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FLINTSHIRE
COUNTY COUNCIL

EDUCATION
COMMITTEE



REPORT

on the work of the

Flintshire School

Health Service

in relation to the year

1968





FLINTSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE



REPORT

on the work of the

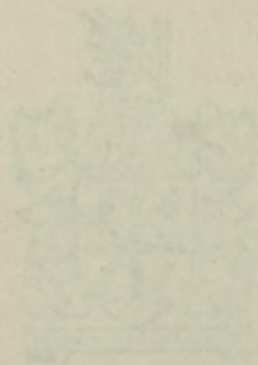
Flintshire

School Health Service

1968

FLINTSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE



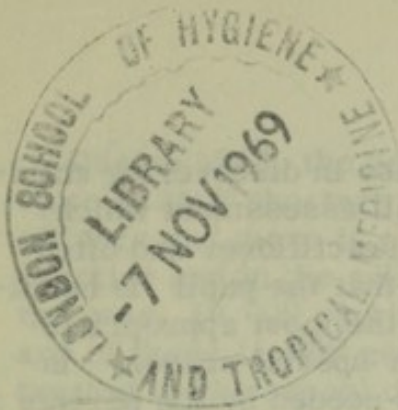
REPORT

on the work of the

Flintshire

School Health Service

1968



INTRODUCTION

COUNTY HEALTH OFFICES,
SHIRE HALL,
MOLD.

To the Chairman and Members of the
Education Committee.

Mr. Chairman, Ladies and Gentlemen,

The rapidly increasing number of school children in the county has again been the biggest problem in the school health service during 1968. This presents difficulties in relation to finding additional staff to man the service and also acute shortage of accommodation in schools to carry out the duties. During the year, we have again made extensive use of the mobile child welfare clinic for this purpose, and it is planned to purchase an additional mobile clinic for school health activities during 1969.

We have again further modified our arrangements for medical examination of school children, including selective medical examination. We now medically examine all children on school entry at five years of age, and at the same time certain screening tests are also carried out, e.g. hearing and eyesight. A selective medical examination is arranged for children aged 10 and a start was made during the year on selective medical examinations of school leavers. This is arranged at 14 years of age, so that those missed out for any particular reason can be selected in their next final year at school.

In February we moved the Health Department, including the School Health Section to the new Shire Hall and with the move the opportunity was taken to make certain changes in our administrative arrangements, including a complete change in our system of filing medical records of pupils at school.

In recent years particular attention has been paid to the needs of handicapped children. The Ministry of Education have divided handicapped pupils into the following categories:-

Educationally Sub-Normal
Delicate
Epileptic
Partially Hearing
Partially Sighted

Maladjusted
Physically Handicapped
Deaf
Blind
Speech Defect

More time is now spent in schools and clinics in discovering children with various handicaps and in arranging full assessment which means getting the co-operation of the general practitioner and often one or more consultants. Having ascertained that the pupil is handicapped, careful consideration is then given to the most appropriate form of education, either at ordinary school or special school. In addition a great deal of help and advice will be needed by the parents if they are to understand the full implications of the handicap and also if they are to co-operate with the various agencies who are trying to help their child. Full details of the numbers of handicapped children and the various categories are given in the body of the report, but it is often not appreciated that in addition to finding these children that a great deal of work is done for each individual handicapped pupil to ensure that they receive suitable education and also all the services provided by the present day social services.

More children were vaccinated against smallpox in 1968 than in any year and the same applies to children immunised against diphtheria, whooping cough, tetanus and poliomyelitis. The number of children receiving booster doses of diphtheria and tetanus and polio was also higher than in previous years. During 1968, a start was made on vaccination against measles and the vaccine was offered to children of 3 and 4 years of age before school entry. Although a great deal of publicity was given to the new Measles vaccine and the complications following measles as an illness the number of children vaccinated was very small.

The scheme of B.C.G. vaccination against tuberculosis continued during the year and here the acceptance rate is very satisfactory. It will be seen from the report that of 1,626 children who were found after testing to be suitable for B.C.G. vaccination that 1,531 were vaccinated which is very satisfactory. No case of tuberculosis has developed in a school child in Flintshire who has had B.C.G. vaccine - but we have had some cases of tuberculosis in teenage children in recent years who were not so protected.

Once again, I have to draw attention to the high level of emotionally disturbed children seen each year by the school medical staff and referred to child guidance clinics. During 1968, 154 children with emotional problems of considerable severity were referred and this number is probably less than a quarter of the total number of children with emotional problems that needed help. This is a field where a great deal of preventive work is needed which has to be started in the home and child welfare clinic. It is sad to note that as the physical condition of children (and adults) improve that we have a marked increase in emotional disturbances - which cause a great deal of anxiety and unhappiness.

During 1968, the dental service continued to do an excellent job in spite of staff shortage. We have found it very difficult to recruit dental officers and there is a national shortage of dental staff, both in private practice and in the school dental service. It will be noted that during the year, 15,000 routine dental inspections were carried out in school and of these 11,000 needed treatment and about a half of the total were treated by the school dental service. The majority of the others in need of treatment went to private dental practitioners or did not avail themselves of treatment.

Once again, I would like to thank the consultant staff of the various hospitals in the area for their ready help. I would also like to thank all General Practitioners in Flintshire for their co-operation and interest in the work of the School Health Service. My thanks and that of all the department's staff are due to Mr. M.J. Jones, the Director of Education, Her Majesty's Inspectors of Schools and Head Teachers and teaching staff.

To the staff of the School Health Service, I would like to pay tribute for their loyal work during the year. In particular, Dr. L.L. Munro, the Senior Medical Officer in charge of the Service for the efficient way she administers the service and her part in compiling the report.

The Clerical Staff of the department have again given excellent service and I would, in particular, like to thank Mr. T. Jones for his services to the department and his help in the statistical work involved in preparation of 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, MB, BCh, BAO, DPH
(County Health Offices, Mold. Tel. Mold 2121)

Deputy County Medical Officer:

Kenneth Steven Deas, MB, ChB, DPH

Senior Assistant Medical Officer:

Lillie Lund Munro, MB, ChB, DPH

Assistant Medical Officers (full-time):

W. Manwell, MB, BCh, BAO, DTM, DPH, CM
Edith V. Woodcock, MB, ChB, DPH

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

Dr. E.M. Harding, MB, ChB, DPH (Resigned 1: 9: 68)
Dr. J.D. McCarter, MB, BCh, BAO
Dr. Yvonne B. Gibson, MB, BCh
Dr. A. Lloyd Jones, MB, BS, MRCS, LRCP (Resigned 31: 10: 68)
Dr. R.D. Williams, MRCS, LRCP (from 7:10: 68)
Dr. B.M. Jensen, MRCS, LRCP (from 4:12: 68)

Assistant Medical Officers (Part-time) who are also Medical Officers of Health for Grouped County Districts:

D.J. Fraser, MB, ChB, DPH
D.P.W. Roberts, MB, ChB, DObst, RCOG, DPH

Chest Physicians (Part-time):

E. Clifford Jones, MB, BS, MRCS(Eng), LRCP (London)
J.B. Morrison, MD, ChB
R.W. Biagi, MBE, MB, ChB, MRCPE

Child Guidance Consultant (Regional Hospital Board Staff):

E. Simmons, MD, LRCP, LRCS(Edin), LRFPS(Glasgow)

Ear, Nose and Throat and Audiology Consultant (Regional Hospital Board Staff):

Catrin M. Williams, FRCS

Ophthalmic Consultants (Regional Hospital Board Staff):

E. Lyons, MB, ChB, DOMS
J. Nath, MB, BS (Resigned 11: 10: 68)

Ophthalmic Optician (Part-time Sessional):

A.S.M. Saum, FBOA (Hons)

Orthopaedic Consultant (Regional Hospital Board Staff):

Robert Owen, MCh.(Orth), FRCS

Paediatrician Consultant (Regional Hospital Board Staff):

M.M. McLean, MD, MRCPE, DCH

Principal School Dental Officer (Full-time):

A. Fielding, LDS, RCS

Dental Officers (Full-time):

F.S. Dodd, LDS

Leon Harris, BDS

A.O. Hewitt, LDS

Dental Officers (Part-time sessional):

C. Hubbard, LDS

Mrs. S.F. Moran, LDS (Resigned 19:1:68)

H.E. Edwards, LDS

Mrs. M. Morton, BDS (Resigned 11:4: 68)

Dental Auxiliaries:

Mrs. H.V. Anderson

Orthodontic Consultant (Part-time - temporary sessional):

B.J. Broadbent, FDS, RCS (Resigned 1: 7: 68)

J. Hopper, LDS (Ortn) (commenced 6:8:68)

Dental Anaesthetists (Part-time sessional basis):

Dr. G.P. Roberts

Dr. H. Evans

Dr. G.E.S. Robinson

Dr. M.E. Lloyd

Mr. T. Roberts LDS

Speech Therapists:

Mrs. R.E. Ward, LCS

Miss G. Roberts, LCS (Full-time) (Resigned 31: 5: 68)

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

Miss P.M. Matthews, SRN, SCM, HVCert, NAPH

**School Nurses: (acting jointly as School Nurses and Health Visitors
all State Registered Nurses and State Certified Midwives, and
Health Visitor's Certificate or other qualifications):**

Mrs. D.M. Lewis, Senior Health Visitor/School Nurse, Western
Area

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

Miss M.J. Hughes	Mrs. R. Jones (Resigned 29: 2: 68)
Miss G. Jones (Part-time)	Miss M.W. Wright
Miss M. Lees	Miss G.M. Jones
Miss M.Y. Secker	Mrs. L. Pritchard
Mrs. S. Lewis (Part-time)	Miss A.M. Stewart
Mrs. P.B. Coupé	Miss D. Phillips
Miss M. Hinchin	Miss F.M. Higginson
Mrs. M. Moffat	Miss D.J. Levens
Miss I.M. Swinscoe	Miss P.M. Haworth
Mrs. M.E. Pearse	Miss A.M.C. Smith (Since 1: 9: 68)
Mrs. D. Jeronimidis (Resigned 31: 8: 68)	Mrs. B. Forster (Since 18:11:68)
Mrs. S.E. Wilson	
Miss D.E. Booth	
Mrs. G. Jones (since 7:10:68)	

Clinic Nurses (Full-time sessional):

Mrs. S.A. Latham

Clinic Nurses (Part-time sessional):

Mrs. M.M. Digweed	Mrs. R. Cunnah
Mrs. A. Roberts	Miss S.E. Thomas (Resigned 29: 4: 68)
Mrs. A. Cotgreave (Resigned 13:12: 68)	Mrs. D. Williams
Mrs. M. Swinnerton	Mrs. G. Devlin
Mrs. R.W. Jones	Mrs. S.M. Hayward
Mrs. J. Nicholls	
Mrs. A. Roberts	
Mrs. R. Williams (Resigned 8:11:68)	

Visitors for Chest Diseases:

Mrs. M.M. Roberts, SRN, SCM, TBCert
Mrs. I.M.M. Beedles, SRN, BTA

Dental Surgery Assistants:

Mrs. L.M. Martin	Miss M.E. Roberts
Mrs. B.M. Roberts	Mrs. D. Young (Part-time)
Mrs. E.I. Roberts	Mrs. M. Miles (Part-time)
Mrs. J. Williams (Part-time) (Resigned 30: 6: 68)	
Mrs. A.B. Ratcliffe (Part-time)	Mrs. C.M. Coxon (Part-time)

Chief Clerk:

Arthur Whitley

Department Senior Clerk:

E.F. Jones

Clerk of the County Council..... T.M. Haydn Rees DL, Solicitor

B-ASSOCIATED OFFICERS

Director of Education..... M.J. Jones, MA
County Architect..... R.W. Harvey, ARIBA
County Treasurer..... S. Elmitt, FIMTA, FRVA
Physical Training Organisers..... Bertram W. Clarke
Miss S.N. Crosbie
School Meals Organiser..... E. Parry
Children's Officer..... Mrs. L. Davies, BA

C-HEADQUARTERS

County Health Offices, Shire Hall, Mold - Tel: Mold 2121.

D-GENERAL INFORMATION

Area of Administrative County -						
Statutory Acres	...	...	...	...	...	163,707
Square Miles	...	...	...	...	...	255.7
Population of County -						
1951 Census	...	...	...	...	...	145,108
1968 Mid-year Estimate	...	...	...	...	...	166,160
Number of Schools -						
Nursery	...	...	...	...	...	1
Primary: County 62	Voluntary 36	- Total	..	...	...	98
Comprehensive	...	...	...	...	...	18
Technical College	...	...	...	...	...	1
Horticultural Institute	...	...	...	...	...	1
School Child Population -						
On School Registers (1968-69)	...	...	...	...	...	29,989
Financial Circumstances of County -						
Estimated Product of a Penny Rate (1968-69)	...	...	...	...	...	£29,885
Number of Flintshire Live Births -						
Year 1968	...	...	...	...	...	2,985
Number of Flintshire Deaths (1968)						
Infantile	...	...	...	...	...	51
General	...	...	...	...	...	2,107

Medical Officers -							
For County Health and School Medical Services combined	...	...	...	...	...	...	8*
School Dental Surgeons -							
Full-time Officers	...	...	...	...	...	...	4+
School Nurses -							
Serving half-time also as Health Visitors	...	...	...	...	...	...	24
Dental Surgery Assistants -							
Full-time -	4	Part-time -	4				
Clinic Establishments (within the County) -							
Child Guidance	...	...	...	...	...	...	2
Dental (For School Children)	...	...	...	...	...	...	8
Minor Ailments (for School Children)	...	...	...	...	...	...	11
Ophthalmic (for School Children)	...	...	...	...	...	...	4
Ear, Nose and Throat and Audiology	...	...	...	...	...	...	3
Orthodontic	...	...	...	...	...	...	2
Orthopaedic After-care (for Patients of all ages)	...	...	...	...	...	...	2
Chest (Welsh Hospital Board)	...	...	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	...	...	3
Speech Therapy	...	...	...	...	...	...	10

*Equivalent of 6 whole-time officers, 2 are also Medical Officers of Health for Grouped County Districts.

+Includes Principal Dental Officer

E-FLINTSHIRE CLINICS (Situations, Opening Hours, Etc.)

SCHOOL CLINICS

- Buckley - The Clinic, Padeswood Road. 2nd Tuesday 2 to 4-30 pm
Doctor attends every opening.
- Caergwrle - The Clinic, Ty Cerrig, Off High Street. Every Tuesday,
1-30 to 2-30 pm. Doctor attends 1st and 3rd
Tuesdays of month.
- Flint - The Clinic, Borough Grove. 2nd & 4th Tuesday, 9-30 am to 12
noon. Doctor attends every opening.
- Holywell - The Clinic, Park Lane. 1st and 3rd Friday, 1-30 to 4-30 pm
Doctor attends every opening
- Mold - The Clinic, King Street. Every Wednesday, 9-30 am to 12 noon.
Doctor attends every opening.
- Penley - The Clinic, Bilateral School, 1st and 3rd Thursday, 1-30 am to
2.30 pm. Doctor attends every opening.
- Prestatyn - Kings Avenue. 1st and 3rd Wednesday, 9-30 am to 12 noon
Doctor attends every opening.

Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Monday, 9-30 am to 12 noon. Doctor attends every opening.
Saltney - The Clinic, St. Davids Terrace. Every Friday, 9-30 am to 12 noon. Doctor attends every opening.
Shotton - The Clinic, Rowley Drive. Every Tuesday, 9-30 am to 12 noon. Doctor attends every opening.
St. Asaph - Pen-y-Bont. 2nd and 4th Thursday. 1-30 pm to 2-30 pm. Doctor attends every opening.

CLINICS

The County has 20 clinics, predominantly used for Infant Welfare purposes; at 11 of these premises in the more populous areas, School clinic services are held regularly, at which, School Doctor and nurses attend. Minor Ailments are now relatively few, except for First Aid treatment, and care of minor skin complaints and dressings of verruca. The sessions are mainly used for Special or Reinspection medicals, for consultation with parents, for Audiometric or Intelligence testings, and for Immunisation. As a rule the same staff attend the Infant Welfare Clinics so that the local families are well known and continuity of work is achieved. The recent institution of toddler medical examinations aims at reducing further the large number of children found to possess defects on entering school and gives further continuity to the work.

To some of these clinics come visiting Consultants from the local hospitals to give their services to school children; such clinics are held for Eye, Ear, Nose and Throat, General Medical, Orthopaedic and Child Guidance referrals.

During 1968, following up on recommendations made by Dr. Wynne from the Department of Education and Science, who visited the County to look into the work and premises of the School Dental Service, further efforts were made to brighten up the combined waiting halls of four of the older clinics:- Flint, Prestatyn, Saltney and Shotton. This included redecoration and replacement of older benches and tables which though sound, flavoured of institutions. New equipment has been added to other clinics, the redesigning of two smaller rooms at Mold and Shotton for the use of the visiting Ophthalmic Optician has helped in the smoother running of these two busy Eye Clinics.

The mobile clinic used for Infant Welfare sessions in the smaller villages has also been called into service at schools. Parked in the school yards, it has provided excellent facilities for doctors, without disturbing school routine unduly. The mobile dental unit has also been used to facilitate examination and treatment at outlying schools in the County. The outstanding co-operation of Mr. D. Jones, Chief Ambulance Officer, and the unit's driver, Mr. D. Williams, has been much appreciated by all staff.

ORTHOPAEDIC AFTER-CARE CLINICS

- Holywell - Cottage Hospital. 2nd and 4th Wednesday of each calendar month at 2.30 pm. Surgeon attends every opening.
- Rhyl - The Clinic, Ffordd Las, Off Marsh Road. 2nd and 4th Tuesdays of each calendar month, 10 am to 12 noon. Orthopaedic Nurse attends every opening; Surgeon every 3 months.

OPHTHALMIC

- Holywell - The Clinic, Park Lane. 2nd and 4th Tuesday afternoons in each month.
- Mold - The Clinic, King Street. 2nd and 4th Thursday afternoons in each month.
- Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Friday morning.
- Shotton - Rowley Drive, 1st and 3rd Thursday afternoons 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 - Mercier House, Russell Road. Every Monday 10.00 am and 2.00 pm.
- Shotton - Rowley Drive. Alternate Thursdays and Fridays 10.00 am and 2.00 pm.

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

- Buckley - The Clinic, Padeswood Road, (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 after-
noon 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
am Clinic Session. 2.00 pm Contact Clinic (by appointment only).
Queensferry - Oaklands (Physician: Dr. E. Clifford Jones)
Tuesday, 9.30 am Clinic Session (by appointment only)
Wednesday, 9.00 am Clinic Session
Friday, 9.00 am Contact Clinic
Rhyl-Alexandra Hospital (Physician: Dr. J.B. Morrison).
*Monday, 10.00 am B.C.G. Test Reading
Friday, 9.00 am 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 (By appointment only)

Broughton - The Clinic, Broughton Hall Lane. 1st and 3rd Monday
morning in each month.
Connah's Quay - The Clinic, Civic Centre, Wepre Drive, Every Wednes-
day (morning and afternoon).
Buckley - The Clinic, Padeswood Road. 1st and 3rd Thursday in each
month (morning and afternoon).
Flint - The Clinic, Borough Grove. 2nd and 4th Thursday in each
month. (morning and afternoon).
Holywell - The Clinic, Park Lane. 1st and 3rd Tuesday morning in each
month.
Mold - The Clinic, King Street, 1st and 3rd Tuesday afternoon in each
month. Also 2nd and 4th Tuesday in each month (morning and after-
noon).
Prestatyn - The Clinic, King's Avenue. Every Monday (morning and
afternoon).
Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Tuesday and
Thursday (morning and afternoon).
Saltney - The Clinic, St. David's Terrace. 2nd and 4th Monday morning
in each month.
Shotton - The Clinic, Rowley Drive. 2nd and 4th Wednesday in each
month (morning and afternoon).

STAFF CHANGES

Medical:

The following changes occurred in the part-time Assistant Medical Officers staff:-

Dr. E.M. Harding resigned on the 1st September, Dr. A. Lloyd Jones resigned on the 31st October, Dr. F.J. Murray commenced duty on the 12th September and resigned on the 6th December. Dr. R.D. Williams and Dr. B.M. Jenson commenced duty on the 7th October and 4th December respectively.

Dental:

Miss I.M.S. Davies commenced duty as full-time Dental Officer on the 8th January and resigned on the 31st August.

Dr. Gwyneth P. Roberts commenced duty as part-time Dental Anaesthetist on the 6th February.

Mrs. S.F. Moran and Mrs. M. Morton, part-time Dental Officers, resigned on the 19th January and 26th April respectively.

Mr. B.T. Broadbent, part-time Consultant Orthodontist, resigned on the 31st July, Mr. J. Hopper commenced duty as part-time Consultant Orthodontist on the 6th August.

The following changes occurred in the part-time Dental Surgery Assistants staff:-

Mrs. E. Lloyd commenced duty on the 11th January and resigned on the 26th July. Mrs. C.M. Coxon commenced duty on the 11th January. Mrs. A.B. Ratcliffe commenced duty on the 15th January. Mrs. J.G. Shaw resigned on the 12th January.

Health Visiting:

Mrs. D.M. Lewis, Health Visitor/School Nurse for the St. Asaph Area, was designated Senior Health Visitor for the Western Area on the 1st January.

The following commenced duty on the dates shown:-

Mrs. E. Bellis	29th July, 1968	Miss A.M.C. Smith	1st Sept., 1968
Mrs. G. Jones	7th Oct., 1968	Mrs. B.J. Forster	18th Nov., 1968

The following resigned during the year:-

Mrs. R. Jones - 29th Feb., 1968 Mrs. D. Jeronimidis - 31st Aug., 1968
Mrs. E. Bellis - 29th Nov., 1968

Mrs. A.R. Iball, Visitor for Chest Diseases, resigned on the 31st August. Mrs. I.M.M. Beedles commenced duty as Visitor for Chest Diseases on the 16th September.

Mrs. A. Clark and Miss E. Simmons commenced attendance at the full-time Health Visitors Training Course on the 16th September.

Clinic Nurses:

The following commenced duty as part-time Clinic Nurses on the dates shown:-

Mrs. S.M. Hayward - 20th May, 1968 Mrs. J. Nicholls - 11th Nov., 1968
Mrs. R.A. Jones - 5th Nov., 1968 Mrs. D. Williams - 18th Nov., 1968
Mrs. G. Devlin - 9th Dec., 1968

The following resigned during the year:-

Mrs. S.E. Thomas - 29th April, 1968 Mrs. R. Williams - 8th Nov., 1968
Mrs. A. Cotgreave - 13th Dec., 1968

ADMINISTRATION

During 1968 School Medical Examinations were available for pupils of three main fixed age groups, i.e. Periodic Inspection.

- 1) School Entrants at 5 years, in their first year of schooling.
 - 2) Selective Medicals of intermediate group after September, 1968, for the 10 year olds.
 - 3) School Leaver Medicals, in the last year of school attendance.
- 6,304 Periodic Medicals were carried out and 4,281 Reinspections and Special Medicals, were also completed during the year.

It should be explained that 'Reinspections' are follow up medicals of children carried out either yearly, or more frequently, after routine periodic medical previously.

'Specials' are examinations of children outside the above age groups, for whom special examinations are requested by either parents, teachers or health department staff.

In 1968 Selective Medicals were carried out in 26 schools. 2,436 children were eligible, of these 1,132 were selected for examination,

1,029 were actually examined by School Doctors. As in previous years, the biggest problem is in the interpretation of the questionnaires completed by parents. These alone often do not give a true picture of the child and the help of head teachers and school nurses in assessments is of great value here. 46% of this age group are at present selected, fewer than previous years it is true, but still a figure which involves wastage of time.

A similar system for selective examination of leavers in their fourth year at secondary schools has now been arranged, but it is obvious that the large numbers involved will bring their own difficulties of administration.

It is pleasing to note a further improvement in the physique and state of cleanliness of Flintshire children. Of 6,304 children seen, 99% were satisfactory and 3 which = 0.05% were unsatisfactory. The number of children infected with vermin fell again, to 324 as against 425 in 1967. There is no doubt that educative work carried out by school nurses over the years is largely responsible for this improvement. Concern is still felt for the increasing number of fat children, 76 against 62 in 1967; in spite of local and national drives against this condition, Parents and school still ply school children with an assortment of potato crisps, sweets, chocolates and biscuits to eat during school breaks, a policy which does infinitely more harm than good, as it is dentally damaging, leads to excess weight and contributes towards excessive waste of balanced school dinners.

Policy in the County is still to offer free immunisation to all babies from 4 months of age against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis. These are reinforced by booster doses at school entrance age (except for Whooping Cough, which is not considered necessary). Children not immunised previously are offered Primary courses at school. The results for Oral Poliomyelitis protection are encouraging at over 80% in school children, but against Diphtheria - Primary course = 274, Booster doses = 2,619, only a slight increase over the previous year is recorded. During 1968, protection was offered to school children between the 4 year/6 year groups against Measles. In spite of much publicity, pamphlets, posters, letters to parents and talks by Health Visitor/School Nurses, the result was most disappointing. In the Rhyl area, of 892 children in the age group in 6 schools offered protection, only 65 took advantage. This was before there was any adverse criticism to Wellcovox, or any reactions were reported. During the year, 221 cases of measles in school children were notified to the Health Department and the figure of actual cases is believed to be much in excess. A great many parents are both indifferent and neglectful about protection of their children by immunisations, even though they are fully aware of the consequences. It is not till a case occurs in the vicinity that they feel the need to take action and then maybe too late.

The demand for smallpox vaccination is slowly increasing, 1,539 pupils were found so protected in 1968, against, 1,337 in 1967. Two factors have helped to make this protection more popular - the later age of primary vaccination and the increasing practise of holidays abroad for families.

During 1968, 308 secondary school pupils and a few members of teaching staff were given Smallpox Vaccination and Oral Poliomyelitis vaccine, before proceeding on the Educational Autumn Cruise to the Middle East.

In spite of apathy to most forms of protection, there is no difficulty in getting parental consent for B.C.G. vaccine as a preventative of Tuberculosis. In spite of the decline of this disease in recent years, there is a very real dread of Tuberculosis in the community here.

It is interesting to note that 5 years ago, 1963 - 920 secondary school pupils were protected by B.C.G. and the Multiple Puncture Positive Rate = 36%. In 1968 - 1,531 school children were protected by B.C.G. and the Multiple Puncture Positive Rate dropped further to 10.9% the national average.

All children showing positive reactions were offered Chest X-ray at the Mobile Mass Radiography Unit. By kind arrangement of the Medical Director of the service, the unit visited Flintshire Schools for a week at the end of the year for this purpose. No case of active Tuberculosis was detected. The 'strongly positive' reactors were referred direct to the Consultant Chest Physician for full clinical and X-ray examinations and follow up, if required.

Screening of children continued during the year as well as regular vision tests on the Keystone Viewmaster machine. Colour vision testing for boys is now an established procedure. Hearing testings by sweep audiometric pure tone techniques has now become the routine for all entrants, and the regular follow up of handicapped children of pre-school age proceeding well.

The School Health Service Handicapped Pupils regulations stipulate ten categories of handicap:-

Blind	Delicate
Partially Sighted	Epileptic
Deaf	Educationally subnormal
Partially Hearing	Maladjusted
Physically Handicapped	Defective Speech

558 Handicapped pupils were formally ascertained as being so handicapped, the number actually being in excess of this - 83 of these children

were placed in residential schools or homes, the majority are able to attend ordinary school if special provisions and special limitations are made. Most schools have a proportion of handicapped pupils, but with medical control or surveillance children are able to get the fullest benefits from such schools. It is interesting to note that the old crippling causes, of orthopaedic, cardiac and pest infective complaints are being rapidly eliminated, and that stressful conditions, such as Maladjustment, asthma are more common, as are Epilepsy and Diabetes in the young.

316 of the handicapped pupils are slow learners of limited intelligence. These are children who need education geared down to their capabilities. They are broadly of I.Q. 55 - 75 and because of these limitations find ordinary school pace intolerable. Remedial classes and the increase of provision of remedial teaching by peripatetic teachers has bridged a great gap for these children. A few attend the Remedial Unit at Clwyd Street V.P. School, Rhyl, where splendid results are obtained in spite of very limited accommodation. The promise of a day E.S.N. Special School in the area, in the near future, is looked forward to eagerly by parents and staff alike.

Table 1

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Conditions of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1964 and later	652	652	100.00	-	-
1963	1568	1567	99.94	1	0.06
1962	1180	1180	100.00	-	-
1961	334	333	99.70	1	.30
1960	351	351	100.00	-	-
1959	494	494	100.00	-	-
1958	769	768	99.87	1	0.13
1957	297	297	100.00	-	-
1956	113	113	100.00	-	-
1955	-	-	-	-	-
1954	-	-	-	-	-
1953 and earlier	546	546	100.00	-	-
	6304	6301	99.95	3	0.05

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	Vision (Excl. Squint)	For any of the other conditions recorded in Table 5:-	Total Individual Pupils	Percentage of the Children examined
(1)	(2)	(3)	(4)	(5)
Leavers	22	107	119	21.61
Entrants	77	647	689	18.18
Other Age Groups	88	395	481	23.32
Total (Prescribed Groups)	187	1149	1289	20.45

	1965	1966	1967	1968
Entrants	12.23%	11.92%	15.48%	18.18%
Leavers	14.26%	18.90%	23.57%	21.61%
All ages	14.22%	15.35%	17.98%	20.45%

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)
1964 and later	10	69	75
1963	31	275	289
1962	23	224	244
1961	13	79	81
1960	7	56	63
1959	28	113	140
1958	30	147	174
1957	17	65	84
1956	6	14	20
1955	-	-	-
1954	-	-	-
1953 and earlier	22	107	119
TOTAL	187	1149	1289

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	-	1197
Number of Re-inspections	-	2284
		<u>4281</u>

Table 5

DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR - PERIODIC INSPECTIONS

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

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			Entrants	Leavers	Others	Total	
4	Skin	T	72	27	67	166	338
		O	97	18	61	176	66
5	Eyes - (a) Vision	T	84	17	86	187	303
		O	226	83	192	501	549
	(b) Squint	T	51	8	25	85	65
		O	68	10	48	126	88
	(c) Other	T	13	3	16	32	33
		O	14	1	13	28	29
6	Ears - (a) Hearing	T	22	2	11	35	101
		O	78	4	46	128	134
	(b) Otitis Media	T	24	2	9	35	18
		O	71	4	34	109	21
	(c) Other	T	73	7	33	113	58
		O	55	5	24	84	45
7	Nose and Throat	T	72	3	17	92	78
		O	160	12	76	248	111
8	Speech	T	51	1	14	66	69
		O	96	4	31	131	100
9	Lymphatic Glands	T	14	-	4	18	17
		O	123	2	23	148	46
10	Heart	T	5	-	6	11	17
		O	49	2	36	87	77
11	Lungs	T	53	1	20	74	43
		O	107	5	40	152	84
12	Developmental - (a) Hernia	T	6	-	1	7	5
		O	10	2	3	15	9
	(b) Other	T	19	11	45	75	77
		O	70	2	42	114	62
13	Orthopaedic - (a) Posture	T	2	2	3	7	8
		O	4	-	5	9	4
	(b) Feet	T	80	5	25	110	39
		O	56	9	22	87	44
	(c) Other	T	34	6	15	55	26
		O	147	15	28	190	69
14	Nervous System (a) Epilepsy	T	5	1	7	13	21
		O	14	1	6	21	21
	(b) Other	T	28	2	18	48	26
		O	34	-	23	57	8
15	Psychological - (a) Development	T	9	2	34	45	103
		O	51	2	64	117	70
	(b) Stability	T	10	-	9	19	62
		O	99	3	53	155	57
16	Abdomen	T	16	2	11	29	25
		O	41	3	19	63	22
17	Other	T	6	1	5	12	126
		O	16	-	14	30	55

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.	Defects or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	338	66
5	Eyes		
	(a) Vision	303	549
	(b) Squint	65	88
	(c) Other	33	29
6	Ears		
	(a) Hearing	101	134
	(b) Otitis Media	18	21
	(c) Other	58	43
7	Nose and Throat	78	111
8	Speech	69	100
9	Lymphatic Glands	17	46
10	Heart	17	77
11	Lungs	43	84
12	Developmental:-		
	(a) Hernia	5	9
	(b) Other*	77	62
13	Orthopaedic:-		
	(a) Posture	8	4
	(b) Feet	39	44
	(c) Other	26	69
14	Nervous System:-		
	(a) Epilepsy	21	21
	(b) Other	26	8
15	Psychological:-		
	(a) Development	103	70
	(b) Stability \emptyset	49	155
16	Abdomen	25	22
17	Other	126	53
Note:-	*Includes cases of obesity	46	22
	\emptyset Includes cases of enuresis	87	98

Combined Table of Periodic and Special Examination of all age groups

This gives details of the different groups examined and whether they were found to require treatment (T) or to be followed up, by observation (O).

It will be seen from Table 4 that 'Eye Defects' taken collectively are the biggest groupings found to require treatment. This includes Defective Vision, Squints and any other conditions, infection, etc. The second largest group consists of Ear, Nose and Throat complaints, which includes Hearing, Otitis Media, other infections of ears, and nose and throat conditions. The third largest group is of Orthopaedic defect and the fourth of Psychological disorder which includes Enuresis.

Eye and visual defects remain high. From the table, 1,321 required observation, 705 defects required treatment. It will be appreciated from the table that there is real reason for frequent vision checks in schools. The use of the Stycar vision testing for very young children is bringing defects to light earlier. The new Keystone vision testing apparatus helps to pinpoint muscular imbalance and myopia before the older test procedures, so that children are referred to the Ophthalmic Consultants earlier for advice. Most cases respond to the provision of glasses by the Ophthalmologist via the National Health Service.

Amongst the E.N.T. defects noted, hearing defects are to the fore. Since regular sweep testing by pure tone audiometry commenced in schools, more cases have been referred on to the Consultant Surgeons. 398 children during the year had hearing defects ascertained and of these some 262 were found to require further follow-up. The total of all E.N.T. cases requiring treatment = 530 those requiring observation = 880. We are fortunate to have several members of staff interested in this particular work and to have the service of a part-time teacher of the Deaf, Mrs. Colledge, to guide parents and children over their hearing difficulties. There are often considerable problems of adjusting to hearing aids, not only physical but emotional also, in young children.

During 1968, 6304 children were given periodic inspections which includes special and selective examinations. The number of children seen after selection was 1132. Of these, 25.97% were found to have defects needing treatment against 20.45% of other ages. Of the selective, defects requiring treatment = 294, defects requiring observation = 330 together making a total of 55.12%.

Psychological defects: 229 pupils were considered to be in need of treatment and 399 required observation. Details are included in the report of the Director of the North Wales Child Guidance Service later in this report.

The number of children at medical examination found to require speech therapy in 1968 = 135, those needing observations = 231. The report of Mrs. Ward, Senior Speech Therapist, gives further information on the types of defects encountered.

192 children were found to have either heart defect or disease, 28 required treatment and 164 observation. Of the latter, the majority are simple functional murmurs, not of serious import and no limitations imposed on the children concerned.

It will be seen from this table that not only do large numbers of children commence attendance at school with untreated defects, but also that other children, during their school lives, either through illness, accident or force of circumstances, develop disabilities later. The assessment of these defects and handicaps is not always easy, the co-operation of the General Practitioners and Consultants' reports provide much helpful guidance in making decisions about future schooling and placements, on subsequent re-examination.

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	3734	3733	99.97	1	.03
Leavers	546	546	100.00	-	-
Other Age Groups	2024	2022	99.90	2	.10
TOTAL	6304	6301	99.95	3	.05

Of total 6,304 children inspected:-

6,301 were satisfactory physically = 99.95%
 3 were unsatisfactory = 00.07%

Table 8

INFESTATION WITH VERMIN

Number of individual children examined by School Nurses		21,103
Total number of examinations in the schools by School Nurses or other authorised persons		40,409
Total number of individual pupils found to be infested		324
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)		..
	Total Children infested	% Infestation of total examined
1958	763	3.89
1959	711	3.72
1960	922	5.76
1961	957	5.57
1962	631	3.13
1963	456	2.30
1964	713	2.83
1965	637	3.66
1966	449	2.55
1967	425	2.06
1968	324	1.54

The following table shows figures of the primary vaccination each year since 1958.

1958	Number of primary vaccinations			1397
1959	"	"	"	1305
1960	"	"	"	1252
1961	"	"	"	1291
1962	"	"	"	1770
1963	"	"	"	581
1964	"	"	"	791
1965	"	"	"	967
1966	"	"	"	1224
1967	"	"	"	1377
1968	"	"	"	1539

VACCINATION OF PERSONS UNDER 16 COMPLETED DURING 1968

Part 1 - Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	TOTAL
	1968	1967	1966	1965	1961-64		
1. Quadruple D. T. P. P.	-	-	-	-	-	-	-
2. Triple D. T. P.	333	1163	172	41	34	3	1746
3. Diphtheria/Pertussis	-	-	-	-	8	1	9
4. Diphtheria/Tetanus	-	13	5	5	151	30	204
5. Diphtheria	-	-	-	-	2	2	4
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	-	1	7	60	69
8. Salk - Polio	-	-	-	-	-	-	-
9. Sabin - Polio	324	1154	208	79	260	49	2074
10. Measles	16	181	166	132	226	15	736
11. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	333	1176	177	46	195	36	1963
12. Lines 1 + 2 + 3 + 6 (Whooping Cough)	333	1163	172	41	42	4	1755
13. Lines 1 + 2 + 4 + 7 (Tetanus)	333	1177	177	47	192	93	2019
14. Lines 1 + 8 + 9 (Polio)	324	1154	208	79	260	49	2074

Part 2 - REINFORCING DOSES - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1968	1967	1966	1965	1961-64		
1. Quadruple D.T.P.P.	-	-	-	-	-	-	-
2. Triple D.T.P.	-	-	-	44	88	3	135
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	-	-	35	2063	346	2444
5. Diphtheria	-	-	-	1	19	20	40
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	2	30	91	123
8. Salk - Polio	-	-	-	-	-	-	-
9. Sabin - Polio	-	-	-	72	2581	510	3163
10. Measles	-	-	-	24	16	1	41
11. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	-	-	-	80	2170	369	2619
12. Lines 1 + 2 + 3 + 6 (Whooping Cough)	-	-	-	44	88	3	135
13. Lines 1 + 2 + 4 + 7 (Tetanus)	-	-	-	81	2181	440	2702
14. Lines 1 + 8 + 9 (Polio)	-	-	-	72	2581	510	3163

Handicapped Pupils: In 1968 558 were ascertained and so classified. Of these, 40 children were found to be in need of special education, either in residential or special day schools and were grouped as follows follows:-

Educationally sub-normal	27
Delicate	-
Epileptic	1
Partially Hearing	1
Partially Sighted	2
Maladjusted	1
Physically Handicapped	6
Deaf	1
Blind	1
Speech	-

During the year, 18 handicapped pupils were found places in Special Schools or Homes. Of these 2 were physically handicapped, 2 were blind, 2 were deaf, 1 suffered from partial hearing defect, 10 were educationally subnormal, 1 was delicate, 1 was maladjusted. The total number of handicapped pupils who were actually receiving education in special boarding schools and homes = 83.

They were of the following categories:-

Blind and Partially-sighted	19
Deaf and Partially Hearing	12
Educationally subnormal and maladjusted	33
Epileptic	2
Delicate and Physically handicapped	17
	<hr/>
	83
	<hr/>

21 Handicapped Pupils were provided with Home Tuition during the year, of these 18 were still receiving such tuition at the year's end. At this time, 18 pupils were also on the register of Hospital Special Schools. In spite of these admissions, 92 handicapped children are still awaiting placements, 83 of these are educationally subnormal, 69 require day school placings and 14 in Special Boarding Schools.

In addition to the above, 18 children were ascertained to be unsuitable for education, these were reported to the Local Health Authority under Section 57(3) of the Education Act, 1944. These are the children who proceed to the Junior Training Centre at Tirionfa, Rhuddlan, or to Dee Banks Junior Training Centre at Chester, where they receive training which is largely social in type.

Handicapped Pupils: There is a small number of children in this group who are too infirm or too retarded, or even both, to be able to attend the Junior Training Centre. These are the children who need to be continuously supervised and nursed. The parents are often extremely harassed and to care for these children, give up any semblance of a life of their own.

The formation of a special day care centre for these children is a most urgent requirement in the community.

Good liaison exists between the Health Department and the Head Teachers of many residential schools, which Flintshire children attend, outside the county. We are indeed grateful for the ease with which we obtain places for blind children at the Royal School for the Blind, Liverpool and for the partially-sighted who attend at Fulwood in Preston, for the ready acceptance of deaf children at The School at Old Trafford, Manchester and for the Partial Hearing at Southport. As a rule, the severely physically handicapped pupils attend at Ysgol Gogarth, Llandudno, and the maladjusted are readily accepted at Ruthin, Clwyd Hall, or admitted to the Gwynfa Residential Clinics. The most difficult group of all to place is the E.S.N. group, largely because of the weight of numbers which is greatly in excess of other handicapped children, and also because parents of these children do not care for them to be away from their home, as a group. The Special Schools at Brynllwarch Hall and Cyfronydd, Montgomeryshire, and Crowthorn School, near Bolton, where several Flintshire children attend, give every help, but occasionally children who require urgent placing cannot be accommodated, and schools further afield are approached. Every effort is first made to obtain vacancies within travelling distances of children's own homes, so that children can maintain contact with their families easily. As has been said already there is a very urgent demand for day E.S.N. schools in Flintshire which would be much more readily acceptable by the parents of such children than boarding schools.

Whenever possible, children with physical handicaps attend ordinary school. The key to their future happiness lies in accepting them as normal children with defects, rather than as healthy abnormal. Many pupils with Diabetes, Epilepsy, Spasticity and those who have had very major surgery in infancy benefit from ordinary schooling and are able to take an active part in school life.

Facilities are available for spastic children to attend the Centres or Day Units at Maelor General Hospital under Dr. Gerald Roberts, Consultant Paediatrician, or at Blacon, by arrangement with Dr. T.E.D. Bevan, Consultant Paediatrician at the Chester Royal Infirmary. As the number of severe spastics is diminishing, the Wrexham Unit is now becoming a Spinal Unit and is accepting young children who have

Spina Bifida lesions and giving them pre-school training and management classes, so that they can become adept in overcoming their disabilities.

This is work of prime importance. There are now some 30 surviving children with this complaint in the county and many have severe problems of management and control of bowels and bladder movements. Many will proceed to the school at Llandudno, Ysgol Gogarth, but if they can be spared embarrassment by specialist help before this, it is a most excellent thing.

Many of the epileptic children (18 are formally ascertained) with the help of suitable treatment are stabilised sufficiently to attend school without difficulty.

Maladjusted children number 26 but it is felt that there are very many more. It is hoped that a North Wales Special School for Emotionally Disturbed Children may yet come into being, so that these children may receive adequate treatment away from their stressful family background.

Prevention of Tuberculosis: All newly appointed personnel on the County Council staff are required to attend for a medical examination, which includes a chest x-ray, if this has not been done in the last two years.

During 1968:-

74 Teachers

177 Candidates for Teacher Training Colleges

9 Canteen Workers

8 School Caretakers

287 Staff from other County Council Departments.

Total 545 Medical examinations in all were carried out.

Considerable planning is required to arrange for these medical examinations to be fitted in at suitable times so as to be acceptable, and not to disrupt existing commitments of doctors at schools, clinics and centres.

B.C.G. VACCINATION OF SCHOOL CHILDREN, 1968

	No. in age group eligible	No. of Acceptances	No. skin tested	No. of Natural Positives	No. found Negative	No. given B.C.G.
Mold Ysgol Uwchradd Maes Garmon	53	51	47	3	44	42
Prestatyn High School	232	211	193	30	160	130
Rhyl Ysgol Uwchradd Glan Clwyd	95	89	84	9	74	62
Rhyl Blessed Edward Jones R.C.	73	71	64	6	55	55
Buckley Senior High School	309	289	281	33	242	236
Flint Blessed Richard Gwyn R.C.	135	126	106	11	81	70
Mold Alun High School	197	186	179	9	164	162
Holywell High School	408	381	319	46	243	227
Maelor Bilateral, Penley	61	55	51	5	45	45
Rhyl Senior High School	249	246	224	36	186	175
Deeside Senior High School	417	389	353	20	332	327
Totals for 1968	2,229	2,094	1,901	208	1,626	1,531

B.C.Gs given in 1967 in schools = 1,340.

% Positives in 1967 = 13.7%.

Percentage Positive Rate 1968 = 10.94 in Flintshire.

National Figure = 13% (State of the Public Health, 1967).

In addition a further 111 children were skin tested who had received B.C.G. Vaccination in earlier life. These are artificial positives and are not included in the totals required by the Welsh Board of Health.

Table 9

DISEASES OF THE SKIN

(excluding Uncleanliness, for which see Table 8)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm (i) Scalp	-	-
(ii) Body	-	1
Scabies	-	3
Impetigo	3	5
Other Skin Diseases	12	26
TOTAL	15	35

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	36	14
Errors of Refraction (Including squint)	2,066	-
TOTAL	2,102	14
Number of pupils for whom spectacles were:-		
(a) Prescribed	829*	
(b) Obtained	829*	
TOTAL	829*	

*Including cases dealt with under arrangements with supplementary Ophthalmic Services.

Eye Diseases, Defective Vision and Squint: During 1968, 2,066 children attended the Eye Clinic for errors of refraction and squint, a rise of 527 children over 1967. 829 pairs of glasses were actually prescribed by Consultants from Rhyl, Holywell, Shotton and Mold Clinics. Owing to the resignation of Mr. Nath, the clinics at Mold and Shotton were for two months at the end of the year without a visiting Ophthalmologist and the service was in danger of closing down. Fortunately, Mr. Saum, the Ophthalmic Optician continued to attend, seeing the 'old' patients, which helped the service very considerably.

Miss Edwards, Orthoptist from the St. Asaph Hospital continued to attend and treat children referred by the Consultants at Rhyl and Holywell Clinics.

We should wish to express our thanks to Dr. Lyons, Consultant Ophthalmologist, to Mr. Nath, Mr. Kalmudin, his colleagues, to Miss Edwards and Mr. Saum, for the very excellent service which they have provided.

ORTHOPTIC CLINICS
SCHOOL CHILDREN ONLY

	Chester Royal Infirmary	Holywell Clinic	Rhyl Clinic	St. Asaph Clinic
Number of Flintshire children who attended in the year 1968	417	55	57	108
Number of attendances for the year 1968	1371	141	151	231

Number of squint operations performed on Flintshire children at:-

Chester Royal Infirmary	-	23
H.M. Stanley Hospital, St. Asaph	-	19

Children from the eastern half of the County attend the Orthoptic Department of the Chester Royal Infirmary. This department is under the supervision of Mrs. E.R. Salisbury, the Orthoptist-in-charge, who, with her staff, continued to give excellent service to Flintshire children during the year.

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	-	19
(b) for adenoids and chronic tonsillitis	-	326
(c) for other nose & throat conditions	-	82
Received other forms of treatment	8	69
TOTAL	8	496

Total number of pupils in schools who are known to have been provided with hearing aids:

(a) in 1968	-	9
(b) in previous years	-	19*

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

It will be observed that there is a definite decrease in the number of nose and throat cases treated, but that the treatment of ear diseases remains average. In the county, regular E.N.T. clinics are held by Miss Catrin M. Williams, at Holywell and Rhyl Clinic and at St. Asaph Hospital for school children, at the latter, audiometry facilities are available, and beds for admissions for surgical treatment under her care.

Children from the eastern end of the county attend Mr. Kodicek's clinic at Chester Royal Infirmary or Mr. Barraclough's sessions at the Maelor General Hospital, Wrexham. We are most grateful for the skilled help and advice we obtain from all three Consultants and also for their interest in following up cases of defective hearing.

Table 9 (continued)
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated at clinics or out-patients' departments	-	98
Pupils treated at school for postural defects	6	-

From this table it will be observed that 6 pupils were treated at school for Postural Defects. 98 were treated at clinic or out-patient departments. Defects include old injuries, knock-knees, bow legs and foot complaints, of which, flat feet are still the most common referral. It does appear that there is a reduction in orthopaedic defects amongst school children due to earlier recognition and treatment. We should like to thank Mr. Robert Owen and his colleagues for the most helpful reports which he furnishes to the department and for his guidance in dealing with the handicapped children at Ysgol Gogarth, Llandudno.

CHILD GUIDANCE TREATMENT

NORTH WALES CHILD GUIDANCE CLINICS

Number of Flintshire Cases referred during 1968

Name of Referring Agency	Number of Referrals
School Medical Officer	43
General Practitioners	32
Consultant Paediatricians	11
Other Medical Specialists	19
Courts and Probation Officers	11
Other Social Workers	11
Parents	14
Children's Officers	12
Schools & Education Officers	1
TOTAL	154

Referrals Causes - "Clinical referrals" only.

The leading symptoms for which children were referred to the Child Guidance Clinics are as follows:-

- (a) Behaviour, difficult and aggressive with nervous symptoms, out of control.
- (b) Stealing, stealing with other symptoms, larceny, breaking and entering, anti-social conduct, other problems relating to sexual development.
- (c) Emotionally disturbed, unstable, distressed, anxious, fear of going to sleep, moody, dreamy, sleepwalking, nightmares, hair pulling, over eating.
- (d) Marked difficulties related to school and persistent failure to attend.

Some observations on the use of Intelligence Quotients

The children in the various I.Q. ranges may be expected to require additional provision in keeping with the following categories:-

I.Q. - Under 55	Training, rather than education in the sense in which this word is normally used, likely to be of greatest value.
55 - 69	In need of the educational and general social facilities of a school or special unit for educationally sub-normal children.
70 - 84	In need of education in a special class.
85 - 114	Of low average, average and high average ability.
115-129	Of superior ability.
130 and over	Of outstanding ability.

It should be remembered that there is a considerable overlap between these groups, and the best provision for each child has to be decided in the light of all the circumstances. The I.Q. figure has only a limited value. It is used to express the result of one test given to a child, but it does not represent all that could be said about his intelligence and his abilities. Nor does it necessarily predict his ultimate potential. These limitations are particularly applicable to younger children and to emotionally disturbed children.

Nevertheless, performance on standardised tests when given skilled interpretation can contribute much to the diagnosis of a child's difficulties, and can sometimes suggest which remedial methods may succeed.

In work with emotionally disturbed children, a variety of individual tests are given. Observation in the "standard test situation", and the interpretation of his behaviour there, assumes considerable importance. The value which can safely be attached to the test results, and the conclusions for the future which may be drawn, may even then have to await the decision of the "case conference" at which all workers involved will each discuss their findings and views.

CHILD GUIDANCE SERVICE

I have pleasure in enclosing extracts of Dr. Simmons' report on the North Wales Child Guidance Clinic for 1968 as pertains to Flintshire. In doing so, I should like to express my thanks to Dr. Simmons and his staff for the very ready help and guidance which his department has given over the years to the School Health Service.

Total Interviews - Flintshire Children - Clinical 2,855
 " " " " Educational 127

Child Guidance Clinical Referrals only,

Boys - 80 Girls - 42 (Total 122)

Ages range from under 5 to 15 years

<u>Largest Group 7 - 12 year olds</u>	-	50
12 - 15 " "		31
5 - 7 " "		24
Aged under 5		16
Over 15		1

Cases First dealt with in 1968 at Flintshire Clinics

Mercier House, Rhyl	51
Shotton School Clinic	45
also at Wrexham Clinic	2
Colwyn Bay	1
at School	57
Total:	<u>156</u>

Flintshire children admitted to Gwynfa Residential Clinic - 15

Total admissions from all North Wales Counties - 45

Total Interviews during the year With Children - With Parents and Social Workers

By Psychiatrists First Interview	99	First Interview	78
Others	900	Others	312

By Psychiatric Social Workers			
First Interview	132	(Home Visits etc.	925
Others	925	(

By Psychologists - Children only - 1st Interviews 83, others 59

Children Referred for Educational Reasons only Boys 43 Girls 14 -
Total - 57

Psychologists in the Education Service

The present establishment for North Wales is 5 Psychologists with some help from Psychologists employed by the Hospital Authority.

The work is expanding as rapidly as the staffing position allows. Numbers of children seen in schools have remained fairly static for the last few years, between 600 and 650 per annum, but the time spent with each child has tended to increase with the introduction of more sophisticated techniques of investigation. The waiting lists have increased considerably and out of a total of 281 there are 79 Flintshire children on the waiting list.

Speech Therapy: The Authority employed two Speech Therapists for part of 1968. Mrs. Ward, Senior Speech Therapist became employed full-time as from 1:1:68, Miss G. Roberts, also full-time, resigned on 31:5:68. I should wish to thank them both for the splendid work they have carried out for the service and enclose the report from the Senior Speech Therapist for 1968.

REPORT OF SPEECH THERPY SERVICE IN FLINTSHIRE
DURING THE YEAR 1968-1969

Current Cases - Children	...	...	...	...	348
Current Cases - Adults	...	...	...	...	10
Total Current Cases	...	...	...	...	<u>358</u>
Discharges	...	...	...	...	87
Total Cases	...	...	...	...	<u>445</u>

Analysis of Current Cases - Dyslalias

1. Retarded and delayed language development with dyslalia	177
2. Retarded and delayed language development with dyslalia and articulatory dyspraxia	3
3. Retarded language development with dysarthria	4
4. Dyslalia	56
5. Dyslalia plus stutter	4
6. Simple Dyslalia	47
7. Alalia	4

Analysis of Current Cases - Stutter

1. Established	27
2. Potential	9
3. Cluttering	2
4. Cluttering with dyslalia	2

Analysis of Current Cases - Hyperrhinolalia

1. From cleft palate	9
2. From other causes	1

Analysis of Current Cases - Hyporhinolalia

	3
--	---

348

Discharges for the year 1968-1969

Dyslalia	69
Stutter	7
Hyperrhinolalia	1
Hyporhinolalia	1
Deaf	1
Unclassified - Non attendance of any appointment	8

87

Analysis of Discharges

Dyslalia, including retarded and delayed language development

1. Speech normal	54
2. Speech improved	
(a) Now at private school out of area	1
(b) Family moved out of county, address unknown	5
(c) Attending E.S.N. Day School	2
" " Boarding School	1
(d) Family moved out of area, address unknown	1

(e) Parents object to treatment	1
(f) Child left school	1
(g) Too erratic attendance to benefit further	3

Stutter

1. Speech in normal category	5
2. Speech improved	
(a) Left county, address unknown	1
(b) Too erratic attendance to benefit further	1

Hyperrhinolalia

1. Speech improved	
(a) Family moved out of county, address unknown	1

Hyporhinolalia

1. Speech normal	1
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Deaf

1. Child being treated in school for deaf	1
---	---

Unclassified - Non-attendance of any appointment	8
	<hr/> 87 <hr/>

Total number of attendances	2364
Total number of schools visited	83
Total number of Homes visited	50
Total number of adult attendances	52

The above report statistically relates only to the work undertaken by Mrs. R.E. Ward, the Senior Therapist, during the year 1968-1969. Miss Gwenda Roberts continued her work in the County until May 1968, when she left to be married.

Throughout the year, fortnightly clinics have been held at:- Buckley, Mold, Saltney, Flint, Shotton, Broughton, and in the Maelor district, where the therapist works in the schools. A weekly clinic has been held at Mancot and clinics have also been held at Caergwrle throughout the year. Until May 31st, 1968, clinics were held weekly at Prestatyn, Connah's Quay and Clwyd Street Remedial Centre, and twice-weekly at Rhyl. Monthly clinics were held at St. Asaph and Tirionfa Training Centre, and three-weekly at Bagillt.

From 31st May, 1968 to 31st March, 1969, the County has been without a second speech therapist and in order to try and give some coverage to the area left by Miss Roberts, some children from Cónnah's Quay area have been seen at Shotton and some came to Holywell from the Bagillt area. Occasional visits have been made to Rhyl to see the more urgent cases and give advice.

Attendances at the clinics on the whole, have been excellent, and it is encouraging to note that parents are becoming more aware of the importance of keeping appointments regularly and carrying out completely, all instructions given on the handling of the speech and its related problems at home.

Both therapists have done a lot of parent counselling and more opportunity has arisen to discuss normal language development as the referral age is certainly being lowered, and much help given to the pre-school children thereby. Much can be done to help the pre-school child whose language and articulation is not progressing normally. Any child who enters school with a noticeable speech defect is handicapped to a greater or less degree, both psychologically and educationally. By early referral, problems real and potential can be dealt with in these early stages.

The senior therapist has given several talks to Mothers' Clubs etc. during the year, on both defective and normal speech. She has been very encouraged by the interest in both aspects of speech and language. The therapist would like to be able to devote more time on the aspect of normal development of language - many mothers are unaware of how language should develop, and the stimuli necessary from the environment, particularly with the first baby. Knowledge in this field will not only help to minimise possible future speech and language problems, but also enable the mother to get a lot more pleasure from communicating with her children.

At the end of May, the County lost the service of Miss Gwenda Roberts, and the Senior Therapist would like to pay tribute to the excellent work she did in the speech therapy field. Miss Roberts' most pleasing manner and personal charm were added to her quiet efficiency and ability as a speech therapist, to make her a character who is much missed.

As always, the therapists have found the contact with the Health Visitors and school staff invaluable, and would like to express appreciation to them. The school visiting has been most helpful and the heads of schools, and their staff, have given most generously of their knowledge. The exchanges with them has done much to be of benefit to the speech handicapped children.

Mr. Trevor Jones needs special thanks. He always seems to be able to solve any problems posed and pour oil on sometimes troubled waters. Dr. G.W. Roberts has given tremendous support to the speech therapists' work, always having time, patience and great interest in the service. With the enormous number of commitments he has, this consideration is doubly appreciated. To Mrs. Hutton there is very appreciative thanks for all her help with the correspondence involved in the Speech Therapy Service.

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

1. Attendances and Treatment:-

First Visit	7193
Subsequent visits	8307
Total visits	15500
Additional courses of treatment commenced	964
Fillings in permanent teeth	8232
Fillings in deciduous teeth	2506
Permanent teeth filled	7387
Deciduous teeth filled	2268
Permanent teeth extracted... ..	2215
Deciduous teeth extracted... ..	7019
General Anaesthetics	3887
Emergencies	541
Number of pupils X-Rayed	85
Prophylaxis	1282
Teeth otherwise conserved	645
Number of teeth root filled	26
Inlays	4
Crowns	21
Courses of treatment completed	5377

2. Orthodontics

Cases remaining from previous year	360
New cases commenced during year	158
Cases completed during year	142
Cases discontinued during year	36
No. of removable appliances fitted	104
No. of fixed appliances fitted	57
Pupils referred to Hospital Consultant	2

3. Prosthetics

Pupils supplied with F.U. or F.L. (first time)	6
Pupils supplied with other dentures (first time)... ..	44
Number of dentures supplied	61

4. Anaesthetics General Anaesthetics

administered by Dental Officers'	922
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5. Inspections

(a) First inspection at school - Number of pupils	13794
(b) First inspection at clinic - Number of pupils	4064
Number of (a) + (b) found to require treatment	11470
Number of (a) + (b) offered treatment	10588
(c) Pupils re-inspected at school clinic	830
Number of (c) found to require treatment	585

6. Sessions

Sessions devoted to treatment	2548
Sessions devoted to inspection	108
Sessions devoted to Dental Health Education	9

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

During the last fifteen years as new clinics have been built, we have steadily extended the scope of the School Dental Service. It is with regret, therefore, that I have to report the curtailment of treatment in three areas due to the resignation of Dental Officers.

The shortage of Dental Officers is a problem that has always been with us, in fact, it is many years since we have been able to recruit a Dental Officer who has stayed more than a short period and in most cases their departure has been the greater financial rewards elsewhere.

The average age of the present dental staff, full and part-time, is over sixty, which means that during the next few years, unless we are able to appoint additional officers to fill our vacancies we shall most certainly find ourselves with a smaller staff, and a further contraction of our service will follow.

During the year we had a visit from Dr. Wynne, Senior Dental Officer at the Ministry of Science and Education, who stayed in the county for a week, visited all the clinics, discussed our problems and was able to make useful suggestions on how the clinics could be improved and made more attractive and the service made more efficient.

Miss I. Davies, who completed her training at Liverpool in December last year, commenced her duties in January, but left in August to work in the General Dental Service. We have advertised since but have been unable to fill her post.

In the field of Dental Education every effort has been made to encourage a high degree of dental hygiene. Miss H.V. Anderson our Dental Auxiliary, has been most active, visiting schools throughout the county, giving Health Talks and explaining to the young children the need for regular oral hygiene. We are indebted, once again, to Mr. E. Lewis, the County Public Health Inspector, for his continued interest in Health Education and to the Health Visitors for the help they have given and the interest they have shown in this important field of Preventive Dentistry.

During 1968, we carried out 15,000 routine inspections at schools. This is an increase on the previous year and means that a little over half the children in the county were inspected. During the year, Mr. B. Broadbent from Oswestry, who had been our Orthodontist for many years, resigned to concentrate on work nearer to his home. We have been fortunate to find so soon a successor in Mr. J. Hopper of Liverpool who has followed Mr. Broadbent's successful policy of holding clinics alternate weeks in Buckley and Prestatyn.

The Dental Caravan has once again been used in the country areas around Holywell and St. Asaph. Unfortunately, with our present shortage of dental officers, this means that some weeks clinics have to virtually close down while the dental officer is working in the caravan.

Finally I would like to thank the Head Teachers for their co-operation at all times and the dental staff full and part-time for their support during the year.

A. FIELDING,

Principal School Dental Officer.

SCHOOL PREMISES

Mention has already been made in this report of the influx of population to the county and the dramatic increase in five years of the school populace from 26,138 to 29,989, with an increase of 1,320 children in the last year.

The effect of this has been to raise many pressures and problems in schools, overcrowding in the older premises has been acute and even some of the new buildings have been found to be too small by the time they were ready to open. Many schools have resorted to the addition of mobile classrooms, which in themselves are remarkably good units. Their disadvantages appear to be that they deprive children of much needed paved play space and they do not provide the extra toilet accommodation which is obviously necessary for the extra numbers. The congestion encountered in schools prevents Head Teachers from providing reasonable or adequate facilities for visiting school health staff to work in. The use of the mobile clinic has been a happy solution, but this has many other commitments and is not often available for use at schools. Serious consideration has been given in 1968 towards the provision of a similar mobile school clinic to ease this problem.

As well as attending the school medical inspections, school doctors are also concerned about the sanitary aspect of the premises and a watchful eye is kept on both the structural and sanitary state. Reports are submitted for each school seen, on the state of heating, lighting, ventilation, toilet facilities, etc. Any defects are brought to the notice of the Director of Education and County Architect. Although there has been an improvement in the standard of school cloakrooms and toilets, there is still a very real need to augment this by provision of further facilities such as drinking fountains and liquid soap dispensers in the near future, to further combat possible spread of infection.

Much has been achieved in the last year in the way of improvements

and repairs in schools. Canteens and Dining Rooms have received special attention. Weather conditions prevailing seem to have affected the problem of condensation adversely and much repair, redecoration and replacement of damaged equipment has been carried out, to combat this condition.

Four new kitchen premises were opened during the year at St. Anthony's R.C. School, Saltney, V.P. School Flint Mountain, C.P. School Mynydd Isa and at Gwernymynydd C.P. School. Problems of overcrowding still exist even in new premises for staff and it is felt that considerable thought should be given to placing of equipment in kitchen planning so as to cut down much of the kitchen traffic, which is time-consuming and fruitless.

Special visits have also been paid to schools by Mr. E. Lewis, County Public Health Officer and Dr. Munro, Senior Medical Officer. The co-operation of staffs of the Local Health Authorities in undertaking visits and interesting themselves in many of the encountered problems has been much appreciated.

It has been evident on these school visits that a varying standard of care and cleanliness exists between different schools, regardless of the existing facilities provided. With this in mind, the suggestion of a two day course for all school caretakers was put forward. This would be on the lines of those run by the Central Council of Health Education elsewhere and includes not only techniques on care of building, heating plants and cleansing procedures, but matters of hygiene also. No one would deny that the position of the school caretaker is of paramount importance in the day to day care of school premises.

During the year, talks, often of an informal nature, have been given to kitchen staff. Reports emphasise the interest and care that these ladies show in their work also.

SCHOOL MEALS

This vast service continues to provide plain, wholesome fare at a low cost to large numbers of school children. Over 4 million meals were again provided during the year. The number of children partaking continued to be at, or above, the national average.

On the day of survey the total number of pupils partaking of school dinners was 19,497, out of 27,575 present in school.

A typical week's menu is given in detail below, illustrating the variety obtainable in well balanced meals.

Monday:	Fried Bacon, Tomatoes, Potatoes Steamed Ginger Sponge Pudding, Custard
Tuesday:	Roast Lamb, Potatoes, Carrots Rice Pudding with Sultanas
Wednesday:	Shepherds Pie, Potatoes Stewed Plums and Custard
Thursday:	Braised Steak, Onions, Potatoes, Carrots Lemon Meringue Pie
Friday:	Fried Fillet Fish, Potatoes, Green Peas Semolina Pudding

It is felt that wastage at school meals is still too high and that there would be more stimulus to eat and completely finish these dinners if limitations were placed on the amount of food children consume at mid-morning break at 11 am, most of which is carbohydrates. The term "Carboholics" which has been coined is a good one, there certainly appears to be a craving for sweets, chocolates, crisps and biscuits amongst children of primary school age, many of whom are conditioned to it by their parents; as a form of reward, or bribery for good behaviour. Regular samplings of all foods for use in the preparation of school meals undertaken by the Public Health Officers and unsatisfactory provisions are always followed up.

SCHOOL MILK

As from September 1968 the provision of $\frac{1}{3}$ pint free milk daily was limited to pupils of Primary school age and ceased at independent schools previously provided by the county. Milk consumption dropped considerably in secondary schools in the last few years and its further provision was not considered to be an essential item to older children's diet. The daily $\frac{1}{3}$ pint milk is still provided to secondary school aged children attending the Junior Training Centre; to Delicate children and those too handicapped to attend school. Pasteurised heat treated milk is provided in all areas except two remote rural regions where delivery difficulties were experienced in the winter months. Weekly sampling of milk is carried out by the Public Health Officer and tests are undertaken for purity and keeping quality by chemical and bacteriological means.

On the day of survey 15,531 primary pupils took school milk out of 17,641 present in school at that time. In view of the excellent physical

condition of school children in latter years and the overall improvement in general diets, it would seem that there should be rethinking on the continued provision of free milk to all primary pupils. This might well be provided to the underprivileged and needy, or the obviously delicate children only. A simple weighing test might, together with the school nurse's knowledge of the family situation, be the criterion. It seems illogical that parents can provide money for daily crisps, biscuits, lolly ices, etc., at school, yet milk must be subsidised for their children's consumption.

Complaints were few during the year and were mainly concerned with delay in delivery of supplies, affecting the keeping quality of milk. There were no prosecutions during the year. It is pleasing to note also an improvement in the standard of cleanliness of returned empties to the Dairies. Although these are now not so often returned contaminated by paint and other materials, rinsing out with cold water is not yet undertaken at all schools, as is desirable to facilitate bottle sterilization at the Dairies.

HEALTH EDUCATION

This service, once the prerogative of the few, continues to grow as more members of staff become involved. As may be expected, it is the central theme of a predominantly preventative Health organisation. Much of the work is achieved informally, in small groups, in clinics and in schools, as well as at larger formal gatherings in and out of school hours. Subjects and techniques become more complex, but homely talks on the basic subjects of personal hygiene, care of teeth, care of feet, routine handwashing are never out of date and not to be under rated, for they still need to be taught. Many a threatened epidemic has been contained by the enforcement of simple rules of hygiene, e.g. handwashing routines in small children. Such was the case in Buckley, where some 11 cases of Sonne Dysentery were notified in schools in the year, and also at a Primary school in Rhyl where extensive follow up of children contacts of two cases of Typhoid Fever which occurred in the town, was carried out by the Health Staff of the Rhyl Urban District Council, headed by Dr. D.P.W. Roberts. The co-operation and interest shown by all the Head Teachers in these instances did much to ensure the success of the preventative measures taken.

As well as regular talks and films in many primary schools Health Education projects of more varied nature were undertaken in Secondary schools throughout the county. Subjects such as smoking, 'Problems of Adolescence', the 'Misuse of Drugs', were chosen for films, were shown to senior school members. The film on narcotics was much in demand and was projected at evening meetings by the Health Department staff for young wives, mothers' clubs, Parent/Teacher groups, Young

Farmers' Associations and other interested bodies. We are indeed indebted to Mr. Ellis and his department of Visual Aids for the loan of these films and for the assistance received on such occasions. Most of these showings were carried out by Medical Officers. Health Visitors undertake their own series of talks and films. Those to senior girls have been particularly successful. Miss M. Lees, Health Visitor, gave a series of Talks with films on "Hygiene and Menstruation" to several forms at the Rhyl High School. Similar talks and films were carried out by Mrs. D. Lewis, Senior Health Visitor, to some sixteen forms at St. Asaph High School. Sessions were also arranged at the Deeside Comprehensive Schools by Mrs. Coupe, Health Visitor and Mrs. Moffat, Health Visitor, and here Mothercraft was included for older girls. For the second year, a course on "Preparation for Nursing and Allied Professions" was again held at Ysgol Uwchradd Maes Garmon under the supervision of Miss M. Williams, Senior Health Visitor, and many of the health staff took part.

The yearly symposium on "The Functions of a Health Department" took place at the Flintshire College of Technology, from September 3rd to 9th, by arrangement with Dr. Lyons, the Principal, and this also included a showing of the film "Narcotics" which was of considerable interest to students.

The main theme of the Health Department's contribution to the annual Flint and Denbigh Agricultural Show on the 13th August was on the use of leisure. Organised by Mr. E. Lewis, Chief Public Health Officer, it featured much of the work provided by the Rhyl Glyndwr Evening Institute in the way of various handicrafts, floral arrangements and paintings. A lovely exhibition of Pre-school Play Groups was also staged. This was organised by Mrs Thomas, Chairman of the Flintshire Association, together with Messrs. Galt.

Health Visiting staff remain in touch with the various Social and Community service groups which flourish at senior schools. Much worthwhile voluntary work is carried out by senior pupils in visiting the aged, handicapped and lonely in their areas.

Because there is need for much more Health Education to be carried out, some teachers have included this in their own school curricula. Talks on personal relationships and Human Biology have been linked with films of interest to Adolescents. This is indeed an admirable arrangement, but it would seem preferable for films on purely medical matters - childbirth and development, and Venereal Disease to be shown by either nursing or medical staff, who have the extra benefit of professional training, in dealing with further discussions and queries.

The whole field of Health Education is so important and expanding to such a degree that it is felt to do the subject justice, the appointment

of a whole-time Health Educator would be desirable, to coordinate the services and integrate them into the school curriculum.

Finally, may I thank all Medical and Nursing Staff for their valued help in this field and many others during the year; Miss P.M. Matthews for her co-operation at all times, Mr. Elwyn Lewis, County Public Health Officer, for his enthusiasm and support in all matters of a 'sanitary' nature; the staff of the School Health Service for the large amount of daily routine work cheerfully undertaken; lastly, Mr. Trevor Jones, Administrative Officer-in-Charge, on whose shoulders falls an increasing burden of school work, but with which he copes admirably, as always.

The first session of the Health Department was held at the Faculty College of Technology, from September 20 to 23, in arrangement with Dr. Lewis, the Principal, and the staff included a showing of the film "The Epidemic" which was of great value to the students.

The next feature of the Health Department's contribution to the school was the National Agricultural Show on the 14th August. It was the work of the Health Department, organized by Mr. E. Lewis, Chief Health Officer, a financial grant of the work provided by the Health Officer. Exhibiting animals in the way of various handicrafts, floral designs, medals and paintings. A lovely exhibit of Pro-school Play Groups was also shown. This was organized by Mr. Thomas, Chairman of the Parents' Association, together with Messrs. Cox.

Health Week will remain in touch with the various bodies and Community service groups which flourish at senior schools. Much work of a voluntary nature is carried out by senior pupils in visiting the aged, handicapped and convalescing in their areas.

Because there is good cooperation between the Health Department and the staff, some teachers have included this in their own school curricula. Talks on personal relationships and hygiene have been linked with the study of literature or other subjects. This is a most admirable arrangement, but it would be preferable if there was a more regular contact with the Health Department. This could be achieved by appointing a liaison officer to deal with the staff in general and to coordinate the work of the Health Department with other departments.

The Health Department is an important part of the school and its work is of great value to the staff and the students.





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