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FLINTSHIRE
COUNTY COUNCIL

EDUCATION
COMMITTEE



REPORT

on the work of the

Flintshire School

Health Service

in relation to the year

1969

FLINTSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE



REPORT

on the work of the

Flintshire

School Health Service

1969

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REPORT

on the work of the

Flintshire

School Health Service

1969

NOTICE

COUNTY HEALTH OFFICES,
SHIRE HALL,
GLoucester

To the Chairman and Members of the
Education Committee

Mr. Chairman, Ladies and Gentlemen,


Once again, the Education Committee has been asked to consider the question of providing a school health service for a rapidly increasing school population. The Committee has been asked to consider the question of providing a school health service for a rapidly increasing school population. The Committee has been asked to consider the question of providing a school health service for a rapidly increasing school population.

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INTRODUCTION

COUNTY HEALTH OFFICES,
SHIRE HALL,
MOLD.

To the Chairman and Members of the
Education Committee.

Mr. Chairman, Ladies and Gentlemen,

Once again, our biggest problem has been that of endeavouring to provide a school health service for a rapidly increasing school population with the same facilities and without any appreciable change in staff. The school child population increased from 29,989 in 1968 to 31,231 in 1969.

During the year, work continued on the change over to comprehensive schools and this has also added to the difficulties of arranging medical examination of pupils. Much of the work is now complete so that it will be easier to plan our work in 1970, particularly in view of our change over to selective medical examination for all pupils except school entrants.

At present all pupils on entry to school are medically examined and this includes vision testing and tests for hearing. Subsequently, children are examined only on a "selective" basis at 10 years of age and at 14.

In arranging this work during 1969, the newly acquired mobile school clinic has been of great value and will continue to be of greater use in further years as we gain more experience in its use in conjunction with existing facilities in crowded schools.

It will be noted from the report that a smaller number of defects in school children were found in 1969, but in many cases these children were more thoroughly investigated and more follow up and advice given to parents and at schools. This is the main object of selective medical examinations to give more time for medical and nursing staff to follow up children found with any form of defect and to give advice and support to parents. I need hardly add that investigation of defects found is done in full consultation with the child's general practitioner. In this work, also, the hospital consultants play a vital role and reference to the valuable contribution they make is included in various sections of the report.

During 1969, the whole of our records in relation to vaccination and immunisation were mechanised and placed on the computer, and this meant considerable changes and disruption during the year and partly explains the drop in the number vaccinated against smallpox in 1969. As regards our main immunisation programme this continued at a satisfactory level and was only fractionally less than our figures. The acceptance of measles vaccine was doubled in 1969, rising to 1,476, the majority being 1 and 2 years of age. The level of acceptance of vaccination and immunisation is still low for the county in spite of a great deal of education of parents but it should be stated that this is the position nationally as well.

One aspect of the work of the school health service that has developed a great deal in recent years is that dealing with handicapped pupils. More time is now given to ascertainment and more skills and assistance are available. Once handicapped children are found they are followed up regularly throughout their school life, if necessary, and information then passed on to the Youth Employment Service.

It is worth mentioning again the great deal of health education work that takes place in schools throughout the county and that this is a team effort with the health department staff playing an important part under the overall guidance of the headmaster. Health education is part of education for living and it is equally important that the pupil leaving school knows the elements of healthy living as is his knowledge of purely academic subjects which form part of his examination syllabus.

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 very 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, Shire Hall, 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. J.D. McCarter, MB, BCh, BAO

Dr. Yvonne B. Gibson, MB, BCh

Dr. R.D. Williams, MRCS, LRCP (Resigned 29.1.69)

Dr. B.M. Jensen, MRCS, LRCP (Resigned 26.8.69)

Dr. D. Jones, MB, ChB, DObst, RCOG

Dr. R.J. Shah, BSc, MB, BS, DGO, MRCOG

Dr. A.M.N.M. Elcomb, MB, BS

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

A.N. Chowdhury, MB, BS, DO (Lond) (Since 20.2.69)

Ophthalmic Optician (Part-time Sessional):

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

Orthopaedic Consultant (Regional Hospital Board Staff):

Robert Owen, MCh (Orth), FRCS

Consultant Paediatrician (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

H.E. Edwards, LDS

Dental Auxiliaries:

Mrs. H.V. Anderson (Resigned 18.2.69)

Orthodontic Consultant (Part-time - temporary sessional):

J. Hopper, LDSO (Ortn)

Dental Anaesthetists (Part-time sessional basis):

Dr. D.J. Roberts

Dr. H. Evans

Dr. G.E.S. Robinson

Dr. M.E. Lloyd

Mr. T. Roberts LDS

Speech Therapists:

Mrs. R.E. Ward, LCST

Mrs. J.M. Bolton LCST (commenced 1.10.69)

**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. Hinchin, Senior Health Visitor/School Nurse, Central Area

Miss M.J. Hughes	Miss M.W. Wright
Miss G. Jones (Part-time)	Miss G.M. Jones
Miss M. Lees	Mrs. L. Pritchard
Miss M.Y. Secker	Miss A.M. Stewart
Mrs. S. Lewis (Part-time)	Miss D. Phillips
Mrs. P.B. Coupe	Miss F.M. Higginson
Mrs. M. Moffat	Miss D.J. Levens
Miss I.M. Swinscoe	Miss P.M. Haworth
Mrs. M.E. Pearse	(Resigned 31.1.69)
Mrs. S.E. Wilson	Miss A.M.C. Smith
Miss D.E. Booth	Mrs. B. Forster
Mrs. G. Jones	Mrs. H.H. Jones (Part-time)
Miss A. Clarke (since 15.9.69)	(since 10.3.69)
Mrs. E. Simmons (since 8.9.69)	Mrs. J. Killah (since 29.9.69)

Clinic Nurses (Full-time sessional):

Mrs. S.A. Latham

Clinic Nurses (Part-time sessional):

Mrs. M.M. Digweed	Mrs. R. Cunnah
Mrs. A. Roberts	Mrs. D. Williams
Mrs. M. Swinnerton	Mrs. G. Devlin
Mrs. R.W. Jones	Mrs. S.M. Hayward
Mrs. J. Nicholls	Mrs. A. Lesh
Mrs. A. Roberts	

Visitors for Chest Diseases:

Mrs. M.M. Roberts, SRN, SCM, TBCert (Part-time)
Mrs. I.M.M. Beedles, SRN, BTA

Dental Surgery Assistants:

Mrs. L.M. Martin	Mrs. D. Young (Part-time)
Mrs. B.M. Roberts	Mrs. M. Miles (Part-time)
Mrs. E.I. Roberts	Mrs. C.M. Coxon (Part-time)
Mrs. A.B. Ratcliffe	Mrs. M.E. Williams (Part-time)
(Part-time)	Mrs. I. Jones (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 Education Organisers..... Leslie Jones
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
1969 Mid-year Estimate	...	...	...	...	...	169,210

Number of Schools -

Nursery						1
Primary: County 63	Voluntary 36	- Total	...			99
Comprehensive	...	...	...	...	...	17
Technical College	...	...	...	...	...	1
Horticultural Institute	1

School Child Population -

On School Registers (1969-70)			31,231
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Financial Circumstances of County -

Estimated Product of a Penny Rate (1969-70)	...					£31,055
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Number of Flintshire Live Births -

Year 1969	3,002
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Number of Flintshire Deaths (1969)

Infantile	45
General	2,148

Medical Officers -						
For County Health and School Medical Services combined						... 7*
School Dental Surgeons -						
Full-time Officers	...	...	...	...	...	... 4+
School Nurses -						
Serving half-time also as Health Visitors						... 28
Dental Surgery Assistants -						
Full-time -	3	Part-time -			5	
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	...	...	...	...	...	... 13

*Equivalent of 5 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 March 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.

23 Clinics in the County continue to operate services for children, from infants to school children ages. Regular school clinic sessions are held at specified centres. These are mainly for Special or Rein-spection Medicals or for consultations with parents and for immunisation purposes. Health Visitor, School Nurses and/or Clinic Nurses attend these sessions together with Medical Officers.

Several of the main clinics also provide facilities for visiting Consultants to see school children, so that visits to hospital outpatients are curtailed. These are chiefly Medical, Ear, Nose and Throat, Orthopaedic, Ophthalmic, and Psychiatric Specialist services.

As complement to these services an Orthoptist and Ophthalmic Optician visit eye clinics, and from our own services we are fortunate to have two speech therapists to cover several of the clinics and a clinic nurse/audiometrist also.

Full use is made of the County Clinic Premises. As well as Child Health Services, the Ante-Natal and Family Planning Clinics utilize some of the rooms, indeed it is often difficult to find a room free to work in at short notice.

Because of the same difficulty in finding accommodation to work in at schools, a third mobile unit was ordered and delivered in October. Previously the larger Infant Welfare Caravan had, (together with the School Dental caravan,) been available for use at school, but the Infant Welfare commitments were heavy and it was rarely free. The new unit designed for school health work, has already proved its worth in providing better working facilities for School Medical Officers and nurses at overcrowded schools in the County.

The Infant Welfare Mobile clinic continued to attend at Dyserth, Rhuddlan, Penyffordd, Ewloe, Halkyn, Gwernaffield and Ffynnongroew during the year, this acts as an all purpose clinic and mothers are able to attend with school children as well as with younger members of the family.

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 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 am Clinic Session. 2.00 pm Contact Clinic (by appointment only).
Queensferry - Oaklands (Physician: Dr. E. Clifford Jones)
Tuesday, 10.00 am Clinic Session (by appointment only)
Wednesday, 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.
Buckley - The Clinic, Padeswood Road. 1st and 3rd Thursday in each month (morning and afternoon).
Connah's Quay - The Clinic, Civic Centre, Wepre Drive, Every Wednesday (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 afternoon).
Prestatyn - The Clinic, King's Avenue. Every Monday (morning and afternoon).
Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every other Tuesday and every 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).

Administration

During 1969 Medical Examinations were available for pupils in three main age groups, i.e. "Periodic Medical Examinations".

- 1) On school entry at 5 years, in the first year of school life.
- 2) By Medicals as selected pupils from parental questionnaires of the intermediate age group 10 year old in junior schools.
- 3) By Medicals on selected school leavers in the last year of attendance at school, also after parental questionnaire.

Table I - In 1969, 4,405 periodic medical examinations were carried out and 5,144 reinspections and special medical examinations.

"Reinspection Medicals" are follow up inspections of children, after periodic examinations previously. They are carried out either yearly or more frequently.

"Special Medicals" are of children outside the periodic age groups, for whom there is a special request for examination, either by the parents, teachers or Health Department staff.

During 1969, 43 schools had selective Medicals. Of the 2,989 children eligible, 1,078 were chosen and of these 881 were actually examined by school doctors. It will be seen from table 2 that as we are getting more used to this system the numbers of children selected is being reduced further, in 1969 - 38.2% of primary school children and 32.4% of high school leavers were selected for inspection. The help given to school doctors by Head Teachers and School Nurses in this work of assessment is particularly appreciated.

Two points are worthy of note as regards general fitness of children in the county. Of the 4,405 pupils seen and assessed 99.95% were physically satisfactory and 4 pupils only = 0.5% were of unsatisfactory physique (see Table I).

Coupled with this, is the fact that fewer fat children were notified, 53 in the year against 76 in 1968. It is felt that this is not only due to National & Local Health Education drives, but also to the very real interest parents have taken in the problem of obesity in children.

Whereas children's physiques have improved enormously, it is disappointing to note that a larger number of children have been found to be infested with vermin during 1969 than for 2 years past. School Nurses inspected 24,002 children during the year and found 477 pupils so infested. This is a minority problem and usually the same families are involved time and time again, but by parental indifference or neglect, these relatively few pupils remain a persistent source of anxiety to the whole school. Free supply of Lorexene No. 3 and skilled guidance in the treatment of infested heads is always available at the clinics for mothers, but many cannot be bothered to take advantage even of this help.

Immunisation.

In addition to the Health Department's policy to offer free immunisation to all babies in the first year of life against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, and protection against Measles and Smallpox soon after the first birthday, immunisation usually by booster doses is offered to all children on school entry or just before commencing school. In spite of much health education, there are still children commencing school who have not been protected by these immunisations and who require to commence primary courses then.

In 1969, 282 pupils received primary course of injections 2,328 pupils received booster doses.

319 children in addition received Measles vaccination, and at school inspection, 3,052 pupils were found to have been protected against Smallpox. The number of primary vaccinations in 1969 showed a marked decrease - 854 in the year. Enormous risks are run by parents who do not accept these simple protective immunisations for their children. Whereas parents remain suspicious of Smallpox vaccination and uncertain of the value of Measles immunisation, very few refuse B.C.G. vaccination against Tuberculosis for their children. In line with Ministry policy, this is now offered to younger children and in this county the 12 year olds are offered this facility. In 1969 there were 2,415 pupils skin tested, of which 190 were natural positives and of the remainder 1,800 pupils were given the B.C.G. vaccination, the multiple puncture positive rate in the county being now 8.59% (5 years ago it was 26%). The ready co-operation of the Chest Physician at the County Chest Clinics in arranging for the surveillance of strongly positive skin test reactors has been much appreciated. The withdrawal of the Mobile Mass Radiography Unit has been sadly missed in the follow-up work and complex alternative x-ray arrangements have been necessary to ensure that the scheme has complete coverage.

In addition to the formal Medical Examinations mentioned above, Health Visitors and Clinic Nurses during the year continued to visit schools to carry out vision testing on pupils, the aim being to test every child on entry, and annually or biennially wherever possible. The purchase of a second Keystone Viewmaster vision testing apparatus has meant that one machine is available at each end of the county and this ensures a rapid comprehensive vision test for each child, not only of visual acuity, but of near vision and muscle balance, thus bringing to light defects before symptoms develop. Colour vision testing is carried out at an earlier age, on boys whilst still in the primary schools. Progress has been made during the year in hearing testing. Health Visitors and Clinic Nurses routinely

test small infants and our clinic nurse/audiometrist, Mrs. Digweed, has undertaken sweep testing by puretone audiometer on school entrants - a very valuable service.

Handicapped Pupils

Out of a school population of 31,231 there are some 560 children ascertained as being handicapped, according to the 10 categories of the School Health Service Regulations. The majority of these children are able to live at home and attend ordinary school, where special privileges are allowed them, some 82 children are placed in Residential Special Schools, many as weekly boarders, so that they can be home for the weekends. Although there are as yet no day special schools in the county, we are fortunate to have good contacts with several residential schools within and outside of North Wales and are indeed grateful for the ready help and co-operation we receive from their head teachers.

As always, the greatest number of handicaps are those of the retarded, slow learners 251 in all, for whom there have always been special problems of placement and special teaching. The work undertaken by remedial teachers to special classes in ordinary schools and also by the Remedial Unit at Clwyd Street V.P. School, Rhyl, has been of untold value. We all look forward to the day when the day special school for slow learners will be available in the county, as planned. Considerable help has been given to this service by both Mr. E.V. Jones and Mr. N. Partington, Educational Psychologists. As the service grows, so do the demands for it expand also. Referrals for testings are so long that at least two full-time Educational Psychologists will be necessary to avoid the present delays.

With the advances in treatment for Spina Bifida children many more of these children are able to attend school, some in ordinary schools without any limitations, others in school in wheelchair, or walking calipers. Of the 32 Spina Bifida cases in the county, several attend the Physically Handicapped School at Ysgol Gogarth, Llandudno, where excellent facilities are available for them.

The Maelor General Hospital at Wrexham and the Spastic Unit at Blaenau, near Chester, provide day units, at which Flintshire children attend. At the Spinal and Spastic Unit in Wrexham, children under the care of Dr. Gerald Roberts are trained in the management of calipers, toileting, speech training, physical movement, etc. Similarly, at Blaenau, under Dr. T.E.D. Beavan, cerebral palsied children attend on a day basis and receive social training which is a great benefit to parents and children alike.

Statistics of Handicap - 1969

560 pupils were registered as Handicapped. Of these 75 were found to be in need of special school education, either in residential or day special units - they are as follows:-

Blind	1
Partially-sighted	3
Deaf	3
Partial-Hearing	0
Physically Handicapped	8
Delicate	0
Epileptic	0
Educationally Subnormal	60
Defective Speech	0
	<u>75</u>

During the year, 13 Handicapped pupils were found places in Special Schools or Homes, viz:-

Partially-sighted	2
Partially-Hearing	1
Physically Handicapped	4
Educationally Subnormal	6
	<u>13</u>

The total number of Handicapped pupils receiving education in Special Residential Schools and Homes = 82

Blind & Partially-sighted	18
Deaf & Partially-hearing	12
Delicate & physically Handicapped	18
Epileptic	2
Educationally subnormal & Maladjusted	32
	<u>82</u>

Home tuition was provided during the year to 14 pupils, too handicapped at that time to attend school. 10 of these were still receiving such tuition at the end of the year.

In 1969, 12 children were ascertained to be unsuitable for education and were reported to the Local Health Authority under Section 57 (3) of the Education Act, 1944. Normally places are found for these children at either Tirionfa Junior Training Centre, Rhuddlan, or by arrangement at the Junior Training Centre, Dee Banks, Chester. Unfortunately, there has been a considerable shortage of places in Chester during the year and several children have been obliged to stay at home awaiting vacancies.

There is also a small group of very severely, multiply handicapped children, who are unsuitable for attendance at the Training Centres and require special provision on a day to day basis. These are children whose needs will be catered for at Queensferry when the new Special Care Unit opens there in 1971.

The changing pattern of Child Health Clinics and the introduction of pre-school medical examinations are bringing to light more children who either because of inadequate or unstimulating home backgrounds, fail to adapt and are emotionally unstable or withdrawn, or have language and speech difficulties. Placement of these children at playgroups and attendance at nursery school has been found to have a most beneficial effect on their development. We look forward to the day when it may be possible for more young children to have the benefit of this provision.

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)
1965 and later	539	539	100.00	-	-
1964	1480	1480	100.00	-	-
1963	813	813	100.00	-	-
1962	138	137	99.28	1	0.72
1961	7	7	100.00	-	-
1960	1	1	100.00	-	-
1959	1097	1096	99.91	1	0.09
1958	77	77	100.00	-	-
1957	1	1	100.00	-	-
1956	-	-	-	-	-
1955	-	-	-	-	-
1954 and earlier	252	250	99.21	2	0.79
	4405	4401	99.95	4	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	5	38	43	17.06
Entrants	17	351	360	12.71
Other Age Groups	30	229	249	18.85
Total (Prescribed Groups)	52	618	652	14.80

	1966	1967	1968	1969
Entrants	11.92%	15.48%	18.18%	12.71%
Leavers	18.90%	23.57%	21.61%	17.06%
All ages	15.35%	17.98%	20.45%	14.80%

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)
1965 and later	3	68	69
1964	4	182	183
1963	10	101	108
1962	1	20	21
1961	-	3	3
1960	-	1	1
1959	27	183	201
1958	2	22	23
1957	-	-	-
1956	-	-	-
1955	-	-	-
1964 and earlier	5	38	45
TOTAL	52	618	652

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	-	2602
Number of Re-inspections	-	2542
		<u>5144</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	39	18	27	84	34
		O	67	10	44	118	88
5	Eyes - (a) Vision	T	17	5	30	52	115
		O	174	35	107	316	802
	(b) Squint	T	12	-	10	22	49
		O	69	-	29	98	111
	(c) Other	T	8	1	10	19	18
		O	10	1	7	18	12
6	Ears - (a) Hearing	T	24	1	7	32	41
		O	49	2	18	69	128
	(b) Otitis Media	T	8	-	5	13	12
		O	42	1	16	59	31
	(c) Other	T	70	3	17	90	49
		O	60	2	14	76	49
7	Nose and Throat	T	44	5	18	67	48
		O	79	2	23	104	142
8	Speech	T	40	1	5	46	20
		O	87	1	6	94	106
9	Lymphatic Glands	T	4	-	-	4	8
		O	70	1	17	87	53
10	Heart	T	5	2	2	9	8
		O	48	3	15	66	121
11	Lungs	T	38	2	13	53	16
		O	74	7	24	105	164
12	Developmental - (a) Hernia	T	2	-	-	2	3
		O	9	-	-	9	13
	(b) Other	T	7	5	21	33	40
		O	48	3	18	69	91
13	Orthopaedic (a) Posture	T	8	2	4	14	5
		O	-	-	12	12	6
	(b) Feet	T	59	2	20	81	22
		O	38	2	15	55	46
	(c) Other	T	13	4	6	23	15
		O	115	8	26	149	79
14	Nervous System (a) Epilepsy	T	2	-	2	4	12
		O	8	-	4	12	43
	(b) Other	T	27	1	14	42	7
		O	26	2	19	47	20
15	Psychological - (a) Development	T	3	4	34	41	69
		O	51	5	39	95	72
	(b) Stability	T	4	1	13	18	24
		O	92	4	26	122	46
16	Abdomen	T	12	1	6	19	6
		O	30	2	12	44	20
17	Other	T	9	2	-	11	14
		O	15	1	11	27	44

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	84	119
5	Eyes		
	(a) Vision	52	316
	(b) Squint	22	98
	(c) Other	19	18
6	Ears		
	(a) Hearing	32	69
	(b) Otitis Media	13	59
	(c) Other	90	76
7	Nose and Throat	67	106
8	Speech	46	94
9	Lymphatic Glands	4	87
10	Heart	9	66
11	Lungs	53	105
12	Developmental: -		
	(a) Hernia	2	9
	(b) Other*	33	69
13	Orthopaedic: -		
	(a) Posture	14	12
	(b) Feet	81	55
	(c) Other	23	149
14	Nervous System: -		
	(a) Epilepsy	4	12
	(b) Other	42	47
15	Psychological: -		
	(a) Development	41	95
	(b) Stability	18	122
16	Abdomen	19	44
17	Other	11	17
Note: - *Includes cases of obesity		23	17
Includes cases of enuresis		11	108

Combined Table of Periodic and Special Examination of all age groups
(Table 5)

This gives details of the different groups of children examined and the different defects noted in these children, according to whether they required treatment (T) or need to be followed up by observation only (O).

From Table 5 it will be seen that of all defects requiring treatment 275 Eye Defects taken collectively was the largest group. with twice as many visual acuity cases or of squints. Comparatively few infective eye conditions were noticed. However, 1,357 eye conditions merited a further check up and observation.

The second largest group of conditions needing treatment was Ear conditions, Otitis Media being rarely seen now in the acute stages and infections and hearing disorders themselves were much less common, and of these, some were due to simple conditions such as Cerumen.

The third largest series requiring treatment was of Orthopaedic complaints, particularly of foot defect, which reinforces the priority we have always given for health education of foot health and correct shoe fitting in young children.

Psychological defects which include Enuresis, constitutes the fourth commonest group of referrals for treatment - 152, and 335 required further observation. These are annotated in detail in the report of the Consultant Psychiatrist later in this report.

Of Nose and Throat defects, in line with current policy, over double the number of cases referred for treatment remain on observation only. It is interesting to note that the grand total of Ear, Nose and Throat conditions requiring treatment in 1969 has been reduced from 530 in 1968 to 352 in 1969 and on observation 880 in 1968 to 658 in 1969. 73 children were found to require treatment for some degree of hearing loss and 297 required to be observed on account of hearing difficulty.

An analysis of age of defects from Table 2 for Periodic Examination which includes both Selective and Special Examinations, shows:-

The percentage of children with defects:-

Entrants	12.71%)	Entrants	18.81%)
Leavers	17.06%) in 1969	Leavers	21.61%) in 1968
Of all ages	14.80%)	Of all ages	20.45%)

These figures seem promising and suggest that preventive work both in screening and in Health Education, before and during school life, has a beneficial effect in controlling the development of defects themselves.

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	2832	2832	100.00	-	-
Leavers	252	250	99.21	2	.79
Other Age Groups	1321	1319	.09	2	.91
TOTAL	4405	4401	99.95	4	.05

Of total 4,405 children inspected:-

4,401 were satisfactory physically = 99.91%
4 were unsatisfactory = 00.08%

Table 8

INFESTATION WITH VERMIN

Number of individual children examined by School Nurses	24,002
Total number of examinations in the schools by School Nurses or other authorised persons	38,855
Total number of individual pupils found to be infested	477
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
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
1969	477	1.99

The following table shows figures of the primary vaccination each year since 1959.

1959	Number of primary vaccinations			1305
1960	"	"	"	1252
1961	"	"	"	1291
1962	"	"	"	1770
1963	"	"	"	581
1964	"	"	"	791
1965	"	"	"	967
1966	"	"	"	1224
1967	"	"	"	1377
1968	"	"	"	1539
1969	"	"	"	854

VACCINATION OF PERSONS UNDER 16 COMPLETED DURING 1969

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

Type of vaccine or dose	Year of Birth					Others under age 16	TOTAL
	1969	1968	1967	1966	1962-65		
1. Quadruple D. T. P. P.	-	-	-	-	-	-	-
2. Triple D. T. P.	62	1333	122	33	32	2	1584
3. Diphtheria/Pertussis	-	1	-	1	2	-	4
4. Diphtheria/Tetanus	-	5	5	7	220	22	259
5. Diphtheria	-	-	-	-	-	4	4
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	2	107	109
8. Salk - Polio	-	-	-	-	-	-	-
9. Sabin Polio	62	1334	153	62	288	27	1926
10. Measles	62	597	363	197	306	13	1476
11. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	62	1339	127	41	254	28	1851
12. Lines 1 + 2 + 3 + 6 (Whooping Cough)	62	1334	122	34	34	2	1588
13. Lines 1 + 2 + 4 + 7 (Tetanus)	62	1338	127	40	254	131	1952
14. Lines 1 + 8 + 9 (Polio)	62	1334	153	62	288	27	1926

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

Type of vaccine or dose	Year of Birth					Others under age 16	TOTAL
	1969	1968	1967	1966	1962-65		
1. Quadruple D. T. P. P.	-	-	-	-	-	-	-
2. Triple D. T. P.	-	19	32	15	170	23	259
3. Diphtheria/Pertussis	-	-	-	-	2	-	2
4. Diphtheria/Tetanus	-	1	1	3	2032	97	2134
5. Diphtheria	-	-	-	-	2	2	4
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	19	67	86
8. Salk - Polio	-	-	-	-	-	-	-
9. Sabin - Polio	-	21	26	19	2132	196	2394
10. Measles	-	-	-	-	-	-	-
11. Lines 1 + 2 + 3 + 4 + 5 (Diphtheria)	-	20	33	18	2206	122	2399
12. Lines 1 + 2 + 3 + 6 (Whooping Cough)	-	19	32	15	172	23	261
13. Lines 1 + 2 + 4 + 7 (Tetanus)	-	20	33	18	2221	187	2479
14. Lines 1 + 8 + 9 (Polio)	-	21	26	19	2132	196	2394

PREVENTION OF TUBERCULOSIS

During 1969, Medical Examination of Staff, newly appointed to County Council service, continued to increase in number.

In the twelve month period:-

100 Teachers

202 Candidates for Teachers' Training College

13 School Caretakers

264 Staff from other Departments of the County Council were examined, a total of 579 for the year.

X-rays of chests were required for all staff working with children, for Teachers' Training Candidates and wherever examining medical officers felt this was required. To reduce the number of examinations further a Questionnaire was introduced, for completion by part-time Canteen workers and Nursery Assistants in Primary Schools and only if this revealed likelihood of some medical abnormality would a full medical examination be required. This has certainly helped to streamline the arrangements, as previously a great deal of careful planning had to be undertaken to fit these medicals into the already tight schedules of Medical Officers' work.

As mentioned previously, B.C.G. Vaccination of Secondary School pupils improves yearly, with more younger aged children receiving protection against Tuberculosis. The figures given on the accompanying chart give details of the work carried out in this scheme.

B.C.G. VACCINATION OF SCHOOL CHILDREN 1969

School	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 3rd Yr.	46	45	39	4	34	34
Mold Junior High School 2nd Yr.	187	180	166	6	158	158
Rhyl Blessed Edward Jones R.C. 2nd Yr.	82	75	67	12	49	41
Rhyl Junior High School 2nd Yr.	193	175	167	15	147	128
Rhyl Ysgol Uwchradd Glanclwyd 3rd Yr.	89	83	65	11	50	35
Flint Blessed Richard Gwyn R.C. 2nd Yr.	148	141	125	16	100	90
Mold Maes Garmon 2nd Yr.	69	68	63	2	57	55
Prestatyn High School 2/3 Yr.	330	315	278	39	237	213
Saltney St. David's J.H.S: 2nd Yr.	138	131	123	6	116	111
Hope Castell Alun J.H.S. 2nd Yr.	167	150	140	3	130	126
Buckley Elfed S.H.S. 3rd Yr.	320	307	300	11	279	273
Holywell High School 3rd Yr.	416	400	365	53	276	243
Hawarden J. High School 2nd Yr.	207	200	183	8	175	172
Deeside J. High School 2nd Yr.	153	145	131	4	126	121
Totals for 1969	2542	2415	2212	190	1934	1800

Percentage Positive Rate 1969 = 8.59%
Percentage Positive Rate 1968 = 10.94%

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		-	5
Impetigo		2	6
Verruca		319	11
Other Skin Diseases		32	20
TOTAL		353	44

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	-	55
Errors of Refraction (Including squint)	-	1432
TOTAL	-	1487
Number of pupils for whom spectacles were:-		
(a) Prescribed	684*	
(b) Obtained	684*	
TOTAL	684*	

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

TREATMENT

Table 9

This gives details of the different defects noted and their treatment.

Diseases of the skin

The old infective complaints - Ringworm, Scabies, Impetigo are rarely seen, but large numbers of Verruca Pedis still occur sporadically in schools. During the year, the part-time services of Mr. Hugh Jones, Chiropodist, were available to relieve clinic nurses of time consuming treatments.

Eye Disease - Defective Vision and Squint

During the year there was a fall in the total number of children seen at the 4 eye clinics in the county and in the number of refractive errors dealt with. This was largely accounted for by the fact that the Mold and Shotton eye clinics were without a Consultant till the end of February. Clinics have, in consequence, accumulated waiting lists and continue to work under pressure of numbers. We were fortunate to have the services of Mr. Saum, Ophthalmic optician to review the return cases.

1,432 children attended in 1969 for Refractions and 684 pairs of spectacles were prescribed, compared with 829 in 1968 from the four clinics at Mold, Shotton, Holywell and Rhyl.

Orthoptic Clinics for schoolchildren only

Number of Squints operations performed
at Chester Royal Infirmary = 14
at H.M. Stanley, St. Asaph = 18

Miss Linda Jones, Orthoptist from the H.M. Stanley Hospital, St. Asaph, continued to attend the Rhyl and Holywell clinics to treat children referred by the Consultants attending these centres.

Children from Deeside attend the Orthoptic Department of the Chester Royal Infirmary under the supervision of Mrs. Salisbury - to both these ladies we express our thanks for the work carried out and the guidance given to parents.

I wish to thank Mr. Lyons, Consultant Ophthalmologist and Dr. Kamaluddin, and Dr. Chowdhury for the excellent service they provide at the county eye clinics.

ORTHOPTIC CLINICS SCHOOL CHILDREN ONLY

	Chester Royal Infirmary	Holywell Clinic	Rhyl Clinic	St. Asaph Clinic
Number of Flintshire children who attended in the year 1969	399	146	147	105
Number of attendances for the year 1969	1082	407	469	245

Number of squint operations performed on Flintshire children at:-

Chester Royal Infirmary	-	14
H.M. Stanley Hospital, St. Asaph	-	18

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	-	25
(b) for adenoids and chronic tonsillitis	-	401
(c) for other nose & throat conditions	-	75
Received other forms of treatment	12	54
TOTAL	12	555

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

(a) in 1969	-	6
(b) in previous years	-	31*

*Includes thirteen pupils who are now at Special Schools for the Deaf and partially hearing.

It will be seen that treatments by operation for adenoids and chronic Tonsillitis remain high on the list, operative treatment for diseases of the ear being much less common.

The total number of hearing aids provided for schoolchildren during the year was 6. In previous years 31 aids were provided which includes those for 13 pupils now attending Special Schools for Deaf and Partially Hearing Pupils.

I would wish to thank Miss Catrin Williams for the very expert services she carries out for Flintshire children.

Miss C. Williams, Consultant Ear, Nose and Throat Surgeon for the Clwyd & Deeside Hospital Management Committee, held regular Ear, Nose and Throat clinics for children at Rhyl and Holywell during the year. Cases requiring further investigation attend H.M. Stanley Hospital, St. Asaph, where the Audiology Department is located. Children requiring surgical treatment are also admitted to this hospital.

Children from the eastern area of the county attend the Chester Royal Infirmary at Mr. Kodicek's clinic and those from the Mold and district area receive treatment by Mr. Barraclough at the Maelor General Hospital, Wrexham, where excellent services are provided by all these consultants.

Table 9 (continued)
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated at clinics	-	33
Pupils treated at school for postural defects	45	-

From this table it will be seen that 33 pupils were treated at the Rhyl Local Authority clinic, Ffordd Las, by a visiting Orthopaedic Surgeon from the Clwyd & Deeside Hospital Management Area. The commonest defects are found to be those of foot conditions. Earlier screening tests on infants are bringing congenital defects to light very much earlier.

I should like to thank Mr. Robert Owen and his colleagues for their valued help and guidance and the detailed progress reports which they provide for our information. We are fortunate that Mr. Owen regularly attends at Ysgol Gogarth and is able to follow up some of our physically handicapped pupils there.

CHILD GUIDANCE AND SCHOOLS PSYCHOLOGICAL SERVICES

On subsequent pages are statistics referring to the attendances and treatment of Flintshire pupils, by the North Wales Child Guidance Service.

Before printing below an extract of Dr. Simmons' report, I must pay tribute to his work as Director of the North Wales Child Guidance service and thank both him and his staff for the excellent work they have carried out during the year.

NORTH WALES CHILD GUIDANCE CLINICS

Number of Flintshire Cases referred during 1969

Name of Referring Agency	Number of Referrals
School Medical Officer	50
General Practitioners	45
Consultant Paediatricians	8
Other Medical Specialists	30
Courts and Probation Officers	4
Other Social Workers	9
Parents	9
Children's Officers	6
Schools & Education Officers	4
TOTAL	165

N.W. CHILD GUIDANCE CLINICS - 1969

Children and parents interviewed at Clinics

Clinic	No. of individual children	PSYCHIATRIST				PSYCHOLOGIST				FLINTSHIRE	
		First		Further		First		Further		P.S.W.	
		C.	P.	C.	P.	C.	P.	C.	P.	First P.	Further P.
RHYL	114	57	65	415	207	38	-	15	-	75	546
SHOTTON	92	43	55	357	272	31	-	10	-	68	416
OLD COLWYN	-	-	-	-	12	-	-	-	-	-	1
WREXHAM	6	4	3	7	7	2	-	-	-	4	9
Children seen at school by Educ. Psychologists (Educ. Referrals)	91										
		104	123	779	498	71	-	25	-	147	972

NUMBER OF VISITS DURING 1969

PSYCHOLOGIST

School visits & visits to other workers

231

No. of clinic sessions = Rhyl = 88
 Shotton = 120
 Colwyn = 75
 Wrexham = 202

P.S.W.

Home visits & visits to other workers

430

Flintshire Children admitted to Gwynfa Residential Clinic during the year - 15
 Discharged - 14 Total admissions from all N. Wales Counties - 40

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.

REPORT OF WORK CARRIED OUT

IN THE SPEECH THERAPY SERVICE

1969 70

CURRENT CASES - CHILDREN	..	402
CURRENT CASES - ADULTS	..	12
TOTAL CURRENT CASES	..	414
DISCHARGES	..	148
TOTAL CASES	..	<u>562</u>

ANALYSIS OF CURRENT CASES - DYSLALIAS (332)

1. <u>Retarded and delayed language development with dyslalia</u>	158
2. <u>Retarded and delayed language development with dyslalia and dysarthria</u>	13
3. <u>Dyslalia</u>	102
4. <u>Dyslalia plus stutter</u>	13
5. <u>Simple dyslalia</u>	43
6. <u>Alalia</u>	3

ANALYSIS OF CURRENT CASES - STUTTER (54)

1. <u>Established</u>	42
2. <u>Potential</u>	6
3. <u>Cluttering</u>	6

ANALYSIS OF CURRENT CASES - HYPERRHINOLALIA (10)

1. Arising from cleft palate	10
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ANALYSIS OF CURRENT CASES - HYPORRHINOLALIA (1)

ANALYSIS OF CURRENT CASES - DYSPHONIA (3)

ANALYSIS OF CURRENT CASES - APHONIA (2)

402

The above speech defects have been classified in the simplest possible way, and the term Dyslalia has been used as an umbrella term covering articulatory deviations from acceptable speech. They are contributed to by a number of causes, including language deprivation; brain damage; structural malformations of mouth and occlusion of teeth; mental retardation and abnormalities of the vocal mechanism.

ANALYSIS OF DISCHARGES - DYSLALIA (All groups)

1. <u>Speech normal</u>	73
2. <u>Speech improved</u>	
(a) Cases passed to Mrs. Bolton	12
(b) Child left school	3
(c) Child at special school	2
(d) Child's family moved	6
(e) Too erratic attendance to benefit	6
(f) Child killed in motor accident	1
(g) State of speech unknown - no appointment after first kept	6
(h) Non attendance of any consultation - unclassified	6
3. <u>Hyperrhinolalia</u>	
(a) Speech normal	1
(b) Attending special school	1
(c) Cases transferred to Mrs. Bolton	1

4. Stutter (All groups)

(a) Speech normal	7
(b) Speech improved - transferred to Mrs. Bolton	5
Speech improved - parents object to treatment	5
Speech improved - family moved from area	6
(c) Non attendance of consultation - referred as stutters	6

5. Hyporhinolalia

(a) Speech normal	1
	<hr/>
	148
	<hr/>

TOTAL NUMBER OF ATTENDANCES	..	2743
TOTAL NUMBER OF SCHOOLS VISITED	..	70
TOTAL NUMBER OF HOMES VISITED	..	35
TOTAL NUMBER OF ADULT ATTENDANCES		60

From 31st May, 1968, until 1st October, 1969, the county was reduced to one full time Speech Therapist, and it was with great reluctance that only a skeleton service could be given in the Western half of the county.

On the 1st October, 1969, we were able to welcome Mrs. Jennifer Bolton to Flintshire and due to both the extremely efficient way Miss Roberts had administered her clinics, and Mrs. Bolton's quick grasp of all the work to be done in the Western half of the county, Flintshire again has a complete coverage of Speech Therapy Service.

The service is still a utility coverage, until we can enlarge this with another therapist.

Mrs. Bolton has made a point of getting to know the schools and all the Health Department staff in her area, and this has helped tremendously towards establishing the Speech Therapy Service in the Western part of the county, and she is now a well recognised figure herself.

From January 1969, until October 1969, fortnightly clinics have been held at Buckley, Mold, Saltney, Flint, Shotton, Holywell, Broughton, and in the Maelor district. Weekly clinics have been held

at Mancot, and there has been a service in Caergwrle throughout the year. From 1st October, 1969, clinics have been held weekly at Prestatyn, Connah's Quay, and Clwyd Street Remedial Centre, and twice weekly at Rhyl. Fortnightly clinics were held at St. Asaph until recently, when it was decided to cease the service there owing to problems of accommodation. The Therapist has made regular visits to Tirionfa Training Centre and to Bagillt Clinic.

Though well established in Flintshire, Speech Therapy is still a relatively new profession and it takes many years before the value of a new service can be widely appreciated and the extent of its work known. Speech Therapy is no exception, but during the last year there is certainly more evidence that the work of the Speech Therapist is becoming an accepted and really integral part of the Education and Health Services. Also, because knowledge of the work is much greater generally, its own contribution to those in its care is improved and strengthened, and a more complete service can be offered.

It is most encouraging to note that there is an increase in enquiries for advice directly from parents, at an earlier stage in speech development than formally. Parents are more conscious of the dangers of risking the laissez-faire policy of seeing if the child will grow out of a speech defect. This improvement in attitude is largely due in Flintshire to the excellent work of the Health Visitors, whose personal access to families enable them to guide parents into appreciating the need for early advice.

At this point it is appropriate to pay tribute to the contribution of the Health Visitors, which is of tremendous help and always so graciously and efficiently given.

A growing service which is much appreciated by the Speech Therapists is the carrying out of hearing tests in the county, which is enabling these to be accomplished quite quickly and eliminating the long delays which occurred when requests were sent to the already overcrowded hospital centres further afield.

The liaison between the staff of the schools and the Speech Therapists is continuing to grow, and discussion, wherever it has been possible, has proved its value to the child concerned. It is a considerable regret that because of the heavy call on the clinical time of Speech Therapists, they are unable to make as much personal contact with the schools as they would wish.

Further integration of the Speech Therapy Service with that of the General Practitioners continues, and in some instances this has

been furthered by the direct contact which the Health Visitors now have with the doctors in the county.

For a number of years it has been one aim of the Speech Therapists to encourage referrals as soon as the speech and language development is either (a) obviously deviating from that of the average for the age group of the child concerned, or/and (b) when the parents have themselves expressed any concern over their children's speech, as this can be a big factor in helping or hindering the development in these fields. It is now evident that this approach is having good effect in many aspects of the service. Primarily, it gives the therapists opportunity to deal with the speech and language problems before they have had chance to develop into major problems for parents and children, and as a direct result of this the therapists are able to give service to more children.

For the future, apart from the therapists' hope that the good liaison trends will continue, there is the need of a further speech therapist, if the extent and efficiency of the service is to be expanded. Not only would the county service be less of a utility one, opportunity might occur in which more use could be made of intensive therapy, more direct contact with allied professions be made easier. Also it would give therapists a chance to develop greater contact of parents with each other in order that they could discuss among themselves - guided by the therapists - general related problems which they encounter arising from the speech difficulties, particularly in the more severe conditions. This last idea has been from discussion with parents themselves, who have expressed the view that such contacts would be valuable to them. Before 1970 ends, perhaps some start might be made in this direction.

The therapists have again given talks in the county on both normal and abnormal speech and language, and from time to time, students have been accepted in the clinics, either on a daily basis or for longer periods when a teaching situation was needed.

The Speech Therapists are indebted to many people for their part in giving them the opportunity to serve the speech handicapped of the county. The help from staff of schools, the Health Visitors, the General Practitioners, and members of the Child Guidance team, to mention only a few. It is good to have Mr. Trevor Jones as the administrative sheet anchor to the Speech Therapy Service. Dr. Munro always gives a sympathetic ear to any problems which the therapists might discuss with her. The Chief Medical Officer, Dr. G. Wyn Roberts, has always given the Speech Therapists every possible encouragement, giving generously of his time and advice when problems have arisen, and the therapists wish to

express their great appreciation to him. Mrs. Hutton does so much to lessen the load of the therapists' written work and even when she is extremely busy, her never ruffled exterior makes it a pleasure to have contact with her.

The 1970s will offer much challenge and some changes, but the therapists look forward to serving the county in their professional capacity at the opening of the next decade.

RUTH E. WARD

Senior Speech Therapist.

JENNIFER BOLTON

Speech Therapist.

Dental Inspection and Treatment: In addition to the statistics that follow, I have pleasure in appending the report of Mr. A. Fielding, Principal Dental Officer for Flintshire.

Table 10

DENTAL INSPECTION AND TREATMENT

1. Attendances and Treatment:-

First Visit	6769
Subsequent visits	5289
Total visits	12058
Additional courses of treatment commenced ...	712
Fillings in permanent teeth..	6236
Fillings in deciduous teeth	1978
Permanent teeth filled	5621
Deciduous teeth filled	1805
Permanent teeth extracted... ..	2402
Deciduous teeth extracted... ..	7312
General Anaesthetics	4070
Emergencies	387
Number of pupils X-Rayed	90
Prophylaxis	524
Teeth otherwise conserved	518
Number of teeth root filled	19
Inlays	-
Crowns	17
Courses of treatment completed	5418

2. Orthodontics

Cases remaining from previous year	316
New cases commenced during year	119
Cases completed during year	83
Cases discontinued during year	16
No. of removable appliances fitted	114
No. of fixed appliances fitted	10
Pupils referred to Hospital Consultant	7

3. Prosthetics

Pupils supplied with F.U. or F.L. (first time) ...	2
Pupils supplied with other dentures (first time) ...	40
Number of dentures supplied	49

4. Anaesthetics General Anaesthetics

administered by Dental Officers	1051
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5. Inspections

(a) First inspection at school - Number of pupils.	14500
(b) First inspection at clinic - Number of pupils .	3821
Number of (a) + (b) found to require treatment ...	10754
Number of (a) + (b) offered treatment	10300
(c) Pupils re-inspected at school clinic	834
Number of (c) found to require treatment	599

6. Sessions

Sessions devoted to treatment	1915
Sessions devoted to inspection	112

REPORT OF THE WORK OF THE SCHOOL DENTAL SERVICE

During 1969, there were no changes in the staff of the Dental Section, as in spite of advertising several times during the year, we were unable to attract the additional dental officers required to bring our number up to the present establishment. We were unable, consequently, to carry out as many routine inspections and treatments as we would have liked to have done. We are very fortunate still to have the services of three part-time Dental Surgeons, retired from general practice, and with their help we are able to maintain a limited dental service throughout the Eastern part of the county.

The shortage of Dental Officers is a problem which has been with us for many years, and it would seem that the only Authorities who are able to attract young Dental Surgeons, prepared to make the school dental service a career, are the ones who are willing to offer modern, well maintained clinics, together with a better salary structure.

The Dental Caravan has again been in use in the Holywell area and its visits have been very much appreciated by the smaller country schools where travelling makes a visit to the nearest static clinic a lengthy and expensive journey. Unfortunately, there is a limit to the duration a dental officer can be away from the main clinic.

We have maintained our general anaesthetic sessions, mainly on a weekly basis, in all areas, with the help of general medical practitioners in the main as anaesthetists.

We are at present without the service of a Dental Auxilliary, since Miss H.V. Anderson resigned last year. Until recently, it was necessary for a dental officer always to be in attendance at a clinic where a dental auxilliary was employed. This has meant that a dental officer has, on many occasions, been restricted from carrying out inspections at schools or treatment at other clinics. Recently, however, this rigid form of supervision has been relaxed and dental auxiliaries may now work on their own provided they are judged competent by the supervisory officer. We are hopeful that in the future we shall once again be able to employ one of these excellently trained auxiliaries who are so suitable to introduce young children to Dentistry to carry out a well planned programme of dental education.

During the year Dental Education has been carried out whenever possible and we are greatly indebted to Mr. Elwyn Lewis, the County Public Health Officer and the Health Visitors who have given talks in schools throughout the county and to the Head Teachers who, by their interest and co-operation, have made this possible.

A. FIELDING
PRINCIPAL SCHOOL DENTAL OFFICER

School Premises

In my report of 1968, attention was drawn to the rapidly increasing population in the county and, in particular, the marked rise in the number of children attending school. This trend has been maintained during 1969, there now being some 31,231 pupils on the school registers.

New buildings and the erection of mobile classroom units are unable to keep pace with this influx of children. Consequently, many schools remain seriously overcrowded, classrooms themselves are too full and teachers and pupils alike are working under great difficulties. Even further pressures are put on school resources when Medical and Dental staff visits are arranged. It is rarely possible for the required two rooms, one for visiting examiner and one for health visitor and parents with children, to be provided. Often the Headmaster gives up his room for the required days, school staff may vacate their common room, or even a whole school class may have to be absorbed elsewhere to provide the necessary working space. Although every effort is made by Head-teachers to ease the situation, School Health Service staff frequently find themselves working in very poor conditions. Medical Officers, Speech Therapists, Clinic Nurses, carrying out audiometric tests are seriously hampered in their work, because of the increasing background of noise.

I would make a strong plea for every consideration to be given to the installation of a suitable medical room at each of the larger primary schools and for a medical suite to be incorporated into each of the larger comprehensive schools. Some of the schools will have many hundreds of pupils attending daily and the need for simple first-aid arrangements and rest room facilities during school hours is becoming more apparent.

As part of their regular visits to schools, Medical Officers examine school premises and note any defects found in the structure, or sanitary state of these buildings. Comments are made on the state of lighting, heating, ventilation and conditions of the school toilet and canteen facilities. Written notification to the Director of Education and/or the County Architect is undertaken where necessary. Special visits are also carried out by Mr. E. Lewis and Dr. Munro at the request of Headteachers or in following up any complaints, to ensure that faults are rectified as soon as reasonably possible.

As more and more handicapped pupils are able to attend ordinary schools, there is need to have a rethink on school design. Pupils are now attending schools in the county in leg calipers or wheelchairs and

there should not be the hazards of steps, stairs, swing doors, narrow doors, added to their difficulties. Similarly, adaption of toilet provisions for these children may be necessary. There is a host of alterations which, if carried out, would be of inestimable value. A further suggestion has been made that there is need to incorporate the electric look installation into all new school buildings so that school classrooms, halls, gymnasias, canteens, can go a long way towards assisting partial-hearing children wearing hearing aids. This is a comparatively cheap fitting and well worth while considering. In the future, School Medical Officers will be undertaking much work with and for Handicapped pupils and the day to day welfare of these children in ordinary schools must necessarily play an important part in this work.

School Meals

I have pleasure in enclosing a report by Mr. E. Parry, County School Meals Organiser.

School Meals and Milk

I have pleasure in appending herewith a brief report on the School Meals Service for the past year:

The total number of meals provided in schools fell to some degree, possibly because the cost had been increased to 1/6d. some twelve months ago. Nevertheless over 3,750,000 meals were produced and the Service also continued to provide over 2,500 meals per month for the Meals on Wheels Service.

A typical menu at a school is given here.

<u>MONDAY</u>	Boiled bacon, creamed potatoes, beetroot. Steamed jam roll, custard.
<u>TUESDAY</u>	Roast lamb, roast and boiled potatoes, cabbage. Rice pudding with jam.
<u>WEDNESDAY</u>	Savory minced beef, potatoes, carrots. Lemon meringue.
<u>THURSDAY</u>	Sausages, creamed potatoes, grilled tomatoes. Steamed fruit pudding, white sauce.
<u>FRIDAY</u>	Fried fish, chips, green peas. Apricot flan and custard.

A third of a pint of milk is now provided only for Primary Schools, and the proportion of children taking milk has remained constant at approximately 75%.

E. PARRY
School Meals Organiser.

The aim of the School Meals Service has always been to provide a plain, nourishing midday meal at reasonable cost. Meals vary, of course, from day to day, some are better than others, but all of them are remarkably good value for the cost. However, it is noticeable that since the price of school meals was increased by 3d. per day, there has been a reduction in the number of children attending. This is all very well if the alternative meals are on a par. Too often substitutes are dietetically inferior, e.g. sandwiches or, more expensive, e.g. purchase of fish and chips outside school premises. As a Nation, we have much to learn about diet, only 75% of primary school pupils still regularly accept free milk and, despite much dental and medical health education, large quantities of biscuits, chocolates and sweets are regularly consumed by children between meals, e.g. during "school breaks".

Regular sampling of all foods used in the preparation of School Meals and also of all school milk is undertaken by the County Public Health Officer. This is to ensure their quantity and wholesomeness. Canteens keep a replica of each school meal in the canteen 'fridge' for 24 hours, so that this is available for laboratory testing and analysis in case of any unexplained outbreak of gastro intestinal symptoms in pupils at schools.

Health Education

This is an integral part of all work carried out by the Health Department. Medical Officers, Health Visitors and Clinic Nurses achieve a great deal in their day to day contacts with children and parents - they do much to maintain progress made in matters such as personal hygiene, handwashing, care of feet, teeth, etc. Our Nurses have done much to allay anxieties and help control infections in schools when they do occur, by their timely visits and co-operation with the Head-teachers on preventative measures.

As well as general teaching in the primary school, many

Health Visitors visit their senior schools and run courses on Hygiene, Menstruation problems, First Aid, Mothercraft, etc. for senior girls. Some take part in the courses for the Duke of Edinburgh Award schemes. Health Visitors also maintain their interest in the Social Services groups in school, which continue to visit the elderly and handicapped, in homes or hospitals or welfare homes. Christmas parties for the Blind and other handicapped in the community are also a feature of this work.

Although informal Health Education continues to thrive, much of the more formal Health Education has not been able to develop during the year as we would wish. Rather it has been a question of fitting in Health Education lectures where a gap is left between Child Welfare and School Health Programmes and shortages of staff aggravates the problem. This is such an important subject that it would seem essential to have regular informal Health Education programmes in all schools, under the control of a full-time Health Education Officer. There is more than ever need for pupils to be aware of the consequences of misuse of Alcohol, Drugs, Smoking, etc., and to understand the dangers of venereal diseases.

Before completing this report, I should like to express my appreciation to all Medical Staff of the Department for the valuable work they have undertaken during the year. To Miss P.M. Matthews, Superintendent Health Visitor, Senior Health Visitors, Clinic Nurses and Ancillary Staff, my thanks for their ready and willing co-operation in 1969. To Mr. Elwyn Lewis, County Public Health Officer, my thanks for his extremely capable help at all times and also to Mr. Trevor Jones, Administrative Officer-in-Charge for his efficient handling of the myriad of day to day problems which crop up in the School Health Department.





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