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Contributors

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ANNUAL REPORT

of the

Principal

School Medical Officer

for the

Year 1971

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COUNTY OF PEMBROKE

PEMBROKESHIRE EDUCATION COMMITTEE

To the Chairman and Members of the Education Committee

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the work of the School Health Service during 1971. Details of the intended changes in the service following the expected reorganisation of the National Health Service in 1974 are not yet available but the trend is likely to be towards a more comprehensive and integrated child and adolescent health service.

During the year, the general health of the majority of school children remained good but a minority continued to present various health and related educational problems.

In May, 1971, Professor O.P. Gray of the Department of Child Health, Welsh National School of Medicine, visited Pembrokeshire. I was pleased to accept an invitation to discuss the local child health services with him. Though he was particularly concerned with the development of the local consultant and hospital paediatric facilities, he was also interested in their future closer integration with the community child and school health services.

Progress was made during the year in dealing with a number of important problems: a trial scheme was initiated to evaluate the programme of more detailed medical examinations of school entrants; the services for children with hearing defects were augmented by the appointment of a peripatetic teacher of the deaf and improved hearing screening arrangements; the local co-operation between the hospital paediatric service and the school and pre-school child health services continued to improve; the provision of special educational treatment for certain school entrants who had been under observation at the child development clinics was facilitated by the liaison with the educational psychologists; one of the school medical officers was able to undertake a limited survey of the nutrition of local

school children; and further attention was given in the health education programme for the senior pupils of secondary and grammar schools to the continued serious problems of drug abuse, the health hazards of smoking, and personal relationships.

In November, the Health Education Council's mobile unit visited most of the secondary schools in the County and special instruction on food hygiene was given to senior pupils and a considerable number of the personnel of the School Meals Service.

I am grateful to the members of the Education Committee for their support and interest in the service. My thanks are also due to the Director of Education and his staff, the teaching staff of the schools, and to the staff of the County Health department.

Dr. D.F.J. Malins, the deputy principal school medical officer, has been responsible for the detailed preparation of this report. Mr. D.G. James, the principal school dental officer, Dr. Evan W. Davies, the consultant child psychiatrist, and Mr. T.C.H. Thomas, the educational psychologist, have kindly contributed sections. Mr. H.R. Narbett, the senior clerk of the School Health Service, has been responsible for the preparation of the detailed statistics. During 1971, Dr. C.B.E. James, who had undertaken the important pioneer development of the school psychological services in the three counties of south-west Wales and had been a regular contributor to previous annual reports, discontinued his routine duties in this county but his services as a consultant are still available.

I am,

Ladies and Gentlemen,

Your obedient Servant,

D. J. DAVIES

Principal School Medical Officer

18 August 1972

GENERAL INFORMATION

STAFF OF THE SCHOOL HEALTH SERVICE, 1971

Principal School Medical Officer
(who is also County Medical Officer of Health):
D.J. DAVIES, MBE, BSc, MD, BS, DPH.

Deputy Principal School Medical Officer
(who is also Deputy County Medical Officer of Health):
D.F.J. MALINS, MB, ChB, DPH.

School Medical Officers
(who are also Medical Officers in Department):
F.J. HARRISON, MB, BCh, BAO.
J.F. REES, BSc, MB, BCh.
C.M.E. REES, MA, MB, BCh, MRCS, LRCP. (Part-time)

District Medical Officers for Western and Eastern
Districts Acting as Part-time School Medical Officers:
W.J.Y. SPEDDY, MB, BCh, LRCP & S, LRFP & S, DPH.
M. LAWLOR, MB, BCh, BAO, LM, DPH, DCH.

Consultant Child Psychiatrist
(Welsh Hospital Board Appointment):
Evan W. DAVIES, MB, BCh, MRCP, DPM.

Educational Psychologists:
C.B.E. JAMES, BA, MEd, PhD, FBPSS. (Consultant)
T.C.H. THOMAS, BSc, Dip.Ed, Dip.Ed.Psych.

Principal School Dental Officer:
D.G. JAMES, LDS, RCS. (Eng.)

GENERAL INFORMATION - continued

School Dental Officers:

Mrs P. JENKINS, BDS.
R.R. LEWIS, LDS,RCS.(Eng.)
A.D. HANSON, BDS.(Part-time)

Chief School Nurse:

Miss J.M. YOUNG, SRN,SCM,QNCert,HVCert.

Group Advisers/Health Visitors(Nursing Officers):

Miss M.D. GRIFFITHS, SRN,SCM,HVCert.
Miss L.B. WILLIAMS, SRN,SCM,QNCert,HVCert.

County Orthopaedic Sister:

Mrs C. GRIFFITHS, MCSP.

School Nurses (who are also Health Visitors):

Miss M. AYRES, SRN,SCM,HVCert.
Miss D. BROWN, SRN,SCM,HVCert.
Miss R.S. DAVIES, SRN,SCM,HVCert.
Mrs M. EDWARDS, SRN,SCM,HVCert.
Miss P. EDWARDS, SRN,SCM,HVCert.
Miss A.M.E. JENKINS, SRN,SCM,QNCert,HVCert.
Mrs G. TOWEY, SRN,SCM,HVCert.
and twenty-one District Nurses

Speech Therapists:

Miss A.F. MISKIN, LCST,Dip.Aud.(Resigned 29.1.71)
Miss M. LLOYD-DAVIES, LCST.(Commenced 19.7.71)
Miss M. THOMPSON (Part-time)

Peripatetic Teacher of the Deaf:

Mrs B.J. BATEMAN (Commenced 1.9.71)

GENERAL INFORMATION - continued

Chief Clerk:
D.J. PRITCHARD, DMA.

Senior Clerk of the School Health Service Section
and Audiometrician:
H.R. NARBETT

Headquarters:
County Health Department,
Merlins Hill,
Haverfordwest.

Area of County (in acres)	393,007
Average number of County Primary School pupils on roll	11,301
Average number of Secondary and Grammar School pupils on roll	7,882
Number of School Departments (Primary)	104
Number of Secondary and Grammar Schools	12

1. SCHOOL CLINICS

Name and Address of Clinic	Type of Clinic	Frequency of Sessions (December, 1971)
HAVERFORDWEST: Health Department, Merlins Hill	Minor Ailments	As required
	Orthopaedic	1 session weekly
	Special School Clinics	As required
	Dental	6 sessions weekly
	Speech Therapy	3 sessions weekly
	Child Guidance	5 sessions weekly
	Consultant Orthopaedic	1 session monthly at Withybush Hospital, Haverfordwest
MILFORD HAVEN: The Clinic, North Road	Minor Ailments	As required
	Orthopaedic	1 session weekly
	Special School Clinics	Occasional sessions
	Dental	4 sessions weekly
	Speech Therapy	1 session weekly
HAKIN: The Clinic, Observatory Avenue	Minor Ailments	As required
	Special School Clinics	As required
	Orthopaedic	1 session monthly
	Speech Therapy	2 sessions weekly
PEMBROKE DOCK: The Clinic, Park Street	Orthopaedic	1 session weekly
	Special School Clinics	Occasional sessions
	Dental	3 sessions weekly
	Speech Therapy	1 session weekly
	Consultant Orthopaedic	1 session monthly
	Child Guidance	4 sessions monthly

Name and Address of Clinic	Type of Clinic	Frequency of Sessions (December, 1971)
TENBY: The Clinic, Warren Street	Orthopaedic Dental Special School Clinics Consultant Orthopaedic Child Guidance Speech Therapy	1 session weekly 4 sessions weekly As required As required 2 sessions monthly 1 session weekly
NARBERTH: The Health Centre, Eastgate House	Orthopaedic Dental Speech Therapy	1 session monthly 2 sessions weekly 1 session weekly
NEYLAND: The Health Centre, Charles Street	Special School Clinics Orthopaedic	As required 1 session monthly
FISHGUARD: Town Hall	Special School Clinics Dental Orthopaedic Speech Therapy	As required 4 sessions weekly 2 sessions monthly 2 sessions weekly
ST. DAVIDS: Red Cross Centre	Special School Clinics Orthopaedic	As required 1 session monthly
TWO MOBILE DENTAL UNITS	Dental clinics in Rural Schools	

Preliminary audiology clinics are held as required at various clinics and certain schools. Speech therapy clinics were also held during 1971 at a number of schools, including Albion Square C.P., Sageston C.P., Saundersfoot C.P., Tenby C.P. Infants, Pentlepoir C.P., Solva C.P., St. Davids Vol., St. Davids County Secondary, Portfield School and Tenby Avenue School.

2. SCHOOL MEDICAL EXAMINATIONS AND FINDINGS

There was, in general, no change in the system or type of medical examinations of Pembrokeshire school children. Periodic medical inspections were continued. There was, however, one divergence from the usual programme: a limited trial of a comprehensive, much more detailed, examination of school entrants was begun and completed. This examination paid particular attention to neuro-muscular function, and was linked to audiometric and vision screening. The results were considered to justify an extended trial which has continued.

The routine medical examinations were complemented by a considerable number of selective medical examinations at the request of teachers, parents and school nurses, and by the regular medical reviews of children found to have defects or handicaps. The medical staff of the department was able to complete the programme of medical inspections within the year. Overall, the health of the majority of children in school was found to be good. There was no evidence of under-nutrition, but some over-weight children were seen.

As indicated in other recent annual reports, the improvement in the health of the majority of school children and the increase of knowledge resulting from the number of special studies of child health have enabled increasing attention to be given to the health problems of pre-school children and to the minority of school pupils with health and associated educational problems. There continue, however, to be considerable gaps in our relevant knowledge particularly concerning the functioning of the brain.

With the information available from birth registration, from the surveillance of 'at risk' children, from the developmental screening of infants, from the Consultant Paediatrician, and from the Development Clinics, it was possible during 1971 to give increased guidance to the Director of Education on the possible educational implications of handicaps or disorders of children prior to school entry.

The total numbers of children examined are given in

tables 1 and 6 of the statistical section of this report. Detailed statistics in the standard form required by the Department of Education and Science will be found in tables 2A and 7A. There were no unusual or unexpected features in the tabulated findings of the medical examinations.

3. THE ARRANGEMENTS FOR TREATMENT OF SPECIFIC DEFECTS

SPEECH THERAPY

There were further changes in staff: Miss A.F. Miskin resigned her post as senior speech therapist on the 29th January, 1971; Miss M. Lloyd-Davies took up her appointment as speech therapist on the 19th July, 1971. Miss M. Thompson continued throughout as part-time speech therapist.

Clinics were held regularly at Haverfordwest, Milford Haven, Hakin, St. Davids, Fishguard, Narberth, Tenby and Pembroke Dock. Sessions were held in a number of schools, including the Portfield and Avenue Special Schools.

Miss Lloyd-Davies has commented on the nature of the speech disorders most commonly seen: dyslalia, retarded speech and language development, and stammer; a number of children with voice disorders of anatomical origin were seen and treated. She has observed that, in her opinion, clinic sessions are of greater value than those held in schools: the former allow of much closer contact with, and co-operation from, parents. Miss Thompson's observations have referred to the longer than usual waiting list in her area at the beginning of the year and her pleasure in being able to report that this had been virtually eliminated by the end of the year.

Attendances at speech therapy clinics totalled 2,280 for the year; 259 children received courses of treatment compared with 256 in 1970. In all, 409 sessions were held.

The co-operation and help received by the speech therapists from teachers and others, including parents, is acknowledged and much appreciated.

VISUAL DEFECTS

Eye conditions, mainly below normal visual acuity and squint, again formed the largest group of defects found at medical inspection of school children. Particular attention was paid to the testing of vision of children in their first year at school because of the prime educational importance

of adequate sight. The Sheridan-Gardner method was usually used for these children as it requires no knowledge of the alphabet. Where for some reason this method was not applicable, other specialised tests were employed.

Children found to have deficiencies or defects of vision were referred to a hospital ophthalmic clinic. Most children found to have squint were already under the supervision of the consultant ophthalmologist, having been referred by their family doctor or the child health clinic doctor. Examination of all children with abnormalities of vision, including those known to the consultant ophthalmologist, is performed annually. Testing of colour vision is a routine feature of the medical examination prior to school leaving.

The local consultant ophthalmologist, Dr. A.H. Haley, continued to undertake the examination and treatment of children referred to hospital ophthalmic clinics. During 1971, a total of 1,033 children were examined by the ophthalmologist: spectacles were prescribed for 315. At the end of the year, no Pembrokeshire child was awaiting operative treatment of squint. The orthoptic clinic, providing non-operative treatment of squint in both pre-school and school children, continued to be held weekly at the Pembroke County War Memorial Hospital (Withybush).

Dr. Haley's services, including his expert opinion and advice in particular cases, have at all times been readily available, and are keenly appreciated.

ORTHOPAEDIC CONDITIONS

Remedial and rehabilitative after-care treatment of children with orthopaedic conditions continued to be provided by Mrs C. Griffiths, county orthopaedic sister, working in liaison with Mr. R.L. Rees, consultant orthopaedic surgeon.

Mrs Griffiths has commented on the conditions seen: fewer instances of Perthe's disease of the hip than in 1970; 7 early cases of congenital dislocation of the hip required treatment by splintage only; 10 mild cases of talipes equino-

varus were satisfactorily treated; there were 12 children with osteo-chondritis, all of whom responded satisfactorily to treatment; and postural abnormalities have apparently declined in number. Mrs Griffiths has remarked on the difficulties which some mothers have in obtaining suitable shoes for children.

After-care clinics were held once weekly at Haverfordwest, Milford Haven, Tenby and Pembroke Dock; twice monthly at Fishguard; once a month at Hakin, Narberth and St. Davids; and as required at St. Dogmaels and Crymych. Nineteen clinics for children were held by the consultant orthopaedic surgeon at Withybush Hospital and the South Pembrokeshire Hospital. A number of children, unable to attend a clinic, were seen at their homes by the orthopaedic sister. Sessions were also held in schools: once every six months at Preseli County Secondary, Milford Haven Grammar and Haverfordwest Boys' Grammar schools. Primary schools were visited in response to a particular need. In all, there were 3,642 attendances by children of all ages at the orthopaedic after-care clinics in the County during the year.

Mr. Rees' specialist orthopaedic advice and skills were readily obtainable throughout the year and have been and are much appreciated.

DEFECTIVE HEARING

Children suspected of having impaired hearing were seen at preliminary audiology clinics held at a number of centres in the county. Referrals to these clinics originated with school medical officers, family doctors, health visitors, teachers, speech therapists, and parents. Each referred child was clinically examined by a medical officer, and their hearing assessed by pure-tone audiometry. If further investigation, advice, or treatment were indicated, the patient was referred to a hospital consultant clinic. During 1971, of 255 primary school and 76 secondary school children seen at these clinics, 74 and 30 respectively were asked to return for continuing observation, and 21 primary and 9 secondary school children were referred to a hospital consultant clinic for further advice or treatment.

At the end of 1971, 30 children had hearing aids, 4 of which had been supplied during the year. Three boys had National Health Service body-worn aids, 8 boys and 5 girls had National Health Service endaural aids, and 5 boys and 9 girls had commercial endaural aids purchased by the Local Education Authority. Because the National Health Service endaural aids are now more readily available, it was necessary for the Local Education Authority to purchase only one commercial aid in 1971. Children are no longer being supplied through the National Health Service with the body-worn aid.

In 1971, three boys and one girl were being educated at residential special schools for the deaf and partially deaf. The local services for children with impaired hearing were enhanced by the appointment, as from the 1st September, 1971, of Mrs B.J. Bateman as peripatetic teacher of the deaf. She has contributed a report of her work, which is printed below. On a trial basis, screening audiometry of school entrants was carried out in a limited number of schools. If the results of this trial validate the exercise, screening will be extended to all school entrants as resources will allow.

The peripatetic teacher of the deaf, Mrs Bateman, has written: "I commenced work on the 1st September, 1971. Up to the end of the year, my services were required by 52 children who had varying degrees of impairment of hearing. The following details are of interest:

Number of children seen twice a week	...	...	...	3
Number of children seen once a week	...	...	...	7
Number of children seen once a fortnight	...	...	...	4
Number of children checked at regular intervals	...	...	...	9
Number of children given speech discrimination	...	...	...	29

"Because of the distribution of population in the County, extensive travelling was necessary. Visits were paid to almost all districts including Pembroke, Pembroke Dock, Neyland, Milford Haven, Hakin and Hubberston, Tenby, Tavernspite, Templeton, St. Florence, Haverfordwest, Camrose, St. Davids, Fishguard and Newport.

"As well as speech training, lip-reading practice, and general language work (which were all incorporated as much as possible within the normal school framework), my work included instruction and advice to teachers and parents on the management of children with impaired hearing, and supervision of the care and maintenance of hearing aids. I also worked with a number of children with language difficulties but no hearing loss.

"From experience to date, I have come to the following conclusions:

1. some children are not wearing their hearing aids regularly and I need to demonstrate to them and their parents the value of regular use;
2. a number of the children investigated have incorrect speech patterns which were fixed at an early age and, unfortunately, this defect causes difficulties in learning at school.

"I have been heartened by the audiometric survey work carried out on 5 year old children, and look to this to provide additional information which will enable help to be given to more children with impaired hearing."

Mrs R. Stephens, a school nurse, attended an audiometricians' course in April at the Department for the Education of the Deaf at the University of Manchester. She is assisting with the screening of the hearing of school entrants.

EAR, NOSE AND THROAT CONDITIONS

At the end of 1970, the number of Pembrokeshire children awaiting in-patient treatment of ear, nose and throat conditions was 291; by the end of 1971, this number had risen to 479, the majority of whom were awaiting surgical removal of tonsils and adenoids. The cause of this increase in the waiting list lies in the cessation of ear, nose and throat surgery at the Cardigan, the South Pembrokeshire, and the Pembroke County War Memorial hospitals which followed the Welsh Office report drawing

attention to the potential danger of performing operations for removal of tonsils and adenoids at hospitals without resident medical staff and advocating the concentration of ear, nose and throat surgical treatment at the West Wales General Hospital, Glangwili, Carmarthen. The County Council has made representations concerning the marked increase in the waiting list and the Welsh Hospital Board has promised remedial action.

The following table displays the situation at the end of 1971 in numerical form:

Hospitals	No. of children waiting out-patient appointments on 31.12.71	No. of children waiting admission on 31.12.71	No. of children operated on during 1971
West Wales General	Nil	479	172
Pembroke County War Memorial	59	Nil	108
South Pembrokeshire	54	Nil	Nil
Cardigan and District Memorial	Nil	Nil	14
Totals	113	479	294

4. SCHOOL DENTAL SERVICE

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER (Mr. D.G.James)

As in many other areas of England and Wales, the Pembrokeshire School Dental Service remained handicapped by a shortage of staff. At the end of 1971, instead of an establishment of 5 full-time dentists, there were three full-time and one part-time school dental officers working in the county. Despite repeated advertisements, it proved impossible to fill the vacancies. As a consequence, it became necessary to temporarily close the St. Davids and Neyland dental clinics. The two mobile clinics were, however, in use throughout the year for the treatment of children attending rural schools.

At routine examinations, it was again found that a large number of children were in need of dental treatment usually requiring several attendances by each individual child before reasonable dental fitness could be achieved. An important contributory factor in the development of dental decay in many children is the eating of sticky foods and sweets between meals, a practice which is not discouraged by the availability of 'tuck shops' in or near some schools.

An effort was made during the year to increase dental health education. Talks, film shows, and advice were given to an increased number of school pupils during the year.

It is hoped that further consideration will be given to the fluoridation of the local water supplies. The available evidence indicates that an appreciable reduction in the incidence of dental caries, both in deciduous and permanent teeth, would follow.

I would like once again to express my thanks to head teachers for their ready co-operation and help in making the requisite arrangements for dental inspection and treatment sessions at schools and to the health visitors and nurses for their help and interest in the service.

The annual inspection and treatment statistics of the

School Dental Service are given in Table 4 of the statistical section of this report. There was an appreciable increase in the number of sessions devoted to school dental inspections as compared with the previous year.

The latter originated from the following sources:

General practitioners 12
 Hospital consultants 14
 School medical officers 53
 Schools and Education Department
 Social Services Department
 Probation officers
 Others

Of these referrals, 25 were adolescents, 27 were children and 10 were referred because of long-term drug abuse and a further three were seen after an overdose of drugs. For the adolescent group as a whole, the reasons for referral were:

	Boys	Girls	Total
Psychoneurosis	4	9	13
Behaviour disorder	4	10	14
	—	—	—
	8	19	27
	—	—	—

Of the children in the age group 5-15, the reasons for referral were as follows:

	Boys	Girls	Total
Psychoneurosis	8	9	17
Behaviour disorder	16	6	22
Educational difficulties	4	1	5
School phobia	4	—	4
Enuresis and Encopresis	4	1	5
Others	3	2	5
	—	—	—
	39	19	58
	—	—	—

5. REPORT OF THE CONSULTANT CHILD PSYCHIATRIST

(Dr. Evan Davies)

During 1971, a total of 172 sessions were held. There were in all 529 attendances, of which 85 were new referrals. The latter originated from the following sources:

General practitioners	...	...	...	...	...	27
Hospital consultants	...	...	...	...	...	7
School medical officers	...	...	...	...	...	15
Schools and Education Department	...	...	...	...	...	16
Social Services Department	...	...	...	...	...	14
Probation officers	...	...	...	...	...	2
Others	...	...	...	...	...	4

Of these referrals, 27 were adolescents. This figure again under-represents the incidence of teenage psychiatric problems. It is perhaps of significance that, of this number, only two were referred because of long-term drug abuse and a further three were seen after an over-dose of drugs. For the adolescent group as a whole, the reasons for referral were:

	Boys	Girls	Total
Psychoneurosis	4	9	13
Behaviour disorder	4	10	14
	—	—	—
	8	19	27
	—	—	—

Of the children in the age group 3-13, the reasons for referral were as follows:

	Boys	Girls	Total
Psychoneurosis	8	9	17
Behaviour disorder	16	6	22
Educational difficulties	4	1	5
School phobia	4	—	4
Enuresis and Encopresis	4	1	5
Others	3	2	5
	—	—	—
	39	19	58
	—	—	—

Clinics were held weekly at Haverfordwest, and less frequently at Tenby and Pembroke Dock. Over the twelve months, it was found necessary to increase the number of sessions held at Pembroke Dock to deal with the increasing number of referrals.

Social work cover was provided during the earlier part of the year by Mrs Carr, and by Mrs Garrett during the latter part. Psychological assessments were performed by Mr. T.C.H. Thomas, the educational psychologist, who attended certain of the Haverfordwest clinics so that joint consultations could take place.

Once again, I would like to express my appreciation of the assistance and support given by the staffs of the Health, Education, Probation and Social Services departments.

6. REPORT OF THE EDUCATIONAL PSYCHOLOGIST

(Mr. T.C.H. Thomas)

In the course on 1971, definite progress was possible. The Urban Aid Programme enabled the Local Education Authority to plan, in Pembroke Dock, both a nursery school and a therapeutic unit for children with behavioural difficulties. The provision of an appropriate educational assessment unit has also been accepted in principle. Two new designated units for the slow-learning child were opened, one in Narberth and the other at Crymch.

In an attempt to alleviate as many as possible of the problems of the large number of children referred, the peripatetic remedial team was made responsible for a part of the outstanding work. Each peripatetic remedial teacher covered a particular area, attending certain schools in that area. Within those schools, help was given to individual slow-learning children, and advice provided as requested. During 1971, the peripatetic remedial teachers were engaged in a fairly intensive programme of 'in-service' training, which involved them in test development, survey work, and the preparation of papers on subjects in their specialist fields.

A fairly high degree of correlation was found between those primary school children who were referred because of learning problems to the educational psychologist, and those children who had been seen and assessed at the Development Clinics. The encouraging inference may be drawn that an increasing number of children who are likely to have learning difficulties may be identified before entry to school or very early in their school careers with the consequent opportunity of providing them with specific help before their difficulties have become marked educational problems. Within the last twelve months, some 100 children of pre-school age have been referred from the Development Clinic for further assessment at school entry. I believe that this service is a very valuable and important development.

Coincident with an increase in the number of referrals from the Child Guidance Service went a gradual development

of the supporting services. It was, therefore, possible to offer more positive recommendations to schools and parents on the most appropriate measures to be adopted. Dr. Evan Davies, consultant child psychiatrist, provided much appreciated help with the 'in-service' training of peripatetic remedial teachers.

The inception of the Social Services Department necessitated a close look at all the areas of possible co-operation, and it is with confidence that I view the future joint developments of significance to the School Psychological Service. The initial tentative steps along this path have proved encouragingly profitable in terms of effectiveness of a jointly devised programme of family support and social adjustment.

Although it will be some time before the service will be able to help effectively all the children who are referred, I view the likely development of the service with some optimism. The level of co-operation that the service has received from other departments has been high and promises well for the effectiveness of our expanded service.

The extent of the demands on the service during 1971 is illustrated by the following statistics:

Number of children referred from:

Child Development Clinic	...	...	...	...	...	100
Child Guidance Clinic	...	...	...	...	...	50
Headteachers	...	...	...	...	...	218
Remedial Teachers	...	...	...	...	...	35
School Medical Officers	...	...	...	...	...	30
Deputy Director of Education	...	...	...	...	...	40
Parents	...	...	...	...	...	27
						500

7. ASCERTAINMENT AND EDUCATIONAL TREATMENT OF HANDICAPPED PUPILS, INCLUDING HOME TUITION

Because of the improved general health of the majority of school children and other factors, the staff of the School Health Service have been able to devote increasing attention to the medical and related educational problems of both the temporarily and chronically handicapped children. The latter tasks also require the opinion and advice of other professional workers including hospital consultants, educational psychologists, and teachers. Satisfactory liaison and co-operation with the consultant paediatrician (Dr. M.E. Disney), the consultant orthopaedic surgeon (Mr. R.L. Rees), the consultant ophthalmologist (Dr. A.H. Haley), other hospital consultants, and professional workers in other related fields were maintained throughout 1971.

The formal categories of handicap and the number of children ascertained in each category are set out in the table at the end of this section. The educationally subnormal formed the largest group. Special educational treatment for some of these children was provided at the special designated E.S.N. Units: at Prendergast C.P. School, Haverfordwest, Llanion C.P. School, Pembroke Dock, at Hubberston Vol. School, Hakin, Fishguard C.P. Junior School, Narberth C.P. School and Crymych C.P. School. Remedial teaching was provided for the north of the County by two peripatetic teachers based at Fishguard. In the south, remedial teaching was provided from the Eastgate Remedial Centre, Pembroke, and from the Tenby Teachers Centre. The Haverfordwest area was catered for by the centre at Barn Street C.P. Junior School. At the end of the autumn term, 1971, there were 28 Pembrokeshire pupils at Highmead Residential School for Educationally Subnormal Children, Llanybyther, of whom 22 were boys and 6 girls. There was one boy, but no girl, awaiting admission.

During the year, home tuition was provided for 13 boys and 8 girls. Medical conditions determining this provision included spina bifida, Perthes disease of the hip, maladjustment, acute rheumatism, and cerebral palsy. The duration of home tuition differed according to the nature of the medical condition. 28 boys and 18 girls were enabled to

attend school by means of special transport. Disabilities ranged from the temporary, usually injuries, to the chronic or permanent such as cerebral palsy.

A significant change during the year was the formal abandonment of the concept of the child 'unsuitable for education', the consequential bringing of all children within the terms of the 1944 Education Act, and the transfer of responsibility for the junior training centres (Portfield School, Haverfordwest, and the Avenue School, Tenby) from the Health to the Education Committee. The staff of the School Health Service continued to maintain an unchanged medical interest in these children, providing advice based on regular medical examination and assessment.

In July, Dr. D.F.J. Malins, deputy principal school medical officer, and Dr. C.M.E. Rees, school medical officer, attended an interesting course on developmental paediatrics, organised by the Department of Child Health at the Welsh School of Medicine, Cardiff.

Handicapped School Children on the Register at the end of 1971:

The number of children on the register at the end of 1971 was 111, a decrease from 121 in 1970. This reduction is partly explained by the previous year's outbreak, and the consequent reduction by school infection of the number of susceptible children. It must be admitted that many parents have not as yet wholeheartedly accepted the advisability of this particular immunisation. The efforts already made to effect a change in this attitude were continued throughout 1971.

The rubella (german measles) immunisation scheme, begun in the autumn of 1970, was continued in 1971. The object of this scheme is to eventually secure immunity to rubella in all women of child bearing age; in this end, immunisation is offered in this County to all girls of thirteen. The local response to this scheme has been particularly good and, according to our records, it appears that the total number of 13 year old girls immunised in 1971 was almost the maximum possible plus those who had not been immunised in 1970.

	No. on Register	No. in ordinary Schools	No. in special Schools	No. at Home	Ascer- tained during 1971	No. rec. Home Tuition
Blind	-	-	-	-	-	-
Partially sighted	4	4	-	-	4	-
Deaf	-	-	-	-	-	-
Partially hearing	4	-	3	1	-	1
Educationally subnormal (ascertained)	386	301	84	1	21	1
Epileptic	1	-	1	-	-	-
Maladjusted	8	-	4	4	4	4
Physically handicapped	8	-	2	6	7	6
Delicate	4	-	1	3	4	3
Totals	415	305	95	15	40	15

8. COMMUNICABLE DISEASE AND IMMUNISATION IN SCHOOLS

There was no outbreak of serious infectious disease among school children in 1971. Rubella (german measles) was prevalent, particularly in Hakin and Fishguard, during the early months of the year. Chicken pox was also prevalent to a limited extent in most districts of the County. There were a number of cases of measles, some of whom were visitors, during the summer months, but at no time did these approach epidemic proportions. No case of either poliomyelitis or diphtheria was notified during the year.

The postal strike of 1971, which lasted almost six weeks, and the consequent inability to send some appointments to parents, reduced school immunisation sessions for that period. General practitioners and doctors at child health clinics continued, of course, to immunise those children who attended surgery and clinic respectively. It was at first thought that the final figures of immunisations would reflect the loss of sessions occasioned by the strike. In fact, reinforcing immunisations at school entry were appreciably more than in 1970.

The number of children immunised against measles was well below the total eligible to receive this protection. Although this reduction could, in part, be explained by the previous year's outbreak, and the consequent reduction by natural infection of the number of susceptible children, it must be admitted that many parents have not as yet wholeheartedly accepted the advisability of this particular immunisation. The efforts already made to effect a change in this attitude were continued throughout 1971.

The rubella (german measles) immunisation scheme, begun in the autumn of 1970, was continued in 1971. The object of this scheme is to eventually secure immunity to rubella in all women of child bearing age; to this end, immunisation is offered in this County to all girls of thirteen. The local response to this scheme has been particularly good and, according to our records, it appears that the total number of 13 year old girls immunised in 1971 was almost the maximum possible plus those who had not been immunised in 1970.

IMMUNISATION IN SCHOOLS AGAINST DIPHTHERIA, POLIOMYELITIS AND TETANUS

This programme has as its purpose the reinforcement of the primary immunisation received in infancy. Where there is no medical contraindication, each school entrant should receive a reinforcing dose of diphtheria, tetanus, and poliomyelitis prophylactics. If the parents consent, school entrants, who have not been immunised in infancy, are given, where medically appropriate, the requisite primary course of vaccines. As already described, this programme was interrupted by the postal strike, but, as a result of a special effort, the number of reinforcing immunisations was higher than in 1970. The detailed statistics are given in the annual report of the county medical officer of health.

B.C.G. VACCINATION IN SCHOOLS

The scheme of vaccination against tuberculosis remained unaltered. Sessions were held at all secondary and grammar schools usually in the winter term. With parental consent, thirteen year old pupils were screened with the multiple puncture tuberculin test. Those with a negative response were immunised with freeze-dried B.C.G. vaccine. Pupils with a strongly positive reaction to the tuberculin test were referred to the consultant chest physician.

The acceptance rate of vaccination was, as in previous years, satisfactory. The following table displays the numbers of thirteen year old pupils who were skin-tested and vaccinated in 1971:

Number skin-tested	...	...	...	...	...	...	1,292
Number tuberculin negative	...	...	...	...	...	...	1,124
Number tuberculin positive	...	...	...	...	...	...	75
Number B.C.G. vaccinated	...	...	...	...	...	...	1,124

9. THE DUTIES OF SCHOOL NURSES

In addition to attendance at medical inspections and immunisation sessions, school nurses assisted with the testing of vision, audiometric screening of entrants at a limited number of primary schools, and regular hygiene visits to schools throughout the year. As described in more detail below, health education in schools was expanded.

The general standard of personal cleanliness in school children remained high, but a certain number of children were found to have head lice or scabies. To ensure that this number should remain small, close and continued attention to those affected, and their families, was necessary. The control of infestation with head lice presented particular difficulties due to the increasing resistance of the lice to the commonly used organo-chlorine insecticides. Towards the end of the year, the use of an alternative organo-phosphorus insecticide was introduced initially on a trial basis.

The following numerical data is a part measure of the work of the school nurses in 1971:

Attendances at school medical inspections	385
Attendances at immunisation sessions in schools and clinics	345
Visits to schools regarding cleanliness	633
Number of individual examinations at school cleanliness sessions	23,368
Follow-up visits to homes concerning cleanliness and medical defects in children	967

The provision of health education in secondary schools continued to expand, both by teachers during normal teaching sessions and at special sessions undertaken by certain members of the staff of the School Health Service visiting schools by arrangement with headteachers. The usual form of these visits was to provide, in a talk given by a health visitor assisted on occasion by a school medical officer, a basis for a following discussion: where appropriate, to further demonstrate and emphasise the subject, a film was shown. Stress was laid on health and social problems of

contemporary importance: the health hazards of smoking, drug dependence, personal relationships, the prevention of home and other accidents, and dental health. More junior and middle form pupils took part in these sessions than in previous years. Subjects presented for senior pupils only were venereal disease and population control; particular attention was paid to the problems attendant on these matters.

The development of special health education sessions in primary schools was hampered during 1971 by the limited availability of health visitors, but some extension of the work was possible. At twenty of these schools, the special sessions included the health hazards of smoking, dental health, and the dangers of fireworks. In the primary schools in the Tenby, Pembroke Dock and Hakin areas, instruction in the physiology and hygiene of menstruation was given to the older girls.

The Health Education Council's mobile unit was in the County from the 1st to the 12th November, and as part of its programme, visited the County Secondary Schools at St. Davids, Fishguard, Crymych, Milford Haven, Pembroke Dock and Tenby. The subject was "Food Hygiene": information, instruction, and advice were presented to senior pupils and a considerable number of the personnel of the School Meals Service. The staff of the unit were pleased with the response to the display and with the local arrangements made for its presentation.

Miss L.B. Williams, a group adviser health visitor, continued to make a major contribution to group health education in the schools and elsewhere. Dr. J.F. Rees, school medical officer, in co-operation with Miss Williams, completed a programme of talks for, and discussions with, groups of senior pupils at certain grammar and secondary schools. Subjects with which he is particularly concerned are drug dependence, venereal disease, and population control. The importance of these discussions, and their presentation by Dr. Rees, were much appreciated by the senior pupils who took part in them. The latter doctor has acted as the 'drug dependence' liaison officer of the County Health department since February, 1971: his primary task is

to maintain a liaison with all local persons concerned with the preventive and therapeutic aspects of the problem including probation officers, police, youth leaders, teachers and doctors.

10. MEDICAL EXAMINATION OF TEACHERS, STUDENTS, AND SCHOOL CANTEEN STAFF

These examinations are part of the preventive role of the School Health Service. One of the purposes is to exclude from close contact with school children anyone suffering from communicable or other disease which could be harmful to children. The withdrawal of the mobile mass radiography service of the Welsh Hospital Board in 1970 and the demands on the facilities at local hospital radiological departments were among the factors which unfortunately resulted in considerable delays in obtaining chest x-ray reports on the appropriate staff and the candidates for colleges of education during 1971. These difficulties necessitated, early in 1972, a review of the preventive scheme for the chest x-ray examinations of the staffs of schools.

During 1971, school medical officers examined the following numbers of individuals in the stated categories:

Candidates for Training Colleges	...	...	...	...	168
Newly-appointed Teachers	...	...	...	...	111
Canteen Staff	...	...	...	...	73

Miss L. Williams, a group school health visitor, continued to make a major contribution to group health education in the schools and elsewhere. Dr. J.P. Rees, school medical officer, in co-operation with Miss Williams, conducted a programme of talks for, and discussions with, groups of senior pupils at certain grammar and secondary schools. Subjects with which he is particularly concerned are drug dependence, venereal disease, and population control. The importance of these discussions, and their presentation by Dr. Rees, were much appreciated by the senior pupils who took part in them. The latter doctor has acted as the 'drug dependence' liaison officer of the County Health Department since February, 1971: his primary task is

11. MISCELLANEOUS SERVICES RELATED TO THE SCHOOL HEALTH SERVICE

SCHOOL MEALS

In 1971, an average of 10,713 mid-day meals were provided each school day. These meals were prepared in school kitchens, some of which supplied more than one school. No instances of food poisoning related to school meals were reported during the year. The proportion of the total pupils taking the mid-day school meal was 61.7% compared with 69.9% in 1970 and 73.8% in 1969.

SCHOOL MILK

The Education (Milk) Act, 1971, removed, with effect from the 1st September, 1971, the entitlement of primary school pupils over the age of seven years to free school milk unless they attended special schools or required milk for medical reasons. Only six local pupils came within the latter group. It is estimated that, during the autumn term, the average daily number of primary school pupils taking milk in schools was 3,941: this was 90.5% of the number of eligible pupils. Only heat treated milk was supplied.

Because of the continuing decrease in the proportion of pupils taking the mid-day meal and some public concern regarding the restrictions on the supply of free school milk, arrangements were made for Dr. C.M.E. Rees, school medical officer, to undertake a short-term review of the nutritional and related problems of local school pupils. She was unable to indicate any definite cases of malnutrition and she stated that, in her opinion, the health of the local school children is generally very good. There is, however, need for further research into the inter-relationships between nutrition, growth and health, and, without further knowledge, it is difficult to give specific advice on the modifications of social policies concerning nutrition. The effect of these policies need, however, to be kept under review. Some observers consider that there is a serious problem of over-nutrition of children and consequent obesity but the scientific basis for this opinion is difficult to establish.

STATISTICAL TABLES FOR 1971

Table 1

MEDICAL INSPECTIONS OF CHILDREN ATTENDING COUNTY PRIMARY SCHOOLS

A - Routine Inspections

Number of Inspections:
Year of Birth

No. Examined

1967	...	...	...	...	...	...	28
1966	...	...	...	...	...	...	645
1965	...	...	...	...	...	...	826
1964	...	...	...	...	...	...	110
1963	...	...	...	...	...	...	45
1962	...	...	...	...	...	...	47
1961	...	...	...	...	...	...	1,451
1960	...	...	...	...	...	...	108
1959	...	...	...	...	...	...	14
Total ...							<u>3,274</u>

B - Other Inspections

Number of special inspections	...	...	...	...	...	558
Number of re-inspections	...	...	...	...	...	2,688
Total ...						<u>3,246</u>

Table 2A

RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION OF PRIMARY SCHOOL CHILDREN

Defect or Disease	No. of Defects Periodic Insp. Requiring For obs. treatment only		No. of Defects Special Insp. Requiring For obs. treatment only	
Skin	33	50	2	1
Eyes:				
(a) Vision	265	316	34	19
(b) Squint	64	38	8	1
(c) Other	2	8	2	-
Ears:				
(a) Hearing	79	41	43	117
(b) Otitis Media	8	42	13	5
(c) Other	8	18	16	4
Nose and Throat	83	334	12	7
Speech	31	39	7	7
Cervical Glands	2	151	-	3
Heart & Circulation	8	35	1	3
Lungs	10	78	3	19
Development:				
(a) Hernia	5	10	-	-
(b) Other	14	96	-	-
Orthopaedic:				
(a) Posture	8	12	7	3
(b) Flat Foot	110	18	6	4
(c) Other	37	37	9	12
Nervous System:				
(a) Epilepsy	8	10	3	3
(b) Other	4	22	2	2
Psychological:				
(a) Development	18	63	26	10
(b) Stability	13	54	-	-
Abdomen	8	26	-	-
Other	13	16	1	7

Table 2B

CLASSIFICATION OF THE GENERAL CONDITION OF
PRIMARY SCHOOL CHILDREN INSPECTED DURING THE YEAR:

Year of Birth	No. of Children inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1967	28	27	96.43	1	3.57
1966	645	645	100.00	-	-
1965	826	825	99.88	1	0.12
1964	110	110	100.00	-	-
1963	45	44	97.78	1	2.22
1962	47	47	100.00	-	-
1961	1,451	1,449	99.86	2	0.14
1960	108	108	100.00	-	-
1959	14	14	100.00	-	-
Totals	3,274	3,269	99.85	5	0.15

Table 3

TREATMENT

Group I - Minor Ailments (including uncleanliness):

Total number of defects treated or under treatment
during the year in the Authority's Scheme ... 295

Group II - Defective Vision and Squint:

Defect or Disease	No. of Defects dealt with under the Authority's Scheme
Errors of Refraction (including squints)	1,029
Other defect or disease of the eyes (excluding those recorded in Group I)	4
No. of children for whom spectacles were prescribed	315

Group III - Treatment of Defects of Ear, Nose and Throat:

Received operative treatment:

(a) for diseases of the ear	30
(b) for adenoids and chronic tonsillitis	294
(c) other nose and throat conditions	-

Table 4

SCHOOL DENTAL SERVICE: STATISTICS

ATTENDANCES AND TREATMENT						Total
First visits	...	...	...	...	...	2,026
Subsequent visits	...	...	...	...	...	4,441
Total visits	...	...	...	...	...	6,467
Additional courses of treatment commenced	...	...	...	...	...	601
Fillings in permanent teeth	...	...	...	...	...	3,107
Fillings in temporary teeth	...	...	...	...	...	1,674
Permanent teeth filled	...	...	...	...	...	2,671
Temporary teeth filled	...	...	...	...	...	1,510
Permanent teeth extracted	...	...	...	...	...	355
Deciduous teeth extracted	...	...	...	...	...	933
General anaesthetics	...	...	...	...	...	251
Number of pupils x-rayed	...	...	...	...	...	33
Other operations	...	...	...	...	...	1,318
ORTHODONTICS						
New cases commenced during year	...	...	...	...	...	8
Cases completed during year	...	...	...	...	...	6
Cases discontinued during year	...	...	...	...	...	4
Removable and fixed appliances fitted	...	...	...	...	...	11
Pupils referred to consultant	...	...	...	...	...	1
Number of pupils supplied with artificial teeth	...	...	...	...	...	11
INSPECTIONS						
(a) First inspection at school: number of pupils	...	...	...	...	...	5,165
(b) First inspection at clinic: number of pupils	...	...	...	...	...	1,763
Number of (a) and (b) found to require treatment	...	...	...	...	...	4,393
Number of (a) and (b) offered treatment	...	...	...	...	...	4,384
(c) Pupils re-inspected at school or clinic	...	...	...	...	...	1,093
Number of (c) found to require treatment	...	...	...	...	...	644
SESSIONS						
Sessions devoted to treatment	...	...	...	...	...	1,162
Sessions devoted to inspection	...	...	...	...	...	68

Table 5

UNCLEANLINESS AND VERMINOUS CONDITIONS

Average number of visits per school made during the year by school nurses	...	...	...	...	...	3
Total number of examinations of children in the schools by school nurses	...	...	...	...	...	25,368
Number of individual pupils found verminous	...	...	...	...	...	295
Number of pupils in respect of whom Cleansing Notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	...	Nil
Number of pupils in respect of whom Cleansing Notices were issued (Section 54(3) Education Act, 1944)	...	...	...	...	...	Nil

Table 6

SECONDARY SCHOOLS
SECONDARY MODERN AND GRAMMAR

A - Routine Inspections

Routine Age Groups	...	...	...	...	...	1,871
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B - Other Inspections

Special Inspections	...	...	...	...	...	152
Re-inspections	...	...	...	...	...	1,198
Total	...	...	...	...	...	<u>1,350</u>

Table 7A

RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION OF SECONDARY SCHOOL CHILDREN

Defect or Disease	No. of Defects Periodic Insps. Requiring For obs. treatment only		No. of Defects Special Insps. Requiring For obs. treatment only	
Skin	11	16	-	1
Eyes:				
(a) Vision	246	124	7	3
(b) Squint	11	4	1	-
(c) Other	-	1	-	-
Ears:				
(a) Hearing	11	2	17	41
(b) Otitis Media	1	9	4	2
(c) Other	3	3	7	2
Nose and Throat	3	21	-	-
Speech	5	4	-	-
Cervical Glands	-	14	-	-
Heart & Circulation	1	10	-	1
Lungs	9	21	-	7
Development:				
(a) Hernia	-	-	-	-
(b) Other	2	5	-	-
Orthopaedic:				
(a) Posture	3	3	4	-
(b) Flat Foot	15	5	-	-
(c) Other	8	9	4	7
Nervous System:				
(a) Epilepsy	4	4	4	-
(b) Other	3	7	-	1
Psychological:				
(a) Development	7	8	8	2
(b) Stability	4	2	-	-
Abdomen	1	10	-	-
Other	7	8	-	1

Table 7B

CLASSIFICATION OF THE GENERAL CONDITIONS
OF SECONDARY SCHOOL PUPILS INSPECTED DURING
THE YEAR IN THE ROUTINE AGE GROUPS:

Year of Birth	No. of Children inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1960	91	91	100.00	-	-
1959	87	87	100.00	-	-
1958	56	56	100.00	-	-
1957	1,158	1,157	99.92	1	0.08
1956	479	478	99.79	1	0.21
and older					
Totals	1,871	1,869	99.89	2	0.11

Table 15

CLASSIFICATION OF THE PHYSICAL CONDITIONS
OF SCHOOL CHILDREN REPORTED DURING
THE YEAR IN THE ROUTINE ARE REPORTS

Year of Birth	Children	Percentage	Percentage
1960	91	91.00	91.00
1959	87	87.00	87.00
1958	86	86.00	86.00
1957	1,128	1,128.00	1,128.00
1956	479	479.00	479.00
and other	77	77.00	77.00
Totals	7,187	7,187.00	7,187.00
Speech	4	4.00	4.00
Physical Defects	14	14.00	14.00
Heart & Circulation	1	1.00	1.00
Lungs	12	12.00	12.00
Development:			
(a) Normal	5	5.00	5.00
(b) Other	2	2.00	2.00
Orthopedic:			
(a) Posture	5	5.00	5.00
(b) Flat Foot	15	15.00	15.00
(c) Other	8	8.00	8.00
Nervous System:			
(a) Epilepsy	4	4.00	4.00
(b) Other	3	3.00	3.00
Psychological:			
(a) Development	7	7.00	7.00
(b) Stability	4	4.00	4.00
Admission	1	1.00	1.00
Other	7	7.00	7.00



