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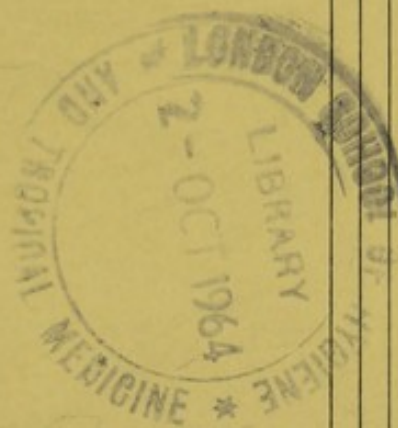
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FLINTSHIRE
EDUCATION
COMMITTEE



REPORT

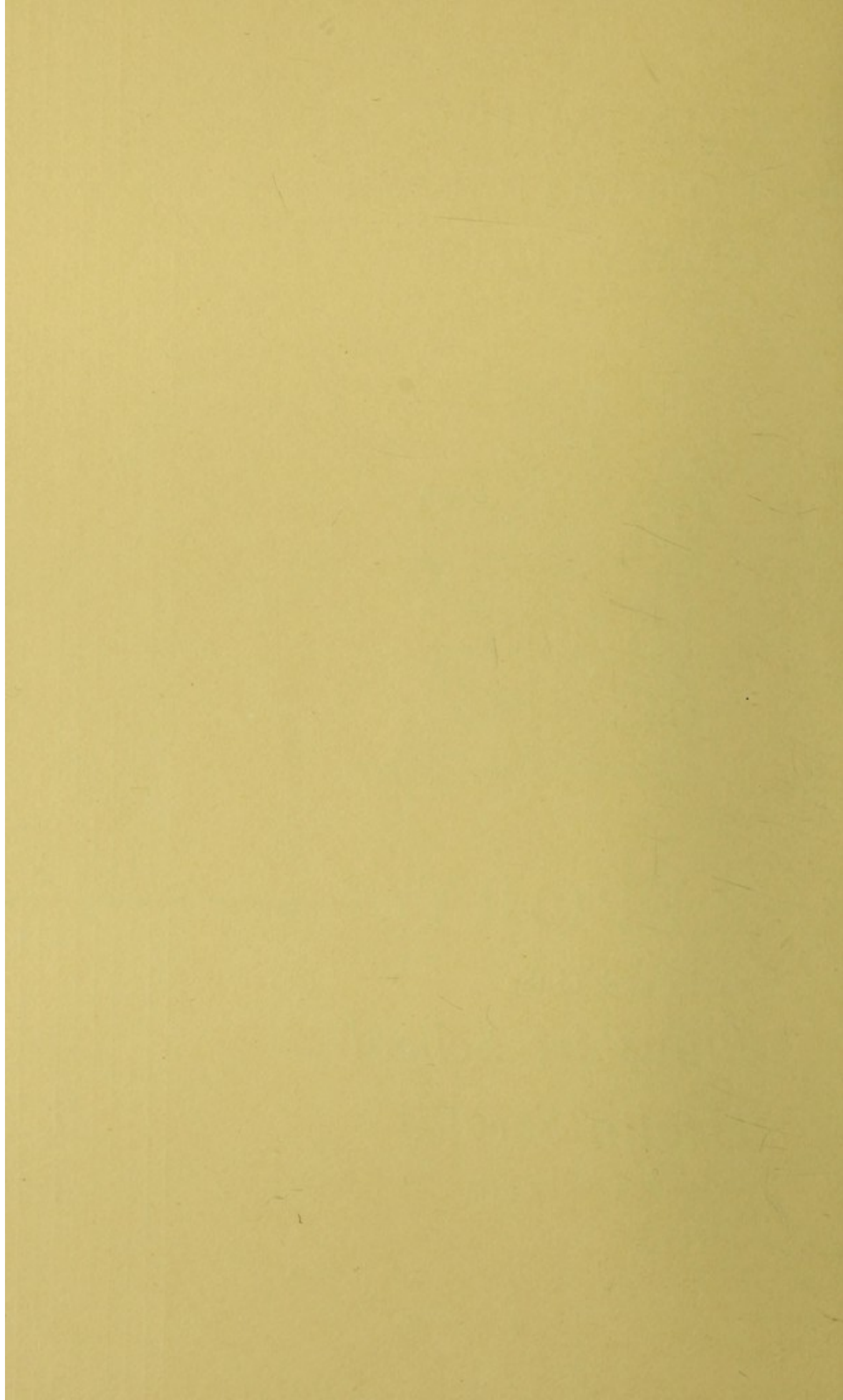
on the work of the

Flintshire School

Health Service

in relation to the year

1963



Flintshire Education Committee



REPORT

on the work of the

Flintshire

School Health Service

1963

INTRODUCTION

County Health Offices,
Llwynegrin,
Mold.

To the Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

It is pleasing to report that the health of school children remained at a very satisfactory level during 1963, no major epidemic occurred in any school, school attendance was at a high level throughout the year, and further progress was made by the School Health Service with some of the newer work started in recent years.

Selective medical examination of pupils started last year was further extended during the year and full details are contained in the report itself. During the year 450 children were examined by this method and defects found dealt with as in the past. This method of examination will be further extended in 1964, and it is hoped to cover all schools in this way in three to four years time. I am quite satisfied that selective medical examination does enable us to find all children with defects which require observation or treatment. This method also gives school medical officers and school nurses more time to devote to the children with defects, and their parents.

More visits to schools by doctors and school nurses enable them to help teachers to deal with the many medical and social problems of their pupils. This is particularly important as more and more children with minor handicaps now remain in ordinary schools and medical advice helps to resolve problems particularly on entry or when unforeseen difficulties arise. In the same way school nurses are able to help with the many social problems that confront the teachers in schools today, some made more difficult by the large number of mothers who go out to work, and who are often unable to give adequate time and attention to the many small but important parental duties which make all the difference between a stable child and an emotionally disturbed child. The stable child from a secure home grows up into a mature responsible adolescent and adult. The disturbed child, disturbed either by over-indulgence, or lack of affection, becomes the problem adolescent and immature adult. In spite of the different views expressed, I am still convinced that a child's future pattern of life is set at home and built upon at school, so the influence of the home is all important and the mother plays a key role in all this.

It is disturbing to see the further increase in the number of school children referred to the Child Guidance Clinics during 1963, a total of 182 compared with 104 in 1962. However, some comfort can be obtained when one finds that more cases were referred in their very early stages when treatment and advice is usually more effective.

A great deal of valuable health education work was done in schools by the Health Department staff during the year. As in the past we try and work closely with Head Teachers and their staff in this field and appreciating that the Head Teacher decides what health education teaching will be done at his school, and the method of dealing with the subject is also left to the school to settle. We were asked to assist at many schools during the year either with material or speakers, and we were able to accept all the invitations received. I am very anxious that senior pupils in secondary schools and students at technical colleges should receive information on present day social services including the National Health Service, so that they who will use the services in the coming years will know what help is available and use the modern services wisely and well.

The school dental service deserves credit for its achievement during the year — 12,320 children examined and 7,179 treated. The mobile dental clinic continues to serve a very useful purpose in the rural areas and means less time lost by pupils who are being treated, and a higher treatment acceptance, which is very important in areas where dental treatment is not easily available. Orthodontic facilities were available in the County as in the past and Mr. Broadbent, the Consultant Orthodontist, is still able to see children within a very short time of referral by a dental officer. Further progress was made during the year in modernising our dental surgeries and the programme of bringing all dental surgeries up-to-date will be completed in 1965.

The number of children of school age protected against poliomyelitis remains satisfactory. In all, 21,054 or 80.5% of the child population between five and fifteen years of age. During the year we continued to use oral vaccine and to give a booster dose when the child enters school at 5 years of age. The level of acceptance of other vaccines is not so satisfactory, 55% of school children being protected against diphtheria and whooping cough, and 26.9% against smallpox. A booster dose of vaccine against whooping cough and diphtheria is also given to children on school entry.

I would again like to thank the Consultant Staff of the various hospitals for their valuable help and co-operation during the year in examining children referred to them without delay and in submitting reports. My thanks are also due to all the General Practitioners in the County for their co-operation at all times. It is pleasing to report that there is a

ready exchange of information between General Practitioners and this Department about children at school, and, in particular, about children absent from school due to illness or other reasons.

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.

Dr. E. Pearse retired at the end of 1963 after eighteen years in the Department as Senior Medical Officer. She will be missed by all who came into contact with her in schools, clinics, and hospitals, and tributes were paid to Dr. Pearse in the School Health Sub-Committee for the excellent services she has rendered to the school children in the County over many years.

I would again pay tribute to the medical, dental, nursing and clerical staff of the Department. During the year Dr. L. Munro was promoted Senior Assistant Medical Officer in charge of the School Health Service to succeed Dr. E. Pearse.

Special mention should also be made of the work of Mr. W. I. Roberts, Chief Clerk of the Health Department, and Mr. A. Whitley for all their work during the year and in collating the material 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 :

K. S. Deas, M.B., Ch.B., D.P.H.

Senior Medical Officer :

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

Senior Assistant Medical Officer :

Lillie Lund Munro, M.B., Ch.B., D.P.H.

Assistant Medical Officers (full-time) :

W. Manwell, M.B., B.Ch., B.A.O., D.T.M., C.M., D.P.H.

Edith V. Woodcock, M.B., Ch.B. (since 9.12.63).

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

Dr. E. M. Harding, M.B., Ch.B., D.P.H.

Dr. K. Gammon, B.Sc., M.B., Ch.B. (since 8.11.63)

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.

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.

R. W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.E.

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. (retired 31.12.63).

F. S. Dodd, L.D.S.

Leon Harris, B.D.S.

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

David R. Pearse, B.D.S.

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

(Resigned 31.8.63)

Dr. J. M. Hands

Dr. G. E. S. Robinson

Dr. M. E. Lloyd

Dr. C. W. Fisher

Dr. H. Evans (from 16.5.63)

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.H.

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 (resigned 31.7.63)

Miss J. M. Jewell, Senior Health Visitor/Health Nurse, Western Area

Miss M. Williams, Senior Health Visitor/School Nurse, Eastern Area

Miss M. J. Hughes

Miss Ellen Jones

Miss G. Jones

Miss G. Jenkins

†Miss J. S. Rogers

Miss M. Lees

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

Mrs. L. Pritchard

Mrs. P. B. Coupe

Mrs. M. E. Pearse

Mrs. E. G. E. Rees

Miss M. W. Wright

Miss E. M. L. Morgan

Miss G. M. Jones

Mrs. M. D. Lewis

Miss M. Y. Secker

Mrs. S. Lewis

Miss A. M. Stewart

† Also part-time Health Education Officers

Clinic Nurses (Part-time sessional) :

Mrs. M. M. Digweed

Mrs. H. Davies

Mrs. M. Roberts (from 1.4.63)

Mrs. R. Williams

Mrs. R. Cunnah

Mrs. S. A. Latham
(from 27.5.63)**Visitors for Chest Diseases :**

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

Mrs. A. R. Iball, S.R.N.

Dental Surgery Assistants :

Mrs. L. M. Martin

Miss B. M. Powell

Mrs. E. M. Coppack, S.R.N.

Mrs. J. G. Shaw, S.E.N.
(from 29.4.63)Mrs. C. A. McIntyre
(Part-time)

Miss M. E. Roberts

Mrs. P. Thomas

Miss M. K. Williams
(Resigned 8.3.63)Mrs. M. A. Lloyd-Jones
(Part-time)**Chief Clerk :**

William Ithel Roberts.

Departmental Senior Clerk :

Arthur Whitley.

B.—ASSOCIATED OFFICERS.

Clerk of the County Council : Mr. W. Hugh Jones.

Secretary of the Education Committee : B. Haydn Williams, B.Sc., Ph.D.

County Architect : Mr. R. W. Harvey, A.R.I.B.A.

County Treasurer : Mr. S. Elmitt, I.M.T.A.

Chief Constable : Mr. R. Atkins.

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, Llwynegryn, Mold—Tel. : 106 Mold.

D.—GENERAL INFORMATION.

Area of Administrative County—

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

Population of County—

1951 Census	...	...	...	...	...	...	145,108
1963 Mid-year Estimate	...	...	...	...	...	...	152,310

Number of Schools—

Nursery	...	...	...	...	...	...	1
Primary : County 59 ;	Voluntary 44 ;	Total	...	...	...	...	103
Secondary Modern	...	...	...	...	...	...	10
Secondary Grammar	...	...	...	...	...	...	5
Bilateral	...	...	...	...	...	...	4
Technical College	...	...	...	...	...	...	1
Horticultural Institute	1

School Child Population—

On School Registers (1963-64)	26,138
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Financial Circumstances of County—

Estimated Product of a Penny Rate (1963-64)	£27,870
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Number of Flintshire Live Births—

Year 1963	2,781
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Number of Flintshire Deaths (1963)—

Infantile	75
General	2,008

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	...	...	...	...	...	...	6

* 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—The Clinic, Padeswood Road. 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. 1st and 3rd Friday, 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, Rowley 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 1963, and visited every two weeks the following Centres : Dyserth, Rhuddlan, Penyffordd, Halkyn, Ewloe, Sealand, Leeswood and Ffynnongroew.

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.

The Mobile Dental Clinic continued to function during the year and was used at schools remote from static dental clinics. In this way a higher level of treatment was accepted by pupils and less school time lost in travelling to clinics for dental treatment. The Mobile Dental Clinic is a purpose built clinic, equipped with modern dental surgery equipment including high speed air drill.

During recent years, the population in the Sealand area has steadily increased and it was resolved that static clinic premises should be provided in the Sealand area for school children and other purposes, to replace the mobile clinic. New clinic premises were opened in October 1963 and the opportunity taken of combining at the new premises the facilities previously provided at the mobile clinic, and the clinic sessions previously held at the Station Sick Quarters, R.A.F., Sealand.

New purpose built clinics were opened at Bagillt in June 1963, in Connah's Quay in November 1963, and Greenfield in October 1963.

In addition to the provision of these new clinic premises, improvements were carried out at the several other clinics in the County, particularly so the clinics in the larger centres, which are in constant use, and which have a wide range of facilities for school children, mothers and infants.

ORTHOPÆDIC AFTER-CARE CLINICS.

Holywell—Cottage Hospital. 2nd and 4th Wednesday of each calendar month at 2.30 p.m. Surgeon attends every opening.

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—Rowley Drive. 1st and 3rd Wednesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 3 months. (This clinic closed on the 17th October, 1963).

OPHTHALMIC.

Holywell—The Clinic, Park Lane. 2nd and 4th Tuesday afternoons in each month.

Mold—The Clinic, King Street. 2nd and 4th Monday mornings in each month.

Rhyl—The Clinic, Ffordd Las, off Marsh Road. Every Friday morning.

Shotton—Rowley 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—Rowley Drive. Alternate Fridays, 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. R. W. Biagi).

Tuesday, 9-30 a.m. Clinic Session.

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

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

Tuesday, 10 a.m. Clinic Session.

Wednesday, 9 a.m. Clinic Session.

Friday, 9 a.m. Contact Clinic

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).

* 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.

Buckley—The Clinic, Padeswood Road. First and third Tuesday in each month (afternoon) by appointment only.

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 afternoon) by appointment only.

Rhyl—The Clinic, Ffordd Las, off Marsh Road. First and third Thursday in each month (morning and afternoon) by appointment only.

Shotton—The Clinic, Rowley Drive. Second and fourth Wednesday in each month (morning and afternoon) by appointment only.

Section 2

STAFF

Medical.—Dr. L. L. Munro was designated Senior Assistant Medical Officer as from the 1st December, 1963. Dr. Edith V. Woodcock commenced duty as Assistant Medical Officer on the 9th December, 1963. Dr. M. J. W. Dobbin terminated her services as part-time Assistant Medical Officer on the 31st May, 1963. Dr. K. Gammon commenced duty as part-time Assistant Medical Officer on the 8th November, 1963.

Dental.—Mr. Leslie Hanson, full-time Dental Officer, retired on the 31st December, 1963. Dr. H. Evans commenced duty as a part-time Dental Anæsthetist on the 16th May, 1963. Dr. A. H. Babbington terminated his part-time service as Dental Anæsthetist on the 31st August, 1963.

The following changes occurred in the Dental Surgery Assistants :—

Miss M. K. Williams resigned on the 8th March, 1963. Mrs. J. G. Shaw commenced duty as full-time Dental Surgery Assistant on the 29th April, 1963. Mrs. B. J. Hewitt was employed on a temporary part-time sessional basis from 18th February to 7th June, 1963. Mrs. M. Ellis was employed on a temporary part-time sessional basis from 17th April to 29th May, 1963.

Nursing—Miss E. Weston, Senior Health Visitor for the Western area, resigned on the 31st July, 1963. Miss J. M. Jewell was designated Senior Health Visitor for the Western area on the 1st September, 1963. Mrs. M. Roberts commenced duty as part-time Clinic Nurse on the 1st April, 1963. Mrs. S. A. Latham commenced duty as part-time Clinic Nurse on the 27th May, 1963.

ATTENDANCE AT COURSES AND CONFERENCES

Dr. G. W. Roberts attended the Conference of the Central Council for Health Education held at London on the 24th January, 1963. He also attended the Royal Society of Health Annual Congress held at Eastbourne from the 29th April to 3rd May, 1963, and the Society of Medical Officers' Administrators Conference, held at London, from the 17th to 20th September, 1963.

Dr. K. S. Deas attended the Conference of the National Association for Mental Health held at London from the 28th February to 1st March, 1963.

Dr. E. Pearse and Dr. L. L. Munro attended the National Deaf Children Society Conference held at London on the 7th November, 1963.

Mr. A. Fielding attended the British Dental Association Annual Conference held at Oxford from the 22nd to 26th July, 1963.

Miss P. M. Matthews attended the Institute of Home Help Organisers' Annual Conference held at Buxton from the 26th to 29th September, 1963, and the Royal College of Nursing Conference (Co-ordination within the Health Service), from 3rd to 5th December, 1963.

Miss A. M. Stewart attended the Central Council for Health Education Summer School held at Bangor — 13th to 23rd August, 1963.

ADMINISTRATION

As schoolchildren become healthier and mature earlier, and receive better physical care the need for regular routine medical examination at schools becomes less essential. This has meant a change of emphasis in the school health service from routine medical examination to more detailed examination of fewer selected children and more frequent visits to schools to give advice and help with pupils presenting problems which are basically medical in character.

Selective medical examination was introduced in the County in 1962 on a small scale and gradually increased during 1963. In time it will replace routine medical examination but the changeover may take up to four years. With selective medical examination all children are examined at school entry and on leaving 14 years plus, but children in the intermediate age groups are only examined as a result of a completed questionnaire returned by the parent or if a medical examination is requested by the head teacher or school nurse. Questionnaires are sent to all pupils in Standards 2 and 4 where selective medical examination is in operation and the decision to examine largely arrived at depending on the answers given by the parents to questions on previous medical history.

During 1963, selective medical examination was carried out at 24 schools and questionnaires sent to 1,223 parents. Of these, 494 were selected for examination and 450 were examined.

Children found to have some defect at school medical examination are followed up and kept under observation at school clinics and referred to as "specials" in our statistics. These cases are reviewed regularly and continue under observation until the defect is clear or the child leaves school, in which case a report will be sent to the Youth Employment Officer if this appears necessary and in the interest of the child.

Vaccination and immunisation is an important aspect of the School Health Service and on school entry the immunisation state of every child is checked, and brought up-to-date and booster doses given of Diphtheria, Tetanus and Poliomyelitis vaccines with parental consent. At the same time, each child is checked to ascertain if vaccination against smallpox has been done, and if not done vaccination is offered at school entry. Although every effort is made to immunise and vaccinate children in infancy it is discouraging to find that only a little over 50% do accept this offer and some being protected for the first time at school entry.

During the year, B.C.G. vaccination against Tuberculosis was continued and the acceptance rate was very good. This scheme operates in the secondary schools in the age group 12 to 14 years, and during the year 920 children were given B.C.G. vaccine after the necessary preliminary tests had been carried out.

In the majority of schools, class inspections for cleanliness are now done and not school inspections. This is much less time consuming and equally effective and has been in operation now for 5 years, and school nurses find that very few cases are missed by adopting this procedure.

A record card is kept in the department on each school where details are entered by the school medical officer of any factors that may have an adverse effect on the health of pupils, e.g., inadequate ventilation, overcrowding, poor repair, dangerous school yards, etc. Similarly, school kitchens and canteens are inspected and adverse conditions reported on. Details from these cards are sent to the Director of Education after each inspection for the necessary action by the staff concerned.

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)
1959 and later	212	212	100.00	—	—
1958	1156	1153	99.74	3	.26
1957	806	801	99.38	5	.62
1956	155	155	—	—	—
1955	580	580	100.00	—	—
1954	182	182	100.00	—	—
1953	1135	1132	99.74	3	.26
1952	112	110	98.21	2	1.79
1951	62	62	100.00	—	—
1950	1	1	100.00	—	—
1949	1862	1860	99.89	2	.11
1948 and earlier	208	208	100.00	—	—
TOTAL	6471	6456	99.77	15	.23

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 (1)	For Defective Vision (Excl Squint) (2)	For any of the other conditions recorded in Table 5 (3)	Total individual pupils (4)	Percentage of children examined (5)
Leavers	115	167	280	13.53
Entrants	25	221	244	11.22
Other Age Groups	44	115	159	14.01
Additional Periodic Inspections	30	109	135	12.36
Total (Prescribed Groups)	214	612	818	12.64

It will be noted that the total defects requiring treatment in Entrants fell from 12.42 % in 1962 to 11.22 % in 1963. Defects in leavers showed an increase from 11.20 % to 13.53 % in 1963. Figures from 1960 to date are given below:—

	1960	1961	1962	1963
Entrants	11.02 %	10.93 %	12.42 %	11.22 %
Leavers	15.01 %	10.14 %	11.20 %	13.53 %
All Ages	12.66 %	10.30 %	11.84 %	12.64 %

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 two age groups — 10 years of age and 14 years of age. These two groups account for 74.30 % 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 82.19 % of all defects found in all ages.

These findings have influenced our policy of medical examination in the changeover to selective medical examination of school children in that we will continue to examine all children on entry and leaving school and select those for examination in the intermediate age group.

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)
1959 and later	....	—	17	17
1958	....	10	125	133
1957	....	15	79	94
1956	....	2	12	13
1955	....	13	63	76
1954	....	7	16	22
1953	....	44	115	159
1952	....	7	10	15
1951	....	1	7	8
1950	....	—	1	1
1949	....	108	139	245
1948 and earlier	....	7	28	35
TOTAL	....	214	612	818

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	....	4606
Number of Re-Inspections	....	3624
Total	....	<u>8230</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).

De- fect 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	36	37	86	31	43	32	165	100
5	Eyes (a) Vision ..	26	142	115	222	73	179	214	543
	(b) Squint ..	17	45	2	27	10	36	29	108
	(c) Other ..	9	12	8	7	14	10	31	29
6	Ears (a) Hearing .	6	25	2	6	7	18	15	49
	(b) Otitis Media	6	19	1	6	2	14	9	39
	(c) Other ..	7	19	11	12	13	19	31	50
7	Nose and Throat .	7	120	13	23	40	86	123	229
8	Speech	9	47	—	5	13	16	22	68
9	Lymphatic Glands	7	65	1	6	1	35	9	106
10	Heart	3	45	1	18	—	26	4	89
11	Lungs	16	58	3	25	3	49	22	132
12	Developmental :								
	(a) Hernia	5	3	—	1	—	4	5	8
	(b) Other	4	19	10	11	12	25	26	55
13	Orthopædic :								
	(a) Posture	3	5	8	5	20	19	31	29
	(b) Feet	36	46	7	8	22	28	65	82
	(c) Other	9	39	13	57	13	45	35	141
14	Nervous System :								
	(a) Epilepsy	3	3	3	7	2	8	8	18
	(b) Other	9	13	2	4	6	20	17	37
15	Psychological :								
	(a) Development	—	11	—	13	5	33	5	57
	(b) Stability	6	55	1	12	13	28	20	95
16	Abdomen	4	84	1	16	1	13	6	113
17	Other	1	34	4	10	6	44	11	88

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	220	202
5	Eyes—(a) Vision	547	654
	(b) Squint	82	52
	(c) Other	56	43
6	Ears—(a) Hearing	41	59
	(b) Otitis Media	14	33
	(c) Other	50	29
7	Nose and Throat	135	189
8	Speech	63	67
9	Lymphatic Glands	6	69
10	Heart	22	86
11	Lungs	57	151
12	Developmental:—		
	(a) Hernia	13	18
	(b) Other*	69	65
13	Orthopædic:—		
	(a) Posture	13	16
	(b) Feet	71	55
	(c) Other	84	146
14	Nervous System:—		
	(a) Epilepsy	9	10
	(b) Other	18	19
15	Psychological:—		
	(a) Development	59	75
	(b) Stability†	93	108
16	Abdomen	25	42
17	Other	128	198
Note—* Includes cases of obesity		33	15
† Includes cases of enuresis		39	32

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 1962 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.

With the gradual introduction of selective medical inspection as a method of examining pupils at school it will be interesting to see whether the total number and type of defects discovered will show marked variation in the next few years. The impression obtained from selective medical inspection up to date is that still more defects requiring observation will be found and fewer requiring treatment. As selective medical inspection is gradually extended to other areas there will be fewer "special" inspections, but re-inspections will remain at much the same level as at present. Ideally, selective medical inspection should enable us to discover more defects at an early stage and this is particularly important with the more frequent defects affecting vision, nose and throat, orthopædic and emotional disturbances.

As in previous years the commonest defect found was defective vision. During 1963 there was an increase in the number of children needing treatment (655—761) and a slight decrease in the number needing observation (1220—1197) 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—decreased (289—271).

Defects of hearing ascertained in 1963 decreased to 164 from 202 in 1962. The greater number were cases needing observation (108 out of 164). 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 show a slight decrease for 1963. A total of 258 defects needing treatment and 418 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 1963 cases requiring active speech therapy fell to 85. 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 or three weeks.

It will be noted that the majority of heart defects discovered only required observation — observation 175, treatment 26. Many of these conditions are heart "murmurs" needing observation sometimes over a prolonged period to ensure that the child's activity is matched to the cardiac abnormality present. It should be noted that many children with a heart murmur can lead a full and active school life, and take part in all forms of physical training and sport. Indeed, some heart murmurs disappear just as quickly as they appear as the child grows older.

Orthopædic defects discovered in 1963 needing treatment and observation dropped compared with 1962 from a total of 824 to 766.

Mr. Robert Owen, the Consultant Orthopædic Surgeon for the Clwyd and Deeside Hospital Management Committee continued during the year to attend the Orthopædic Clinics for school children in the County and gave an excellent service — working in close collaboration with the staff of the Gobowen Orthopædic Hospital. Although Mr. Robert Owen was not able to attend the clinics more frequently it was possible to get children in urgent need of consultation seen quicker at the hospital orthopædic clinic at Rhyl.

During the year the number of children found with emotional disturbances of varying degree decreased from 525 in 1962 to 512 in 1963. This figure includes 71 cases of enuresis which have not previously been included under this heading in the past.

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.

Prevention of emotional disturbance in children is the key to the problem and, in this work, the teacher plays a vital role. The teacher can detect very early signs of disturbance in a child, and indeed, knowing the family background, can often take action before the child shows any signs of insecurity. In this work, parents, teachers, school medical officers and nurses must work closely together and more frequent visiting of schools with selective medical examinations facilitate this. Teachers are also becoming more conscious of the problem of early and established emotional disturbances and seeking help from 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	2174	2166	99.63	8	.37
Leavers	2070	2068	99.90	2	.10
Other Age Groups	1135	1132	99.74	3	.26
Additional Periodic Inspections	1092	1090	99.82	2	.18
Total	6471	6456	99.77	15	.23

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 1963 the percentage of children found satisfactory in all age groups was 99.77. Of the total examined, 6,471, only 15 (0.23 %) were found unsatisfactory from a physical standpoint.

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

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

Infestation with Vermin.—There was a decrease during the year in the number of children found infested with vermin, from 631 in 1962 to 456 in 1963

This reduction is a great improvement on the figures for the past five years and it is hoped that this level can be maintained or indeed improved in the coming years. The improvement is largely the result of diligent effort by the school nurses and medical staff in fostering a higher standard of personal hygiene, re-inforced by inspection of pupils at school and advice to parents. In this work also teaching staff have played a vital role in supporting the staff of the health department in their efforts to raise the standards of personal hygiene in schools.

It should be also pointed out that of the 456 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
1962	...	...	631	3.13
1963	....	....	456	2.30

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.

It is hoped to reduce still further the number of children found infested in the coming years, but this will demand considerable effort on the part of all the staff. The majority of cases are girls and so often the same girls get infested on several occasions during the year from older sisters who have left school or, in some cases, parents or relatives. As long as certain families remain reservoirs of infestation it will be difficult to make a substantial reduction in this year's figures or to maintain a steady reduction in the coming years. This problem is one of personal hygiene and social conscience, and both factors must be tackled before any marked improvement will result.

TABLE 8

INFESTATION WITH VERMIN.

Number of individual children examined by School Nurses	19,786
Total number of examinations in the schools by the School Nurses or other authorised persons	37,619
Total number of individual pupils found to be infested	456
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.—A total of 68.54% 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 increased.

In 1963, it will be noted that only 581 infants were vaccinated compared with 1,770 in 1962. The reason for this is the change in vaccination policy in the County in vaccinating children between 1 and 2 years and not at three months as previously.

The figures for 1964 should show a substantial increase and in subsequent years return to the 1962 level.

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 1963, however, represents 20.89 % 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
1962 —	" " " "	...	1770
1963 —	" " " "	...	581

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 injections 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 — at least it is only a serious illness in children under five years of age.

During the year 1963 the number immunised was:—

Aged 0 — 4 years	....	....	....	1,677
Aged 5—14 years	....	....	....	88
				<hr/>
				1,765
				<hr/>

Of the 1,765 children who received primary injection against Diphtheria 1,649 received a combined injection for Diphtheria and Whooping Cough, and of these 1,649 cases, 1,612 children received the triple injection, i.e. combining Diphtheria, Whooping Cough and Tetanus, and of these 1,612 cases, 280 received the quadrilin injection, i.e. Diphtheria, Whooping Cough, Tetanus and Poliomyelitis.

A total of 1,093 children received re-inforcing injections against Diphtheria, 247 of these received a combined injection for Diphtheria and Whooping Cough, and of these 247 cases 239 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.

Poliomyelitis Vaccination.— It is gratifying to report the high acceptance rate by parents of poliomyelitis vaccine for their children. During the year poliomyelitis vaccine was offered at routine immunisation clinics in the County and at sessions of the mobile clinic. The introduction of the mouth vaccine — oral vaccine — in February 1962 made our work easier and increased still further the acceptance rate. Oral vaccine is very simple to give — three drops on a lump of sugar or in syrup — taken on three occasions with an interval of 4 - 8 weeks between each dose. The oral vaccine protects against attack by the virus as well as against paralysis — this is due to the vaccine making the bowel immune to attack by poliomyelitis virus which enters by the mouth.

At the end of 1963, 21,054 children between 5 and 15 years of age had been fully protected against poliomyelitis — this means 80.5 % of the school population of the County. This total includes all children protected since poliomyelitis vaccination started in 1956. During 1963 195 children of school age were given poliomyelitis vaccine and of this total, 150 were protected with oral vaccine.

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 :—

	31.12.62	31.12.63
Blind	4	5
Partially Sighted	18	17
Deaf	9	10
Partially Deaf	17	22
Educationally sub-normal	148	167
Epileptic	22	24
Physically Handicapped	134	136
Delicate	50	35
Speech	1	1
Maladjusted	23	24
Total	426	441

26 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	17	Maladjusted	....	....	3
Delicate	....	....	....	....	—
Epileptic	....	....	....	....	—
Partially Deaf	....	....	....	....	—
Partially Sighted	....	....	....	....	—
		Physically handicapped	....	....	5
		Deaf	....	....	—
		Blind	....	....	1
		Speech	....	....	—

During the year places were found in Special Schools or Homes for 7 handicapped pupils (Physically Handicapped 4, Blind 1, Educationally Sub-normal 2). The total number of handicapped pupils who were actually receiving education in special boarding schools and homes was 53.

They were of the following categories:—

Blind and Partially Sighted	....	....	....	9
Deaf and Partially Deaf	....	....	....	13
Educationally sub-normal and maladjusted	....	....	....	10
Epileptic	....	....	....	3
Delicate and Physically Handicapped	....	....	....	18
				<hr/>
				53
				<hr/>

21 handicapped children received home tuition during the year, 12 of these were still receiving home tuition at the end of the year, 6 pupils received bedside tuition in hospital, and 13 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 48 ; of this number 34 are Educationally Sub-normal, made up as follows:—

Requiring places in Special Boarding Schools	....	5
Requiring places in Special Day Schools	....	29
		<hr/>
		34
		<hr/>

In addition to the above, 6 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 that the biggest single group of ascertained handicapped pupils is the Educationally Sub-normal — amounting to 167. In recent years, better provision has been made in the County in remedial classes in primary and secondary schools for these children, but many still need very special teaching facilities if their potential is to be developed. For this work there is both locally and nationally an acute shortage of specially trained teachers, but this is being tackled by the Ministry of Education by the provision of extra training facilities for teachers of the educationally sub-normal.

Physically handicapped children from the County requiring residential schooling are admitted to the Residential School for the Physically Handicapped at Llandudno, which serves the six North Wales Counties and which has now been operation for nearly two years. This school has accommodation for 60 pupils, and of this number 15 places are reserved for Flintshire cases, and at the end of 1963, 14 pupils from Flintshire were at the school.

During the year, spastic children from Flintshire continued to attend the Day Unit for Spastics at the Maelor General Hospital, Wrexham. This Unit is under the supervision of Dr. E. Gerald Roberts, the Consultant Pædiatrician for the Powys and Mawddach Hospital Management Committee and very good work continues to be done here for spastic children within reach of the Unit.

With the opening of the school at Llandudno the immediate problems of the more severely physically handicapped have been largely met — the need of the less severely handicapped will continue to be met wherever possible in ordinary schools in the County.

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 six 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 48 children are awaiting vacancies in special schools, made up as follows:—

Blind and Partially Sighted	....	....	—
Delicate and Physically Handicapped	....	....	5
Educationally Sub-normal	....	....	34
Maladjusted	....	....	7
Epileptic	....	....	2
Deaf	....	....	—
			<hr/>
			48
			<hr/>

(Some of the 12 pupils receiving home tuition would also benefit by special schooling).

There is still need for more provision of special schools in the North Wales area for various categories of handicapped pupils — possibly the most urgent being a school for the maladjusted. Provision of special schools for handicapped children in North Wales can only adequately be done on a joint basis with all six Counties co-operating. Now that a very excellent school for the Physically Handicapped has been established as a joint venture, it is hoped that the needs of other handicapped children requiring residential schooling can be met in the same way.

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 1963, 64 teachers, 79 canteen staff, and 8 school caretakers were examined and reported on by the medical staff.

In addition, 160 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 210 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 1963 B.C.G. Vaccination was offered to all suitable children at secondary schools between 12 and 14 years of age.

It has been the policy of the Authority to offer B.C.G. vaccination to this age group now for five years and the scheme has worked well and the acceptance rate is very satisfactory. Although the Ministry of Education has extended the age group for B.C.G. vaccination from 10 years to 18+ this Authority has continued with its policy of offering B.C.G. to pupils in the age group 12 - 14 years. It was decided to adhere to this age group as it was convenient for the secondary schools, less confusing to parents and easier to administer in the department. Children who transfer in to this County and over 13 years who have not had B.C.G. are offered protection when the school is visited, and the same applies to children who were absent when B.C.G. was offered at a given school.

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 30.

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 1963, 827 "contacts" were skin tested and found suitable for B.C.G. vaccine and received vaccination at a Chest Clinic.

A high percentage of the 827 persons who were skin tested were children of school age, and this figure also includes persons over school age who were tested at Chest Clinics.

B.C.G. VACCINATION OF SCHOOL CHILDREN, 1963

School	No. in Age Group	No. of Acceptances	No. Skin Tested	No. found Positive	No. found Negative	No. B.C.G. Vaccinated
Prestatyn						
County Secondary	136	130	120	34 (29.0 %)	84 (71.0 %)	69
Rhyl Welsh Bilateral ..	61	59	52	20 (38.0 %)	32 (62.0 %)	28
Rhyl Glyndwr						
County Secondary	163	136	123	29 (24.0 %)	93 (76.0 %)	79
Hope C'nty Secondary	78	71	63	22 (35.0 %)	41 (65.0 %)	35
Saltney						
County Secondary	102	97	93	22 (24.0 %)	70 (76.0 %)	58
Hawarden Grammar ..	164	157	148	35 (24.0 %)	112 (76.0 %)	89
Queensferry Aston						
County Secondary	152	139	122	34 (28.0 %)	87 (72.0 %)	61
Flint (B.R.G.) Bilateral	107	97	82	25 (32.0 %)	54 (68.0 %)	45
Flint C'nty Secondary	125	117	108	45 (42.0 %)	61 (58.0 %)	48
Buckley						
County Secondary	149	126	111	45 (41.0 %)	64 (59.0 %)	46
Deeside						
County Secondary	161	145	130	45 (37.0 %)	78 (63.0 %)	55
Holywell						
County Secondary	189	164	148	50 (35.0 %)	94 (65.0 %)	72
Holywell Grammar	125	114	104	47 (47.0 %)	52 (53.0 %)	38
Mold C'nty Secondary	125	114	104	40 (41.0 %)	58 (59.0 %)	45
Mold Grammar	115	100	88	43 (53.0 %)	38 (47.0 %)	24
Mold Welsh Bilateral .	70	66	57	30 (54.0 %)	26 (46.0 %)	20
St. Asaph Grammar ..	92	89	73	30 (44.0 %)	38 (56.0 %)	35
Rhyl Grammar	127	117	103	39 (39.0 %)	61 (61.0 %)	43
Penley Bilateral	76	69	62	29 (48.0 %)	32 (52.0 %)	30

36 % of the groups were found to be Multiple Puncture Positive.

Mass Radiography.—The Semi-static Mass X-Ray Unit continued to operate in the County during 1963, 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 1963.

TREATMENT

Clinics.—During 1963, school clinics were held at ten centres as in 1962. During 1963, all school clinics were held in purpose built premises, with adequate facilities for all aspects of the work undertaken. Although some treatment is carried out at school clinics, the main purpose remains the follow-up and observation of children found to have defects at previous medical examinations. At these clinics time is available to meet parents and discuss their child's condition with them and offer advice and help in dealing with any defects found.

In many cases we find that the co-operation of parents in dealing with their children's disabilities is more readily obtained if the whole matter is fully explained to them with an outline of the course of the condition and eventual result. Without such explanation parents often expect some spectacular treatment and care when all that is required is patience and understanding and an insight into the particular disability.

At most of the bigger clinics, special clinics are held by Consultants from the hospital service in ophthalmology, ear, nose and throat, orthopaedic, paediatric and child guidance. Members of the school health department staff assist at these clinics and in this way a close liaison is maintained between the school health department and the hospital staff.

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, Leeswood, Ffynnon-groew, and at Garden City until October, after which date this clinic was transferred to premises at Sealand purchased and adapted for clinic purposes.

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	—
Scabies	1	—
Impetigo	20	2
Other Skin Diseases	126	49
Total	149	51

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	22	30
Errors of Refraction (including squint) ..	1570	—
Total	1592	30
Number of pupils for whom spectacles were :—		
(a) Prescribed	*743	—
(b) Obtained	*743	—
Total	*743	—

* 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 1,570 compared with 1,349 in 1962. During 1963, 743 pairs of spectacles were prescribed compared with 704 in 1962.

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

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

"The Ophthalmic Clinics have been held at Mold and Shotton at fortnightly intervals as in the past. The children examined are those who have been found by school doctors and health visitors to have defective vision or are suspected of having some other eye complaint.

The waiting time for appointments has not been excessive and it has appeared that parents have been pleased with the service given.

My thanks are due to the health visitors for their most efficient help with this work."

A. C. SHUTTLEWORTH.

"The school ophthalmic clinic at Rhyl was held weekly throughout the year and this was found to be just sufficient to prevent the accumulation of a waiting list of any significant proportions. At Holywell, however, the usual fortnightly clinic was found to be inadequate to meet the demand for appointments and it was found necessary to arrange an additional clinic during most months of the year.

A large number of children, mostly with visual defects, have been examined during the year and a considerable amount of work is involved in arranging the clinics and the appointments. Unfortunately, this is not appreciated by some parents, since at the Rhyl clinic, for example, as many as 86 children failed to keep their appointments without any prior notification of their inability to do so being given.

After a period of nine months, during which the services of an Orthoptist were not available in the County, Miss H. Edwards was appointed full-time Orthoptist for the Clwyd and Deeside Hospital

Management Committee Area with effect from 1st January, 1963 and throughout the year orthoptic clinics for the treatment of children with squint have been held at Holywell, Rhyl and St. Asaph (H. M. Stanley Hospital).

During 1963, 21 Flintshire children were admitted to the Ophthalmic Department at H. M. Stanley Hospital. Of these, 18 were admitted for operations for the correction of squint, 2 with serious eye injuries and 1 for surgical treatment for congenital cataracts."

EDWARD LYONS.

Miss H. Edwards was appointed as full-time Orthoptist by the Clwyd and Deeside Hospital Management Committee and started her duties on January 1st, 1963, so there was full orthoptic cover during the year.

Miss Edwards attended at the school clinics at Rhyl and Holywell and at the hospital clinic at St. Asaph, working in close association with the Consultant Ophthalmic Surgeon and his staff.

ORTHOPTIC CLINICS

SCHOOL CHILDREN ONLY

	Chester Royal Infirmary	Holywell Clinic	Rhyl Clinic	St. Asaph Clinic
Number of Flintshire children who attended in the year 1963	325	46	84	56
Number of attendances for the year 1963	1,261	270	406	172

Number of squint operations performed on Flintshire children at :—

Chester Royal Infirmary	24
St. Asaph H. M. Stanley Hospital	17

Children from the Eastern half of the County continued to attend the Orthoptic Department of the Chester Royal Infirmary during 1963 as in past years. Mrs. E. R. Salisbury, the Orthoptist-in-Charge of the department and her staff continued to give excellent service during the year, and I would like to thank them for their help and co-operation at all times.

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	—	8
(b) for adenoids and chronic tonsillitis	—	362
(c) For other nose & throat conditions	—	12
Received other forms of treatment	62	39
Total	62	421
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1963	—	5
(b) in previous years	—	*15

* 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—362, but it must be remembered that 676 children were found at routine and special medical inspection to have defects of the nose and throat, and of these 258 required treatment and 418 were in need of observation. 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 were held every two weeks at our clinics at Holywell, Rhyl and Shotton, the latter clinic, however, was closed on the 17th October, 1963. These clinics are attended by the Physiotherapist from the Gobowen Orthopædic Hospital at each session. Mr. Robert Owen, the Consultant Orthopædic Surgeon, however, attends the Rhyl clinic every three months and the Holywell clinic on the second and fourth Wednesday of each month.

All School Orthopædic Services in the North Wales area including Flintshire, are now based on the Gobowen Orthopædic Hospital and Mr. Robert Owen, the Orthopædic Consultant for the Clwyd and Deeside Hospital Management Committee area attends the Clinics in Flintshire by arrangement with the Gobowen Hospital.

This new arrangement is an improvement on the service when the Consultant came each time from Gobowen Hospital. The new scheme means that the base of the Consultant has moved to Rhyl, and children requiring further observation and treatment attend Rhyl Hospital for care and not Gobowen as in the past. As Mr. Robert Owen works closely with the staff at Gobowen Hospital any children requiring the special facilities offered at Gobowen, including their excellent hospital educational facilities, can still be admitted by Mr. Owen when he considers this necessary.

I would like to thank Mr. Robert Owen and the staff of the Gobowen Hospital for their interest and valuable services during the year. In particular, I would express appreciation to Mr. Robert Owen for his help in the selection of pupils for the school for the Physically Handicapped at Llandudno and for his ready acceptance in seeing these pupils during school holidays and arranging treatment and follow-up at school.

TABLE 9 (continued)
ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated at clinics or out-patients' departments	—	495
Pupils treated at school for postural defects	10	—

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	—	182

The number of children seen at Child Guidance Clinics showed a considerable increase during 1963 from 104 in 1962 to 182 in 1963. This was in part due to more children being found who required the skilled help that the Child Guidance team can offer, and also better staffing of the service with consequent decrease in waiting time and more children seen during the school year.

During the year clinics continued at Rhyl every Monday - all day, and at Shotton on alternate Fridays - all day.

In addition some Flintshire children are seen at the Wrexham clinic and at Chester.

During the year Psychologists who form part of the Child Guidance team visited schools in the County at the request of the School Health Service, the Headteacher, or as part of their work when a pupil from a school attends the clinic. In particular, I would like to thank Mr. W. E. Moore, the Principal Psychologist, and Mr. P. J. McDonald for their ready help with problems in schools during the year.

Dr. E. Simmons and the medical staff of the Child Guidance Service have been ready at all times to help members of the department with problems referred to them.

Extracts from Dr. Simmons report are given below:—

"The year 1963 saw a further considerable increase in the number of referrals to our clinics. These had stood at 374, 379, 384 and 405 during the last 4 years. The figure rose to 642 during 1963.

This increase appears to have come about as a result partly of a more widely spread awareness of the usefulness of the clinic services, and partly to the growing work of the School Psychological Service. The percentage of children referred primarily because of educational difficulties actually rose from about 40 % to 50 % of our total intake this year but we cannot say yet whether this will become a permanent feature.

A request some time ago for an increase in our establishment of Educational Psychologists from 2 - 4 seemed to find support in these figures and in the rising demands by Education Authorities for assistance with group surveys, the testing of educationally sub-normal children and those with specific handicaps, the establishment of special courses for teachers, etc. A memorandum was prepared and discussed by the Child Guidance Sub-Committee and a meeting of members and officers of the five Education Authorities is expected to consider this matter further at a meeting early in 1964 so that a firm recommendation can be made.

Demands on our clinical services remained heavy but could be met to a large extent because our staffing position was reasonably favourable. We are, nevertheless, few in numbers and if anyone falls ill or a vacancy arises the strain on the remaining staff is serious. The figures for new cases seen (588) and for total attendances at clinics only (1,709) give some indication of the volume of work involved, although they do not show the time and effort which goes into school and home visits, case discussions, group meetings, liaison work with other agencies, etc.

At Gwynfa, our Residential Clinic, opened two years ago, we have been able to admit a total of 32 children; 18 of these left before the end of the year to return to their parents or guardians, most of them having shown a satisfactory degree of improvement.

The work of Gwynfa has highlighted the need for similar facilities for the treatment of emotionally disturbed children in the age group 12 - 16 when the nature and severity of their disturbance and environmental factors preclude successful treatment on an out-patient basis yet do not necessitate or justify admission to a psychiatric hospital. The problem, as is the case so often, concerns the local Health, the Education, and the Hospital Authorities. Fortunately, there are no problems of communication between the three Authorities in our clinical area and I believe that this matter also will be dealt with in a spirit of co-operation and a way found to utilise available resources in the most economical way in the interest of the children concerned.

We have appreciated the goodwill and help offered to us by the members of the staffs of the medical, educational and social services with whom we are in frequent touch and with whom we hope to work in continued happy and fruitful co-operation during the coming years."

E. SIMMONS.

CHILD GUIDANCE CLINICS — STAFF

NAMES	POSTS
(A) CLINICAL :	
Dr. E. Simmons	Medical Director and Consultant Psychiatrist.
Dr. J. A. Williams	Senior Registrar in Psychiatry.
Dr. G. J. Pryce	Registrar in Psychiatry.
Dr. Patrica C. Powell	Part-time Clinical Assistant
Mr. W. E. Moore	Principal Psychologist.
Mr. J. B. Edwards	Educational Psychologist.
Mr. P. J. Macdonald	Educational Psychologist.
Mr. J. Sants	Part-time Psychologist.
(Vacancy)	Psychiatric Social Worker.
(Vacancy)	Senior Psychiatric Social Worker.
Mrs. V. Ford-Thomson	Social Worker.
Mrs. S. Mundle	Part-time Social Worker.
(B) SECRETARIAL :	
Miss D. Harrison	Secretary.
Miss J. E. Bowyer-Sidwell	Shorthand-Typist/Clerk.
Miss E. Davies	Shorthand-Typist/Clerk.

Note : Most members of the clinical staff carry responsibilities in respect of the work of "Gwynfa" but no additional workers have been appointed.

NORTH WALES CHILD GUIDANCE CLINICS

1. Number of Flintshire Children and Parents interviewed during 1963.

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	56	32	18	133	14	25	—	5	—	25	156
Shotton	41	24	11	78	3	23	—	22	—	24	93
Colwyn	2	1	1	—	1	—	—	—	—	—	—
Wrexham	7	3	1	—	—	2	—	16	—	2	10
Children seen elsewhere	76	—	—	—	—	76	—	—	—	—	—
Parents seen at home	—	—	—	—	—	—	—	—	—	—	91
	182	60	31	211	18	126	—	43	—	51	350

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

Rhyl : Denbighshire	19	6	1	28	5	5	—	36	—	4	40
Shotton : Denbighshire	1	—	—	1	—	1	—	—	—	—	—
	20	6	1	29	5	6	—	36	—	4	40

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

3. Number of Visits during 1963.

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
91	3	58	4

4. Number of Flintshire Referrals received during 1963.

Referring Agency	Number of Referrals
School Medical Officer	90
General Practitioners	13
Consultant Pædiatricians	8
Other Medical Specialists	7
Courts and Probation Officers	6
Other Social Workers	1
Parents	1
Children's Officers	—
Head-teachers	25
	151
Waiting List on 31st December, 1963	7

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 1963

Current cases	158
Discharges	82
Total cases seen	240
Number of new cases seen	40
Analysis of Current Cases :	
Dyslalia	111
Alalia	6
Stutterers	34
Hyperrhinolalia, arising from cleft palate	4
Dysarthria, arising from cerebral palsy	2
Developmental dysphasia	1
Total cases	158

Dyslalia :

Speech normal	....	....	....	....	....	50
Improved—						
(a) Too erratic attendance to benefit further	....					4
(b) Family moved	....	....	....	....		4
(c) Child attending school outside County	....					1
(d) Parents wish for elocution instead of Speech Therapy	....	....	....	....		1
No improvement; parents give no co-operation	....					2

Alalia :

Speech normal	....	....	....	....	....	1
Attendance too erratic to benefit	....	....	....			1

Stutterers :

Speech normal	....	....	....	....	....	2
Improved—						
(a) Left school	....	....	....	....	....	5
(b) Too erratic attendance to benefit further	....					4
(c) Satisfied with progress			1

Hyperrhinolalia :

Improved. Speech comprehensible			2
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Unclassified :

Failed to attend first appointment			4
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 82

Total attendances	1,550
School Visits made	30
Home visits	6

"With few exceptions, attendances have been very regular, and parents have given good co-operation over treatment.

Since April 1963, a fortnightly Clinic has been held in Buckley, bringing the Speech Therapy Centres to six. This has been most satisfactory, both in relieving the numbers in Mold Clinic, and being more convenient for Buckley children to attend.

There has been, in the past year, an increase in the number of pre-school and very young children being brought to the Clinic for early help and advice. In many cases, the original enquiries have been made by the parents. This is most encouraging and, I feel, does reflect the growing awareness of the importance of early referral.

In all the Schools with which I have had any contact, the Head Teachers and their staff have given me great help, particularly in appreciation of the relation of the speech defect to the child's school work and behaviour. I am most grateful to these teachers.

With the retirement of Dr. Pearse, the Speech Therapy Service loses most valuable support. Dr. Pearse has always listened with

sympathy to the many problems I have posed, and tried so hard to help in solving them. The Service will miss her, and so will the Speech Therapist.

I would also like to thank Mr. Trevor Jones for his great help in 1963.

I look forward to serving the County in 1964."

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	75	36
(b) Pupils who received convalescent treatment under School Health Service arrangements	3	—
(c) Pupils who received B. C. G. vaccination	920	—
(d) Other :—		
(1) Lymphatic glands	1	5
(2) Heart and circulation	1	24
(3) Lungs	10	47
(4) Development	12	38
(5) Nervous system	1	25
Total (a)-(d)	1023	175

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	....	....	....	....	13,416
	Specials	....	....	....	....	4,118
	Total (Periodic and Specials)	....	....	....	....	17,534
(2)	Found to require treatment	....	....	....	....	12,320
(3)	Number offered treatment	....	....	....	....	11,083
(4)	Actually treated	....	....	....	....	7,197
(5)	Number of attendances made by pupils for treatment, excluding those recorded at 13 (e) 1 below	....	....	....	....	16,186
(6) Half-days devoted to—						
	Inspection	....	....	....	....	123
	Treatment	....	....	....	....	2,497
	Total (Half-days)	....	....	....	....	2,620
(7) Fillings—						
	Permanent Teeth	....	....	....	....	8,481
	Temporary Teeth	....	....	....	....	1,494
(8) Number of Teeth filled—						
	Permanent Teeth	....	....	....	....	7,641
	Temporary Teeth	....	....	....	....	1,404
(9) Extractions—						
	Permanent Teeth	....	....	....	....	2,540
	Temporary Teeth	....	....	....	....	5,667
(10)	Administrations of general anæsthetic for extraction	....	....	....	....	4,598
	Number of half-days devoted to the administration of general anæsthetics by—	....	....	....	....
	(a) Dentists	....	....	....	....	30
	(b) Medical Practitioners	....	....	....	....	240
(11)	Number of pupils supplied with artificial teeth	....	....	....	....	112
(12) Other operations :						
	(1) Crowns	....	....	....	....	39
	(2) Inlays	....	....	....	....	—
	(3) Other treatment	....	....	....	....	3,483
(13) (e) Orthodontics—						
	(1) Number of attendances made by pupils for orthodontic treatment	....	....	....	....	1,364
	(2) Half-days devoted to orthodontic treatment	....	....	....	....	90
	(3) Cases commenced during the year	....	....	....	....	156
	(4) Cases brought forward from previous year	....	....	....	....	369
	(5) Cases completed during the year	....	....	....	....	98
	(6) Cases discontinued during the year	....	....	....	....	22
	(7) Number of pupils treated by means of appliances	....	....	....	....	152
	(8) Number of removable appliances fitted	....	....	....	....	107
	(9) Number of fixed appliances fitted	....	....	....	....	70
	(10) Cases referred to and treated by Hospital Orthodontists	....	....	....	....	—

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

"During the later part of 1963, the new Clinic in Connah's Quay was completed and has proved a welcome addition to the other eight dental clinics at present in use.

The surgery is extremely well equipped and will not only provide treatment for children in Connah's Quay but also for children who attend schools in adjoining parts of Shotton. It is only by providing first class clinics and working conditions, as we have done at Connah's Quay, that we can hope to recruit additional Dental Officers in the future, to what has so long been looked on as the Cinderella branch of the country's dental service.

In spite of the large sums of money that have been spent by Flintshire in the last few years re-equipping our surgeries, we have been unable to find a full-time Dental Officer to succeed Mr. L. E. Hanson, who retired in December 1963, after seventeen year's service with Flintshire Education Committee.

Dental X-Ray machines have been installed at Flint and Prestatyn Clinics during the year, and we are now able to provide a very satisfactory coverage for the County as a whole, only in a few cases will children have to travel relatively short distances for this very useful branch of diagnosis.

The Orthodontic Clinics continue to be well attended and not only are we able to keep the waiting lists down to reasonable proportions, but we are also able to accept a limited number of cases referred to us by Dentists in private practice. This help is very much appreciated as the Regional Hospital Board does not provide, at present, a specialist orthodontic service in Flintshire.

The general anæsthetic sessions at most of our Clinics tend to be smaller than in past years. This is a good sign, particularly when viewed in conjunction with an increase in fillings, and shows that more children are receiving attention before their teeth reach an unsaveable condition.

During the severe weather in the early part of the year, many of our sessions were interrupted due to failure of the essential services. We had numerous failed appointments, many due to travelling difficulties. Unfortunately, there has been a tendency during the year for children to fail keeping their appointments or to give so little warning that it has not been possible to fill the vacancy.

In past years, I have remarked on the indifference that exists in matters of oral hygiene. I use the word indifference, not ignorance, because the majority of parents and children are fully aware that clean teeth are necessary under present day dietary conditions. Apparently the prospect of losing teeth early on in life causes no anxiety for so many. We shall carry on advising and encouraging good oral habits and hope that in time there will be an improvement.

We are very much indebted to the Health Visitors and to Mr. E. Lewis, the County's Health Officer, who have done a great deal of work with posters, film shows and talks to arouse interest in this very important branch of preventive dentistry."

A. FIELDING,

Principal School Dental Officer.

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	....	....	....	....	59
Voluntary Primary	....	....	....	....	44
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 two Voluntary Primary Schools without water carriage sanitation—Bangor-on-Dee and Higher Wych.

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 where 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 15,186 meals on an average per day, an annual total of 3,037,200. Meals are carefully planned and well balanced, and a specimen menu is given below:—

Typical Menu served at a School in the County

MONDAY.	Savoury minced beef, mashed potatoes. Apricot crumble, custard.
TUESDAY.	Sausages, creamed potatoes, baked beans in tomato sauce. Steamed jam roll, custard.
WEDNESDAY.	Liver and bacon, cabbage, boiled potatoes. Milk jelly, cream.
THURSDAY.	Roast lamb, green peas, roast and boiled potatoes, gravy. Rice pudding.
FRIDAY.	Fried fillets of fish, chips, grilled tomatoes. Apple sponge, custard.

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

For the County as a whole, out of a possible total of 26,138 children, 18,549 took milk at school regularly (70.97 %). The percentage taking milk varies greatly from school to school, the lowest being 32.95 %, the the highest being 100 %, the average being 71.23 %.

All milk supplied to the schools is pasteurised and, during the year 204 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 for bacteriological examination and all were found to be satisfactory.

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, cleanliness of staff and cloakrooms, and the storage and disposal of waste foods.

There are 64 school kitchens and 123 school dining rooms providing 15,186 meals a day. Contractors supplies of meat, vegetables, fruit and foodstuffs were examined, and 17 samples were submitted for chemical and bacteriological analysis. Minced meat was examined for evidence of colouring matter, meat and fat content ; sausages for meat content ; vegetables and fruit for evidence of fungicide and pesticide. All samples were found to be satisfactory.

It was found necessary to cancel one greengrocer's contract — the sizes of apples and potatoes delivered were too small with consequent increased wastage.

Health Education.— During 1963 a determined effort was made to use our limited resources in Health Education in the best possible way. The senior staff of the department, medical, nursing and the County Public Health Inspector have now had years of experience in this field of work and have gained valuable experience in methods and content of health education in schools. Equally important members of the teaching profession also realise the value of health education in raising standards of hygiene and in making better and fuller use of services available in the community.

As subsequent details show, health education is now a part of education in many primary and secondary schools, and a good partnership has been established between the teachers in schools and members of the school health department in providing instruction in this field in schools.

The head teacher decides what amount and type of health education he can fit into his syllabus, and his staff are responsible for the work — the school health staff giving help and assistance as requested either in providing material for the teachers or in presenting the material to the pupils.

Work continued during 1963 at certain secondary schools on sex education to senior boys and girls. This is specialised work and is done with the active co-operation of the teaching staff and the parents. This work was undertaken by Dr. E. Pearse, the Senior Medical Officer for the School Health Service and Dr. W. Manwell. Both doctors have had considerable experience in this very specialised field, and do very excellent work which is appreciated by pupils, parents and teachers. The work is exacting, time consuming and calls for tact and understanding, and both

doctors state that they are gaining experience in this field of work as they meet more pupils each year at the school where this work is now an annual feature of their health education programme.

The health department has now built up a valuable visual aids section under the able direction of Mr. Elwyn Lewis, the County Public Health Inspector. He works closely with Mr. Ellis, the County Visual Aids Officer, teachers and other members of the School Health Department. Much useful work in health education is done by obtaining visual aids on health education matters for schools — the material being used by the teachers themselves. In other cases it is found desirable for a member of the school health department to present the material particularly if it is of a technical nature and the pupils are likely to ask questions and seek further explanations.

During the year a considerable amount of work was done in secondary schools to try and discourage pupils from starting to smoke cigarettes or to encourage them to give up the habit. In this campaign we used two films: "Smoking and You" and "This is your Lung". These two short films were shown at 15 secondary schools in the County and a doctor attended each showing to answer questions put by the pupils. At each showing also publicity material on smoking and health was available for the pupils.

During the year, Health weeks were held at 3 primary schools in the County. The children showed a lively interest and produced some excellent posters and health books. A parents' meeting was held at the end of each health week to give an outline of the school health service and to answer questions on health problems in children of school age. The parents' meetings were well attended and lively discussions followed the short talk on the services available.

In addition to full health weeks, many primary and secondary schools called upon the department for talks on special subjects and these were given by the medical staff or health visitors. Some of the topics were in connection with some special project at the particular school, the commonest being pupils training for some part of the Duke of Edinburgh Awards.

For many years, I have been anxious that first aid should be taught to every boy and girl in secondary schools and I am glad to report that more and more schools are now embarking on this training and we are able to help with lectures and demonstrations. When first aid is coupled with good teaching of structure and function of the body, the subject then provides a good basis for extension of the instruction to other important fields of hygiene and infection and even sex education.

In conclusion, our thanks are due to all members of the teaching profession who have co-operated with us in every way and who indeed have done most of the health education work in schools, but who realise that we can help in certain spheres and have readily sought advice and allowed us to work with them.

HEALTH EDUCATION IN PRIMARY SCHOOLS

Date of Health Week	Name of School	No. of pupils	Subjects	Films shown	Speakers
24th to 28th June, 1963	C.P. School Hope Headmaster : Mr. E. Roberts	240	Oral Hygiene Personal Hygiene Foot Hygiene and Posture	No Toothache for Noddy No Toothache for Eskimos Where There's a Will Nature Shows the Way How to Catch a Cold The House Fly	Miss P. M. Matthews Miss M. Williams Mrs. S. Lewis
11th to 15th November, 1963	V.P. School, Pentrobin Headmaster : Mr. A. O. Dunn	47	Oral Hygiene Personal Hygiene Foot Hygiene and Posture	No Toothache for Noddy No Toothache for Eskimos Where There's a Will Nature Shows the Way How to Catch a Cold The House Fly	Miss P. M. Matthews Miss J. S. Rogers Mrs. S. Lewis
11th to 15th November, 1963	V.P. School, Kinnerton Headmaster : Mr. J. Lamb	51	Oral Hygiene Personal Hygiene Foot Hygiene and Posture	No Toothache for Noddy No Toothache for Eskimos Where There's a Will Nature Shows the Way How to Catch a Cold The House Fly	Miss P. M. Matthews Miss J. S. Rogers Mrs. S. Lewis