment, but with sub-normal children certain information has to be made available to the parents once it is decided to proceed

with ascertainment. The procedure to be adopted is laid down in the Mental Health Act 1959 and circulars from the Ministry of Education and the opportunity was taken this year to bring this practice up to date and to reduce the amount of formality to a minimum. It was felt that this was desirable as parents often do not follow the legal terms used in formal letters, and by simplifying the procedure one was able to give a simple explanation of what was being done and in this way obtain the parents' consent and co-operation. The new administrative arrangements were put into operation after consultation with the Director of Education and his staff.

The smooth administration of the school health service depends on team work within the department, and co-operation with many outside the office, such as teachers, school nurses, parents, doctors and hospital staff. This co-operation was present throughout the year as in the past and I very much appreciate this as it shows clearly that we all have one aim—to raise still further the standard of health of children of school age in the County.

TABLE I
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)
1957 and later	309	308	99.68	1	.32
1956	1090	1081	99.17	9	.83
1955	915	914	99.89	1	.11
1954	128	127	99.22	1	.78
1953	273	272	99.63	1	.37
1952	5	5	100.00	—	—
1951	1946	1943	99.85	3	.15
1950	202	202	100.00	—	—
1949	—	—	—	—	—
1948	—	—	—	—	—
1947	1899	1895	99.79	4	.21
1946 and earlier	153	152	99.35	1	.65
TOTAL	6920	6899	99.70	21	.30

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 Columns (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	98	118	208	10.14
Entrants	26	235	253	10.93
Other Age Groups	70	129	191	9.81
Additional Periodic Inspection	28	36	61	10.03
Total (Prescribed Groups)	222	518	713	10.30

It will be noted that the total defects requiring treatment in Entrants decreased from 11.02 % in 1960 to 10.93 % in 1961. Defects in leavers showed a marked decrease from 15.01 % to 10.14 % in 1961. Figures from 1958 to date are given below :—

	1958	1959	1960	1961
Entrants	6.24 %	6.47 %	11.02 %	10.93 %
Leavers	10.98 %	8.89 %	15.01 %	10.14 %
All Ages	8.52 %	8.76 %	12.66 %	10.30 %

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 75.67 % 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 86.87 % 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 Columns (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)
1957 and later	1	32	32
1956	9	100	107
1955	16	103	114
1954	4	11	14
1953	12	15	25
1952	—	1	1
1951	70	129	191
1950	12	9	21
1949	—	—	—
1948	—	—	—
1947	84	110	186
1946 and earlier	14	8	22
TOTAL	222	518	713

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	....	4735
Number of Re-inspections	....	5969
Total	....	<u>10704</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	46	52	60	29	35	48	141	129
5	Eyes (a) Vision .	26	135	98	133	98	210	222	478
	(b) Squint .	30	40	11	16	21	42	62	98
	(c) Other .	12	6	7	5	12	12	31	23
6	Ears (a) Hearing .	3	15	4	9	4	16	11	40
	(b) Otitis Media	7	12	1	1	5	8	13	21
	(c) Other .	3	8	3	1	4	9	10	18
7	Nose and Throat .	55	178	7	28	27	109	89	315
8	Speech	16	50	1	8	5	24	22	82
9	Lymphatic Glands	7	71	2	8	—	42	9	121
10	Heart	1	31	—	17	1	46	2	94
11	Lungs	13	80	2	21	5	52	20	153
12	Developmental :								
	(a) Hernia	2	8	—	1	—	7	2	16
	(b) Other	3	33	2	32	10	52	15	117
13	Orthopædic :								
	(a) Posture .	3	6	3	17	6	24	12	47
	(b) Feet .	34	31	9	16	14	33	57	80
	(c) Other .	13	51	13	40	14	67	40	158
14	Nervous System :								
	(a) Epilepsy .	1	4	—	—	4	4	5	8
	(b) Other .	6	13	4	5	4	16	14	34
15	Psychological :								
	(a) Development	3	17	—	12	5	33	8	62
	(b) Stability .	4	37	—	4	1	26	5	67
16	Abdomen	8	17	—	28	5	40	13	85
17	Other	2	13	2	2	3	19	7	34

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	291	126
5	Eyes—(a) Vision	417	799
	(b) Squint	80	76
	(c) Other	64	52
6	Ears—(a) Hearing	45	72
	(b) Otitis Media	31	23
	(c) Other	37	20
7	Nose and Throat	134	202
8	Speech	86	80
9	Lymphatic Glands	11	41
10	Heart	13	101
11	Lungs	48	114
12	Developmental—		
	(a) Hernia	6	17
	(b) Other	33	48
13	Orthopædic—		
	(a) Posture	12	22
	(b) Feet	57	89
	(c) Other	65	149
14	Nervous System—		
	(a) Epilepsy	3	24
	(b) Other	26	30
15	Psychological—		
	(a) Development	42	82
	(b) Stability	50	81
16	Abdomen	24	59
17	Other	147	296

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 as "specials" than amongst children seen at periodic school medical examinations.

Tables 5 and 6 show slight changes on 1960 and these are not significant in any way. The number of defects found requiring treatment and observation vary from year to year and in addition there are certain trends which have been noted fully in the past, e.g., gradual increase in psychological conditions found, reduction in ear, nose and throat defects, and the steady incidence of eye defects. It will be noted that defects requiring observation far exceed defects requiring treatment. This is a good sign and means that conditions are being discovered early before active treatment is necessary, and with careful supervision and advice, active treatment may not be required.

As in previous years the commonest defect found was defective vision. During 1961, there was a decrease in the number of children needing treatment (823—639) and observations (1295—1277) for defective vision. The majority of those needing treatment were in need of spectacles which are 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 (313—316).

Defects of hearing ascertained in 1961 decreased to 168 from 191 in 1960. The greater number were cases needing observation (112 out of 168). Miss C. Williams, the Consultant Ear, Nose and Throat Surgeon for the Clwyd and Deeside Hospital Management Committee, continued her two special clinics for school children during the year and gave excellent service which was very much appreciated by the parents and the staff at the department.

Defects of the nose and throat discovered also show a decrease for 1961. A total of 223 defects needing treatment and 517 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.

During 1961, cases requiring active speech therapy increased to 108 from 94 in 1960. Cases requiring observation decreased during the same period. As more speech therapy sessions are now available, waiting time for treatment is still only a matter of two to three weeks.

It will be noted that the majority of heart defects discovered only required observation—observation 195, treatment 15. 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.

Orthopædic defects discovered in 1961 needing treatment and observation fell compared with 1960 from a total of 1,109 to 788. During October, the Orthopædic Clinics for children in the County ceased to be attended by Consultant staff from the Gobowen Orthopædic Hospital and were taken over by Mr. Robert Owen, the Consultant Orthopædic Surgeon for the Clwyd and Deeside Hospital Management Committee. It is hoped that Mr. Robert Owen will be able to attend the clinics more frequently in future, and in this way reduce the waiting list considerably, and also offer better service to those children requiring after-care and observation. Mr. Robert Owen is anxious to give a good service for school children and to co-operate with the school health service in every possible way.

Though the figures of children found with emotional disturbances decreased from 442 in 1960 to 397 in 1961, the position is still serious enough to cause concern. The figures of children found only reveal part of the problem, as many children with mild disturbances are often not found for many months, and what gives cause for concern is the increasing number of seriously disturbed children. Seriously disturbed children present a very difficult medical and social problem and require help from various members of the Child Guidance team for prolonged periods often two or more years before any improvement is revealed. Emotional disturbance in the child, also has repercussions on other members of the family, particularly other children and on classmates in school. I feel that our best approach to this problem is by using school nurses, mental welfare officers and the Child Guidance team and teachers to advise parents on the needs of children for security and affection. There is no substitute for parental “care” and it is very difficult to convince some parents that these two elements—security and affection—matter so much to children of all ages. Many persons are under the impression that emotionally disturbed children are a feature of the poorer “problem” type family. Numerically more children in this type of family are disturbed—but some of the more seriously disturbed children are found in homes where material conditions are good and the parents of good intelligence. The remedy is the same in both types of families—but the approach will have to be very different. All members of the school health service are trying to meet the need—the work is slow and time consuming—but the problem has been appreciated and every effort is being made to help parents to help themselves.

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 interests 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	2314	2303	99.52	11	.48
Leavers	2052	2047	99.75	5	.24
Other Age Groups	1946	1943	99.85	3	.15
Additional Periodic Inspections	608	606	99.67	2	.33
Total	6920	6899	99.70	21	.30

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

During 1961 the percentage of children found satisfactory in all age groups was 99.70. Of the total examined, 6,920, only 21 (0.30 %) 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 922 in 1960 to 957 in 1961.

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 1961.

It should also be pointed out that of the 957 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
1961	....	....	957	5.57

It is hard to explain the increase in 1961 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 "Suleo" or "Lorexane" 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 1962 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	17,174
Total number of examinations in the schools by the School Nurses or other authorised persons	45,553
Total number of individual pupils found to be infested	957
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 37.44 % 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 1961 increased to 1,291 from 1,252 in 1960.

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 1961, however, represents 47.55 % 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
1961 —	" " " "	... 1291

Immunisation.—"Triple" antigen is now offered to all babies both by General Practitioners and in County Clinics. Triple antigen is a mixed vaccine of Diphtheria, Whooping Cough and Tetanus, and three injec-

tions at monthly intervals protect the child against these three serious illnesses. When the child enters school at five years of age a "booster" dose of Diphtheria/Tetanus is offered.

Whooping Cough vaccine is not offered in the "booster", as whooping cough is an illness of children under five years of age—or at least it is only a serious illness in children under five years of age.

During the year 1961 the number immunised was :—

Aged 0 — 4 years	....	....	....	2,261
Aged 5—14 years	....	....	....	593
				<hr/>
				2,854
				<hr/>

Of the 2,854 children who received primary injection against Diphtheria 2,537 received a combined injection for Diphtheria and Whooping Cough, and of these 2,537 cases, 1,995 children received the triple injection, i.e., combining Diphtheria, Whooping Cough and Tetanus.

A total of 1,451 children received re-inforcing injections against Diphtheria, 188 of these received a combined injection for Diphtheria and Whooping Cough, and of these 188 cases 65 received re-inforcing injections of triple vaccine.

Children can be immunised free of charge either by their own General Practitioner or at a school clinic. "Booster" doses are given at school at the end of the school medical examination for the convenience of the parents, and in an attempt to get a high acceptance rate, and this has proved to be the case.

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, 1961

Blind	....	....	....	....	4
Partially Sighted	....	....	....	....	17
Deaf	....	....	....	....	8
Partially Deaf	....	....	....	....	18
Educationally sub-normal	....	....	....	....	132
Epileptic	....	....	....	....	23
Physically handicapped	....	....	....	....	143
Delicate	....	....	....	....	58
Speech	....	....	....	....	1
Maladjusted	....	....	....	....	21
					<hr/>
Total	....	....	....	....	425
					<hr/>

Twenty-five 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	8	Maladjusted	....	....	7
Delicate	....	....	....	....	—
Epileptic	....	....	....	....	4
Partially Deaf	....	....	....	....	1
Partially Sighted	....	....	....	....	—
		Speech	....	....	....

During the year places were found in Special Schools or Homes for 7 handicapped pupils (Partially sighted 1, Partially Deaf 1, Physically handicapped 2, Epileptic 2, Maladjusted 1). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 45.

They were of the following categories :—

Blind and Partially Sighted	....	....	14
Deaf and Partially Deaf	....	....	10
Educationally sub-normal and maladjusted			11
Epileptic	....	....	2
Delicate and Physically Handicapped	....		8
			<hr/> 45 <hr/>

Eighteen handicapped children received home tuition during the year, 16 of these were still receiving home tuition at the end of the year, 4 pupils received bedside tuition in hospital, and 24 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 39 ; of this number 20 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools	....	....	10
Requiring places in Special Day Schools	....	....	10
			<hr/> 20 <hr/>

In addition to the above, 15 children were ascertained to be incapable of education in school; these were reported to the local Authority in accordance with the requirements of Section 57 of the Education Act, 1944, as amended.

It will be noted from the number of ascertained handicapped pupils that at the end of 1961 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 Residential School for the Physically Handicapped at Llandudno opens in September 1962 and places for fifteen Flintshire pupils are reserved at the school. Arrangements are already being made to select pupils for this school and this new provision will meet a real need in providing education and treatment for this group of handicapped pupils, many of whom are unable at present to attend ordinary schools and are receiving home teaching as a temporary measure pending the provision of residential schooling.

During the year several Flintshire children continued to attend the day unit for spastics at the Maelor General Hospital, Wrexham. Special transport is provided for these children who are under the care of Dr. E. G. Gerald Roberts, the Consultant Pædiatrician at the Unit. Work also started in 1961 on the day unit for spastics at Chester—this is being built by the Chester and District Branch of the National Spastics Society and the unit will be ready early in 1962. When completed, this unit will cater for Chester and parts of Flintshire and Cheshire.

This means that the needs of the physically handicapped children in the County will, I hope, be adequately met for the first time—either in an ordinary school, day special unit, or residential school.

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 already been pointed out that 39 children are awaiting vacancies in special schools, made up as follows :—

Blind and Partially Sighted	....	....	1
Delicate and Physically Handicapped			4
Educationally sub-normal	....	....	20
Maladjusted	....	....	11
Epileptic	....	....	3
Deaf	....	....	—
			<hr/>
			39
			<hr/>

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

The provision of special schooling, particularly residential schooling, can only be met in North Wales by joint action between the education authorities as the number of handicapped pupils in various categories is too small to warrant each authority to set up their own schools. This policy of joint action has been accepted and acted upon to meet the needs of the blind, deaf and dumb and now the physically handicapped. It is hoped that the future needs of other handicapped children in North Wales will be met in the same way and there are already indications that a special residential school for the maladjusted may be contemplated in North Wales in the future to meet the needs of this very special and difficult group of children.

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 1961, 57 teachers, 65 canteen staff, and 5 school caretakers were examined and reported on by the medical staff.

In addition, 90 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 it is a condition that all new County Council staff on engagement have a medical examination and this includes a chest X-Ray examination. During the year, in addition to the medical examinations in the Education department, a total of 186 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 1961, 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.

In Circular 6/61 (Wales) received in January 1961, the Ministry of Health stated that B.C.G. could, in future, be offered to children ten years of age or more. This matter was considered later by the School Health Service Sub-Committee which resolved not to vary the present procedure in the County as the scheme was working well and no useful purpose would be gained by lowering the age group at the present time.

During the year all secondary schools 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.

Children found to have positive Mantoux tests, are referred to the Mass X-Ray Unit for a chest X-Ray. Those with strongly positive Mantoux tests are referred to the Chest Physician for examination and a large plate chest X-Ray. The number of children with strongly positive Mantoux tests is very small—but they do present a very special group as it is very likely that they are in contact with an infectious case of tuberculosis or have had fairly recent close contact with a case.

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 29.

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 1961, 860 "contacts" were skin tested and found suitable for B.C.G. vaccine and received vaccination at a Chest Clinic.

A high percentage of the 860 persons who were skin tested were children of school age, and also includes persons over school age who were tested at Chest Clinics.

B.C.G. VACCINATION OF SCHOOL CHILDREN, 1961

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	163	159	139	33 (25 %)	98 (75 %)	81
Rhyl Secondary Modern	164	149	133	35 (27 %)	95 (73 %)	73
Rhyl Grammar	118	107	103	7 (7 %)	93 (93 %)	77
Rhyl Welsh Bilateral	61	61	56	17 (33 %)	35 (67 %)	28
Holywell Grammar	121	116	112	29 (26 %)	83 (74 %)	72
Holywell						
Secondary Modern	161	139	121	29 (24 %)	92 (76 %)	70
St. Asaph Grammar	85	80	77	29 (41 %)	41 (59 %)	38
Flint Secondary Modern	136	134	120	37 (31 %)	82 (69 %)	59
Flint Blessed Richard Gwyn Sec. Modern	65	65	59	23 (40 %)	34 (60 %)	25
Mold Grammar	129	128	124	30 (24 %)	94 (76 %)	80
Mold Secondary Modern	171	162	137	47 (34.5 %)	89 (65.5 %)	66
Hope Secondary Modern	112	103	93	21 (22.58 %)	72 (77.42 %)	54
Buckley						
Secondary Modern	105	96	88	27 (31 %)	60 (69 %)	51
Hawarden Grammar	115	112	103	53 (52 %)	49 (48 %)	24
Saltney						
Secondary Modern	78	76	67	6 (9 %)	61 (91 %)	57
Deeside						
Secondary Modern	122	118	100	21 (21 %)	78 (79 %)	68
Aston Secondary Modern	275	252	237	47 (20 %)	188 (80 %)	172
Penley Bilateral	144	120	110	46 (43 %)	61 (57 %)	48

Average No. % Positive for 1961 = 27 %

Mass Radiography.—The Semi-Static Mass X-Ray Unit continued to operate in the County during 1961, visiting four centres—Holywell, Rhyl, Shotton and Mold—every three weeks. This unit is open to the public without prior appointment and is also used by General Practitioners who refer patients with "chest" symptoms for X-Ray. In addition, the unit examines children found to have a positive Mantoux test when examined prior to offering B.C.G. vaccine.

Many of the new employees examined prior to starting work with the Authority also attend one of the centres for a chest X-Ray. A few are cases with a history of tuberculosis or are contacts of cases being referred to the Chest Clinics for a full examination and report.

Full details of the work of the Mass X-Ray Units in the County are given in the Report of the Medical Officer on the Health of Flintshire for 1961.

C.—TREATMENT.

Clinics.—School Clinics continued to be held during 1961 at ten centres and with the exception of Buckley, the premises are adequate and possess modern facilities including dental surgeries, at the majority. The new clinic at Buckley was commenced during the year and will be ready for use early in 1962. With the completion of this clinic, all school clinic premises in the County will be satisfactory and equipped with modern facilities for diagnosis and treatment.

It should be pointed out that nearly all "special" examinations, treatment and follow-up are done at school clinics and so it is important that clinic premises and equipment are of a high standard to enable doctors and nurses to carry out their duties efficiently.

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.

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	2	1
Scabies	3	—
Impetigo	34	—
Other Skin Diseases	185	86
Total	224	87

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	30	41
Errors of Refraction (including squint)	1420	—
Total	1450	41
Number of pupils for whom spectacles were :—		
(a) Prescribed	*703	—
(b) Obtained	*703	—
Total	*703	—

* 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.

During the year the number of children examined at the four clinics with errors of refraction was 1,420, compared with 1,394 in 1960. During 1961, 703 pairs of spectacles were prescribed compared with 777 in 1960.

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 work of the Ophthalmic Clinics at Mold and Shotton has continued as formerly and each clinic is busy, though fortunately

not to such an extent that patients have to be kept waiting a long time for appointments.

The work consists of the examination of the eyes of children who have been examined by the school health visitors and school doctors and found to have a visual defect or some other abnormality of the eyes. The babies and very young patients are usually referred from the Child Welfare clinics. Local medical practitioners are also at liberty to refer children to these clinics and some of them make use of this facility as it saves their patients going further afield.

Some of the children have visual defects due to the need for glasses but others have something more seriously wrong with their eyes and need treatment apart from the prescribing of glasses. Many cases of squint are examined and appropriate further treatment in the orthoptic department at Chester Infirmary and ultimately operations are arranged where necessary.

May I mention the health visitors who are in charge of these clinics and work so well and conscientiously in their administration."

A. C. SHUTTLEWORTH.

"Attendances at the school ophthalmic clinics held at Rhyl and Holywell during the past year have again been high, but at no time was there any significant waiting list for appointments at either clinic. As usual the great majority of children examined were suffering from errors of refraction, requiring spectacles correction, but there was a significant number of children referred, usually by their general medical practitioners, whose symptoms although not visual, were suspected to have some association with the eyes. In these cases it was often possible to provide the doctor with information of value in regard both to the diagnosis and subsequent treatment.

Children with squint received treatment at orthoptic clinics at Holywell, Rhyl and St. Asaph (H. M. Stanley Hospital) and 1961 was the first full year to benefit from the reorganisation of the orthoptic services in the County. The close co-operation between the orthoptist and ophthalmologist made possible as a result of the orthoptic clinics being held in the same building and at the same time as the ophthalmologist's clinics has added considerably to the efficiency of the treatment of these cases. At Holywell, where previously an orthoptic clinic had not been held and mothers had to take their children to Prestatyn or Chester, the attendances at the orthoptic clinic were particularly gratifying.

During 1961, 24 Flintshire children were admitted to the Ophthalmic Department at H. M. Stanley Hospital. Of these, 15 required operations for the correction of squint, 3 underwent operations for congenital cataracts and one each for congenital glaucoma, retinal detachments and ptosis. Three children were admitted with serious eye injuries, one of which was due to a fireworks explosion."

EDWARD LYONS.

During the year children continued to receive excellent Orthoptic treatment from Miss P. Brownbill, the full-time Orthoptist for the Clwyd and Deeside Hospital Management Committee area and at the Orthoptic Department of the Chester Royal Infirmary.

The additional Orthoptic Clinics started at Holywell and Rhyl were continued during the year as well as the existing clinics at the H. M. Stanley Hospital, St. Asaph. Details of attendances at these clinics and at Chester are given below,

ORTHOPTIC CLINICS SCHOOL CHILDREN ONLY

	Chester Royal Infirmary	Holywell Clinic	Rhyl Clinic	St. Asaph Clinic
Number of Flintshire children who attended in the year 1961	354	59	98	112
Number of attendances for the year 1961	1,588	373	357	319

Number of squint operations performed on Flintshire children at :—

Chester Royal Infirmary	17
St. Asaph H. M. Stanley Hospital	15

During 1961, Miss K. M. Parsons, the Orthoptist in Charge at the Chester Royal Infirmary retired after many years of excellent service both to pupils in training at the Orthoptic Department, and children. As many Flintshire children are treated at the Chester Orthoptic Department I would like to pay tribute once again to the good work done by Miss Parsons and her staff over the years. Mrs. E. R. Salisbury has been appointed Orthoptist in Charge at Chester and I look forward to continuing our good relations with her and her staff.

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	—	12
(b) for adenoids & chronic tonsillitis	—	284
(c) For other nose & throat conditions	—	53
Received other forms of treatment	89	107
Total	89	456
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1961	—	6
(b) in previous years	—	*11

* 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—284, but it must be remembered that 740 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 for school children are held at Holywell, Rhyl and Shotton and attended by an Orthopædic Consultant and a Physiotherapist from the Gobowen Orthopædic Hospital.

For some years now efforts have been to get a more satisfactory consultant cover for these clinics—at present the Consultant is only able to attend at each centre every three months—the Physiotherapist every two weeks.

The Welsh Hospital Board were very anxious to help and, also, the Consultant Orthopædic Surgeon to the Clwyd and Deeside Hospital Management Committee—Mr. Robert Owen. Discussions took place during the year between all interested parties and it was agreed that Mr. Robert Owen should take over the Flintshire School Orthopædic Clinics. Since the end of October, Mr. Robert Owen has been attending at the three centres in the County—the Physiotherapist from Gobowen Hospital continuing to attend as in the past.

What has taken place is the basing of all orthopædic services in North and Mid Wales on the Gobowen Hospital and a re-allocation of areas of work to reduce duplication and unnecessary travel.

The new arrangement is a great improvement and it is hoped, after the new arrangements have had time to settle down, that Mr. Robert Owen will be able to attend the School Orthopædic Clinics more frequently than at present.

Children requiring urgent orthopædic consultations will still be referred to local hospitals at Rhyl, Chester and Wrexham, and these cases referred to hospital are not included in the statistics in Table 9.

In the past, many General Practitioners referred children with orthopædic defects to see Consultants in Liverpool and to a lesser extent to Gobowen Hospital. It will be interesting to see whether this practice will continue or whether basing the orthopædic service for the area on the Gobowen Hospital will mean more referrals by General Practitioners to the Gobowen Hospital.

The Voluntary Committees at Holywell, Shotton and Rhyl continue to function and to give valuable help to the parents and clinic staff.

TABLE 9 (continued)
ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated at clinics or out-patients' departments	—	685
Pupils treated at school for postural defects	—	14

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	—	150

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 1961 follow :—

CHILD GUIDANCE

"The staffing position of the clinics improved in the second half of the year and work proceeded on lines essentially identical with those of preceding years. Unfortunately the post of Child Therapist remained unfilled and the number of children who could be accepted for treatment was smaller than one would have wished. Preparations for the opening of 'Gwynfa', our new Residential Clinic for the treatment of emotionally disturbed children, added to the already heavy demands on our time and no other new work could be undertaken.

The numbers of pre-school children seen at the clinics have been relatively small for many years, only 15—22 having been referred during any one year of the period 1955—1960. About one-third of these, additionally, were dull or very dull and thus referred for diagnostic purposes or an assessment of their educability only. The numbers constituted only 5% to 8% of the total annual referrals. In 1961 the figures for the individual counties were :

Anglesey 3 ; Caernarvonshire 4 ; Denbighshire 3 ;

Flintshire 4 ; Merioneth —

On the basis of general principles, the rapid rise in the referral rate of children after entry into school, and the chronicity of much ill-health found in even young school children, it is reasonable to conclude that evidence of abnormal development must frequently have been present at an earlier age, and that suitable modifications in handling or treatment might have prevented the development of more serious conditions, the consequent need for highly specialised and often lengthy treatment, and perhaps of permanent incapacitation.

It is not suggested that there is a simple answer to the problems involved. Abnormal development is frequently distinguished from temporary deviation with difficulty only, and neither diagnosis of abnormality nor suitable therapeutic or remedial measures are always acceptable when we are dealing with the very young.

We feel, nevertheless, that we could make a more definite contribution in this field if we could increase our contacts with those who deal with large numbers of pre-school children, in particular the staffs of Local Authority Clinics. We need not necessarily ourselves see many more of the children, but psychiatrists and/or psychiatric social workers might discuss problems presented by

parents or children with members of the clinic staffs, and interview either or both in selected cases. Experience would show what might be the best method of approach and we hope to take this matter up as soon as we can.

The Education Authorities of the five counties agreed to the appointment of two Educational Psychologists, the Denbighshire Authority acting as the employing agency on their behalf, the appointees to be seconded to the Clinics and to work as full members of the clinical teams responsible to the Medical Director. Mr. J. B. Edwards, who is Welsh speaking, and Mr. P. J. Macdonald, were appointed to the posts and took over their work on 1st November and 1st September, 1961, respectively.

The opening of 'Gwynfa' for the reception of patients was delayed until late December, as a result of illness among the senior clinic staff.

Recruitment to the 'house staff', of the composition and size needed to meet likely requirements during the first phase of development, was practically complete by October. Full use was made of the next few months to give everyone an opportunity to get to know each other and to discuss some of the many problems relating to the highly specialised work to be carried out at 'Gwynfa'.

This work later merged into the 'Two Year Course of Training for Workers with emotionally disturbed children' which has been arranged jointly with University College, Bangor.

The number of children, boys and girls aged up to about 12, who can be accommodated at 'Gwynfa' will increase as time goes on to a probable maximum of 24. It is intended to accept additional 'trainees', who should be of good educational background and suitable temperament, in September of each year.

The exact contribution which 'Gwynfa' will be able to make, and the bearing this will have on the provisions to be made by Local Education Authorities for the treatment of emotionally handicapped pupils, cannot be assessed yet. It is thought very likely, however, that the number of places required in special hostels or schools will be reduced to a definite extent. It must be recognised, at the same time, that 'Gwynfa' apart from serving as a diagnostic centre, is intended to deal mainly with children who can be helped by active treatment during a period normally not exceeding 6—9 months. When, because of the nature of the children's handicap or because of environmental factors long term treatment within the education system is indicated, present arrangements will have to continue, although one hopes that in the not too distant future facilities will become available within reach of the children's own homes and in close co-operation with the established Child Guidance Services of the area.

We trust that at 'Gwynfa' we shall be able, in due course, to offer opportunities to gain additional experience to an increasing number of workers from various fields, and that they and some of our own students, will help to staff existing and future establishments catering for the needs of emotionally disturbed children.

The range of the research project aiming to develop a standardised intelligence test for Welsh speaking children was extended to include children up to school leaving age. The work will be completed during 1962 and the resulting test scale will be of considerable value and interest to us at the clinics and, no doubt, to the staffs of the Local Health and Education Authorities.

Once again we have been greatly encouraged by the goodwill towards our work shown by many workers in the hospital, social, educational and community services of the area and we look forward to continued happy and fruitful co-operation with them."

E. SIMMONS.

NORTH WALES CHILD GUIDANCE CLINICS

1. Number of Flintshire Children and Parents interviewed during 1961.

Clinic	Number of Individual Children seen *	ATTENDANCES									
		Psychiatrist				Psychologist				P.S.W.	
		First C	Further P	First C	Further P	First C	Further P	First C	Further P	First P	Further P
Rhyl	116	34	31	52	23	86	3	97	1	37	68
Colwyn	3	3	2	—	—	3	—	—	—	4	—
Shotton	10	2	—	70	2	1	—	7	11	3	60
Wrexham	21	9	3	52	6	11	—	33	—	10	36
	150	48	36	174	31	101	3	137	12	54	164

2. Number of Children and Parents from other Counties seen at Flintshire Clinics.

Rhyl (Denbigh-shire)	8	5	5	32	6	5	—	4	—	6	21
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* 'C' = child. 'P' = parents or guardians.

3. Number of Visits during 1961.

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
36	1	100	2

4. Number of Referrals received during 1961.

Referring Agency	Number of Referrals
School Medical Officer	97
General Practitioners	9
Consultant Pæditricians	4
Other Medical Specialists	6
Courts and Probation Officers	6
Children's Officers	1
Other Social Workers	1
Parents	1
Headmasters	2
	127
Waiting List at 31st December, 1961 - 20	

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	240	—

REPORT OF WORK CARRIED OUT IN SPEECH THERAPY
CLINICS DURING 1961.

Current cases	154
Discharges	83
Cases seen at Fronfraith	19

256

CLASSIFICATION OF CURRENT CASES :

Dyslalia	101
Alalia	8
Stutter	36
Cleft palate	5
Cerebral Palsy	2
Partial Deafness	2

Total 154

CONDITION OF CURRENT CASES ON 31st MARCH, 1962 :

Dyslalia.

Improved	....	....	....	....	....	....	98
No improvement	....	....	....	....	....	....	8
(a) Just registered	....	....	....	....	....	....	2
(b) Non-attendance	....	....	....	....	....	....	2

Alalia.

Improved	....	....	....	....	....	....	7
No improvement	....	....	....	....	....	....	1

Stutter.

Improved	....	....	....	....	....	....	28
No improvement—							
(a) Erratic attendance	....	....	....	....	....	....	7
(b) Further investigation	....	....	....	....	....	....	1

Cleft Palate.

Improved	5
----------	------	------	------	------	------	------	---

Cerebral Palsy.

Improved	2
----------	------	------	------	------	------	------	---

Partial Deafness.

Improved	2
----------	------	------	------	------	------	------	---

Total 159

DISCHARGES :

Dyslalia	....	....	....	....	....	....	54
Alalia	....	....	....	....	....	....	2
Stutter	....	....	....	....	....	....	21
Cleft Palate	....	....	....	....	....	....	1
Cerebral Palsy	....	....	....	....	....	....	1
Partially Deaf	....	....	....	....	....	....	1
Unclassified	....	....	....	....	....	....	3

Total 83

CONDITION ON DISCHARGE :

Dyslalia.

Speech normal	....	....	....	....	....	....	47
Improved (defaulters)	....	....	....	....	....	....	2
Improved (family moved)	....	....	....	....	....	....	1
No improvement (defaulters)	....	....	....	....	....	....	2
No appointment kept	....	....	....	....	....	....	2

Alalia.

Speech normal	....	....	....	....	....	....	1
No improvement	....	....	....	....	....	....	1

Stutter.

Speech normal	....	....	....	....	....	....	12
Improved (left school)	....	....	....	....	....	....	5
No improvement (defaulters)	....	....	....	....	....	....	4

Cleft Palate.

Speech normal	1
---------------	------	------	------	------	------	------	---

Cerebral Palsy.

Improved (left school)	1
------------------------	------	------	------	------	------	------	---

Partially Deaf.

Improved (attends Deaf School)	1
-------------------------------------	---

Unclassified.

Family moved	2
-------------------	---

Parents object to treatment	1
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Total	83
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The Speech Therapy Clinics during 1961-1962 have had a smooth running year. Attendances have been good, and co-operation from parents excellent.

During the first six months of the year, in response to requests, monthly visits were made by me to the Occupational Training Centre, and work in speech and language stimulation was done with a number of the children. From the experience gained there, and from that of others engaged in similar fields, I feel it is necessary to deal with this type of child as a special project as far as speech is concerned. I feel, undoubtedly, the major aim in working with these handicapped children should be the stimulating of interest in language, building up of vocabulary, and the enjoyment of greater personal expression through this medium. Articulation of the completely correct sounds, especially in the younger children, should be of secondary importance—especially if the speech is comprehensible.

To do this with any long term degree of satisfactory success I feel it would be necessary to organise, carry out, and follow up language projects with the Therapist and other staff of the school working as a unit. This is, of course, very time consuming, and any results would naturally be very slow. At this juncture, it would be very difficult for me to carry out such a project, without jeopardising the progress in the established Clinics.

Over the past year there have been more referrals of speech defects by the pivots of the Health Service—the General Practitioners. This, I feel, is an excellent and encouraging step forward, and I would welcome any opportunity for the cementing of co-operation between the Speech Therapy Service and the Family Doctor.

From inside the Public Health Service, and from the Schools I have contacted, I have received a great deal of valuable help, and I would like to thank all those who have given me this.

I would also like to say a personal word of appreciation to Dr. Roberts and Dr. Pearse for their immeasurable support, and to Mr. Trevor Jones who is my excellent and efficient anchor at Llwynegryn.

It is with pleasure I look forward to serving the County in 1962.

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	101	45
(b) Pupils who received convalescent treatment under School Health Service arrangements	2	—
(c) Pupils who received B. C. G. vaccination	1143	—
(d) Other :—		
(1) Lymphatic glands	5	10
(2) Heart and circulation	2	28
(3) Lungs	12	60
(4) Development	19	32
(5) Nervous system	8	20
Total (a) - (d)	1292	195

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.

TABLE 10
DENTAL INSPECTION AND TREATMENT.

Description.	Number.
(1) Pupils inspected by the Authority's Dental Officers :—	
Periodic Age Groups	13327
Specials	3616
Total (Periodic and Specials)	16943
(2) Found to require treatment	12667
(3) Number offered treatment	11604
(4) Actually treated	6216
(5) Attendances made by pupils for treatment, including those recorded at heading 11(h)	16423

(6) Half-days devoted to—						
Inspection	....	....	....	....	....	105
Treatment	....	....	....	....	....	2182
Total (Half-days)	....	....	....	....	....	2287
(7) Fillings—						
Permanent Teeth	....	....	....	....	....	8016
Temporary Teeth	....	....	....	....	....	801
(8) Number of Teeth filled—						
Permanent Teeth	....	....	....	....	....	6889
Temporary Teeth	....	....	....	....	....	747
(9) Extractions—						
Permanent Teeth	....	....	....	....	....	3006
Temporary Teeth	....	....	....	....	....	6817
(10) Administrations of general anæsthetics for extraction						5192
(11) Orthodontics—						
(a) Cases commenced during the year	....	....				152
(b) Cases carried forward from previous year	....					258
(c) Cases completed during the year	....	....				85
(d) Cases discontinued during the year	....	....				21
(e) Pupils treated with appliances	....	....				160
(f) Removable appliances fitted	....	....				74
(g) Fixed appliances fitted	....	....				100
(h) Total attendances	....	....				1370
(12) Number of pupils supplied with artificial dentures	....					135
(13) Other operations—						
Permanent Teeth	....	....	....	....	....	2332
Temporary Teeth	....	....	....	....	....	674

DENTAL REPORT, 1961

It is approximately forty-six years since the School Dental Service was initiated in Flintshire, with one Dental Officer to serve a school population of approximately 15,000 children. Today, Flintshire has a staff of six Dental Officers, which is approaching the Minister's requirements of one Dental Officer for every three thousand children.

The reports for 1915 and 1916 give us some idea of the difficulties of carrying out satisfactory treatment with the very limited facilities available in those days. A large proportion of the treatment was carried out in School and Church Halls, lighting was bad and equipment meagre. It speaks well of those early pioneers that they achieved as much as they did.

During the last twenty-five years there has been steady expansion of the dental service. The first major developments came in 1936 when Mold Clinic was opened with a fully equipped Dental Surgery. Since then, dental surgeries have been provided throughout the County, most of them with the latest equipment, so that today the majority of children are within easy reach of a Clinic and, if for any reason travelling should be a problem, the Mobile Dental Surgery can be sent to that particular school.

It is sad to reflect that some of our problems today are very similar to those of forty odd years ago. We read in those early reports of dirty teeth, wrong foods, failed appointments, and no replies when treatment is offered. They had their Dental pamphlets and Health Talks, but whatever impact they had on the children and parents in those days, the lessons have surely been forgotten by some of their grandchildren who are in the schools today.

During the year a considerable amount of time has been spent on Dental Education. We are once again very indebted to Mr. E. Lewis, the Public Health Inspector, for his willing co-operation in showing films on Dental Health in schools throughout the County, and to the Health Visitors who have taken every available opportunity to instruct mothers and children in oral hygiene and diet.

Undoubtedly, the consumption of large quantities of sticky sweets and biscuits is a major factor in dental decay, particularly if this is associated with poor oral hygiene. It is worth noting that in years of relative prosperity, when more money is available for sweets, the incidence of dental decay increases. Some of the schools realise the adverse effect on teeth of the biscuits and confectionery sold during school hours, and realising that their policy cut right across the advice of the health service, have agreed to sell less harmful "foods" in school. The answer to this problem will probably be the fluoridation of drinking water, and we all await the findings of the Ministry's pilot scheme with interest.

During January 1961 we lost the services of Mr. Eaves and until Mr. Pearse commenced his duties in September we were one Dental Officer down in our establishment. This caused some delay in carrying out routine inspections, particularly on Deeside. We shall carry out extra sessions at Shotton Clinic during the coming year to overcome this delay.

The number of patients requiring emergency extractions has fallen during the year. Only a few years ago, anæsthetic sessions of thirty were not unusual; a third of the patients would be tooth-ache cases.

The demand for orthodontic treatment continues to be steady. We have arranged with Liverpool Dental Hospital for Mr. D. R. Pearse to receive training in orthodontics during the next twelve months as a part-time graduate. We expect him to be able to carry out most of the straight-forward treatment on completing his course.

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 - 123 (excluding Technical Colleges, etc.).

Nursery	....	....	....	....	1
County Primary	....	....	....	....	58
Voluntary Primary	....	....	....	....	45
Secondary Modern	....	....	....	....	10
Secondary Grammar	....	....	....	....	5
Bilateral	....	....	....	....	4
					<hr/>
					123
					<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.

Many of the school buildings are old and, therefore, have inadequate window space, ventilation, lighting, etc.—this of course is a national problem, not just a County problem. Every effort is made to get all school staff to make the best use of their existing facilities, and advice and help is available from the medical staff of the department to this end.

Allied to the question of premises is that of hygiene—it is difficult to reach and maintain a high standard of personal hygiene amongst pupils if reasonable facilities are lacking. This applies in particular to the provision of toilets and hand washing facilities. Much has been achieved in recent years in raising the standard of provision and cleanliness of toilets in schools—this is a topic that really matters and head teachers and caretakers now fully realise this. Hand-washing is probably the most important single measure that can be carried out in schools to reduce the spread of infection and particularly bowel infection which spreads so rapidly amongst children and can be of a serious nature.

More and more schools are now being provided with warm water for hand-washing and many infants and junior schools arrange for children to have individual towels in cloakrooms, and some of the secondary schools are trying new methods of hand drying such as paper towels and continuous towelling in special cabinets.

Further progress was made during the year in improving standards in some school kitchens when school meals are prepared. The County Public Health Inspector has taken an active part in this work, working with the District Public Health Inspector and the School Meals Organiser,

Many new schools have been built in the County since the war when new building was suspended and, also, improvements carried out to existing schools. The main problems are the schools which are out of date and due for replacement in the future, and where teaching is continuing for the time being. Obviously, the Authority is not going to spend considerable sums on these schools to bring the accommodation up to modern standards; on the other hand, conditions must not deteriorate to the point that they may adversely affect the pupils.

School Meals and Milk.—The School Meals Service provide 13,315 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.	Fried bacon, tomatoes, creamed potatoes. Mince tart, custard.
TUESDAY.	Meat pie, potatoes, creamed carrots. Apple crumble, custard.
WEDNESDAY.	Beef sausage, chipped potatoes, beans in tomato sauce. Baked syrup sponge, custard.
THURSDAY.	Roast lamb, potatoes, cauliflower, mint sauce. Rice pudding with jam.
FRIDAY.	Fried cod fillet in batter, mashed potatoes, green peas. Bananas in jelly, with whipped evaporated cream.

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

For the County as a whole, out of a possible total of 25,544 children, 18,918 took milk at school regularly (74.06 %). The percentage taking milk varies greatly from school to school, the lowest being 27.27 %, the highest being 100 %, the average being 78.53 %.

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).

School Meals Service.—All milk supplied to the schools is pasteurised and, during the year, 139 samples were taken and submitted for chemical and bacteriological examination. All samples were found to be satisfactory. Washed school milk bottles were taken from the bottle washing plants in the respective dairies situated in the County and submitted to bacteriological examination and all were found to be satisfactory.

Reference has been made in previous reports to the dirty condition of milk bottles returned from some schools. There has been no improvement in the position, and I would ask head teachers again for their co-operation in this matter.

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

There are 61 school kitchens and 121 school dining rooms supplying 13,315 meals a day. The regular collection of waste food by the contractors from some of the school kitchens in the Eastern end of the County created serious public health nuisances which were only abated by the prompt co-operation of the respective District Councils' Health Departments in removing these offensive accumulations.

Eighteen samples of food stuffs were submitted to the Public Analyst for chemical analysis and all were found to be satisfactory.

It was found necessary to draw the attention of one butcher to the quantity of fat included in the meat delivered to a school. The quality of meat supplied to various schools varies greatly depending on the supplies—this is also true of other commodities—but is more apparent with meat. This is a factor which should be borne in mind when accepting tenders for meat, not only is it necessary to consider price—it is also important to consider quality.

Three lecture demonstrations on Clean Food Handling were given to the School Meals Staffs during the year.

Health Education.—Progress with health education in schools was made during 1961. 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.