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FLINTSHIRE
COUNTY COUNCIL



REPORT

on the work of the

Flintshire School

Health Service

in relation to the year

1972



FLINTSHIRE COUNTY COUNCIL



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School Health Service

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FLINTSHIRE COUNTY COUNCIL



REPORT

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Flintshire

School Health Service

1972

County Health Offices,
Shire Hall,
M O L D

To the Chairman and Members of
the Education Committee:

Mr Chairman, Ladies and Gentlemen,

In my last report I outlined the re-modelled School Health Service which was introduced in 1971 and further developed in 1972. We have now abandoned routine medical examination of pupils in the School Health Service and concentrate on selective examinations and the follow-up of children who need the help and support of the medical, nursing and other staff that the service provides.

In September, 1972, we also introduced as part of the re-modelled service full-time School Nursing Sisters to cover all schools in the county, a total of 14 full-time sisters were employed and five part-time. We had discussions about duties and all aspects of their work with the Director of Education and the Head Teachers of all the comprehensive schools. The new staff were given an induction course and settled down in their new posts very well and their work was very much appreciated by all the staffs in the schools.

Towards the end of the year, the Department of Health and Social Security made it clear that the School Health Service would form part of the re-organised National Health Service in 1974. This helped to clear the uncertainty surrounding the future of the service and work has already started to integrate the new School Health Service into the unified health service of 1974.

It will be noted that the school population increased again in 1972 from 33, 954 in 1971 to 35,508. We would not have been able to meet extra demands on the school health service for this increased child populations had we not introduced the 'selective' method of examination and follow-up

During the year we were short of medical and dental staff in the service and it is unlikely that we will be able to recruit additional staff in these fields until the pattern of the reorganised service is much clearer later in 1973 or early 1974. It is obvious that medical and dental staff will only be attracted into the new service if there are good career prospects

As mentioned before, district sisters and health visitors are now attached to general practitioners throughout the county to form 'primary' care teams. In this way a great deal of the routine treatment carried out previously in school clinics is now undertaken in general practitioner surgeries by members of the primary care team. Some of the work is also done by school sisters at school or at local authority clinics. The need for separate school treatment clinics is gradually disappearing and the new arrangements are working very well and are much more flexible and meet present day needs.

During the year a great deal of attention was given to the needs of handicapped children and the Education Committee is very sympathetic to the special educational needs of these children. Most of these children with various kinds of handicap can now receive the special educational treatment they need in classes or schools specially provided for their needs and with teachers who have had special training in this work.

Full details of the many aspects of the School Health Service are given in the report. It is uncertain what form of report on school health will be available after 1974 as the service available to the Education Committee of Clwyd County Council will be provided by the Area Health Authority. This is the last report on the School Health Service in Flintshire as in 1974 there will be no Principal School Medical Officer post as such, and medical facilities for the Education Committee will be provided by the Area Health Authority. I have seen many changes in the school health service in the county during the past 19 years and I consider it a great privilege and honour to have served the Education Committee as their Principal School Medical Officer during this period.

I would again like to thank consultants and all general practitioners in the county for their co-operation and help during the past year.

The thanks of all the staff of the service go to Mr John Howard Davies, the Director of Education, H.M. Inspectors of Schools, Head Teachers and Teaching Staff.

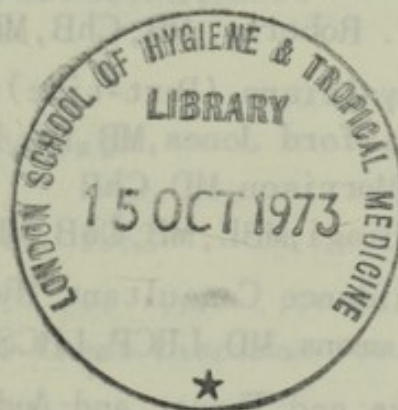
I would also like to pay tribute to all the staff of the School Health Service for their work during the year and, in particular, Dr L.L. Munro, Senior Medical Officer in charge of the service for her outstanding work in this field and her part in the compiling of this report.

The clerical staff of the department have again given excellent service during a difficult period of rapid change. I wish to thank especially Mr T.D. Jones as Section Head during the year and for collating the statistics for this report.

I am, Mr Chairman,
Ladies and Gentlemen,
Your obedient Servant,

G.W. ROBERTS,

PRINCIPAL SCHOOL MEDICAL OFFICER



ADMINISTRATION

A - DEPARTMENTAL OFFICERS

Principal School Medical Officer

(also County Medical Officer of Health):

Griffith Wyn Roberts, MB, BCh, BAO, FFCM, DPH

(County Health Offices, Shire Hall, Mold, Tel. Mold 2121)

Deputy County Medical Officer:

Kenneth Steven Deas, MB, ChB, MFCM, DPH

Senior Assistant Medical Officer:

Lillie Lund Munro, MB, ChB, MFCM, DPH

Assistant Medical Officers (full-time):

W. Manwell, MB, BCh, BAO, DTM, DPH, CM

John Gordon Williams, MRCS, LRCP

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

Dr J.D. McCarter, MB, BCh, BAO

Dr R.M. Pickles, MRCS, LRCP

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, MFCM, 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)

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

A.O. Hewitt, LDS

H.F. Lewis, LDS, RCS

Dental Officers (Part-time sessional):

B.J. Nuttall, BDS (left 30.6.72)

K.G. Jarrett, LDS, RCS (since 1.11.72)

Orthodontic Consultant (Part-time - sessional):

J. Hopper, LDSO (Orth)

Dental Anaesthetists (Part-time sessional basis):

Dr G.P. Roberts

Dr H Evans

Dr G.E.S. Robinson

Dr M.E. Lloyd

Dr S.J. Altrey

Mr T. Roberts, LDS

Speech Therapists:

Mrs R.E. Ward, LCST

Director of Nursing Services:

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

Area Nursing Officers:

Mrs I Shepherd, SRN, SCM, QN

Miss H. Lambert, SRN, SCM, QN, HVCert

Number employed as at 31st December, 1972

Senior Health Visitors	...	...	...	...	...	3
Health Visitors and Visitors for Chest Diseases	...	...	...	...	...	32ft 1pt
School Nurses	...	...	...	...	...	14ft 5pt
Dental Surgery Assistants	...	...	...	...	...	10
(3 full-time, 7 part-time)						

Ambulance Officer:

David Hugh Jones, FICAP, AMRSH, RMA(BMA)

Chief Administrative Assistant

George Llewellyn Atkins, ACIS, MInst, PS, MRSH

Senior Administrative Assistant

Edward F. Jones

CHIEF EXECUTIVE OFFICER AND COUNTY CLERK

T.M. HAYDN REES, D.L., SOLICITOR

B - ASSOCIATED OFFICERS

Director of Education.	John Howard Davies, BA
County Architect	R.W. Harvey, ARIBA
County Treasurer	S. Elmitt, OBE, FIMTA, FRVA
Director of Social Services. . .	D.P. Hughes
Physical Education Organisers. .	Leslie Jones
	Miss S.N. Crosbie
School Meals Organiser	R.J. Newby

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
1972 Mid-year Estimate	179,950

Number of Schools -

Nursery	1
Primary: County 68 Voluntary 36 - Total ...	104
Comprehensive	18
Technical College	1
Horticultural Institute	1
Special Schools	4

School Child Population -

On School Registers (1972-73)	35,508
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Financial Circumstances of County -

Estimated Product of a Penny Rate (1972-73)	£81,306
(new penny)	

Number of Flintshire Live Births -

Year 1972	2,911
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Number of Flintshire Deaths -

Infantile	38
General	2,419

Medical Officers -

For County Health and School Medical Services combined 7*

School Dental Surgeons -

Full-time Officers 4½ Part-time Officers 2

School Nurses -

Full-time 14 Part-time 5

Dental Surgery Assistants -

Full-time 3 Part-time 7

* Equivalent of 4 whole-time officers, 2 are also Medical Officers of Health for Grouped County Districts.

½ Includes Principal Dental Officer.

Clinic Establishments (within the County) -

Child Guidance	...	...	...	...	...	...	...	2
Dental (for school children)	...	...	...	...	...	...	...	9
Minor Ailments (for school children)	...	...	...	...	...	...	...	11
Ophthalmic (for school children)	...	...	...	...	...	...	...	4
Ear, Nose and Throat and Audiology	...	...	...	...	...	...	...	3
Orthodontic	...	...	...	...	...	...	...	2
Chest (Welsh Hospital Board)	...	...	...	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	...	...	...	2
Speech Therapy	...	...	...	...	...	...	...	7

E - FLINTSHIRE CLINICS

(Situations, Opening Hours, etc)

SCHOOL CLINICS

Buckley - The Clinic, Padeswood Road, 2nd & 4th Wednesday,
2 to 4.30pm. Doctor attends every opening.

- Caergwrle - The Clinic, Ty Cerrig, Off High Street. Every Tuesday, 1.30 to 2.30pm. Doctor attends 1st Tuesday of month.
- Flint - The Clinic, Borough Grove. 2nd & 4th Tuesday, 9.30am to 12 noon. Doctor attends every opening.
- Holywell - The Clinic, Park Lane. 1st & 3rd Friday, 1.30pm to 4.30pm. Doctor attends every opening.
- Mold - The Clinic, King Street. Every Wednesday, 9.30am to 12 noon. Doctor attends every opening.
- Penley - The Clinic, Bilateral School, 1st & 3rd Thursday, 1.30 to 2.30pm. Doctor attends every opening.
- Prestatyn - Kings Avenue, 1st & 3rd Wednesday, 9.30am to 12 noon. Doctor attends every opening.
- Rhyl - The Clinic, Ffordd Las, Off March Road. Every Monday 9.30am to 12 noon. Doctor attends every opening.
- Saltney - The Clinic, St. David's Terrace. 4th Friday 9.30am to 12 noon. Doctor attends every opening.
- Shotton - The Clinic, Rowley Drive. 2nd & 4th Tuesday 9.30am to 12 noon. Doctor attends every opening.
- St. Asaph - Pen-y-Bont. 2nd & 4th Thursday, 1.30 to 2.30pm. Doctor attends every opening.

During 1972, school clinics continued to function throughout the county, mainly to deal with consultations, further medical examinations, including some adult inspections and follow-up of defects found after screening programmes at schools. Minor Ailments and treatments are relatively few but still need to be catered for as pupils may be referred for an opinion by head teachers, particularly in case of accident or in the event of an infective complaint. The manning of school clinics by school sisters provides a direct link with the local schools so that the opportunity for parental consultations and more detailed children's examinations can be easily arranged by appointment under more favourable surroundings than in school.

From the following list it will be seen that a comprehensive specialist service is available at Local Authority clinics for school children. Excellent coverage is provided by visiting consultants at these. It is a service much appreciated by parents of young children as it relieves them of the anxieties of travelling to and waiting about in busy hospital out-patient departments, which can be a trying experience to both mother and child.

Once again, the Mobile Infant Welfare Unit was utilised also for school purposes during the year. This unit visits several outlying districts, Halkyn, Ewloe, Gwernaffield, Dyserth and Rhuddlan. It is then possible to combine the baby clinic with school work and older children can attend for inspection, immunisations, etc. The availability of the mobile school caravan was also of value in these overcrowded schools, where a medical room could not be made available. During the year the self-drive audiometry van came into use, this has been of service to school sisters and Teachers of the Deaf in their audiometric screening duties at schools.

Below are given specialists services available to children in the county.

ORTHOPAEDIC AFTER-CARE CLINICS

Holywell - Cottage Hospital. 2nd & 4th Wednesday of each calendar month at 2.30pm. Surgeon attends every opening.

OPHTHALMIC

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

Mold - The Clinic, King Street. 2nd & 4th Thursday afternoons in each month.

Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Friday morning.

Shotton - Rowley Drive, 1st & 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 and Tuesday, 10.00am and 2.00pm.

Shotton - Rowley Drive. Every Monday, 10.00am and 2.00pm, and Tuesday and Thursday mornings 10am and 12.30pm.

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

* Contacts are seen on Friday mornings and a Tuberculin test which is read on the following Monday is done. If necessary B.C.G. can then be given.

SPEECH THERAPY

- Buckley - The Clinic, Padeswood Road. 1st 3rd & 5th of each month. Wednesday (afternoons only)

- Holywell - The Clinic, Park Lane. Every Thursday morning.
- Mold - The Clinic, King Street. Every Monday morning and afternoon.
- Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Tuesday (morning and afternoon).
- Shotton - The Clinic, Rowley Drive. 2nd & 4th Wednesday in each month (morning and afternoon).
- Penley - The Clinic, Maelor School. 1st & 3rd Wednesday (morning only) in each month.
- Mancot - The Clinic, Mancot Lane. Every Friday (morning and afternoon).

ADMINISTRATION:

Further efforts were made in 1972 to streamline still further the administration of the School Health Service to fit the new image. Many of the old established procedures were re-checked and simplified, some required adaptation, others more drastic alterations were instituted towards this end. Many medical inspections were dispersed with, till the end of the Summer Term, priority was given to the entrant medicals only and the selective examinations at the ages of 10 and 14 years were phased out.

By Autumn, a group of school nursing sisters had been appointed to primary and secondary schools in the county, they and the medical officers working with them were zoned to groups of schools and regular and informal visits to schools were arranged. From that time on the formal medical examinations for fixed age groups were discontinued. School entrants and other pupils were examined on a selective basis using the parental questionnaire and consultations between school sisters, doctors and the head teachers, special priority for surveillance was given to children with handicaps.

A regular and frequent screening programme was laid down for school sisters which includes inspection for hygiene, hair feet and skin, vision tests, including colour vision checks and hearing tests by pure tone audiometry. Children causing concern in school were invited to attend the school doctor, these pupils with acute conditions requiring treatment were referred for an appointment to their family doctor's surgery.

Head teachers were asked by letter to bring to the notice of the school sister, any children who might be in the following categories: -

1. Those with frequent absences from school
2. Those with poor performance in school
3. Those with behavioural difficulties in school
4. Any child with defective vision or hearing
5. Any other complaint affecting the child's education.

Appointments could then be arranged for the children to be seen on the school doctor's next visit to school.

To ensure that parents of entrants understood the new scheme a leaflet was introduced informing them of the functions of the school health service and giving them an outline of the screening tests and immunisation programmes offered to pupils during their school life. This pamphlet issued by this department for external use, was made available in both Welsh and English editions.

SCHEDULE

Infant and Junior Schools

- | | |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 5 - 6 years | Adiometric hearing test
vision test
Booster injection of Diphtheria
and Tetanus vaccine plus Oral
Poliomyelitis vaccine. |
| 7 - 8 years | Vision test |
| 9 - 10 years | Vision test, with colour vision
test for boys
Audiometric hearing test |

Secondary Schools

- | | |
|----------|-------------------------------------------------------------------|
| 1st year | German Measles (Rubella)
vaccination girls only
Vision test |
| 2nd year | B.C.G. (Tuberculosis) vaccination |
| 3rd year | Vision test |

Every year: Follow up of children with known handicaps and regular hygiene examinations.

It was a parent by the end of the year, that in spite of early difficulties the school sister attachment to schools was working well, the value of having a housed nurse became apparent and her work made closer links between school and health work and the staff involved.

During 1972, the school population increased rapidly again, to the figure of 35,508 children. This posed problems not only to the schools themselves but to the School Health Service also. Two school medical officers found themselves responsible for over 40 schools each, each doctor having some 11,300 children to supervise medically. The new developmental testing clinics undertaken and the introduction of two year medicals for all young children with handicap increased this load still further, although the value of this medical examination was not questioned, its purpose being to advise parents and to be able to forewarn the Education Department of any special educational needs that such children might need in the future.

Year	Year of Birth					Others	Total
	1963	1961	1960	1959	1958-68		
1963	140	3011	112	10	11	8	3032
1961	101	3203	100	13	30	30	3033
1960	100	3401	101	13	2	3	3040
1959	101	3203	105	15	30	3	3050
1958	3	1401	302	03	0	8	1808
1957	140	3011	112	10	11	8	3032
1956	1	13	5	1	34	3	30
1955	100	3401	101	13	2	3	3040
1954	101	3203	105	15	30	3	3050
1953	100	3401	101	13	2	3	3040
1952	101	3203	105	15	30	3	3050
1951	100	3401	101	13	2	3	3040
1950	101	3203	105	15	30	3	3050
1949	100	3401	101	13	2	3	3040
1948	101	3203	105	15	30	3	3050
1947	100	3401	101	13	2	3	3040
1946	101	3203	105	15	30	3	3050
1945	100	3401	101	13	2	3	3040
1944	101	3203	105	15	30	3	3050
1943	100	3401	101	13	2	3	3040
1942	101	3203	105	15	30	3	3050
1941	100	3401	101	13	2	3	3040
1940	101	3203	105	15	30	3	3050
1939	100	3401	101	13	2	3	3040
1938	101	3203	105	15	30	3	3050
1937	100	3401	101	13	2	3	3040
1936	101	3203	105	15	30	3	3050
1935	100	3401	101	13	2	3	3040
1934	101	3203	105	15	30	3	3050
1933	100	3401	101	13	2	3	3040
1932	101	3203	105	15	30	3	3050
1931	100	3401	101	13	2	3	3040
1930	101	3203	105	15	30	3	3050
1929	100	3401	101	13	2	3	3040
1928	101	3203	105	15	30	3	3050
1927	100	3401	101	13	2	3	3040
1926	101	3203	105	15	30	3	3050
1925	100	3401	101	13	2	3	3040
1924	101	3203	105	15	30	3	3050
1923	100	3401	101	13	2	3	3040
1922	101	3203	105	15	30	3	3050
1921	100	3401	101	13	2	3	3040
1920	101	3203	105	15	30	3	3050
1919	100	3401	101	13	2	3	3040
1918	101	3203	105	15	30	3	3050
1917	100	3401	101	13	2	3	3040
1916	101	3203	105	15	30	3	3050
1915	100	3401	101	13	2	3	3040
1914	101	3203	105	15	30	3	3050
1913	100	3401	101	13	2	3	3040
1912	101	3203	105	15	30	3	3050
1911	100	3401	101	13	2	3	3040
1910	101	3203	105	15	30	3	3050
1909	100	3401	101	13	2	3	3040
1908	101	3203	105	15	30	3	3050
1907	100	3401	101	13	2	3	3040
1906	101	3203	105	15	30	3	3050
1905	100	3401	101	13	2	3	3040
1904	101	3203	105	15	30	3	3050
1903	100	3401	101	13	2	3	3040
1902	101	3203	105	15	30	3	3050
1901	100	3401	101	13	2	3	3040
1900	101	3203	105	15	30	3	3050

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1972

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

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple (Diphtheria, Tetanus, Pertussis, Polio)	-	-	-	-	-	-	-
2. Triple (Diphtheria, Tetanus, Pertussis)	190	2491	181	23	5	-	2890
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	1	12	9	49	24	3	98
5. Diphtheria	-	-	2	-	-	-	2
6. Pertussis (Whooping Cough)	-	-	-	-	-	-	-
7. Tetanus	-	-	-	1	-	33	34
8. Salk (Poliomyelitis)	-	-	-	-	-	-	-
9. Sabin (Poliomyelitis)	149	2611	175	79	11	8	3033
10. Measles	2	1421	395	63	9	8	1808
11. Rubella	-	-	-	-	-	2298	2298
12. Lines 1+2+3+4+5 (Diphtheria)	191	2503	192	72	29	3	2990
13. Lines 1+2+3+6 (Whooping Cough)	190	2491	181	23	5	-	2890
14. Lines 1+2+4+7 (Tetanus)	191	2503	190	73	29	36	3022
15. Lines 1+8+9 (Polio)	149	2611	175	79	11	8	3033

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1972

Part 2 - Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple (Diphtheria, Tetanus, Pertussis, Polio)	-	-	-	-	-	-	.
2. Triple (Diphtheria, Tetanus, Pertussis)	-	5	12	53	63	5	138
3. Diphtheria/Pertussis	-	-	-	1	-	-	1
4. Diphtheria/Tetanus	-	-	26	1505	413	6	1950
5. Diphtheria	-	-	-	2	-	1	3
6. Pertussis (Whooping Cough)	-	-	-	-	-	-	-
7. Tetanus	-	-	-	12	20	45	77
8. Salk (Poliomyelitis)	-	-	-	-	-	-	-
9. Sabin (Poliomyelitis)	1	9	32	1561	189	122	1914
10. Lines 1+2+3+4+5 (Diphtheria)	-	5	38	1561	476	12	2092
11. Lines 1+2+3+6 (Whooping Cough)	-	5	12	54	63	5	139
12. Lines 1+2+4+7 (Tetanus)	-	5	38	1570	496	56	2165
13. Lines 1+8+9 (Polio)	-	9	32	1561	189	122	1914

B.C.G. VACCINATION OF SCHOOL CHILDREN 1972

School	No. in age Group eligible	No. of Acceptances	No. skin tested	No. of Natural Positives	No. found negative	No. given B.C.G.
Maelor Bilateral School, Penley . . .	149	140	121	9	106	103
Rhyl High School . . .	95	92	78	14	64	48
Rhyl Junior High School	232	221	203	21	176	169
Prestatyn High School	234	221	204	33	170	150
St. Asaph Ysgol Uwchradd Glan Clwyd	167	164	119	15	98	74
Mold Alun School	222	210	197	8	186	184
Hope Castell Alun High School	175	158	147	9	134	131
Edward Jones R.C. High School, Rhyl . .	94	88	84	7	76	73
Saltney St. David's High School	159	153	130	6	120	119
Hawarden High School .	225	219	213	14	188	188
Richard Gwyn High School, Flint . . .	139	137	107	12	82	77
Holwell High School .	200	193	188	37	147	133
Rhyl Ysgol Glan Morfa	6	6	5	0	5	5
TOTALS for 1972:	2097	2002	1796	185	1552	1454

Percentage Positive Rate 1971 = 9.58%

Percentage Positive Rate 1972 = 10.30%

PREVENTION OF TUBERCULOSIS - (see table)

1454 pupils were protected by B.C.G.

2097 pupils were Heaf tested

185 pupils had a naturally positive Heaf test

= Positive rate of 10.30%

Routine chest x-rays on all naturally positive reactors were dispersed with during the year. However, 21 pupils were referred to the chest clinics for medical examination, x-rays and surveillance. The co-operation given by the Consultant Chest Physicians during the year has been much appreciated and the services of the health visitors for chest diseases for Heaf testing at schools has been of great value.

At the invitation of their school doctor, skin testing and B.C.G. Vaccination was offered to 86 girls at an independent Boarding School in the county during the year.

45 Pupils proceeding on an Educational cruise were given protection with oral poliomyelitis vaccine also.

INFECTIOUS DISEASES:

During 1972 there was an overall decrease in infectious diseases, most schools remaining clear from major epidemics. There was a sharp decrease in the number of cases of dysentery 24 (177 in 1971).

28 cases of Scarlet Fever and four of whooping cough were notified.

During the months February to July with the peak in May, 721 cases of measles occurred in the county, the majority in pre-school and young children. No doubt this outbreak would have reached very much larger proportions but for the fact that so many young children had been immunised against the disease. Since 1970 6852 had been so protected in the county.

TUBERCULOSIS:

2 Children under 16 years of age contracted respiratory tuberculosis (3 in 1971) but no cases of non-respiratory tuberculosis were found in children in 1972.

PREVENTION OF INFECTION AND IMMUNISATION:

Figures given on Page 16, 17 and 18 give details of all immunisations undertaken on children in 1972:-

2890 children under 16 years of age completed primary courses of Diphtheria Tetanus and Whooping Cough

3033 - - - - completed primary courses of Oral Poliomyelitis vaccine

1950 - - - - had reinforcing doses of Diphtheria/Tetanus

1914 - - - - had reinforcing doses of Poliomyelitis Vaccine

1808 children received protection against Measles in 1972

1883 girls of 11 years and over were given Rubella Vaccination

HANDICAPPED PUPILS:

The aim of the new School Health Policy is to devote considerably more time to the care and placement of children with defects and severe handicaps and to provide an advisory service for both parents and the education department on handicaps.

Under the Handicapped Pupils and Special School Regulations 1959 there are 10 major groups of handicap.

Pupils registered in handicaps are as follows:-

Blind - 12

Partially sighted - 20

Deaf - 7

Partially hearing - 60 (including impaired hearing)

Slow learners - educationally subnormal - 258

Subnormals - 88

Epileptics - 23

Maladjusted - 27

Physically handicapped - 165

Speech Defective - 0

Delicate - 87

Total - 747

During 1972, 62 children were ascertained and 58 newly placed into special schools as follows:-

Partially hearing - 1

Physically handicapped - 4

Maladjusted - 2

Slow learners - 37

Subnormals with secondary speech defects - 14

The total number of Flintshire pupils in special schools in 1972 - 372

Blind and partially-sighted - 17

Deaf and partially hearing - 15

Delicate and physically handicapped - 47

Epileptic - 4

Slow learners and maladjusted - 210

Subnormals with secondary speech defect - 79

a total of 372 pupils.

During the year, 56 babies were born with congenital handicaps and were so registered.

Much of the follow-up and placement of handicapped children in schools is carried out on a team basis, regular informal discussions are held between the Education and Health departments and contact is also kept with the consultants in charge of treatment of these children. Much help has been received from the Adviser for Special Education, Mr E.V. Jones and his staff, from the Educational Psychologist and the Teachers of the Deaf, in dealing with these groups of children.

In 1972, greatly improved educational facilities developed within the county for school children with defects.

In April, a special unit for 8 multiply-handicapped pupils was opened at Ysgol Maes Edwin Flint Mountain C.P. a teacher and assistant being in charge, and daily transport for children was provided.

In September, a unit for young partially hearing pupils was opened at Ysgol Llywelyn C.P. Rhyl, with three children attending full-time and four children attending part-time. Miss Beard, teacher of the deaf, in charge was supplied with special equipment which has been invaluable.

Plans are now in hand for the formation of a similar unit for older children of 11+ years at Rhyl High School, Glyndwr buildings, 7 children have already been allocated places to attend when the unit is opened.

For slow learners, who constitute a large number of the handicapped groups, a special class was opened at Penley V.P. Maelor School to serve the Maelor areas. Ysgol Glan Morfa Special School in Rhyl continues to take children from the western area of the county as day pupils. Similar provisions are being made with the building of a special school in the Eastern area (Buckley to open in 1973).

By arrangement with Denbighshire County Council, some Flintshire pupils were placed at the special school, Ysgol Y Dyffryn, where residential facilities are available, if required.

Arrangements were made for 6 spastic and severely physically handicapped children to attend the Blaen Spastic Unit, Chester, on a part-time basis. These are children who are under the care of Dr McMullin, the Consultant Paediatrician at Chester Royal Infirmary. Transport is provided so that they can attend for special provision physiotherapy and remedial exercises which are available. There are 5 pupils who attend the Spastic/Spinal Unit at the Maelor General Hospital, Wrexham, daily transport with escort being provided. These are predominantly spina bifida or severe spastic children who receive their pre-school training prior to admission to the physically handicapped school at Llandudno, Ysgol Gogarth. 23 Flintshire children now attend this latter school as weekly boarders, here again transport is provided by the Education Department so that the children can be home regularly for weekends.

Subnormal children have special facilities provided for them at the Queensferry unit, Glanrafon, where an adult centre is attached and at Tirionfa Special School, Rhuddlan, also on a day basis. Each school has its own special care unit for

children with the severest degree of handicap, excellent work is carried out in both schools and all children attending benefit greatly from attendance.

12 Flintshire pupils attend the Dee Banks, Chester, unit as day pupils and some 5 children who pose special problems usually of a social nature as well as these severe handicaps itself, attend Broughton Hospital School on a day basis.

The survival rate of many very severely handicapped children to school age now calls very much for the provision of day units within the county itself. Future trends seem to point to these units developing as special provisions within ordinary schools within reasonable travelling distance of main towns, rather than residential establishments far from home.

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)
1968 and later	410	409	99.75	1	0.24
1967	1362	1361	99.92	1	0.09
1966	709	707	99.71	2	0.28
1965	116	116	100.00	-	-
1964	41	41	100.00	-	-
1963	30	30	100.00	-	-
1962	30	30	100.00	-	-
1961	11	11	100.00	-	-
1960	15	15	100.00	-	-
1959	6	6	100.00	-	-
1958	9	9	100.00	-	-
1957 and earlier	5	5	100.00	-	-
	2744	2740	99.85	4	0.14

TABLE 2

PUPILS FOUND TO REQUIRE TREATMENT

Individual pupils found at School 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)
Entrants	25	124	424	23.92
Leavers	-	-	3	60.00
Other Age Groups	12	82	244	25.22
Total (Prescribed Group) 37		206	671	26.72

	1969	1970	1971	1972
Entrants	12.71%	23.16%	26.24%	23.92%
Leavers	17.06%	55.05%	2.94%	60.00%
All Ages	14.80%	23.54%	24.55%	26.72%

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 (excl. squint)	For any of the other conditions in Table 5	Total Individual pupils
(1)	(2)	(3)	(4)
1968 and later	12	43	99
1967	13	81	325
1966	10	78	177
1965	-	2	28
1964	1	1	14
1963	1	1	8
1962	-	-	5
1961	-	-	1
1960	-	-	5
1959	-	-	2
1958	-	-	4
1957 and earlier	-	-	3
T O T A L	37	206	671

TABLE 4

OTHER INSPECTIONS

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	4338
Number of Re-inspections	1430
	<hr/>
	5768

TABLE 1

During 1972, 2744 Periodic Medical Examinations were carried out, together with 1430 re-inspections and 4,338 special medical examinations, a total of 8,512 in all.

'Reinspections' are follow-up medicals of children already seen at periodic examinations.

'Special' medicals are those carried out, outside the periodic age groups, for whom there is a special reason for an intermediate inspection.

From Table 1, it will be seen that only 4 from 2744 pupils were classified as unsatisfactory. These are usually mal-nourished children. The problem of over-nutrition has not been quite so evident during the year, 29 obese children were requiring treatment (44 in 1971).

From Table 11 and 111, it will be noted that fewer entrants and more all age groups required treatment. 60% of leavers appear to be a high figure but this represents 3 out of five pupils examined.

Table IV gives details of the numbers of 'specials' and reinspections of pupils undertaken during the year.

TABLE 5 AND 6

These tables taken from F.10Ms used at school medicals, give the particular defects or disorders found in children on periodic examinations, whether these require treatment or merely follow-up.

707 children examined required treatment for defects.

887 needed to be reseen for follow-up.

It will be seen from these tables that the largest group requiring treatment were the Ear, Nose and Throat conditions, including hearing defects, followed in order by Orthopaedic defects, Visual defects, including squints, and fourthly psychological defects.

TABLE 6

Analyses defects in children seen at 'specials'.

2279 required treatment.

2059 required observation.

Here, again, Ear, Nose and Throat and hearing conditions predominate followed secondly by eye defects, thirdly orthopaedic defects and lastly psychological disorders.

TABLE 8

There was only a slight decrease in the number of infested children during the year. 1706 from 34,345 pupils examined, a proportion of 4.97% against 5.36% last year. Newer more effective means of controlling head lice are now available and increased vigilance by school sisters is helping to combat this condition but the final responsibility rests with the parents and if they do their bit can this scourge be cleared completely.

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)						Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	58	-	-	58	183
		O	33	-	2	35	152
5	Eyes - a. Vision	T	40	-	2	42	381
		O	81	-	4	85	502
		T	27	-	1	28	109
		O	33	-	2	35	51
		T	18	-	-	18	32
		O	7	-	-	7	23
6	Ears - a. Hearing	T	39	-	1	40	304
		O	99	-	3	102	382
		T	13	-	-	13	69
		O	64	-	1	65	70
		T	69	-	3	72	110
		O	23	-	-	23	25
7	Nose and Throat	T	62	-	-	62	121
		O	57	-	1	58	94
8	Speech	T	84	-	-	84	120
		O	50	-	-	50	91
9	Lymphatic Glands	T	17	-	-	17	32
		O	84	-	1	85	32
10	Heart	T	11	-	-	11	37
		O	27	-	-	27	89
11	Lungs	T	40	-	1	41	70
		O	40	-	-	40	88
12	Developmental - a. Hernia ...	T	2	-	-	2	10
		O	4	-	1	5	11
		T	22	-	-	22	47
		O	42	-	2	44	65
		T	8	-	1	9	4
		O	1	-	1	2	7
13	Orthopaedic - a. Posture	T	85	-	2	87	36
		O	31	-	-	31	34
		T	19	-	1	20	60
		O	29	-	-	29	38
		T	4	-	1	5	41
		O	11	-	-	11	43
14	Nervous System - a. Epilepsy	T	27	-	-	27	28
		O	25	-	-	25	39
		T	12	-	6	18	138
		O	24	-	16	40	60
		T	9	-	2	11	89
		O	66	-	3	69	49
15	Psychological - a. Development	T	14	-	2	16	80
		O	16	-	-	26	65
16	Abdomen	T	3	-	1	4	178
		O	3	-	-	3	49
17	Other	O	3	-	-	3	49

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	183	152
5	Eyes:-		
	(a) Vision	381	502
	(b) Squint	109	51
	(c) Other	32	23
6	Ears:-		
	(a) Hearing	304	382
	(b) Otitis Media	69	70
	(c) Other	110	25
7	Nose and Throat	121	94
8	Speech	120	91
9	Lymphatic Glands	32	32
10	Heart	37	89
11	Lungs	70	88
12	Developmental:		
	(a) Hernia	10	11
	(b) Other*	76	86
13	Orthopaedic:		
	(a) Posture	4	7
	(b) Feet	36	34
	(c) Other	60	38
14	Nervous System:		
	(a) Epilepsy	41	43
	(b) Other	28	39
15	Psychological:		
	(a) Development	138	60
	(b) Stability	89	49
16	Abdomen	80	65
17	Other	178	49
Note:- * Includes cases of obesity		29	21

TABLE 7

Classification of the physical condition of the pupils inspected in the age groups recorded in Table 1.

Age Group inspected	No. of pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1772	1770	99.26	2	0.12
Leavers	5	5	100.00	-	-
Other Age Groups	967	965	99.79	2	0.26
T O T A L	2744	2740	99.85	4	0.14

Of total 2744 children inspected:-

2740 were satisfactory physically - 99.85%

4 were unsatisfactory - 00.14%

No. of pupils found not to warrant a medical examination - 358

TABLE 8
INFESTATION WITH VERMIN

Number of individual children examined by School Nurses	34,345
Total Number of examinations in the schools by School Nurses or other authorised persons	43,172
Total Number of individual pupils found to be infested	1,706
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
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
1970	1691	4.47
1971	1762	5.36
1972	1706	4.97

ADULT MEDICAL EXAMINATIONS:

Two years ago a medical questionnaire for employees of the Local Authority was introduced, if on completion of this prior to their employment it appears that there are grounds for a full medical examination this is arranged. Routine chest x-rays were not undertaken unless the employee's medical history warranted this, or unless the candidate belonged to one of the priority

groups working with children. Teachers, nurses, student teachers staff of children's homes, etc.

In 1972, 8 teachers, 207 candidates for teacher training colleges and 1 school caretaker, a total of 216 medicals on adults were carried out.

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	-	-
Scabies	16	6
Impetigo	3	4
Verruca	349	34
Other Skin Diseases	26	25
T O T A L	394	69

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	-	28
Errors of Refraction (including squint)	-	1395
T O T A L	-	1423

TABLE 9 (continued)

Number of pupils for whom spectacles were:-

(a) Prescribed	689*
(b) Obtained	689*
T O T A L	689*

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

TABLE 9

DISEASES OF THE SKIN

Skin infections, especially those due to ringworm and impetigo are comparative rarities in school children. Cases of scabies have lately become more apparent in schools, although skin diseases on the whole show a marked decrease - the verruca epidemic of 1971 subsided, thanks to the services of all the nursing staff who undertook regular foot hygiene inspections in school and to Miss Higginson, Health Visitor and Miss Thomas, Chiropidist, who offered treatment at the special clinic at Mold and undertook school visits also.

EYE DISEASES, DEFECTIVE VISION AND SQUINT

This section gives details of the number of cases dealt with in 1972:-

Defects excluding refractive <u>Errors</u> and squint	28
Defects including refractive <u>Errors</u> and squint	1,395
	1,423

689 of these children were prescribed and obtained spectacles under the National Health Service on the Consultant Ophthalmologist's recommendations. This figure tallies closely with 1971 when 691 pupils were so provided.

Earlier referral of children to the Eye Clinics is now the rule. We are indeed fortunate to have the services of Dr E. Lyons, Consultant Ophthalmologist to the Clwyd and Deeside Hospitals, and his colleagues, Dr Kamaluddin to undertake regular

clinics at our clinics at Rhyl and Holywell as well as at H.M. Stanley Hospital, St.Asaph. We are also grateful to Dr Bras, Consultant Ophthalmologist at the Wrexham Maelor General Hospital and Dr Chowdhury, his assistant, for providing services at the Mold and Shotton clinic where they are ably assisted by Mr Saum, Ophthalmic Optician.

Orthoptic treatment is carried out by Miss Linden Jones, the H.M. Stanley Hospital Orthoptist, at both Rhyl and Holywell Clinics. She is also prepared to see young children for us on an informal basis if there is a suggestion of squint present, a very useful service indeed and we hope the forerunner to the establishment of a squint diagnostic clinic in the future.

Children from Flintshire Deeside who attend the Chester Royal Infirmary Eye Clinic have the benefit of similar orthoptic treatment by Mrs Salisbury the hospital orthoptist.

Apart from conservative treatment for squints - 27 children had corrective operations for these in 1972.

7 at Chester Royal Infirmary.

16 at H.M. Stanley Hospital, St.Asaph

4 at Wrexham, Maelor General Hospital

ORTHOPTIC CLINICS FOR SCHOOL CHILDREN

Below are given figures of children attending for treatment in 1972:-

	Chester Royal Infirmary	Holywell Clinic	Rhyl Clinic	St.Asaph Clinic
Number of Flintshire children who attended in the year 1972	369	292	280	187
Number of attendances for the year 1971	1,077	345	343	238

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	-	15
(b) for adenoids and chronic tonsillitis	-	256
(c) for other nose and throat conditions	-	34
Received other forms of treatment	-	40
TOTAL	-	345

TABLE 9 (continued)

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated at clinics	-	170
Pupils treated at school for postural defects	3	-

TABLE 9 (continued)

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Since the establishment of regular screening tests by health visitors and audiometric sweep testing by school sisters and doctors, many more cases of hearing defects associated with ENT conditions have become apparent.

A very satisfactory scheme exists in Flintshire where all such affected children can be referred to Miss Catrin Williams, Consultant ENT Surgeon, at either H.M. Stanley Hospital or Rhyl and Holywell clinics. We thank her for this excellent service and also her colleague Dr Narain and welcome the opportunities afforded to staff of the health department and the teachers of the deaf to consult with her.

Comprehensive services are provided for Deeside children by Mr Kodicek, Consultant ENT Surgion at Chester Royal Infirmary and Mr Barraclough, Consultant ENT Surgeon at the Maelor General Hospital, Wrexham, also.

In the absence of an Audiology clinic within this county at the present time Flintshire is fortunate to be able to made use of the excellent assessment facilities and the expert advice received from Professor Taylor and his colleagues at the Department of Audiology, Manchester, and this not only assists parents of hearing impaired children it also gives guidance to our school teachers and medical staff in whose care they remain.

ORTHOPAEDIC AND PARTIAL DEFECTS

Fewer children received treatment for these at school, and more at the clinic, postural and foot defects being the predominant defects encountered.

Much orthopaedic care goes into the follow up of young pre-school children, either born with handicaps or suffering from infections which occur early in life.

I am grateful to Mr Robert Owen, Consultant Orthopaedic Surgeon and Mr P.H. Corkery and their colleagues from Abergele Hospital and the Robert Jones and Agnes Hunt Orthopaedic Hospital, Gobowen, for the care taken of these children and for the skill and advice which has helped so many of the severely handicapped children in this county and at Ysgol Gogarth, Llandudno.

With consent of the general practitioners, school medical officers are able to refer children with medical defects to Dr McLéan for consultation. Clinics are held at Connahs Quay and Holywell clinics regularly. Reports obtained on these children are of great value to all staff in advising parents and teachers on any limitations to their school activities.

I enclose below statistics pertaining to Flintshire pupils from the report of Dr. E. Simmons, Director of the North Wales Child Guidance Service, and in doing so thank him and all his staff for the work they have undertaken and the reports they have provided on Flintshire children during the year.

NORTH WALES CHILD GUIDANCE CLINICS

Number of Flintshire cases referred during 1972

Name of Referring Agency	Number of Referrals
School Medical Officer	37
General Practitioners	58
Consultant Paediatricians	26
Other Medical Specialists	10
Courts and Probation Officers	5
Social Services Departments	4
Parents	22
School and Education Officers	16
Psychologists	5
Others	-
TOTAL	183

N. W. CHILD GUIDANCE CLINICS - 1972

Children and Parents interviewed at Clinics

Clinic	No. of individual children	Psychiatrist				Psychologist				Flintshire P.S.W.			
		First		Further		First		Further		First		Further	
		C.	P.	C.	P.	C.	P.	C.	P.	C.	P.	C.	P.
Rhyl	81	62	62	249	81	54	-	40	-	92	-	371	-
Shotton	90	76	60	384	110	49	-	5	-	124	-	462	-
Old Colwyn	4	5	8	-	-	3	-	-	-	3	-	-	-
Wrexham	2	2	2	39	13	-	-	-	-	2	-	29	-
TOTALS	177	145	132	672	204	106	-	45	-	221	-	862	-

NUMBER OF VISITS DURING 1972

No. of clinic sessions - Rhyl	-	154	Flintshire Children admitted to Gwynfa
Shotton	-	165	Residential Clinic during the year - 9
Colwyn	-	75	Discharged - 9
Wrexham	-	182	Total admissions from all North Wales Counties - 36

P.S.W. Home Visits & visits to other workers - 477

REPORT OF THE WORK CARRIED OUT IN THE SPEECH THERAPY SERVICE 1972/73

Current Cases	378
Discharges	145
Total Cases	523

ANALYSIS OF CURRENT CASES

Dyslalias - 334

1. Retarded and delayed language development with dyslalia	170
2. Retarded and delayed language with dyslalia and dysarthria	10
3. Dyslalia	111
4. Dysarthria and stutter	8
5. Simple dyslalia	34
6. Atalia	1

Stutter - 42

1. Established	25
2. Potential	13
3. Cluttering	4

Partially Hearing - 1

Elective Mute - 1

It would be appropriate here to mention that a case load of 378 is a high one. The figure of 100 has been suggested as a reasonable load in the recent report from the Committee of Enquiry into the Speech Therapy Services headed by Professor Randolph Quirk.

ANALYSIS OF DISCHARGES:

Speech Normal - 118	118
Speech Improved - 20	

a) Too erratic attendance to benefit further	14
b) Family moved out of county cases transferred	2
c) Family moved and address unknown	3
d) Left School	1
State of speech unknown - 7	
a) No appointment kept after 1st interview	4
b) No appointment kept	3
	<u>145</u>
Total number of attendances	1,525
Total number of schools visited	49
Total number of homes visited	39
School Students Day visit	11
Speech Therapy Students Block visit - 1 week	1
- 2 weeks	1

From 1st January to 31st December 1972, regular Speech Therapy Clinics have been held in Mold, Buckley, Holywell, Shotton, Rhyl and Mancot, with the occasional clinic being held at Broughton.

Attendances have been excellent and there has been evidence of an increasing parental concern over the speech problems of their children.

The great problem of the year has been the maintenance of an overall service in the county.

Priorities for acceptance in the Speech Clinic have been on the following basis: -

- (a) The school language delay.
- (b) Established and potential stutters.
- (c) All language and speech problems interfering with educational attainments.
- (d) Speech handicaps which are affecting the personal relationships of the child within its own contemporary environment.

- (e) Instances in which parental cover is such that the transference of anxiety is affecting the child.

The speech therapist has given two lectures, as part of inservice training course, to the school nursing sisters and the remedial teachers. In addition, talks have been given to interested Young Wives Groups.

Valuable help has been gained continually from school visits and liaison with the head teachers and their staff.

Contact with the school nursing sisters has grown during the last year, and has proved particularly helpful in instances where family and personal problems superimpose on the school life of the child.

A successful one day course was organised at Llwynegryn on the Reynell Language Assessment Scales. Dr Joan Reynell lectured at this course and guests were invited from Denbighshire, Caernarvonshire, Chester and Liverpool. The course was also attended by the Teacher of the Deaf and Psychologists.

The speech therapist would like to thank Dr G.W. Roberts for his support through the year of precipitating change.

RUTH E. WARD

Senior 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	...	...	...	...	...	5875
Subsequent visits	...	...	...	...	...	5195
Total visits	...	...	...	...	...	11070
Additional courses of treatment commenced	...	...	...	...	...	551
Fillings in permanent teeth	...	...	...	...	...	6831
Fillings in deciduous teeth	...	...	...	...	...	1888
Permanent teeth filled	...	...	...	...	...	6066
Deciduous teeth filled	...	...	...	...	...	1760
Permanent teeth extracted	...	...	...	...	...	2321
Deciduous teeth extracted	...	...	...	...	...	5852
General Anaesthetics	...	...	...	...	...	3489
Emergencies	...	...	...	...	...	884
Number of pupils X-Rayed	...	...	...	...	...	109
Prophylaxis	...	...	...	...	...	746
Teeth otherwise conserved	...	...	...	...	...	830
Number of teeth root filled	...	...	...	...	...	11
Inlays	...	...	...	...	...	-
Crowns	...	...	...	...	...	18
Courses of treatment completed	...	...	...	...	...	4702

2. ORTHODONTICS

New cases commenced during the year	...	...	...	...	117
Cases completed during year	...	...	...	...	77
Cases discontinued during year	...	...	...	...	8
No. of removable appliances fitted	...	...	...	...	109
No. of fixed appliances fitted	...	...	...	...	12
Pupils referred to Hospital Consultant	...	...	...	...	5

3. PROSTHETICS

Pupils supplied with F.U. or F.L. (first time)	..	4
Pupils supplied with other dentures (first time)	...	36
Number of dentures supplied	...	51

4. ANAESTHETICS

General Anaesthetics administered by Dental Officers	117
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5. INSPECTIONS

(a) First inspection at school - number of pupils	11090
(b) First inspection at clinic - number of pupils	5726
Number of (a) + (b) found to require treatment	10963
Number of (a) + (b) offered treatment	10334
(c) Pupils re-inspected at school or clinic	470
Number of (c) found to require treatment	364

6. SESSIONS

Sessions devoted to treatment	...	...	...	1622
Sessions devoted to inspection	...	...	...	76

REPORT OF THE WORK OF THE SCHOOL DENTAL SERVICE

It is with regret that once again I open my report to record the death of one of our dental officers, Mr Trevor Roberts, who was one of our anaesthetists since 1965, died in June after a short illness. During the six years he had been a member of the staff he gave extremely loyal service. He was outstanding at his work and was popular both with his patients and colleagues and his loss will be felt for a considerable time.

Mrs F. Quinn, who was appointed last November, retired in April and Mr B.J. Nuttall, who entered private practice finally left the County Service in March. We have, however, been fortunate in obtaining the service of Mr K.G. Jarrett on a part-time basis and he is at present working in the Flint Clinic. The number of dental officers employed by the County has, on the whole, remained surprisingly constant although always very inadequate for a County whose population has constantly and consistently increased year by year. Unfortunately, this pattern is not only in Flintshire and many more dentists are required throughout the Country. The ratio in Britain is one dentist to 4,400, compares very unfavourably with the rest of the Common Market countries. In Germany, it is one dentist to 1955 and in Denmark one dentist to 1345. The only way to improve dental health together with more dentists is fluoridation. The only satisfactory method of strengthening to resistance to dental decay is the incorporation of fluoride in the surface layers of the enamel of teeth. This can most effectively be achieved by the fluoridation of drinking water at the moment a little over 3,000,000 people in Britain have the benefit of treated drinking water and it is gratifying to know that in the near future a start is to be made in Flintshire with fluoridation by the treatment of the Prestatyn Water Supply.

During the year a limited amount of dental health education has been carried out, and we are grateful to the Health Visitors and School Sisters who have endeavoured to stimulate interest in dental health. Many counties have now appointed full-time dental health organisers and I am quite sure that these appointments have done a great deal to stimulate interest in dental health and eventually reduce the amount of treatment required.

The hope of the future is to encourage potential parents,

particularly mothers, to adopt a high standard of dental hygiene to pass on to their children.

Finally, I should like to thank the Head Teachers for their co-operation at all times and the dental staff for their support during the year.

A. FIELDING

Principal School Dental Officer

SCHOOL PREMISES

I have pleasure in enclosing a precis of the report submitted by Mr H.E. Roberts, County Public Health Officer, on the sanitary state of schools canteens and kitchens.

The joint approach to these problems he has encountered has been a particularly valuable one and led to several improvements being carried out on school premises. Visiting School Medical Officers also continue to maintain their interest in this sphere and also carry out sanitary inspections at school, any defects found are then notified to the School Health Service Officer for action.

FOOD HYGIENE - SCHOOL CANTEEN KITCHENS

When I came here in September, 1971, there were several alleged infringements of Food Hygiene Regulations in the School Canteens/Kitchens. The general situation was climaxed and epitomised in the condition of the canteen/kitchen serving Custom House School, Connahs Quay. At the end of the Christmas term, 1971, principally because of the lack of insufficient spare heating causing excessive condensation, there was a very serious definite health hazard to pupils using the school canteen.

Undoubtedly Custom House School Canteen was the worst but there were other canteen/kitchens where conditions in blatant non-compliance with Food Hygiene Regulations existed. At that time I had series of discussions with the Schools Catering Officer on the problem of hygiene in School Kitchens and it was mutually agreed to abandon the then programme of renewal/repair etc. and to make virtually a fresh start. To implement this new approach each Chief Public Health Inspector of each District Council was in turn approached and (after an appreciable amount of pre-organisation) an inspection of each school Canteen/Kitchen was made. The Inspection Team consists of Mr R.J. Newby, the Schools Catering Officer, the Chief Public Health Inspector (or his representative) of the District Council, the Head Teacher of the School concerned, the Divisional Clerk of Works of the Architects Dept. and myself. A specification of necessary repairs, renewals, alterations etc. was drawn up for each premises visited and agreed by all parties concerned in the

inspection. During the ensuing year the School Canteen/Kitchen in St. Asaph Rural, Rhyl, Prestatyn, Mold Hawarden, Flint and Connahs Quay have been inspected and work put in hand to secure compliance with relevant regulations (At the time of writing this report most of this work is complete) and the programme of inspection for the current year is progressing satisfactorily concentrating at the moment on schools in Holywell Rural area. The results of this enterprise have been many and to a large extent beneficial.

A direct link exists between the enforcing authority and the County Council and there is uniformity of administration throughout the County and most important of all, the standard of hygiene in School/Canteen/Kitchens has improved and is continuing to improve.

Regular inspections of school canteens are made by the District Public Health Inspectors but it is now very rarely indeed that they have any adverse comment to make.

H.E. ROBERTS

County Public Health Officer

SCHOOL MEALS

I have pleasure in enclosing a report by Mr R.J. Newby, County School Meals Organiser.

The total number of meals provided in schools during 1973 was 3,580,257, and of this total:

513,925 were provided as 'Free Meals' to children and 34,245 were provided for the Meals-on-Wheels Service.

The experiment in using 'convenience' foods with fresh focus (which required little or no preparation) was continued at Prestatyn High School and in the main they continued to be popular.

The experiment at Ysgol Uwchradd Glan Clwyd where outside Caterers produced the meals continued throughout the year and proved to be extremely popular - over 90% of the pupils taking school meals. This method will be used in other Comprehensive Schools in the future.

The Survey of School Canteens with the Health Inspectors of the County was, by numbers, approximately 50% completed. However, of those seen, many were the older and larger buildings and it is apparent that conditions are improving. Condensation continues to be most troublesome in many School Canteens.

By the end of the year authority had been given to Head Teachers in respect of 93 pupils who were to receive free milk at school on medical grounds.

As the Contractor who supplied the homogenized pasteurised milk in bulk withdrew the tender other arrangements, from 1st August, 1972, had to be made. All schools now receive their $\frac{1}{3}$ pints in either bottles or cartons with straws.

R. J. NEWBY

School Meals Organiser

HEALTH EDUCATION

During the year guide lines have been laid down for detailed Health Education Schemes in schools. Health visitors who have attended special courses on teaching procedures and health education methods have been able to contribute a great deal to the overall plan. They have also given valuable assistance to the new school sisters in this field. Health Education will take its place as a natural component in the school education syllabus - future. School sisters have an important role to play in schools, not only in the everyday medical care of school children but also as advisers on all health education matters affecting the general well being of all pupils.

On the invitation of the Headmasters of some of the Secondary Schools, several Courses in health subjects were held in 1972.

The Courses were designed to meet the needs of varying groups of pupils, First Aid and Parentcraft, Self Care and the Prevention of Accidents being enjoyed by both girls and boys.

In some areas, a short talk on personal hygiene and self care was given to pupils entering Secondary Schools for the first time.

For the fifth and sixth form students special courses on 'Preparation for living away from home' were given. These often took the form of discussions and enabled students to ask questions and make their own contribution. They were designed to interpret the World Health Organisations' view that 'health is a complete state of mental, physical and social well being,' and included talks on the work of the Health Service, Personal Relationships, Communicable Diseases, the Social Pressures of life today, and the value of sensible diet, exercise and rest.

In some of the primary schools, brief simple talks on health and hygiene were given and such subjects as teeth cleaning, hand washing and accident prevention were included.

Individual health education was carried out whenever a pupil sought the advice of the Health Visitor or School Nursing Sister.

CONCLUSION

In conclusion, I wish to express my gratitude to all members of the Health Department, to all School Medical Officers, the Director of Nursing Services and all her staff, for their co-operation and help during the year, and particularly to Mr Trevor Jones, Administrative Officer-in-Charge and the School Health Staff for the excellent service that has marked the year 1972.

The Department of Health and Human Services, in its effort to improve the health of the Nation, has established a series of programs and services. One of these programs is the National Health Survey, which is designed to provide information on the health status of the Nation's population. The survey is conducted by the National Center for Health Statistics, which is part of the Department of Health and Human Services. The survey is conducted in a number of ways, including through the use of questionnaires, interviews, and physical examinations. The results of the survey are used to develop health policies and programs, and to monitor the health status of the Nation's population.

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