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GLAMORGAN COUNTY COUNCIL



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# REPORT

OF THE

**MEDICAL OFFICER OF HEALTH**

AND

**PRINCIPAL SCHOOL MEDICAL  
OFFICER**

FOR THE YEAR 1963

W. EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.  
MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER



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GLAMORGAN COUNTY COUNCIL

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CARDIFF:  
WILLIAM LEWIS (PRINTERS) LTD.

PLANNING BOARD COUNTY COUNCIL

REPORT

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1961

IN ACCORDANCE WITH THE REQUIREMENTS OF THE PUBLIC HEALTH ACT 1936

1961

**GLAMORGAN COUNTY COUNCIL  
HEALTH COMMITTEE**

*Health Administration Sub-Committee*  
Chairman: County Alderman P. J. SMITH, M.B., B.S., F.R.C.S., F.R.C.P.

*Nursing Service Sub-Committee*  
Chairman: County Alderman THOMAS STOKES, F.R.C.S. (Qualifying)

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*General Health Service Sub-Committee*  
Chairman: County Councillor LEWIS LIAW, F.R.C.S.

*Special Health Service Sub-Committee*  
Chairman: County Alderman HENRY W. PUGH

**ANNUAL REPORT**

OF THE

**MEDICAL OFFICER OF HEALTH**

*Sub-Committee*  
*Medical and Special Services*  
Chairman: County Councillor DAVID JAMES MORRIS, F.R.C.S.

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GLAMORGAN COUNTY COUNCIL  
HEALTH COMMITTEE

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# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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# GLAMORGAN COUNTY COUNCIL

To the Chairman and Members of the Health Committee  
and Chairman of the various Sub-Committees

## **HEALTH COMMITTEE**

Chairman: County Alderman THOMAS EVANS, J.P., M.R.S.H. (Pontardawe).

### **SUB-COMMITTEES:**

#### *Health Administration Sub-Committee.*

Chairman: County Alderman P. J. SMITH, C.B.E., D.L., J.P., M.R.S.H.

#### *Nursing Services Sub-Committee.*

Chairman: County Alderman THOMAS EVANS, J.P., M.R.S.H. (Pontardawe).

#### *General Health Services Sub-Committee.*

Chairman: County Councillor LLEWELLYN EVANS.

#### *Special Health Services Sub-Committee.*

Chairman: County Alderman MERVYN W. PAYNE.

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## **EDUCATION COMMITTEE**

Chairman: County Alderman LLEWELLYN HEYCOCK, C.B.E., O.ST.J., D.L., J.P., LL.D.

### **SUB-COMMITTEE:**

#### *Medical and Special Services.*

Chairman: County Councillor DAVID ISAAC MORGAN, J.P.

HEALTH COMMITTEE

Chairman: County Abdnan Thomas Evans J.S. M.A.B. (President)

Sub-Committee:

Health Administration Sub-Committee

Chairman: County Abdnan F. J. Smith, C.B., B.L., M.A.B.

Nursing Section Sub-Committee

Chairman: County Abdnan Thomas Evans J.S. M.A.B. (President)

General Health Section Sub-Committee

Chairman: County Abdnan Thomas Evans J.S. M.A.B.

Special Health Section Sub-Committee

Chairman: County Abdnan Thomas Evans J.S. M.A.B.

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# GLAMORGAN COUNTY COUNCIL

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*To the Chairman and Members of the Health Committee  
and Chairman and Members of the Education Committee*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health of the County for 1963, combined with, for the first time, the report on the health of the school-children. This has been done in order that a complete picture of the services for which my Department is responsible can be obtained in one document, and once a pattern has been established it is hoped in future years to present it much earlier than it has been possible in the past. The report includes that of the Principal School Dental Officer (Mr. H. P. R. Williams), the Chief Public Health Inspector (Mr. W. D. Lewis), and the report of the Borough School Medical Officer for the Rhondda Exempted District (Dr. R. B. Morley-Davies).

The estimated mid-year population increased by 3,550 to 752,250, thus passing the three-quarter million mark for the first time since 1934. It is of interest to note that the Glamorgan birth rate has, since 1958, been lower than that of England and Wales as a whole, whereas for over forty years prior to that it was always consistently higher. Even so, the birth rate last year increased from 17.21 to 17.6 per 1,000 population. The illegitimacy rate was also slightly higher at 39 per 1,000 births compared with 38 in 1962.

The general death rate increased from 12.3 to 12.7 per 1,000 population.

The other main statistical returns show that yet again, despite the great improvements in the maternity and child welfare services, Glamorgan infant mortality, neonatal, and stillbirth rates have increased compared with 1962, from 24.6, 16.45, and 23.93, to 27.46, 19.54, and 20.39. This is against the trend for England and Wales, and particular note must be taken of the fact that whereas the national figure for neonatal mortality, that is deaths within the first week of life, fell from 15.1 to 14.2 per 1,000 births, in Glamorgan it increased from 16.45 to 19.54. This increase was more marked in certain parts of the County than others, and although detailed investigations into each infant death to ascertain whether there were any avoidable causes, nothing conclusive has emerged to pin-point the real reason for this high wastage of infant life. The perinatal mortality survey carried out in 1958 by Dr. Neville R. Butler, in which almost all Authorities in the country co-operated, focused attention on the factors which influenced these rates, and steps are being taken through the Maternity Liaison Committees to scrutinise these unfavourable returns.

The maternal mortality rate of 0.59 maternal deaths per 1,000 births, twice that for England and Wales, is disappointing after the low incidence of 0.23 in 1962, but the co-operation which now exists between hospital maternity departments, general practitioners, and the Authority's clinics should ensure that the risk of childbearing is almost at an irreducible minimum. Occasionally tragedies happen which could not be foreseen, and when a maternal death occurs it is carefully investigated.



It is only natural that there are changes from year to year, and the services provided by the Health Committee have to be sufficiently flexible to meet the situation. Careful consideration was given to the trends which have emerged in planning the Ten-Year Development Plan, which the Authority was called upon to undertake. Included in these trends is the increasing tendency for mothers to have their babies in hospital, which has thrown a strain on some maternity Departments, but the Domiciliary Midwifery Service has co-operated, undertaking the nursing of mothers discharged early. Due to the shortage of applicants for the midwifery vacancies which occur, it is always a matter of concern whether or not the Domiciliary Service can meet the calls made upon it, but thanks to the devoted service of all, this has been possible. One of the major problems in the maintenance of a twenty-four hour midwifery service is the arranging of off-duty, and this has been satisfactorily achieved by a rota system whereby midwives work in groups and relieve each other.

Another important change which has to be taken into account in planning is the increasing number of aged persons in the community, and the Home Nursing and Home Help Services must be geared to meet a potential increase in demand.

The present establishment of home nurses is able to cope with the requests for nursing assistance, but an increase in the number of home helps is necessary to provide even the minimum amount of help for those requiring it. Provision has been made in the Ten-Year Plan to double the number of home helps at present employed.

A gap in the care for the elderly, however, existed. It was not possible to cover the needs of elderly, seriously ill, persons during the night, and during the year a night sitter-in service was inaugurated.

Another much-needed adjunct to domiciliary care is chiropody, and the appointment of additional staff has enabled a greater number of patients to be dealt with. The comments of Mr. L. G. Burland are included in the report.

Co-operation with general practitioners has been strengthened during the year, but although the home nurses and midwives work closely with them it has not been found possible or practical to attach health visitors to individual practices as yet.

Early in the year the Health Committee approved the first stages of a reorganisation of the Ambulance Service, and this was implemented on 1st August. It involved the closing down of all the Control Stations except Treforest and Neath between the hours of 10.0 p.m. to 8.0 a.m., thus concentrating all emergency calls to two points in the County. This change has presented no difficulties, and was the first step in the major reorganisation which will take place in 1964.

The number of patients conveyed by the ambulances was 2,640 more than in 1962, involving an additional mileage of 30,600 miles.

Dr. C. J. Revington, my deputy, has directed most of the work in connection with the expansion of the Mental Health Services provided under the Mental Health Services Act, 1959, and, assisted by an enthusiastic staff, great strides have been made during the year, particularly in the development of Occupation Centres.



It is no easy task in a report such as this to give an adequate picture of the benefits given to those in need of help.

I make no comments on the School Health Services in this preface, as these will be found in the body of the report.

There were a number of staff changes during the year including the appointment of Dr. Allan R. Davis as Assistant Principal Medical Officer and Assistant Principal School Medical Officer, and Dr. L. E. Coles, who succeeds Mr. D. Evans Jones as County Analyst.

My thanks are again due to the members of the Council, especially the Chairmen of the main Committees who have given me great assistance during the year, and also to members of the staff of the Health Department who have all supported me to the utmost.

I am,

Your obedient Servant,

W. E. THOMAS,

*County Medical Officer and  
Principal School Medical Officer.*

PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
CARDIFF.

November 1964.



**STAFF AS AT 31st DECEMBER, 1963**

*COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.*

W. EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

*DEPUTY COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.*

C. J. REVINGTON, M.B., B.CH., B.SC., D.P.H.

*ASSISTANT PRINCIPAL MEDICAL OFFICER AND ASSISTANT PRINCIPAL SCHOOL MEDICAL OFFICER.*

A. R. DAVIS, M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H.

*SENIOR MEDICAL OFFICER.*

GWLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

*RHONDDA BOROUGH.*

"Excepted District" under the provisions of the Education Act, 1944.  
Delegated Health Functions under the Local Government Act, 1958.

*MEDICAL OFFICER OF HEALTH AND BOROUGH SCHOOL MEDICAL OFFICER.*

R. B. MORLEY-DAVIES, M.B., B.CH., B.SC., D.P.H.

*DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL MEDICAL OFFICER.*

JOHN P. J. CLARKE, M.B., B.CH.

*DIVISIONAL MEDICAL OFFICERS.*

J. LLEWELLYN WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

D. J. ANDERSON, M.B., B.CH., D.P.H.

KATHLEEN DAVIES, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

H. R. STUBBINS, M.D., D.P.H.

D. W. FOSTER, M.B., B.CH., B.SC., D.P.H.

D. H. J. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H.

G. E. DONOVAN, M.SC., M.D., B.CH., B.A.O., D.P.H.

*ASSISTANT MEDICAL OFFICERS.*

JAMES A. BROWN, L.R.C.P., L.R.C.S., L.R.F.A., and S.G.

PETER M. BROWN, M.B., B.CH.

DAVID J. C. DAVIES, M.B., B.S., M.R.C.S., L.R.C.P.

THOMAS M. DAVIES, M.R.C.S., L.R.C.P.

WILLIAM BRIAN DAVIES, M.B., CH.B.

PATRICIA M. EVANS, M.B., B.CH.

SHIRLEY P. FRANCIS, L.R.C.P., M.R.C.S.

GAYNOR HARRY, M.B., B.CH., B.SC.

ANNE E. E. HIRST, M.B., B.S., M.R.C.S., L.R.C.P.

*ASSISTANT MEDICAL OFFICERS—continued.*

AMY L. JAGGER, M.D., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.  
DAVID S. B. JAMES, M.B., B.CH.  
ELIZABETH G. JAMES, M.B., B.CH., B.SC.  
ALYS M. JENKINS, M.B., B.CH., B.SC.  
ALLEN SPENCER JONES, M.B., B.CH., B.SC.  
LYSBERTH R. VAUGHAN-JONES, L.R.C.P., L.R.F.P.  
ELUNED LLOYD, M.B., B.CH.  
KENNETH H. MORGAN, M.B., B.S.  
DAVID LL. PARSONS, M.B., B.CH.  
IAN C. PEEBLES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., C.P.H.  
WINIFRED E. PROBERT, M.R.C.S., L.R.C.P., D.P.H.  
ENID REED, M.B., B.CH., D.C.H.  
WILLIAM J. ST. E. G. RHYS, B.SC., M.B., B.S., D.R.C.O.G., M.A., M.R.C.O.G.  
COLIN J. ROBERTS, M.B., B.CH., M.R.C.S., L.R.C.P., D.C.O.G., D.OBST.  
JOHN F. ROWLAND, M.B., B.CH., D.P.H.  
ALEXANDER C. STEWART, M.B., B.CH.  
JEAN E. M. THOMAS, M.B., B.CH.  
ISABEL K. WAKELY, M.B., B.CH., D.R.C.O.G.  
ARTHUR L. J. WILLIAMS, M.B., B.S.

In addition to the above, twenty-six medical officers were engaged for varying periods during the year on a part-time or sessional basis.

*PRINCIPAL SCHOOL DENTAL OFFICER.*

H. P. R. WILLIAMS, L.D.S., R.C.S. (Eng.).

*COUNTY PUBLIC AND OFFICIAL AGRICULTURAL ANALYST.*

L. E. COLES, B.PHARM., PH.D., F.P.S., F.R.I.C.

*DEPUTY COUNTY PUBLIC AND OFFICIAL AGRICULTURAL ANALYST.*

A. R. PHILLIPS, B.SC., F.R.I.C.

*SENIOR COUNTY PUBLIC HEALTH INSPECTOR.*

W. D. LEWIS, M.A.P.H.I.

*COUNTY PUBLIC HEALTH INSPECTOR.*

H. P. EVANS, M.A.P.H.I.

*PRINCIPAL NURSING OFFICER.*

ELIZABETH J. MOSELEY, S.R.N., S.C.M., H.V.CERT.

*DEPUTY PRINCIPAL NURSING OFFICER.*

JENNET M. DAVIES, S.R.N., S.C.M., H.V.CERT.

*COUNTY AMBULANCE OFFICER.*

DAVID ILLTYD MORRIS, F.I.A.O., F.I.C.D.

*COUNTY ORGANISER OF HOME HELPS.*

NANCY OLWEN PARRY.

*ADMINISTRATIVE ASSISTANT.*

J. H. L. MABBITT.



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## NATIONAL HEALTH SERVICE ACT, 1946

### DIVISIONAL ADMINISTRATION.

Under the Glamorgan County Council Scheme of Divisional Administration, the day to day administration of local health functions under the National Health Service Act, 1946, with the exception of the Ambulance Service (section 27) and the Mental Health Service (section 51), is delegated to eight Health Divisions under the immediate control of the undermentioned Divisional Medical Officers.

Since 1st July, 1962, the Council of the Borough of Rhondda have delegated functions under section 46 of the Local Government Act, 1958.

<i>Health Division.</i>	<i>Divisional Medical Officer</i>	<i>Divisional Health Office</i>
Aberdare and Moun- tain Ash	J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.	Rock Grounds, Aberdare. (2497/8.)
Caerphilly and Gelli- gaer	D. W. J. Anderson, B.SC., M.B., B.CH., D.P.H.	Caerphilly Road, Ystrad Mynach. (Hengoed 3171.)
Mid-Glamorgan ..	Kathleen Davies, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.	Quarella Road, Bridgend. (2515.)
Neath and District ..	H. R. Stubbins, M.D., D.P.H.	Dyfed Road, Neath. (2481/2.)
Pontypridd and Llan- trisant	D. W. Foster, B.SC., M.B., B.CH., D.P.H.	Courthouse Street, Ponty- pridd. (2646/7 and 2275.)
Port Talbot and Glyn- corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Park House, Theodore Road, Port Talbot. (2137.)
South-East Glamorgan ..	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Grey- friars Road, Cardiff. (28033.)
West Glamorgan ..	G. E. Donovan, M.SC., M.D., B.CH., B.A.O., D.P.H.	5 St. James' Crescent, Swan- sea. (57894/5.)

Authorities who have delegated responsibilities under the Local Government Act, 1958:—

	<i>Medical Officer of Health.</i>	<i>Address and Telephone No..</i>
Rhondda M.B. ..	R. B. Morley-Davies, M.B., B.CH., B.SC., D.P.H.	Health and Welfare Depart- ment, Municipal Offices, Pentre, Rhondda. (Pentre 3008/9.)



In the interests of efficiency, minor administrative adjustments, as follows, have been made in the scheme to allow certain areas situated in or near Divisional boundaries to be covered for some or all local health purposes by the immediately adjacent Health Division:—

<i>Area affected.</i>	<i>Division in which situate.</i>	<i>Division to which responsibility transferred.</i>
Pembroke Street, Thomastown	South-East Glamorgan ..	Pontypridd and Llantrisant.
Scotch Row, Gilfach Goch	Rhondda M.B. .. ..	do.
Ynysmaerdy .. ..	South-East Glamorgan ..	do.
Edmundstown .. ..	Rhondda M.B. .. ..	do.
Penrhiwfer .. ..	Pontypridd and Llantrisant	Rhondda M.B.
St. Mary Hill .. ..	Mid-Glamorgan .. ..	South-East Glamorgan.

#### DEVELOPMENT OF LOCAL AUTHORITY HEALTH AND WELFARE SERVICES.

Following the publication of the long-term plan for the Hospital Service in January 1962, the Government put in hand the preparation of a similarly long-term view of the future of the Health and Welfare Services throughout the country.

The contents of the plan are to be revised annually, and on each occasion should be taken a year further forward.

#### SECTION 21—HEALTH CENTRES.

The Health Sites and Premises Sub-Committee periodically review the Authority's site requirements and the progress during the year in new clinics and occupation centre building is mentioned elsewhere in this report.

#### SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

The construction of the undermentioned new clinic premises was completed during the year, and the clinics came into use on the dates shown:—

##### *Caerphilly and Gelligaer Health Division.*

Denscombe Estate, Caerphilly .. .. 14th November, 1963.

##### *Mid-Glamorgan Health Division.*

Duffryn Road, Caerau .. .. 4th December, 1963.

##### *Port Talbot and Glyncorrwg Health Division.*

Baglan .. .. 5th June, 1963.

##### *West Glamorgan Health Division.*

Murton Green, Bishopston .. .. 1st April, 1963.



ALTERATION OF CLINIC SESSIONS.

Owing to local circumstances usually associated with attendances, variations as shown in the following list were made in the arrangements for holding clinic sessions:—

Area served	Location of clinic premises	Type and frequency of sessions now held
Cwmaman ..	Unemployed Social Club, Godre-aman	Ante-natal. Friday p.m. fortnightly.
Fochriw ..	Welfare Hall, Fochriw .. ..	Post-natal. Friday a.m. four-weekly.
Taffs Well ..	Mobile Clinic, King Street, Taffs Well	Infant Welfare, Thursday p.m. fortnightly.
Trelewis ..	Trinity Baptist Church Hall, Trelewis	Ante-natal/Infant Welfare combined session. Monday a.m. fortnightly.
Pengam ..	New Community Hall, Glan-y-Nant, Pengam	Ante-natal. Wednesday p.m. weekly.
Caerphilly ..	Maternity and Child Welfare Clinic, Denscombe Estate, Caerphilly	Ante-natal. First and third Monday p.m. in the month. Infant Welfare. Thursday p.m. weekly.
Ystrad Mynach ..	Siloh Calvinistic Methodist Church, Ystrad Mynach	Ante-natal. Tuesday a.m. weekly.
Newcastle Hill, Bridgend	Community Hall, Heol Glannant, Newcastle Hill, Bridgend	Infant Welfare. Friday p.m. weekly.
Kenfig Hill ..	Maternity and Child Welfare Clinic, Waunbant Road, Kenfig Hill	Ante-natal. Monday a.m. fortnightly.
Heolycyw ..	Social Services Hall, Heolycyw ..	Ante-natal/Infant Welfare combined session. Friday p.m. fortnightly.
Caerau ..	Duffryn Road, Caerau .. ..	Infant Welfare. Wednesday p.m. weekly.
Seven Sisters ..	Maternity and Child Welfare Clinic, Mary Street, Seven Sisters	Infant Welfare. Tuesday a.m. weekly.
Glyncoch ..	Church Hall, Glyncoch, Pontypridd	Infant Welfare. Friday p.m. fortnightly.
Baglan ..	Maternity and Child Welfare Clinic, Baglan	Ante-natal. Tuesday p.m. weekly. Infant Welfare. Thursday p.m. weekly.
Llanedeyrne ..	Mobile Clinic .. ..	Infant Welfare. Thursday a.m. monthly.
Bishopston ..	Maternity and Child Welfare Clinic, Murton Green, Bishopston	Ante-natal. Thursday a.m. fortnightly. Infant Welfare. Thursday p.m. weekly.



## ANTE-NATAL CLINICS.

On 31st December clinic facilities were available for expectant mothers at eighty-three centres, forty-nine of these being in County Council owned premises. During the year a total of 3,710 sessions were held at which 9,650 women attended for ante-natal examination. The total attendance of 44,108 showed an increase over the figure of 43,334 for 1962.

Since the inception of the National Health Service Act in 1948, there are very few pregnant women who do not book a general practitioner to care for them during their pregnancy and subsequent confinement. General practitioners who undertake this care are required to carry out a prescribed number of ante-natal examinations, and so most women who attend the local authority clinics are also attending their own general practitioner. If they are to be confined in hospital they are asked to attend at specified periods of pregnancy at hospital ante-natal clinics. Arrangements are often made for shared ante-natal care between the three parts of the Maternity Service, but if this is not carefully done with the patient clearly understanding which clinic or practitioner she is to attend there can be an overlapping. In some instances, important examinations can be missed because the patient was unable to attend, and in the meantime each section of the service thinks she is being cared for by the other. The Standard Co-operation Record Card has been introduced in an attempt to solve this difficulty, and follow-up of defaulters at local authority clinics is undertaken by the domiciliary midwives and health visitors.

An increasing number of general practitioners are holding ante-natal clinics in their own surgeries, and the local domiciliary midwife also attends these clinics where she may see her patients and co-operate with the general practitioners in their ante-natal care.

Some surgeries are inadequate in size and equipment, and there have been requests from general practitioners for the use of local authority premises in which to hold their own ante-natal clinics. Following such requests in the Rhondda it was agreed that general practitioners should use local authority clinics free of charge for this purpose. The attendance of the midwife and health visitor is offered to the general practitioner and usually welcomed.

At local authority ante-natal clinics patients are seen monthly up to the twenty-eighth week and fortnightly from the twenty-eighth until the thirty-sixth week. Weekly visits are made from the thirty-sixth week until delivery. The patient's urine and blood pressure and weight are systematically checked at each visit and blood samples are collected for laboratory analysis. There is referral to a consultant obstetrician if necessary. It has not been possible to arrange for the occasional attendance of the consultant obstetricians at our ante-natal clinics, although it is felt that this would save the mother a great deal of travelling and waiting time.

Recommendation for hospital confinement may be made from the clinic either by referral to the consultant obstetrician or, where social conditions are unsuitable, to the Divisional Medical Officer.



#### STANDARD CO-OPERATION RECORD CARD FOR MATERNITY PATIENTS.

The introduction of a Standard Co-operation Record Card on a national basis was recommended by the Maternity Services (Cranbrook) Committee, and in February 1963 such a record was introduced.

As mentioned above, one aim of the card was to avoid confusion between the three branches of the Maternity Service and to ensure that all relevant information was readily available. The value of the record depends on its use by all branches of the Maternity Service and consultation, therefore, took place with the Executive Council and Hospital Management Committees, who all agreed to co-operate in the introduction of the card. There has been considerable criticism of the form of the record and the information supplied on it, and it is likely that a revised version will be issued.

#### CARE OF UNMARRIED MOTHERS.

The number of illegitimate births in Glamorgan during 1963 was 511, giving an illegitimate birth rate of 38.5 per thousand live births. The rate for England and Wales was 69.

Although the illegitimate birth rate for Glamorgan is substantially below that for England and Wales, increasing numbers of unmarried mothers are seeking our help. The reasons for this increase have variously been attributed to a loosening of family ties, relaxation of moral standards, and the increased freedom and money available to young people. As a Health Authority it is our duty to prevent by what means we can the agony of mind which comes to a girl and her family when she discovers that she is pregnant. Talks on all aspects of mothercraft and social responsibility are given in some grammar and secondary modern schools and the response of the pupils is encouraging, but this work can only be undertaken with the co-operation and support of headteachers and parents.

During the year fifty-six mothers were admitted under the County Council Scheme to hostels for confinement.

Most of the pregnant girls who seek help are youngsters—teenagers or in the early twenties—although occasionally married women with an illegitimate pregnancy are found accommodation when the circumstances justify their acceptance. Applications for admission are sometimes withdrawn due to the reconciliation with the family, and the health visitors do what they can in all cases to prevent disharmony between the girl and her parents.

The Salvation Army hostels in Cardiff and Bristol, the Cwmdonkin Shelter, Swansea, and the Llandaff Diocesan Church Home, Penarth, all give timely help to the unmarried mothers referred to them, and I am indebted to these bodies for their readiness to co-operate, often at short notice, in finding vacant places for the cases brought to their attention.

Girls are admitted to these hostels about six weeks before the expected date of confinement and are asked to remain for six weeks after the birth of the baby. This is to give the mother a chance to decide whether her baby shall be placed for adoption or whether it is possible for her to support the child. It is very difficult for an unmarried mother to support herself and a child financially, even if she is able to obtain lodgings and a job and find someone to care for the child in her absence. In the interests of the child most unmarried mothers place their babies for adoption unless their families are willing and able to bring the child up.



Help and advice to the unmarried mother both before and after the birth of the baby is given by health visitors and the diocesan social worker, who maintain a follow-up service to all mothers applying to them for help.

Accommodation and financial support are limited at all the hostels which now so willingly shelter the unmarried mother, and if numbers continue to increase it may be necessary to consider other arrangements.

#### ANTE-NATAL CLASSES.

Ante-natal classes are held in an informal and friendly manner; general advice is given on diet, hygiene, and any problem which may be disturbing the patient's peace of mind.

Miss J. M. Davies, the Deputy Principal Nursing Officer, has submitted the following report:—

“During 1963 there has been a steady increase in the numbers attending the ante-natal classes. Health education has a vital part to play in the Glamorgan Health Scheme. Classes were started by the health visitors in 1951 and have been growing steadily every year, and it is pleasing to note that all Divisions now participate in this work.

Individual teaching and direct advice given by medical officers, health visitors, and midwives, either in visits to their homes or in clinic sessions, still benefits the mother, but there is a growing demand for group teaching and participation. The health visitors, who are fully aware of the social background attitudes and beliefs of most of the expectant mothers, find that during the mothercraft classes the mothers seem to be able to ask most of the questions that perplex them. In a group, related experience will stimulate discussion, and it is at this stage that the health visitor can act as guide and philosopher, and in this way help the mothers to achieve health by their own actions and efforts.

Good mothercraft has come to mean much more than the maintenance of the children's physical health; it means providing each individual child with such care and guidance that he will be helped to reach the highest mental, physical, spiritual, and emotional plane of which each individual child is capable. This is also true of fathercraft, and by discussion and interchange of experience the standard of parentcraft in this country could be raised. The evening sessions for fathers are increasing, but at a much slower pace than the mothercraft classes. Where the classes are being held they are very much appreciated by husbands and wives, and it is to be hoped that in the future the number attending will be considerably greater.

The Health Department has now prepared a comprehensive health education programme for the future, and it is felt that as health education is an essential part of a preventive service a high priority will be given to the health education of parents in Glamorgan”.



#### CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 181 centres in use as infant welfare clinics, the majority being staffed by whole-time medical officers and health visitors, occasionally supplemented by other nursing help.

During the year 6,930 sessions were held; 318 of these were carried out under a long-standing arrangement by general practitioners employed on a sessional basis. In some clinics qualified nurses not holding a health visitor's certificate assist.

The total attendances decreased from 200,488 in 1962 to 200,053; the actual number of children who attended the various centres also decreased from 32,709 to 29,147. Most of the attendances are made during the infant's first year of life.

In 1963, 1,120 children were referred as a result of a medical examination either to a general practitioner or to a specialist for special diagnosis or treatment.

The table on page 22 gives details of the services provided for the care of mothers and young children during the year.

The examination of boarded-out children is arranged by me for the Children's Committee, either through the School Health Service or, for children over school age, direct with the general practitioners concerned. On this and similar matters of mutual interest and concern, close contact is maintained between the Health and Children's Departments. Meetings of officers called by the Children's Officer as co-ordinating officer, are held bi-monthly in each Health Division under the chairmanship of the Divisional Medical Officer to discuss individual difficult cases and problem families within the knowledge of both departments.

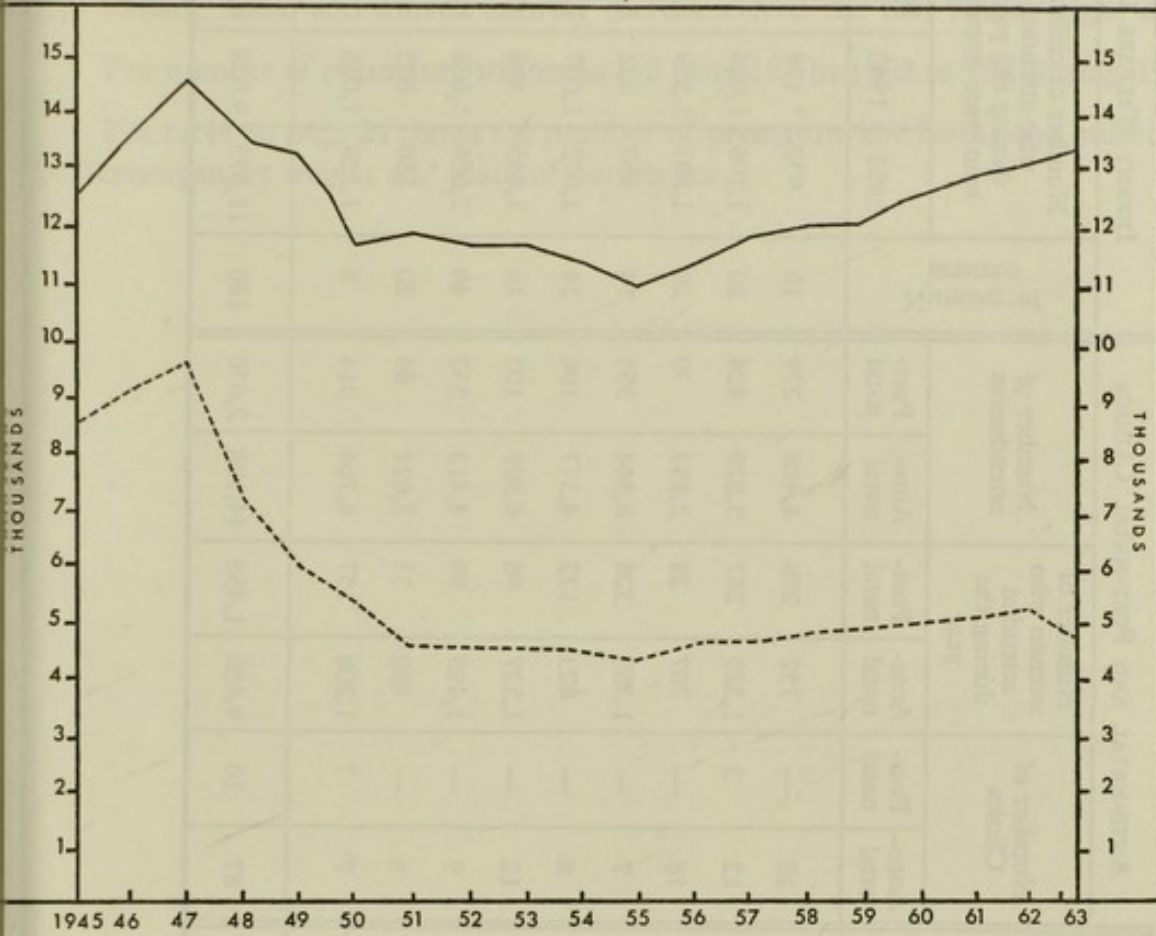
#### INSPECTION OF CHILDREN IN CARE OF COUNTY COUNCIL.

	Initial examination	Re-examination	Referred for treatment
Boarded-out children . . . .	106	315	77
Children in Children's Home	79	270	55
Children in Family Homes . .	37	249	54

"The Laurels" Nursery at Neath is under the general medical supervision of Dr. H. R. Stubbins, the Divisional Medical Officer, and the services of my department are also given in the special medical examination of boys and girls at remand homes, the Glamorgan Farm School, and the various Children's Homes, including the nursery established at "Cartrefle", Bridgend.

# BIRTHS

— Total Births  
 ..... Domiciliary Births





Health Division	BIRTHS				ANTE-NATAL AND POST-NATAL CLINICS				INFANT WELFARE CENTRES						
	Live births		Still-births		Number of Clinics		Number of women who attended during the year		Number of attendances		Number of children who attended during the year who were born in			Total attendances	
	Domiciliary	Institutional	Domiciliary	Institutional	Ante-natal	Post-natal	Ante-natal	Post-natal	Ante-natal	Post-natal	Number of centres	1963	1962		1958-61
Aberdare and Mountain Ash .. .. .	335	742	3	13	10	—	752	279	4,498	279	10	932	128	36	16,177
Caerphilly and Gelligaer .. .. .	653	716	6	21	12	3	1,329	287	5,829	424	20	1,106	1,004	810	21,509
Mid-Glamorgan .. .. .	724	1,377	4	32	18	—	707	28	2,453	30	29	1,807	1,559	1,799	38,000
Neath and District .. .. .	397	735	2	28	7	—	1,350	326	6,344	356	14	967	921	1,160	19,080
Pontypridd and Llantrisant .. .. .	555	663	2	27	6	—	823	122	4,377	106	14	1,072	1,037	1,530	21,317
Port Talbot and Glyncofrwg .. .. .	447	756	—	27	12	—	1,527	98	6,809	103	16	1,045	898	943	20,639
South-East Glamorgan .. .. .	668	1,776	2	33	9	—	1,495	86	4,413	332	49	2,006	1,628	1,589	35,199
West Glamorgan .. .. .	222	774	3	15	6	—	459	73	2,621	86	20	850	835	579	15,309
Rhondda .. .. .	789	845	9	38	7	7	1,208	157	6,764	314	8	1,228	1,018	660	12,823
Totals .. .. .	4,790	8,384	31	234	87	10	9,650	1,456	44,108	2,030	180	11,013	9,028	9,106	200,053

## PREVENTION OF PREMATUREITY AND THE CARE OF PREMATURE INFANTS.

Of the 949 premature live births notified, an increase of 45 on the figure for 1962, 182 were born at home or in a nursing home.

Excluding premature babies 3 lb. 4 oz. or less, 114 of the 124 born at home or in a nursing home and nursed entirely there survived the first twenty-eight days.

The number of premature stillbirths fell from 183 in 1962 to 158 during 1963.

The table on page 24 shows the number of premature live births and stillbirths in Glamorgan by weight and place of occurrence.



TABLE—PREMATURE BIRTHS (i.e. live births and stillbirths of 5½ lb. or less at birth).

1. Number of premature live births notified (as adjusted by transferred notifications).		2. Number of premature stillbirths notified (as adjusted by transferred notifications).	
(a) In hospital	(b) At home or in a nursing home	(a) In hospital	(b) At home or in a nursing home
.. .. .	.. .. .	.. .. .	.. .. .
767	182	144	14
Total .. .. .	949	Total .. .. .	158

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born in hospital						Born at home or in a nursing home						Born:	
	Total births			Died			Nursed entirely at home or a nursing home			Transferred to hospital on or before twenty-eighth day			In hospital	At home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2 lb. 3 oz. or less .. .. .	37	27	4	—	2	—	—	—	5	3	2	—	26	1
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. .. .. .	67	28	14	5	8	1	4	—	9	2	2	—	39	2
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. .. .. .	152	19	14	2	18	—	1	—	15	—	1	2	31	7
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. .. .. .	141	11	7	1	17	—	—	—	12	1	—	—	20	1
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. .. .. .	370	6	12	4	89	—	5	—	7	1	—	—	28	3
Total .. .. .	767	91	51	12	134	3	10	—	48	7	5	2	144	14



#### CONGENITAL MALFORMATIONS AND "AT RISK" REGISTER.

The Ministry of Health, realising the need for early identification of handicapped children in order that they may be provided with appropriate treatment and training during critical periods, have recommended the compilation by each local health authority of a register of such children. It is intended that the register should not only include those known to be handicapped, but also those considered to be "at risk", and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, and history of virus infection in the mother.

There were on the "at risk" register at 31st December, 1963, 4,857 names.

With the approval of the Welsh Board of Health, the Research Committee of the Welsh Branch of the Society of Medical Officers of Health set up a malformations register for Glamorgan and Monmouthshire and the County Boroughs within these County areas. The register will provide a source book for researches into the aetiology of specific defects and will be open to anyone interested in this field. At the same time tabular material relating to all births and to malformations will be available for the Medical Officers of Health of each of the local authorities.

#### SURVEY OF CHILDHOOD CANCERS.

The Department of Social Medicine at Oxford University is engaged on a nation-wide survey of childhood cancers. The Health Department has been collaborating in this work over the years. It is now likely that the survey will continue until the equivalent of a ten-year follow-up of the 1953-57 births has been achieved.

#### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Under this Act the County Council is responsible for the registration and supervision of establishments catering for the minding of three or more children during the day. The Act also provides for the registration of persons engaged in the day-minding of children for reward. There are ten child-minding establishments and twenty-one child-minders registered under the Act. Routine visits of inspection were paid during the year.

#### OTHER PROVISION.

In most of the Divisions special clinics are held for the benefit of mothers recommended by their family doctor as requiring advice on birth control for medical reasons and also for the treatment of minor gynaecological conditions. They are staffed by experienced women medical officers, and suitable appliances are available for purchase.

All these clinics are well attended.

#### DISTRIBUTION OF WELFARE FOODS.

At present more mothers tend to buy liquid milk at the cheap rate and milk foods of proprietary brands rather than National Dried Milk.

Although in 1962 the fall in the quantities of National Dried Milk sold was halted, there was last year a very sharp fall when only 60,789 tins were sold.



As may be seen from the following table, the new prices imposed in June 1961 for orange juice, cod liver oil, and vitamin tablets were followed by a fall in the sale of these products, although it is pleasing to note that last year there was an increase in the sale of cod liver oil and orange juice:—

	Tins of National Dried Milk	Bottles of Cod Liver Oil	Bottles of Orange Juice	Packets of Vitamin A & D Tablets
1960 .. ..	83,820	40,447	310,102	26,969
1961 .. ..	67,261	17,669	139,633	15,542
1962 .. ..	71,099	12,764	127,348	12,015
1963 .. ..	60,789	13,044	150,309	11,262

No evidence has been found in the County which would suggest that children are suffering from vitamin deficiencies resulting from the decrease in the sale of Ministry of Health vitamin supplements.

#### DENTAL CARE.

Mr. H. P. R. Williams, L.D.S., the Principal Dental Officer, has contributed the following report on the dental treatment of nursing and expectant mothers and children of pre-school age:—

“The year 1963 proved another difficult year in the treatment of nursing and expectant mothers and children of pre-school age, owing to the shortage of dental staff, which as my report as Principal School Dental Officer shows was an improvement on 1962.

#### *Treatment of Expectant Mothers.*

With the increase in the number of expectant mothers attending the general practitioners' surgeries for ante-natal care, it is to be expected that many will in turn be referred to a private dentist for any dental treatment they may require.

The fall from 808 in 1962 to 775 in 1963 was not as great as might, therefore, have been expected. It is, however, clear that many adults do not attend their dentists as frequently as is desirable. This is shown by the number of extractions of teeth of expectant mothers. In 1963 the extractions amounted to 2,354, an average of three for each of the 775 mothers compared with only 406 fillings—an average of one filling to two mothers. One would like to see these figures reversed, but delay and neglect leave no alternative but to extract the teeth.

#### *Treatment of the Pre-School Child.*

The number of children under five years of age treated at the Authority's dental clinics increased from 681 in 1962 to 725 in 1963. Whilst there was also an increase from 189 to 302 in the number of fillings it was still necessary

to extract far too many teeth (1,596). The extraction under a general anaesthetic of a number of teeth of a toddler is distressing to the dentist, who feels that this first introduction to a dental surgery may leave a marked impression on the mind of the child, who later will only reluctantly attend, and then usually too late for conservative treatment.

The ideal would be for mothers to bring their children to the clinic at an early age so that they can be inspected and registered—before any treatment is required—and recalled for inspection every four months. By this means the toddlers would gain confidence and at any visit would require very little treatment.

In the meantime an increasing emphasis is being placed on the importance of dental hygiene, which will form an important part of future health education programmes”.



DENTAL TREATMENT.

Health Division	EXPECTANT AND NURSING MOTHERS											CHILDREN UNDER FIVE YEARS OF AGE											
	Examined during the year	Commenced treatment during the year	Treatment completed during the year	Scalings or scaling and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Radiographs	Dentures provided Complete upper or lower	Dentures provided Partial upper or lower	Examined during the year	Commenced treatment during the year	Treatment completed during the year	Scalings or scaling and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Radiographs	
Aberdare and Mountain Ash	124	124	38	22	52	—	—	281	9	—	12	12	56	56	23	2	2	—	—	41	18	—	—
Caerphilly and Gelligaer ..	109	85	82	40	129	—	—	233	12	1	15	6	70	70	77	—	33	1	—	219	60	—	—
Mid-Glamorgan	47	42	33	43	10	—	—	247	145	3	22	11	122	122	22	22	19	1	—	538	46	—	—
Neath and District ..	51	48	9	4	19	—	—	108	26	—	5	4	47	47	11	—	12	4	—	141	53	—	—
Pontypridd and Llantrisant	102	102	60	—	228	—	—	349	46	—	36	18	63	63	28	—	54	—	—	100	53	—	—
Port Talbot and Glyncorrwg South-East	94	88	86	54	67	—	—	486	83	—	62	17	56	56	53	27	102	—	—	164	60	—	—
Glamorgan West	126	94	91	10	132	—	—	430	44	2	35	37	112	112	107	—	69	—	—	226	83	—	—
Glamorgan Rhondda	83	31	50	9	35	—	—	131	16	—	15	9	28	28	37	6	10	3	—	81	43	—	—
Borough ..	39	39	37	1	3	2	—	89	25	5	—	—	48	48	41	—	1	13	—	86	37	—	—
Totals ..	775	653	486	183	675	2	—	2,354	406	11	202	114	602	602	499	57	302	22	—	1,596	453	—	—



## SECTION 23—COUNTY MIDWIFERY SERVICE.

The numbers employed in this Service on 31st December, 1963, were as follows: the Principal Nursing Officer, her deputy, and 128 midwives, fourteen being engaged as nurse/midwives. There were five vacancies, but we were fortunate in recruiting four midwives to the domiciliary service to replace midwives who had reached retirement age. The greater proportion of midwives are still in the older age group, but there has been a steady trickle of younger recruits to the Service which is most encouraging.

Of the total number of 13,439 births during 1963, 4,821 were at home, which is a decrease of 337 on the figure for the previous year, 64 per cent of all births taking place in hospital. This decline in the number of domiciliary confinements is evident in all Divisions, but is much more marked in the West Glamorgan Health Division where the rate has been falling for some years, and only 22·2 per cent of births in the Division took place at home. In contrast the highest percentage of domiciliary confinements were in Caerphilly and Gelligaer Health Division (47·2 per cent) and Rhondda Borough (47·5 per cent). The figures relating to all the Health Divisions are shown in the following table. These figures reflect the variation in the number of maternity beds available in different parts of the County.

### BIRTHS.

Health Division	Total	Domiciliary No.	Institutional	
			No.	%
Aberdare and Mountain Ash ..	1,093	338	755	69·1
Caerphilly and Gelligaer ..	1,396	659	737	52·8
Mid-Glamorgan .. .. .	2,137	728	1,409	65·9
Neath and District .. ..	1,162	399	763	65·7
Pontypridd and Llantrisant ..	1,247	557	690	55·3
Port Talbot and Glyncoirwg ..	1,230	447	783	63·7
South-East Glamorgan .. ..	2,479	670	1,809	73·0
West Glamorgan .. .. .	1,014	225	789	77·8
Rhondda .. .. .	1,681	798	883	52·5
Totals .. .. .	13,439	4,821	8,618	64·1

During the year the preliminary report of the Perinatal Mortality Survey was published. One of its recommendations was that a greater proportion of "at risk" mothers should be confined in hospital. This led many of the obstetricians to revise their criteria for admission to hospital, both on medical and social grounds, and in order to accommodate the increased numbers of mothers who, for their own safety and that of the child, should be confined in hospital, it was found necessary to implement a scheme for planned early discharge. One such scheme was put into operation in the Pontypridd district.



It is most important that when a mother is to be discharged from hospital within forty-eight hours, she should be prepared and have adequate domestic help and suitable home surroundings. In order to achieve this a visit is paid to the home during the ante-natal period by the midwife, who will nurse her and her baby after discharge from hospital. As the numbers of mothers booked for forty-eight hour discharge increased it was considered advisable to appoint a midwife solely for this work. Early in the year a fully qualified midwife, who because of domestic commitments was unable to undertake full-time midwifery, was appointed to visit during the ante-natal period the homes of mothers booked for a forty-eight hour hospital stay and care for them on their return from hospital.

Early discharge from hospital (that is discharge before the tenth day of the puerperium) takes place all over the County, and the nursing of these mothers until the tenth day is undertaken by County midwives. During the year 2,558 cases delivered in hospitals were discharged before the tenth day. At first the midwives were a little reluctant to nurse patients whom they had not delivered, but realisation that it was in the best interest of the mother and baby to be confined in hospital has quickly led to an acceptance of this additional task.

Seven of the County midwives are approved teachers for the instruction of pupil midwives undertaking the domiciliary side of their training. There has been a Part II Midwifery Training School in Barry for many years, but during 1963 preliminary discussions took place between the Central Midwives Board, the Hospital Management Committee, and the local authority with a view to establishing a Part II School at Bridgend General Hospital.

It has for some years been the practice for midwives working in parts of the County where the midwifery case load is low to assist their colleagues in the home nursing service in the nursing of other than midwifery patients. During 1963 the number of such nursing visits was 9,370, an increase of 800 over the previous year.

#### ANALGESIA IN MIDWIFERY.

All County midwives have received training in the use of gas and air analgesia and have been supplied with apparatus for its use. There are also nine Trilene machines in each Division, and Trilene analgesia is used either alone or in conjunction with gas and air.

The report of the Perinatal Survey expressed some concern about the effect on the baby of gas and air analgesia administered to the mother, and during the year a great deal of work has been done by the Medical Research Council to perfect a machine which would administer gas and oxygen and be suitable for use in domiciliary practice. The results are so far encouraging, and it is hoped that this new apparatus will be available soon.

#### MATERNITY LIAISON COMMITTEES.

One of the recommendations in the Cranbrook Report was that local Maternity Liaison Committees be set up with a professional membership to ensure that the local provisions for maternity care in the area were used to the best advantage.



The Committee in some hospital groups within the County had not been over active, and the Ministry's recommendations regarding the use of a standard co-operation record card did much towards the revitalisation of some of the Committees.

The items discussed at these Committees have been varied and covered such matters as obstetric flying squads, a general practitioner maternity unit, forty-eight hour discharge, shortage of midwives, and the care of the premature infant. Co-operation between the obstetrician, hospital authority, and local health authority has been good.

#### SUPERVISION OF MIDWIVES.

This work devolves, in the main, on the Divisional Non-Medical Supervisors acting under the general direction of the Divisional Medical Officers, with the Principal Nursing Officer acting on my behalf as liaison officer.

Except in the Aberdare and Mountain Ash, Caerphilly and Gelligaer, Mid-Glamorgan, Pontypridd and Llantrisant, South-East Glamorgan Health Divisions and Rhondda Borough, where the supervision of the Home Help Service is done by the County Home Help Organiser or her assistants, the Non-Medical Supervisors of Midwives undertake some of this work which, in most Divisions, is shared with the Divisional Superintendent Health Visitors. In all Divisions the Non-Medical Supervisors are also responsible for the supervision of the County Home Nursing Service.

The following table shows the number of visits made by the Non-Medical Supervisors under the different headings of service:—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of visits including visits of inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Home Help Services	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoerrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
(a) To County Midwives ..	187	347	166	180	122	86	166	85	115	1,454
(b) To Nursing Homes ..	—	—	3	—	—	—	11	2	—	16
(c) To Home Nurses ..	136	282	102	88	45	39	177	90	101	1,060
(d) Home Helps visits ..	404	8	6	604	1,475	868	—	1,481	—	4,846

#### NURSING HOMES ACT, 1963.

Nursing homes have been registered by local authorities for many years, but they have been handicapped in enforcing proper standards because their only power of enforcing was by refusal to register or cancellation of registration, a step which could cause hardship to the patients therein.

Standards have now been broadly laid down in regulations made by the Minister of Health under the Nursing Homes Act, 1963. This means that nursing homes, whether run for profit or not, are brought into line with the rules governing the conduct of residential homes for disabled and old people, and nursing homes for the mentally disordered.



The new regulations require the persons running nursing homes to provide accommodation, care, and staffing of a satisfactory standard, and sets out in broad terms the facilities and standards which should be available. These include the provision of efficient nursing care by day and by night, reasonable accommodation, adequate and suitable furniture, bedding and nursing equipment, sufficient wash-basins, baths, and toilets; provide adequate heating, lighting, and ventilation, sufficient and suitable kitchen equipment; supply adequate suitable and properly prepared food. The premises shall be kept in good structural repair, clean, and reasonably decorated, and adequate precautions against the risk of fire and accidents must be taken.

There must also be suitable arrangements for the safe keeping and handling of drugs.

If the local authority considers that a particular home does not meet the required standards, it will now be able to give notice to the person running the home, specifying what in their view needs to be done. If, after a prescribed period, the authority's requirements have not been complied with a prosecution can be brought.

The following is a list of the nursing homes registered by the Authority as at 31st December, 1963:—

<i>Name and address of nursing home.</i>	<i>Accommodation provided.</i>
Plymouth Nursing Home, 122 Plymouth Road, Penarth	Thirty medical beds.
Marie Curie Memorial Foundation, Holme Towers, Penarth .. .. .	do.
Trebanos Nursing Home, Graig Road, Trebanos, Pontardawe .. .. .	Ten medical beds.
Glen Barlands Nursing Home, Bishopston, Swansea ..	do.

STATISTICS.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncofrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Maternity cases attended by Domiciliary Midwives during the period:										
Doctor booked ..	330	643	696	343	521	405	652	209	740	4,539
Doctor not booked ..	—	27	32	62	30	44	2	13	71	281
Doctor present ..	1	45	44	38	29	42	49	39	89	376
Doctor not present ..	329	625	684	367	522	407	605	183	722	4,444
Total number of confinements attended by midwives .. .. .	330	670	728	405	551	449	654	222	811	4,820
Number of cases delivered in hospitals, etc., but discharged and attended by County Midwife before tenth day .. .. .	347	309	113	303	257	208	446	266	309	2,558



POSTGRADUATE COURSES.

(a) *Midwives.*

A further refresher course was held at Dyffryn House from 21st to 27th April, 1963. In addition to Glamorgan County midwives, County midwives from Pembrokeshire, Cardiff, and Merthyr Tydfil County Borough Councils and hospital midwives from Glamorgan attended.

The total number of midwives was thirty-nine, made up as follows :—

<i>Sending Authority.</i>	<i>No.</i>
Glamorgan County Council .. .. .	20
Pembrokeshire County Council .. .. .	4
Cardiff County Borough Council .. .. .	1
Merthyr Tydfil County Borough .. .. .	2
Hospital Management Committee—	
Cardiff .. .. .	4
Merthyr and Aberdare .. .. .	2
Mid-Glamorgan .. .. .	3
Pontypridd and Rhondda .. .. .	3

— 12

Miss E. J. Moseley, County Nursing Officer, acted as Warden for the course and was assisted by Miss E. G. Thomas, Divisional Non-Medical Supervisor of Midwives for the West Glamorgan Division.

Dr. Mary Jenkins, Medical Officer, Welsh Board of Health, delivered the inaugural address "The Midwifery Service", and the following is a list of the other lectures and events:—

<i>Subject.</i>	<i>Lecturer.</i>
"Emotional Needs of the Pregnant Woman"	Dr. J. P. Spillane, Medical Superintendent, Whitchurch Hospital.
"Deafness and other Handicaps in Children"	Dr. Peter Gray, Department of Child Health, Welsh National School of Medicine.
"Aspects of Obstetric Analgesia and Resuscitation"	Professor W. W. Mushin, Department of Anaesthetics, Welsh National School of Medicine.
Symposium: "The Unmarried Mother"	Dr. J. Jacobs, Consultant Paediatrician, St. David's Hospital, Cardiff. Miss Beti Jones, Children's Officer, Glamorgan. Mrs. A. M. Cook, J.P., Organising Secretary, Llandaff Diocesan Association for Moral Welfare Work.
"Common Medical Disorders of Pregnancy"	Dr. J. G. Lawson, Department of Obstetrics and Gynaecology, Welsh National School of Medicine.
"Anaemias of Pregnancy" ..	Mr. A. Starritt, Consultant Obstetrician and Gynaecologist, Merthyr and Aberdare Hospital Management Committee.



<i>Subject.</i>	<i>Lecturer.</i>
"Rules of the Central Midwives Board"	Miss Z. M. Goodall, Educational Supervisor, Central Midwives Board.
"Parentcraft" .. .. .	Miss E. J. Moseley, Principal County Nursing Officer, Glamorgan.
"The Venthouse Vacuum Extractor"	Mr. J. A. Chalmers, Consultant Obstetrician and Gynaecologist, South Worcestershire Hospital Management Committee.

Visits were paid to:—

- Messrs. Cow and Gate Factory, Wincanton.
- Glamorgan School for Physically Handicapped Pupils, Penarth.
- Messrs. Marks and Spencer, Cardiff.

Films were shown on:—

- "Normal Delivery of Quads."
- "Jenny Comes Home."
- "Modern Wales."
- "That They may Live."

*(b) Non-Medical Supervisors of Midwives.*

A postgraduate course for non-medical supervisors of midwives was held at Bedford College, London, from 31st March to 5th April, 1963, when the following supervisors attended:—

Miss E. J. Moseley .. .. .	Principal Nursing Officer.
Mrs. M. MacPhail .. .. .	Pontypridd and Llantrisant Health Division.
Miss I. H. Jones .. .. .	Rhondda Borough.
Mrs. G. R. Thomas .. .. .	Aberdare and Mountain Ash Health Division.

**MEDICAL AID.**

This was summoned in accordance with the rules of the Central Midwives Board on 1,479 occasions. This compares with a figure of 1,375 for 1962 and 1,485 for 1961.

MIDWIVES ACT, 1951.  
SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1963.

Health Division	RELATING TO MOTHER			RELATING TO INFANT
	Ante-natal	Natal	Post-natal	
Aberdare and Mountain Ash	29	37	56	47
Caerphilly and Gelligaer ..	43	79	89	34
Mid-Glamorgan .. ..	31	60	50	26
Neath and District ..	31	27	21	23
Pontypridd and Llantrisant	8	33	61	19
Port Talbot and Glyncoffwrwg	5	35	33	24
South-East Glamorgan ..	25	57	77	30
West Glamorgan .. ..	20	6	20	1
Rhondda .. ..	57	85	139	61
Totals ..	249	419	546	265



## SECTION 24—HEALTH VISITING SERVICE.

The Health Visiting Service, which is just over one hundred years old, has been conscious for some years that the "image" it presents is rather a confused one. When the Service began it was concerned entirely to mitigate the appalling ignorance which prevailed of the proper care and upbringing of babies and young children and to alleviate the suffering caused by malnutrition, disease, and dirt. The first health visitors made their home visits armed with carbolic soap, flea powder, and tracts. Their public "image" was clear cut. With the gradual improvement in social and economic conditions, better housing, better food, better wages, and the dissemination of education, the physical environment has altered, and the majority of mothers today are living in clean comfortable homes, are able to afford the right foods for their babies, and understand the importance of cleanliness, vitamins, and immunisation. A great deal of the credit for this must go to the health visitor who, over the years, has worked quietly in the background, exhorting, advising, and educating. In addition to her work with mothers and young children the health visitor played the part in the School Medical Service, but in both the main emphasis was on physical health.

Official recognition of her work came in the National Health Service Act, 1946, which defined the duties of the health visitor as "giving advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection".

The passing of the Children Act, 1948, and the Mental Health Act, 1959, removed direct responsibility from the health visitor for certain aspects of her work. On the other hand the increasing number of elderly in the population called for her services in advice and help. With the growth of the Welfare Services and the increasing numbers of social workers—Child Care Officers, Health Welfare Officers, and Welfare Officers—the main field of work of the health visitor appears to remain with mothers and young children and in the promotion of good health in all members of the family. There is still, however, a need for what is sometimes called a "basic health worker" to advise the family as a whole on all aspects of the promotion of health and the prevention of disease. This worker must have a wide knowledge and experience of the range of "normal" and be in a position to call in the appropriate specialist visitor if there is deviation from normal. She must also undertake health education of the whole family age range whether on an individual basis or by means of more formal teaching and group discussion. The health visitor is well qualified by her long training in health and disease to undertake this basic family visiting, and indeed does do so at present. However, she may appear to the general practitioner and the public to work in isolation, and it is becoming increasingly evident that for her work to be really effective she must work in much closer liaison with the family doctor and combine her knowledge of the community services available and the social background of the patient with his treatment of illness and the promotion of health. In many Authorities this is achieved by the "attachment" of health visitors to family doctor practices and partnerships. The health visitor works in partnership with the doctor and does health visiting of the whole family on the basis of his case-load.



So far no "attachment" of health visitors to family doctor practices has taken place in Glamorgan, but a closer liaison has been achieved by notifying the doctors of the health visitors working in the areas covered by their practices and by installing telephones in clinic premises owned by the County Council so that doctors may get in touch with health visitors at these centres. This has resulted in a better working relationship, and many of the forward-thinking general practitioners have shown great interest in the idea of the "attachment" of a health visitor. This is a comparatively new idea and does present some practical difficulties, one of which is the shortage of health visitors.

The ten-year plan for the community Health and Welfare Services envisages an average of 0.16 health visitors per 1,000 population by 1973. The present ratio in Glamorgan is 0.13 per 1,000, and it is always difficult to fill vacancies. In order to offset the shortages a scheme for the sponsoring of student health visitors has operated for some years, and in 1963 there were eight students in training and six former students who qualified during the year were appointed to the staff. From 1964 the number of students sponsored is to be increased to ten.

On 31st December, 1963, the service comprised the Principal Nursing Officer and her deputy and 120 health visitors/school nurses and fourteen part-time clinic nurses. The clinic nurses (i.e. nurses on the General State Register but who are not health visitors) assist in some of the routine duties, thus freeing the qualified health visitor for her proper duty of consultation and education. They take a great interest in their work and are found to be of great help in the clinics in which they are employed.

#### STUDENTS.

Arrangements are made with the nurse training schools of the hospitals within the County for student nurses to spend some time on the district with a health visitor or home nurse.

Student health visitors who are taking health visitor training at the Welsh National School of Medicine do a period of practical field-work in the County. For a two-week period they are attached to health visitors in various parts of the County and undertake visiting in the homes under supervision, attend clinics, take part in mothercraft classes, and obtain an insight into all aspects of health visiting work in the County. This forms a valuable part of their training, and the period spent with our health visitors is much appreciated and enjoyed by the students.

Special enquiries to assist research or investigation undertaken by national organisations make additional inroads into the time of the health visitor, who finds extreme difficulty in fulfilling all the demands on the very limited amount of time available to her for home visits. In most, if not all, of her visits she finds opportunity to lay emphasis on health promotion as well as physical well-being, and her health education activities are given full scope wherever opportunity presents itself.

In addition to home visits undertaken as part of their School Health Service duties, health visitors made a total of 257,890 visits during 1963. This is 13,783 more than the figure for 1962. Their visits involved 64,341 families or households, and this number included 3,748 tuberculous households. The number of children under five years of age visited during the year was 54,535, which was 3,299 less than in 1962.



The time of the health visitor is not devoted exclusively to the duties under the National Health Service Acts, slightly less than one quarter of their time being employed on School Health Service work. Expressed in terms of whole-time service the number of health visitors devoted to health visiting was equivalent to 99.9 for 1963, which is 13.6 more than the previous year.

In her review of the services provided in the Mid-Glamorgan Health Division, Dr. Kathleen Davies reports as follows :—

“With the reduction of the number of health visitors to eleven it has been necessary to modify the times when babies are visited. Visits are now paid first of all about the fourteenth day, and at the second visit, approximately the sixth week the test for Phenylketonuria is carried out. At seven months the child is again visited and his hearing is then tested. As far as possible a fourth visit is made when the child is a year old. It is only to problem families and difficult children that any further visits are paid”.

#### HEALTH VISITING STATISTICS.

The tables on pages 39 and 40 show the number of health visitors employed in the respective Health Divisions, and the number of visits paid during the year.

NUMBER OF HEALTH VISITING STAFF.

Health Division	No. of Health Visitors, excluding Divisional Superintendent Health Visitors, employed at the end of the year		Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)
	Whole-time on health visiting	Part-time on health visiting	
Aberdare and Mountain Ash ..	—	12	9.8
Caerphilly and Gelliager ..	—	11	9.5
Mid-Glamorgan .. ..	—	11	8.9
Neath and District .. ..	—	13	10.6
Pontypridd and Llantrisant ..	—	12	9.9
Port Talbot and Glyncoffwrwg ..	—	11	9.6
South-East Glamorgan .. ..	—	18	15.8
West Glamorgan .. ..	—	12	9.8
Rhondda Borough .. ..	—	20	16.0
Totals .. ..	—	120	99.9



NUMBER OF VISITS MADE BY HEALTH VISITORS.

	Children born during 1963		Children born during 1962		Other children under 5 years		Persons 65 Years or over				Mentally disordered persons				Persons discharged from Hospital other than Mental Hospital				Tuberculous		Other infectious Diseases		Others		Total			
	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	At request of G.P. or Hospital		Others		At request of G.P. or Hospital		Others		At request of G.P. or Hospital		Others		First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits
							First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits										
Aberdare and Mountain Ash	1,044	5,331	1,052	5,185	3,009	7,686	103	81	1,632	1,144	7	2	32	51	23	15	143	112	486	688	556	215	2,274	3,491	10,361	24,001		
Caerphilly and Celligaer ..	1,453	3,509	639	5,223	906	6,596	18	35	110	604	3	23	11	148	5	6	25	56	75	493	43	22	476	958	3,764	17,673		
Mid-Glamorgan ..	2,040	3,539	1,952	3,227	3,067	3,183	25	63	213	433	—	—	—	—	21	—	74	21	460	111	203	36	1,695	3,639	9,750	14,252		
Neath and District ..	1,112	3,243	1,100	3,528	2,115	7,563	11	46	339	1,278	1	15	14	98	4	3	35	62	48	1,023	92	37	1,145	1,464	6,016	18,360		
Pontypridd and Llantrisant	1,239	4,923	1,109	5,527	3,980	7,149	6	39	102	710	—	—	1	20	—	3	7	25	34	1,041	12	48	513	829	7,003	20,314		
Port Talbot and Glyncoffwng	1,150	3,521	1,165	3,532	3,368	5,145	28	71	83	118	12	16	18	108	10	6	14	19	457	680	137	110	1,380	896	7,822	14,222		
South-East Glamorgan ..	2,489	9,651	2,487	6,749	5,437	6,977	66	103	180	449	13	16	34	66	14	5	18	32	365	362	33	18	986	990	12,122	25,418		
West Glamorgan ..	987	3,607	966	4,849	3,090	7,581	24	75	274	1,117	6	3	8	25	42	57	62	82	262	675	7	5	481	761	6,209	18,837		
Rhondda Borough ..	1,690	7,987	1,700	9,119	4,292	8,987	71	173	1,594	2,350	4	3	28	75	4	5	21	15	823	810	73	26	987	929	11,287	30,479		
Totals ..	13,204	45,311	12,170	46,939	29,264	60,867	352	686	4,527	8,203	46	78	146	591	123	100	399	424	3,010	5,883	1,156	517	9,937	13,957	74,334	183,556		



## REFRESHER COURSE.

A refresher course was held at Dyffryn House during Whit week, 1963, when thirty-five Glamorgan health visitors attended.

Miss E. J. Moseley, Principal Nursing Officer, acted as Warden of the Course, assisted by Miss G. Lougher, Divisional Superintendent Health Visitor, South-East Glamorgan Health Division. The following programme of lectures was arranged:—

<i>Subject.</i>	<i>Lecturer.</i>
Inaugural Address . . . . .	Dr. W. E. Thomas, County and Principal School Medical Officer.
“The Health Visitor and the Family Doctor” (Symposium)	Chairman: Dr. W. E. Thomas, County and Principal School Medical Officer.
“The School Refraction Service” . .	Dr. A. H. Haley.

During this course a two-day in-service course was arranged by the Central Council for Health Education, when the following lectures were given:—

<i>Subject.</i>	<i>Lecturer.</i>
“Priorities in Health Education Preventive Medicine”	Dr. D. Sasiemi, Deputy Medical Director, Central Council for Health Education.
“The Normal Child in its Environment”	
“Teaching Tactics—Role Playing”	Miss P. Collyer, Assistant Education Officer, Central Council for Health Education.
“Mass Communication in Health Education”	

The lectures were given during the morning sessions, the afternoon sessions being devoted to practical projects concerned with the preparation and presentation of visual aids to health education.

In addition, a visit of interest was paid to the Trufood Factory, Wrenbury.

## SURVEY OF GASTRIC CONDITIONS.

This survey, which has been in progress since 1951, under the direction of Dr. Ernest Evans, Consultant Physician at the East Glamorgan Hospital, continued during the year, and the services of one of the health visitors in the Pontypridd and Llantrisant Health Division are still being used in the follow-up of patients.

## THE HEALTH VISITOR AND THE FAMILY DOCTOR.

The importance to the patient that there should be the closest possible liaison between the Local Health Authority, the family doctor, and the hospital, in order that the greatest benefit is derived from their services, is fully realised, and in this connection the health visitor has an important part to play. In some areas it has been possible to achieve this by attaching a health visitor to a general practice. However, in Glamorgan this has not been possible, due to the large number of practices which often overlap.

It was considered that the desired co-operation could be secured by the general practitioners getting in touch with the health visitors themselves when they require an individual or family to have special support or help. In order to achieve this, and as health visitors are based on County Council clinics, a further twenty-six clinics were placed on the telephone and the general practitioners informed that they could contact a health visitor at these clinics between certain specified hours.



## SECTION 25—HOME NURSING SERVICE.

On 31st December, 1963, there were engaged in this Service 138 whole-time and twenty-four part-time home nurses. In addition, there were fourteen nurse-midwives.

Year	Cases attended	Visits paid
1955	17,851	520,299
1956	17,053	539,386
1957	17,198	572,066
1958	16,158	563,179
1959	15,385	558,095
1960	14,110	555,613
1961	14,416	551,845
1962	13,730	525,245
1963	13,026	535,442

Last year there was a decrease of 704 in the number of cases attended (13,026) compared with 1962. Compared with 1950 the number of cases fell by 2,484, but the number of visits increased by 143,581 from 391,861 to 535,442. These indicate that the type of illness attended by the home nurse is changing. Her work is much more with the older person who is not bedridden but needs regular nursing care of some kind—injections, bathing, dressings. These patients may remain under the care of the home nurse for long periods, and the nurse plays a valuable role in keeping them active and independent. The more acute case is usually admitted to hospital, and with the wider use of oral penicillin requests for a home nurse to give a course of penicillin injections are not so frequent. This has the effect of reducing the number of cases attended during the year; the increase in visits can be attributed to regular visiting of a smaller number over longer periods.

Details of the work done in each Division are shown in the table on page 43.

The following is a summary of the home nurses' work during 1963:—

Health Division	No. of cases attended		No. of visits made		Visits included in Columns 3 and 4 to cases who were:		Average No. of Cases attended by each Home Nurse	Average No. of Visits made by each Home Nurse
	Medical or Surgical (1)	Tuberculous (2)	Medical or Surgical (3)	Tuberculous (4)	65 years or over (5)	Under 5 years (6)		
Aberdare and Mountain Ash ..	842	22	61,385	764	43,018	609	59.6	4,286
Caerphilly and Gelligaer ..	1,717	16	68,620	464	41,165	1,262	96.3	3,838
Mid-Glamorgan .. ..	1,513	32	58,079	2,241	35,894	531	75.4	2,942
Neath and District ..	1,325	80	39,300	4,092	22,999	350	90.6	2,799
Pontypridd and Llantrisant ..	638	6	38,095	87	17,423	507	47.7	2,828
Port Talbot and Glyncoerrwg ..	1,037	42	33,920	3,669	20,624	366	83.0	2,891
South-East Glamorgan .. ..	2,221	28	81,333	2,547	56,208	456	90.0	3,355
West Glamorgan .. ..	1,528	24	59,246	1,126	38,062	393	104.9	4,079
Rhondda Borough .. ..	1,936	19	79,631	843	52,861	862	91.8	3,778
Totals .. ..	12,757	269	519,609	15,833	328,254	5,336	83.4	3,430
Totals 1962 .. ..	13,407	323	507,797	17,448	321,196	4,847	87.1	3,333



Case loads were heaviest in the Caerphilly and Gelligaer, Neath and District, South-East Glamorgan, and West Glamorgan Health Divisions, and Rhondda Borough.

Midwives with light case loads are sometimes able to assist home nurses in routine nursing duties, and 9,370 visits were made by midwives on their behalf last year, 800 more than in 1962.

Co-operation between the home nurses, hospital staffs, and general practitioners continues to be excellent.

The home nurse is playing an important part in maintaining the well-being of persons awaiting admission to hospital and in the continuity of nursing care on discharge. With a continuing ageing population, the demands for the services of the home nurse are likely to increase over the years, and, with this in mind, the establishment of this service will increase over the next ten years by seven whole-time home nurses.

#### QUEEN'S INSTITUTE OF DISTRICT NURSING.

The Authority applied, and were accepted during the year, into membership of the Queen's Institute of District Nursing.

#### DISTRICT TRAINING.

During the year arrangements were made for eight recently appointed home nurses to receive training in district work at Cardiff or Bristol at short-term courses.

These courses, which are residential and last for three or four months depending on previous experience, are taken at District Nurse Training Centres run by the Queen's Institute of District Nursing. Instruction is given in the adaptation of hospital techniques to the home situation, and supervision and help in the organisation and running of a district. There are lectures and discussion on all aspects of social welfare, and the agencies available to the district nurse in the care of her patients. Some experience is also given of the work of a district nurse in a rural area where the district nurse often combines the duties of home nurse, midwife, and health visitor.

The courses are of considerable benefit especially to nurses whose experience has been restricted to working in hospital. All the Glamorgan students were successful at the examination held at the end of the course, which qualifies them as Queen's District Nurses and entitles them to the National Certificate.

#### REFRESHER COURSE.

As an experiment two-day biennial refresher courses for home nurses were commenced during the year, and the first of the courses was held at the Cardiff Institute for the Blind, Bowchier Hall, Newport Road, Cardiff, on 29th and 30th October and 5th and 6th November.



The nurses were divided into two groups of fifty-one and fifty-eight, respectively. Each group had the same course of lectures, which were as follows:—

<i>Subject.</i>	<i>Lecturer.</i>
"Cardiac Disease" .. ..	Dr. D. A. Williams, Consultant Physician, Welsh Hospital Board and the United Cardiff Hospitals.
"The Changing Responsibilities of the District Nurse"	Miss L. Joan Gray, General Superintendent, Queen's Institute of District Nursing.
"Care of Old People" .. ..	Dr. M. S. Pathy, Consultant Geriatric Physician, Welsh Hospital Board.
"Rehabilitation" .. .. .	Mr. Meurig Williams, Consultant in Orthopaedic Surgery, Welsh Hospital Board.
"The Place of the Home Nurse in Civil Defence"	Mr. J. Hull, Administrative Officer, Public Health Department, Glamorgan County Council.
"Resuscitation" (External Cardiac Massage)	Dr. Peter Thompson, Consultant Anaesthetist, Welsh Hospital Board and the United Cardiff Hospitals.

The second course, held at Swansea Hospital, Park Beck Nurses' Home, Sketty, Swansea, on 12th, 13th, 19th, and 20th November, extended over two days, as did the first. Again the home nurses were divided into two groups of thirty-five and forty-one, respectively, the lectures being as follows:—

<i>Subject.</i>	<i>Lecturer.</i>
"Cardiac Disease" (with reference to Coronary Thrombosis)	Dr. H. William Howell, Consultant Physician, Glantawe and Mid-Glamorgan Hospital Management Committees.
"Modern Advances in Treatment of Diabetes and Epilepsy"	Dr. Esmond Rees, Consultant Physician, Glantawe Hospital Management Committee.
"Modern Surgical Methods" ..	Mr. C. Tanner, Consultant Surgeon, Glantawe Hospital Management Committee.
"Rehabilitation" .. .. .	Mr. Ivor J. Thomas, Consultant in Physical Medicine, Glantawe Hospital Management Committee.
"The War-time Role of the Home Nurse"	Mr. J. Hull, Administrative Officer, Public Health Department, Glamorgan County Council.
"Resuscitation" (External Cardiac Massage)	Dr. D. S. Jones, Consultant Anaesthetist, Glantawe and Mid-Glamorgan Hospital Management Committee.



The holding of two courses was very successful. Excellent arrangements were made for both, and I am grateful to the Glantawe Hospital Management Committee and Miss Smith, Matron of Swansea Hospital, for their hospitality. The nurses appreciated not having to travel so far, and the slight variations in approach to the same subject formed a useful basis for discussion.

#### MARIE CURIE MEMORIAL FOUNDATION.

With a grant from this voluntary association it has been possible during the year to provide extra nursing comforts, special nourishment, clothing, bedding, and day and night nursing.

The Marie Curie Memorial Association's Day and Night Nursing Service is intended to assist relatives of patients to obtain adequate rest periods from the responsibilities of nursing, in addition to caring for those who live alone. At the end of the year seventeen people had been appointed on behalf of the Association to act as night nurses.

A good working liaison has been established with the Marie Curie Nursing Home, Holme Towers, Penarth, and arrangements were made during the year to admit patients for a short stay while relatives were on holiday.

#### NIGHT SITTER-IN SERVICE.

The night sitter-in service commenced during the year. The objects of this service are to tend to the needs of critically ill patients, where no near relatives or neighbours are available and able to provide this care. Assistance may also be provided on one or two nights each week to give relief to a relative who is attending to a patient at other times.

The establishment of this service is at present nine, but it is obvious that the planned expansion to eighteen by 1973 will have to be reviewed. The demands for the services of a night sitter-in are growing steadily, and judging by the expressions of gratitude so far received it is a service which is very much appreciated.

The women appointed as night sitters-in are not necessarily qualified nurses, but all have had some nursing experience in home or hospital and are carefully selected for their suitability for this responsible work. Every patient who is attended by a "night sitter-in" is also visited during the day by the home nurses. Overall supervision of the service and assessment of need is carried out by the Divisional Nursing Officers under the direction of the Divisional Medical Officer.

### SECTION 26—VACCINATION AND IMMUNISATION.

#### SMALLPOX VACCINATION.

The total number vaccinated or revaccinated during the year was 1,056. This figure bears no relation to that for 1962, during the first part of which we were faced with an outbreak of smallpox.

The number of primary vaccinations is lower than one would expect. This is due to a change relating to the age at which primary vaccination should be carried out. Whilst there has been no change in the policy of vaccinating children as a matter of routine, it is now carried out during the second year of the child's life and not at the age of four to five months as previously.



#### IMMUNISATION AGAINST DIPHTHERIA.

The use of triple antigens, giving protection against diphtheria, whooping cough, and tetanus are now being increasingly used, thus reducing the number of clinic visits and injections. In an effort to further reduce the number of clinic visits it was agreed during the year that oral poliomyelitis vaccine be given to children at the same time as a triple vaccine injection.

During the year 9,580 children completed a full course of primary immunisation and 8,544 children were given a secondary or reinforcing injection. The corresponding figures for 1962 were 10,932 and 12,531, respectively.

No case of diphtheria was notified during the year.

Of the Glamorgan children born during 1962, it is estimated that 64 per cent had been immunised by 31st December, 1963. This compares with a figure of 62 per cent for Wales and 65 per cent for England and Wales.

#### WHOOPING COUGH.

There were 200 cases of whooping cough notified last year, but there were no deaths from this disease. The figure shows an increase of 172 compared with that for 1962, but 187 less than the figure for 1961.

The table on page 48 shows that 8,061 children were immunised last year.

#### VACCINATION AGAINST POLIOMYELITIS.

The new Joint Committee on Vaccination and Immunisation appointed by the Central and Scottish Health Services Council reviewed the arrangements for vaccination against poliomyelitis in the light of a year's experience of the use of oral vaccine in this country and recommended minor adjustments in the administration of the vaccine.

The Joint Committee also felt that it would be a sensible precaution to take limited special action locally immediately a single case of paralytic poliomyelitis is diagnosed clinically. They recommend giving one dose of oral vaccine to those children who would be more likely to be exposed to the same source of infection. Though concentration would be on the vaccination of children, it might be appropriate, in the light of local circumstances, also to offer vaccination to adults.

One case of paralytic poliomyelitis occurred in the County during the latter part of December. A girl, 2 years of age, who had not previously been vaccinated. Families in the vicinity of the girl's home were visited and informed that special clinics would be open, and during the following days 1,280 persons were given either a booster, first, second, or third dose.

The table on page 48 shows the various vaccination and immunisation procedures carried out during the year.



Health Division	Smallpox Vaccination		Diphtheria Immunisation		Whooping Cough immunisation	Poliomyelitis Vaccination					
	Number vaccinated	Number re-vaccinated	Number immunised	Number given booster injection		Number who received second injection	Number who received third injection	No. of persons who had received third injection at 31st December, 1963	No. of persons who had received fourth injection at 31st December, 1963	No. of persons given reinforcing doses of oral vaccine after:	
										Two Salk doses	Three Salk doses
Aberdare and Mountain Ash ..	47	20	859	1,155	446	—	958	17,964	4,422	6	1,275
Caerphilly and Gelligaer ..	65	3	873	137	842	—	1,208	21,735	4,495	287	397
Mid-Glamorgan ..	103	58	1,464	755	1,386	36	1,766	30,321	3,178	521	2,431
Neath and District ..	35	24	840	1,355	773	—	1,825	21,925	6,230	15	1,443
Pontypridd and Llantrisant ..	18	32	760	1,184	763	3	1,088	20,453	4,690	356	1,538
Port Talbot and Glyncoerrwg ..	75	—	990	201	819	6	875	23,455	5,976	76	1,142
South-East Glamorgan ..	159	200	2,141	1,827	1,395	192	3,334	34,695	1,076	1,762	5,828
West Glamorgan ..	91	35	651	297	649	35	650	19,384	2,216	37	1,075
Rhondda Borough ..	65	26	1,002	1,633	988	—	1,210	33,852	7,812	1,880	476
Totals ..	658	398	9,580	8,544	8,061	272	12,914	224,105	40,103	4,940	15,605

## SECTION 27—COUNTY AMBULANCE SERVICE.

The following review of the number of patients conveyed by the Service since 1949 shows, with few exceptions, a gradual increase each year, and it will be seen that by 1963 the number of patients conveyed had more than doubled. It is interesting to note that the mileage travelled by the vehicles had only increased by 29 per cent during this period.

It was anticipated in the early years that, as patients became accustomed to the free service provided, the demands would increase, but between 1953 and 1957 it appeared that these demands had "levelled out". However, since 1957 the requests for ambulance transport have continued their upward trend.

SUMMARY OF WORK DONE BY THE WHOLE SERVICE.

Year	Journeys	Patients	Miles
1949	69,961	130,113	1,391,644
1950	76,176	172,538	1,623,058
1951	70,439	202,300	1,585,194
1952	66,067	262,533	1,678,370
1953	65,172	284,305	1,712,490
1954	62,781	286,847	1,701,613
1955	60,329	283,622	1,659,636
1956	58,118	287,299	1,633,272
1957	57,280	286,476	1,587,433
1958	58,894	304,398	1,633,204
1959	61,045	317,342	1,677,347
1960	62,290	338,952	1,736,345
1961	60,073	347,823	1,764,245
1962	61,172	341,743	1,764,919
1963	61,767	344,383	1,795,519

At times it becomes extremely difficult to meet the heavy demands on the Service, and it is only by the continued efforts of the County Ambulance Officer and the co-operation of the hospital staffs that these demands are controlled. The growth in the establishment of geriatric day centres continues and is bound to add to these difficulties.

### VEHICLES.

It has been a complaint in past years that the chassis design and springing of ambulances in the medium price range have been basically that of a "commercial truck" and have not been renowned for their smooth-riding qualities.

However, during the year Morris Commercial Cars Ltd. planned and produced a chassis specifically for ambulance usage. To achieve the smoothness necessary in the transporting of patients a specially planned suspension has been incorporated including variable shock absorbers whose action is supplemented by an anti-roll bar. The prototype of this vehicle was delivered to this Authority in September, and although our operating experience of the vehicle is limited, the comments so far received have been favourable.



Diesel-engined vehicles were introduced into the fleet in 1954 as it was then thought that they would be suitable for all types of ambulance work and that the operating costs would be considerably lower than for petrol-engined vehicles. However, a comparison of costs of similarly designed vehicles operated over a period of eight years has shown that, due to heavy maintenance costs, the saving in the operation costs of diesel-engined vehicles has not materialised being less than  $\frac{1}{2}$ d. per mile.

In view of this, and the fact that petrol-engined vehicles have the following advantages, it has been decided that future replacements should be of this type of vehicle:—

(1) Easier starting—difficulties have been encountered in starting diesel vehicles on cold mornings, and on many occasions they have to be towed to start. This presents a difficulty at one vehicle sub-station.

(2) Petrol vehicles are quieter, smoother running, and do not vibrate as much as diesel vehicles. They give off less fumes and rarely emit black smoke.

(3) They give an improved acceleration which may be vital when conveying an emergency case through heavy traffic.

(4) The petrol engine runs hotter than the diesel engine and consequently the vehicle heaters are more effective.

#### PREMISES.

The Ambulance Control Station at Neath was for many years housed in part of the Old Town Hall. The accommodation was most inadequate and unsatisfactory, both for personnel and vehicles. The Committee, therefore, authorised the purchase of the freehold interest in a garage, workshop, and offices at Canalside, Neath. The work of adaptation of these premises has been completed, providing ample space for vehicles and much needed amenities for the personnel.

#### NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957.

This Amendment Act gives local health authorities power to provide ambulances on standby duty at sports meetings and other large public gatherings to deal with possible casualties. The promoters of the meetings are charged for this provision.

Requests by organisers of horse and motor car and cycle race meetings for attendance of ambulances have increased, and ambulances attended thirteen such meetings during the year which represented an income of almost £84 to the Authority.

Similarly, local health authorities have power to carry out, on an agency basis and subject to repayment, ambulance facilities for industrial undertakings required by statute to provide ambulance facilities for their employees. However, changes have been made in the last few years in the statutory requirements for certain classes of industrial undertakings, and the number of undertakings required to make provisions for obtaining ambulance transport for injured employees has diminished.

During the year 3,158 patients were carried on behalf of the National Coal Board, a distance of 47,550 miles.



The Chief Inspector of Weights and Measures, Mr. Gwilym Morgan, has freely given his advice on the many matters which arise relating to petrol and derv supplies and the purchase and installation of pumps at stations. His interest and expert knowledge on these and kindred matters has been invaluable.

#### MONTHLY TOTALS OF WORK DONE.

1963	Patients	Journeys	Mileage
January ..	21,893	4,762	130,962
February ..	24,397	4,553	133,103
March ..	30,021	5,227	156,136
April .. ..	29,242	5,125	150,098
May .. ..	33,107	5,571	164,385
June .. ..	27,519	4,912	141,964
July .. ..	30,678	5,349	156,766
August ..	26,898	5,155	147,498
September ..	29,017	5,204	150,118
October ..	32,781	5,667	163,976
November ..	31,380	5,181	156,208
December ..	27,450	5,061	144,305
Totals ..	344,383	61,767	1,795,519

#### COMPARATIVE SUMMARY OF WORK DONE.

Control Station	1962			1963		
	Journeys	Patients	Mileage	Journeys	Patients	Mileage
Aberkenfig ..	9,368	38,869	266,981	9,575	38,306	271,839
Bargoed .. ..	6,959	44,615	208,991	6,670	40,744	209,184
Barry .. ..	6,734	33,199	177,761	6,894	34,350	185,040
Gorseinon ..	6,516	30,919	195,063	6,716	33,009	197,670
Neath .. ..	9,876	42,904	232,900	9,825	45,162	235,987
Pontypridd ..	13,049	98,389	430,033	13,132	95,820	436,585
Trealaw .. ..	8,670	52,848	253,190	8,955	56,992	259,214
Totals ..	61,172	341,743	1,764,919	61,767	344,383	1,795,519



#### DAMAGE TO VEHICLES.

The vehicle accident rates for 1962 and 1963, classified in control areas, are set out in the following table, which shows that ambulance vehicles were involved in 131 accidents in 1963. This shows an increase over the previous year, an increase which was mainly attributable to the severe weather conditions in the early part of the year. All the accidents were of a minor character, and on no occasion during the year was it necessary for the Committee to interview any driver.

#### ACCIDENT RATES.

1962				1963			
Control area	No. of operational vehicles	No. of accidents	Accident incidence per 10,000 miles	Control area	No. of operational vehicles	No. of accidents	Accident incidence per 10,000 miles
Bargoed ..	9	5	0.239	Bargoed ..	10	9	0.430
Aberkenfig	14	11	0.412	Aberkenfig	14	12	0.441
Gorseinon	9	9	0.461	Neath ..	13	16	0.678
Barry ..	8	9	0.506	Pontypridd	18	31	0.710
Trealaw ..	10	14	0.553	Trealaw ..	11	23	0.887
Pontypridd	17	24	0.558	Barry ..	9	19	1.027
Neath ..	13	17	0.730	Gorseinon	9	21	1.062

#### CONVEYANCE OF PATIENTS BY TRAIN.

The following table shows the number of patients conveyed by rail since 1955:—

	Recumbent	Sitting up	Total
1955	47	133	180
1956	34	149	183
1957	41	152	193
1958	36	152	188
1959	33	142	175
1960	42	121	163
1961	31	171	202
1962	27	158	185
1963	26	155	181

During the past years, there has been an increase in the number of diesel-engined passenger trains operating on British Railways. These trains have open compartments and are unsuitable for the conveyance of recumbent cases. Consequently, the number of these cases conveyed by train have gradually decreased. This has meant an increase in the demand for ambulances for long distance journeys. In such cases, speed and comfort with safety are necessary requirements in the vehicle to be used.



## REORGANISATION OF THE AMBULANCE SERVICE.

The installation of new radio equipment coupled with improvements in the Post Office telephone service and the introduction of automatic telephone exchanges and subscriber trunk dialling systems are providing a much better communication system and increasing the flexibility of the Ambulance Service.

Prompted by these and other associated factors, the Committee decided to review the structure of the Ambulance Service so that full advantage could be taken of the new facilities in the operation of the Service.

Following this review the Committee decided to reorganise the structure in four stages, namely:—

### *Stage 1.*

That general practitioners be encouraged to make greater use of the 999 Emergency Call System in real emergencies and that the G.P.O. Telephone Service be requested to route all such calls to one of two selected Control Stations where these calls can be dealt with promptly and an active service maintained for twenty-four hours a day.

### *Stage 2.*

The discontinuance of certain shifts worked by Assistant Superintendents in five stations and the consequent redeployment of the officers at other periods to provide (a) additional assistance and (b) holiday and sickness reliefs.

### *Stage 3.*

The enlargement or resiting of some sub-stations with a view to introducing twenty-four hours' active cover at strategic points. This will involve the closure of some sub-stations and an alteration of the present "on call" system whereby apart from the seven Control Stations only two sub-stations at Aberdare and Port Talbot provide twenty-four hours' active cover.

### *Stage 4.*

The implementation as soon as practicable of new methods of communication, e.g. Telex.

Stages 1 and 2 were implemented during August 1963.

As from 8.00 a.m. on 1st August, 1963, all 999 Emergency Ambulance Calls have been routed to either Pontypridd or Neath, where an active service has been maintained for twenty-four hours a day.

With the routing of the 999 Emergency Calls to Pontypridd and Neath, the remaining Controls have been closed between 10.00 p.m. and 8.00 a.m. each day. Further improvements in the Control arrangements are under consideration.



In Stage 3, the Committee has decided that the establishment of Stations providing twenty-four hours' active cover in the following centres would bring about improvements in the Service:—

<i>Pontypridd.</i>	<i>Neath.</i>
Aberdare	Aberkenfig
Bargoed	Blackmill
Barry	Cymmer
Caerphilly	Glyn Neath
Cowbridge	Gorseinon
Ferndale	Maesteg
Gilfach Goch	Pontardawe
Talbot Green	Port Talbot
Trealaw	

together with sub-stations at:—

Nelson	Porthcawl
Whitchurch.	Reynoldston.

This will mean, with the exception of Glyncorrwg which will be retained for adverse weather conditions, the eventual closure of the following premises:—

Coedely.	Penrhiwceiber.	Caerau.	Onllwyn.
Hirwaun.	Pontlottyn.	Clydach.	Pencoed.
Llantrisant.	Treherbert.	Cwmllynfell.	Pontycymmer.
Llantwit Major.	Ynysybwl.	Glyncorrwg.	Seven Sisters.
Penarth.		Gwauncaegurwen.	Ystalyfera.
Mountain Ash.		Kenfig Hill.	Resolven.
		Ogmore Vale.	

#### CIVIL DEFENCE CORPS—AMBULANCE AND FIRST-AID SECTION.

In June 1962 the Home Office issued a circular letter providing for the reorganisation of the Civil Defence Corps. By this reorganisation the County Civil Defence Officer is solely responsible for training, whilst the Heads of Sections of the Corps are responsible for operational matters and for ensuring that members of their Sections are properly trained. This has presented certain problems in maintaining the necessary close liaison with the volunteers.

Volunteers of the Ambulance and First-Aid Section assisted in an exercise arranged by the Welsh Hospital Board to test the casualty evacuation chain outlined in the Home Office Training Memorandum and to study the deployment and operational control of an ambulance column working in conjunction with a forward medical aid unit.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.  
TUBERCULOSIS.

TABLE I.—NOTIFICATIONS.

Year	Pulmonary		Non-pulmonary	
	Notification	Rate per 1,000 population	Notification	Rate per 1,000 population
1945	1,010	1.45	283	0.41
1950	923	1.25	196	0.27
1951	831	1.14	179	0.24
1952	832	1.14	149	0.20
1953	956	1.30	120	0.16
1954	761	1.03	126	0.17
1955	716	0.97	113	0.15
1956	618	0.84	75	0.10
1957	572	0.77	82	0.11
1958	499	0.67	62	0.08
1959	450	0.60	66	0.09
1960	415	0.56	60	0.08
1961	356	0.48	49	0.07
1962	318	0.42	41	0.05
1963	281	0.37	31	0.04

TABLE II.—DEATHS.

Year	Pulmonary		
	Total deaths in Glamorgan	Death rate per 1,000 population	
		Total Glamorgan	England and Wales
1945	416	0.60	0.52
1950	325	0.44	0.32
1951	280	0.38	0.27
1952	218	0.30	0.21
1953	202	0.27	0.18
1954	181	0.25	0.16
1955	162	0.22	0.13
1956	139	0.19	0.11
1957	102	0.14	0.09
1958	98	0.13	0.09
1959	87	0.12	0.08
1960	90	0.12	0.07
1961	88	0.12	0.06
1962	85	0.11	0.06
1963	91	0.12	0.06



#### INCIDENCE.

As will be seen from the table on page 55, pulmonary tuberculosis notifications in Glamorgan were 281, as compared with 318 in 1962.

Whilst there has been a drop in the number of notifications, the number of deaths from pulmonary tuberculosis increased from eighty-five in 1962 to ninety-one last year, giving a death rate of 0·12 per 1,000 of the population, compared with a figure of 0·06 for England and Wales.

It is interesting to note that of the ninety-one deaths only one person was under the age of 25 years, whereas in 1950 there were 325 deaths, of which forty-three were under the age of 25 years.

With the increasing use of modern drugs, B.C.G. vaccination, and mass X-ray, we have seen over the last ten years a great decrease in the number of cases notified.

In Glamorgan the number of cases has fallen by 79 per cent over the past ten years from 956 to 281.

Whilst it cannot be stated that all cases of tuberculosis come to the notice of the chest clinic, it is obvious that with the better diagnostic facilities fewer cases remain undetected in the community.

During the year a case of tuberculosis occurred amongst the children attending a junior mixed school and, as a result, a survey was carried out to discover any evidence of tuberculosis amongst the children attending the school. One hundred and eighty-six children were Mantoux tested with eleven positive results. These eleven children were referred to the local chest physician for X-ray and examination and all were found to have no evidence of active disease.

Annual serial testing of all school children has continued in the Caerphilly and Gelligaer Health Division, and reference to this survey is made on pages 135 and 136.

#### B.C.G. VACCINATION.

B.C.G. vaccination was administered by the chest physicians to 1,567 contacts of patients in their care. School children contacts numbering 346 were also vaccinated with B.C.G. by assistant school medical officers. In addition, 5,887 children, an increase of 843 over the previous year, were vaccinated by assistant school medical officers under arrangements first introduced for school leavers in 1953 and extended in 1959 to older school children and students.

Following receipt of Circular 6/61 from the Welsh Board of Health (30th January, 1961), the Committee authorised the extension of the scheme for B.C.G. vaccinations, so that this protection should be offered to children between 10 and 13 years of age in appropriate cases.

The tables on pages 57 and 58 show details of the work done in each Division and by the chest physicians:—

B.C.G. VACCINATION.

Division	School children scheme				Students attending further education establishments			
	Number skin tested	Number found positive	Number found negative	Number vaccinated	Number skin tested	Number found positive	Number found negative	Number vaccinated
Aberdare and Mountain Ash ..	578	90	488	488	—	—	—	—
Caerphilly and Gelligaer ..	959	65	894	472	—	—	—	—
Mid-Glamorgan ..	1,344	162	1,179	1,166	—	—	—	—
Neath and District ..	602	63	536	524	—	—	—	—
Pontypridd and Llantrisant ..	694	183	401	397	—	—	—	—
Port Talbot and Glyncofrwg ..	730	85	592	581	—	—	—	—
South-East Glamorgan ..	1,052	167	841	829	—	—	—	—
West Glamorgan ..	591	56	519	526	14	2	11	11
Rhondda Borough ..	1,217	307	910	893	—	—	—	—
Totals ..	7,767	1,178	6,360	5,876	14	2	11	11



## CONTACT SCHEME.

Chest Physician	Number skin tested	Number found positive	Number found negative	Number vaccinated
Dr. T. W. Davies (Swansea) ..	105	11	94	84
Dr. R. G. Prosser-Evans (Neath and Port Talbot) .. .. .	271	59	212	173
Dr. H. Trail (Bridgend) .. ..	258	81	157	248
Dr. E. A. Aslett (Merthyr and Aberdare) .. .. .	352	172	180	99
Dr. J. Glyn Cox (Pontypridd and Rhondda) .. .. .	1,113	234	669	823
Prof. F. Heaf (Rhymney and Sirhowy)	140	34	106	98
Dr. S. H. Graham (Cardiff) .. ..	Not known	Not known	Not known	42
Divisional Medical Officers .. ..	378	14	364	346
Totals .. .. .	2,617	605	1,782	1,913

## HEALTH EDUCATION.

Health education, which aims at promoting the well-being of the individual, should form a part of every medical and nursing activity, and all members of the staff are encouraged to bear this in mind whenever they have contact with individuals during the course of their normal work. The health visitors, in particular, have shown great interest and activity in this field, giving group talks to mothers in the clinics on many topics. Film strips and various forms of demonstration material have been made available for the health visitor's use, while some have also made their own posters and models.

The health visitor, who visits people of all ages, has the opportunity of advising many people who for one reason or another would not seek this advice on their own accord. With the current tendency for the health visitor to be regarded as the social worker in the homes of the elderly, she will have to contend with a growing number of aged people with pre-conceived and well-established ideas of health and welfare. It is important, therefore, that the health visitor shall have extensive training in the technique of teaching health education because not only will it be necessary for her to have an extensive knowledge of preventive health, but she must also be trained in the art of imparting this knowledge to others.

Not only the health visitor but the home nurse and midwife, who work in close contact with the general practitioner, are in an excellent position to educate the family in health matters.

Arrangements were made for the mobile dental health exhibition of the General Dental Council to visit the Vale of Glamorgan Show, Cowbridge, on 21st August. Six cartons of apples were provided free of charge by the Fruit Producers Council, London. When it became known that free apples were available the exhibition became very popular and provided an excellent opportunity for the Area Dental Officer and the Dental Auxiliary, who were present, to give advice on dental care.



The stand was visited by most of the people who attended the show and was undoubtedly a great success, particularly with the children.

The work of the Health Department and that of the Divisional Health Committees received good local press publicity during the year, particularly about smallpox vaccination, poliomyelitis vaccination, and other branches of activity where it was most desired.

#### SMOKING AND CANCER OF THE LUNG.

During the year there were 270 deaths from cancer of the lung, this being twenty-five less than during 1962.

During the year arrangements were made for the use of the mobile unit of the Central Council for Health Education to supplement publicity campaigns which had been commenced in the Health Divisions. However, due to heavy bookings it was not possible for the unit to be allocated until the early part of 1964.

It was considered that the best use could be made of the unit by concentrating its activities in only one of the Divisional Health areas and endeavouring to visit each of the grammar and secondary modern schools with visits to colleges and as many youth centres as possible. Visits were made during the year to these establishments in order to make prior arrangements for the visit of the unit.

Throughout the County posters are displayed in clinics, shops, cafes, and official premises. Frequent talks are given by medical officers and health visitors at clinics and to special groups such as youth clubs, young wives clubs, and school debating societies.

On the activities in the Caerphilly and Gelligaer Health Division, Dr. D. J. Anderson, the Divisional Medical Officer, reports as follows :—

“(1) The film ‘Spotlight on Smoking’ has been shown in most of the secondary boys’ and girls’ schools and in the Ystrad Mynach College of Further Education. This has been followed by a discussion session. To be really effective this will have to be followed up with further sessions.

(2) Posters have been made available for display in all senior schools but have not produced any startling comment from staff or pupils.

(3) A schools poster drawing competition was tried but, so far, has not met with much success.

(4) An anti-smoking club, thought to be the first of its kind in Wales, has been started in the Bargoed Secondary Boys’ School. This club is going well, with a variety of continuing activities including talks, visits, preparation of an exhibition stand, showing and making of films and strips, etc.

(5) Posters have been displayed in clinics.

(6) Posters have been made available to the National Coal Board for display in various Board premises.

For the future the Headmaster of a second school in the area has indicated that he would like to help in the setting up of another anti-smoking club, the health visitors are developing a programme of health education talks in schools which will include comment on the dangers of the smoking habit and film shows, and discussion sessions are to be held in the remaining schools in the area before the end of the year”.



In the West Glamorgan Health Division smoking has been prohibited in the clinics, but some mothers have taken exception as they are allowed to smoke in hospital out-patient clinics.

It would seem that no matter how efficiently a campaign is planned the result would appear to be disappointing. I believe that local effort must be supported by national action, and I was pleased to see during the year a Ministry of Health memorandum to hospital authorities about smoking in hospital. The memorandum asks hospital boards and committees to review their rules about smoking in hospitals. The general attitude to smoking should be one of discouragement. Smoking by outpatients and those accompanying them should generally be forbidden. It also gives guidance on the smoking by in-patients, sales of cigarettes, smoking by visitors and staff.

#### ISSUE OF MEDICAL COMFORTS.

Items of medical comforts are issued free on loan on medical recommendation to patients being nursed at home, and 4,343 items were issued, compared with 4,500 in 1962, mainly from the Divisional Health Offices, although the home nurses also have a small supply of those articles in greatest demand, namely bed pans, air rings, and rubber sheets. The more cumbersome types of invalid chairs are being replaced by modern lightweight chairs, which are easy to handle.

This little-advertised service, by making nursing requisites readily available, adds to the comfort of the patient and eases the burden of those members of the family who undertake the care of the patient during intervals between the visits of the home nurse.

#### AFTER-CARE OF PARAPLEGICS.

Industrial injuries and road accidents resulting in paraplegia bring requests from the orthopaedic hospitals for the provision of special equipment necessary for the nursing care of the injured on discharge from hospital.

Five applications were dealt with during the year. Co-operation was maintained with the Director of Welfare Services in these and other cases where the patient's place of residence required any structural adaptation to increase comfort or mobility.

#### INCIDENCE OF BLINDNESS.

The work of examining all applicants for inclusion in the registers of blind and partially-sighted persons maintained by the County Director of Welfare Services has continued. During the year 780 examinations were carried out, 473 being first examinations.

In the western part of the County, examinations are carried out by the consultants at their private consulting rooms, at the local hospital, or, where the patient is unable to travel, the consultant is requested to make a domiciliary visit and, in addition to the examination fee, a mileage allowance is paid. Dr. Gwladys Evans, the Senior Medical Officer, continues to carry out the examinations and re-examinations in the eastern part of the County. Where, however, a patient has been seen by a consultant and the patient is not already on the register of blind or partially-sighted persons, the consultant completes the Form B.D.8 and the appropriate fee is paid.



Some indication of the prevalence of the various causes of disability is given by the following :—

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS.

	Cause of disability			Total
	Cataract	Glaucoma	Others	
(1) Number of examinations during 1963	—	—	—	780
(2) Number of persons registered as blind or partially sighted during 1963 ..	174	53	234	461
(3) Number of persons at (2) recommended for:				
(a) No treatment .. .. .	53	13	146	212
(b) Treatment (medical, surgical, or optical) .. .. .	121	40	88	249
(4) Number of person at (3) (b) who, on follow-up action, have received treatment .. .. .	51	15	25	91

Senile cataract is still the principal cause of blindness.

At the end of the year there were 2,139 persons on the blind register and 782 on the partially-sighted register (including Rhondda).

Arrangements for the home teaching, visitation, and social welfare of these persons are made by the Welfare Services Department.

OPHTHALMIA NEONATORUM.

During the year six cases of ophthalmia neonatorum were notified.

PROVISION OF CONVALESCENCE.

Arrangements were made for the admission of 309 Glamorgan patients to the Porthcawl Rest under this scheme, but only 272 actually accepted the vacancies when offered.

CO-ORDINATION COMMITTEES.

These Committees continue their useful, if unspectacular, work in the Health Divisions. They usually meet at two-monthly intervals and are attended by those officials, including representatives of voluntary bodies, who are directly interested in the supervision of the families under discussion.

The Committees have been in operation since 1951. They exercise supervision over a hard core of families, some of whom have been under surveillance for many years. It would be extremely difficult to evaluate the results obtained in the efforts to assist some of these cases. Where improvement is not readily discernible after long periods of intensive effort on the part of the health visitors and other social workers concerned, something is being achieved when further deterioration of standards is halted or prevented.



## CHIROPODY SERVICE.

During the year local authorities were beginning to benefit from the availability of additional chiropodists as a result of registration, and at the end of the year the service in Glamorgan consisted of six whole-time officers. It is hoped to appoint a further six during 1964, and future plans aim at an establishment of twenty whole-time chiropodists by 1967 and twenty-four by 1974.

On 31st December, 1962, patients were able to receive treatment at twenty-one centres; by 31st December, 1963, this number had increased to forty-nine. The service is now available in many towns and villages where there was previously no private chiropodist, this has resulted in much less travelling time for the patient. Where a patient is too ill or incapable of travelling to the clinic, arrangements are made for the chiropodist to make a domiciliary visit.

On the work of the Chiropody Service, Mr. L. G. Burland, M.Ch.S., has submitted the following report:—

“During 1963 the demand for treatment under the County Council arrangements has, as anticipated, increased, and treatment has been given to patients as follows—

<i>Old age pensioners.</i>	<i>Handicapped persons.</i>	<i>Blind persons.</i>	<i>Expectant mothers.</i>	<i>Diabetics.</i>	<i>Others.</i>
4,628	139	72	14	127	68

With the increase in staff it has been possible to treat a greater number of people, and the number of cases attended increased from 2,602 during 1962 to 5,048 during 1963.

Patients have expressed gratitude for the treatment given and also for the interest taken in them in such matters as foot hygiene and the correct fitting of shoes. They, in return, are asked to help in their treatment by following the advice given them by the chiropodist.

It is becoming increasingly manifest that patients often are in need of systematic treatment for conditions affecting the feet, to mention but a few: anaemia, arteriosclerosis, arthritis, diabetes.

Where it has been necessary to refer patients to their own doctors for particular treatment, they have in all cases given their fullest co-operation, and where the occasion arises patients have been referred by their practitioners to hospital for specialised treatment.

Although there is a long waiting period in between treatments, with the appointment of extra staff it is hoped that this waiting period will be reduced and that more patients in need of domiciliary treatment will be catered for”.

## CARE OF THE AGED.

The number of aged in the community continues to increase. At the time of the census in 1961 there were in Glamorgan 81,785 persons aged 65 years and over. The Registrar-General's most recent estimate of the over-65 population in Glamorgan is 84,200 which he estimates will increase to 104,500 by 1974.



The appointment of consultant geriatricians by the Welsh Hospital Board has brought about a more direct link between the general practitioners, local health authority, and hospital services in the effort that is now being made to improve the health and welfare of the ever-increasing number of elderly persons living in the County.

Day centres for Physiotherapy and other forms of rehabilitation have been established by some of the hospital management committees, thus giving interest, fresh hope, and a new outlook to those for whom very little has been done previously. As more centres are established, a greater burden is thrown on the Ambulance Service, which at times finds difficulty in meeting these additional demands. Ambulances are not the ideal vehicles for transporting these cases, and the provision of omnibus transport is being considered.

The continuing shortage of health visiting staff limits the amount of time which can be given to visiting the aged, and in most Divisions visiting has to be done on a selective basis. To a lesser extent similar circumstances apply to the Home Help Service.

Much of the home nurse's time is taken up in the nursing of the aged and infirm, who by being nursed in their own homes are able to remain in familiar surroundings rather than be admitted to hospital.

#### ROAD SAFETY.

Figures furnished by the Chief Constable show that 8,542 accidents occurred on roads in the Administrative County during 1963, an average of 23.4 per day.

Of the 4,180 resulting casualties, sixty-eight were fatal, i.e. one less fatal casualty than in 1962. There was, however, an increase of eighty-five in the total numbers of casualties.

#### POISONS INFORMATION SERVICE.

In August 1963 the setting up of a National Poisons Information Centre at Guy's Hospital was announced whose functions are to maintain a Poisons Index and to provide information to medical practitioners regarding the treatment of cases of acute poisoning.

A Poisons Information Centre for Wales, at which a copy of the Poisons Index is available, and which will be able to provide information locally to medical practitioners for the treatment of cases of poison, has now been set up at the Cardiff Royal Infirmary by the Board of Governors of the United Cardiff Hospitals.

#### CO-OPERATION WITH VOLUNTARY BODIES.

During the year voluntary organisations have assisted the Department in the following ways:—

- (a) escort duties connected with the admission of subnormal persons to hospital for "short-term" stay;
- (b) conveyance on a weekly basis of children to hostels on Monday mornings and returned to their homes on Friday evenings; and
- (c) conveyance of certain patients to chiropody clinics.



#### DISCHARGE OF PATIENTS FROM HOSPITAL.—ARRANGEMENTS FOR AFTER-CARE.

The Divisional Medical Officer has been designated as the officer responsible for mobilising the community services, as suggested in Welsh Board of Health Circular 3/63.

The importance of the scheme cannot be overstressed, and everything is being done to ensure that it becomes and remains effective. It should not be necessary to wait until a patient is ready for discharge from hospital before the community services are asked for. Consideration should be given to a patient's need whilst treatment is taking place in order that the Authority may make a proper assessment of the home conditions.

#### INCONTINENCE PADS.

The Minister of Health commended to local health authorities the provision of incontinence pads as part of their arrangements for the care of patients under section 28 of the National Health Service Act. It is suggested that, apart from the benefit to patients and to those looking after them, the pads are convenient and time saving for nurses, reducing laundering, and making it possible to nurse at home some patients who would otherwise have to be admitted to hospital.

The incontinence pads, in two sizes—24 in. by 16 $\frac{3}{4}$  in. and 30 in. by 20 in.—are supplied to patients through the Divisional Health Offices.

#### FLUORIDATION OF WATER SUPPLIES.

Further consideration was given during the year to the fluoridation of water supplies in Glamorgan, but a decision was deferred.

#### MEDICAL EXAMINATION OF TEACHING AND OTHER STAFFS.

New entrants to the County Council's service are required to complete a questionnaire prepared by the County Medical Officer, a medical examination being arranged only if the necessity for one is indicated by the completed questionnaire. All new entrants to the Authority's teaching service are required to undergo chest X-ray examinations, and the appropriate arrangements are made with the local chest clinics and mass radiography units.

During the year 1,625 new entrants to the County service completed the medical questionnaire. Of these, 250 were referred for medical examination and 889 for chest X-ray examination. These figures include 366 new entrants to the County Teaching Service: of these, forty-eight were referred for medical examination and 354 for chest X-ray examination.

Under the Ministry of Education regulations all new entrants to the teaching profession must be medically examined. Sixty-five such examinations were carried out, including twenty-eight on behalf of other Authorities. In addition, 537 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four hundred and sixty-two miscellaneous medical re-examinations (e.g. temporary staff, police pensioners, absentees, etc.) were carried out.



## SECTION 29—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of this service on 31st December, 1963, was 339, an increase of twenty-two on the figure for 1962. Actually there were on the payroll on that date twenty whole-time, 553 part-time, and 243 casual home helps.

Mrs. N. O. Parry is the County Organiser of Home Helps, and there are four Assistant Organisers who work in the Aberdare and Mountain Ash, Caerphilly and Gelligaer, Mid-Glamorgan and Pontypridd, and Llantrisant Health Divisions and Rhondda Borough Area, respectively. In some other Divisions the non-medical supervisors of the Midwifery and Home Nursing Service undertake the supervisory duties in connection with this service, but in the remaining Divisions the work is allocated between these officers and the Divisional Superintendent Health Visitors.

The total number of cases assisted during the year, 4,628, showed a further increase, being 258 more than in 1962. Of these, 79 per cent were aged 65 years and over. With the increasing number of aged and infirm in the community the greater is the demand for the services of home helps, and the Health Committee have agreed in the Ten-Year Development Plan to increase the whole-time equivalent of home helps from 339 to 645 by 1973.

With the early discharge of patients from hospital, arrangements have occasionally to be made for help to be available at week-ends.

In her review of the services provided in the Mid-Glamorgan Health Division, Dr. Kathleen Davies, the Divisional Medical Officer, comments as follows:—

“The Home Help Service has been most effective during the past year. The needs of the aged, infirm, and chronic sick have steadily grown, but as the number of home helps is limited it has been necessary from time to time for the service to be withdrawn in order to provide help for mothers being confined at home; this is only for a temporary period from 7 to 10 days.

Much praise and appreciation has been expressed generally of the help given, especially by the old people, many of whom can remain in their own homes as a result of this service. In many instances the home helps have taken a personal interest in the old folks and have voluntarily returned in the evenings to assure themselves that they have everything they need for the night”.

The table on page 67 shows the number of home helps employed in each Division and the number and types of cases where help was provided during the year.

Mrs. N. O. Parry, County Organiser of Home Helps, has submitted the following report:—

“Tribute must be paid to those helps who assume such a sense of responsibility towards the old people—indeed in many cases this almost amounts to fostering. Apart from their official duties there are the countless little extras which make an old person's life happier and which home helps in every



Division offer so willingly—the hot dinner taken in on Sunday, the curtains or the new dress ‘run up’ on the sewing machine at home, the letters written for the blind parent, and the replies which are read, in the sure knowledge that the reader regards this duty with the utmost respect and confidence. Families, too, are drawn into this humane service in an honorary capacity, and many are the kindly actions—voluntary and unpaid—which eventually come to light. Old people in old homes often need ‘a man about the house’ and who better than the home help’s husband or son to do a bit of papering or minor repair work, to cut the grass and trim the hedge, and—what is perhaps the final indignity of old age—to bring the bed downstairs.

These facts are all the more remarkable when it is realised that the service is manned almost entirely by part-time personnel; women with homes of their own and a busy family life”.

NO. OF HOME HELPS EMPLOYED AT 31ST DECEMBER, 1963

Health Division	Whole-time	Part-time	Casuals
Aberdare and Mountain Ash ..	2	65	14
Caerphilly and Gelligaer ..	4	49	26
Mid-Glamorgan ..	—	101	42
Neath and District ..	1	64	—
Pontypridd and Llantrisant ..	3	50	26
Port Talbot and Glyncofrwg ..	—	52	20
South-East Glamorgan ..	9	60	34
West Glamorgan ..	—	27	38
Rhondda Borough ..	1	85	43
Totals ..	20	553	243



Health Division	NO. AND TYPES OF CASES WHERE HOME HELP WAS PROVIDED DURING THE YEAR						Total
	Aged 65 or over	Chronic sick and tuberculous	Mentally disordered	Maternity	Others		
Aberdare and Mountain Ash ..	332	68	—	11	34	445	
Caerphilly and Gelligaer ..	331	36	2	2	13	384	
Mid-Glamorgan ..	555	52	1	14	23	645	
Neath and District ..	319	27	—	7	17	370	
Pontypridd and Llantrisant ..	302	27	—	14	89	432	
Port Talbot and Glyncoerrwg ..	260	65	1	6	19	351	
South-East Glamorgan ..	594	52	3	109	94	852	
West Glamorgan ..	290	20	2	7	12	331	
Rhondda Borough ..	675	102	8	7	26	818	
Totals ..	3,658	449	17	177	327	4,628	

Health Division	NO. OF CASES IN WHICH CHARGES WERE MADE IN ACCORDANCE WITH THE RECOVERY SCALE		
	Whole fee charged	Part fee charged	Free service
Aberdare and Mountain Ash ..	4	17	424
Caerphilly and Gelligaer ..	3	44	337
Mid-Glamorgan ..	18	115	512
Neath and District ..	18	17	335
Pontypridd and Llantrisant ..	9	16	407
Port Talbot and Glyncoerrwg ..	25	26	300
South-East Glamorgan ..	172	116	564
West Glamorgan ..	15	20	296
Rhondda Borough ..	7	36	775
Totals ..	271	407	3,950



Home help was supplied to 177 maternity cases. This is a decrease of six over the figure for 1962. The heaviest demand again arose in the South-East Glamorgan Health Division, where home help was provided in 109 maternity cases. Compared with the total number of cases attended by County midwives (4,820) home help was provided in very few (177) households, and there is little doubt that many young parents find the cost of the services of a home help is more than they feel justified in paying.

The cost of the service continues to increase each year, and during the financial year 1962-63 the actual expenditure amounted to £173,494. The estimated expenditure on the Home Help Service for 1963-64 is £196,805. A total of 615,000 hours were worked by home helps, giving a cost per hour worked of 5s. 7.7d. Under the County's unified income scale the maximum recoverable from recipients is 5s. 0d. per hour, and this sum was charged in 271 cases. Of the total expenditure only 3.3 per cent was recovered.

## SECTION 51—MENTAL HEALTH SERVICE.

### ADMINISTRATION.

(a) The Authority's powers and duties under the Mental Health Act, 1959, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters. Dr. C. J. Revington, my deputy, handles many of the problems that arise in the day-to-day administration of this branch of the Department's work.

Most of the examinations of mentally subnormal patients referred by the Education Committee are undertaken on behalf of the Local Health Authority by Dr. Gwladys Evans, the Senior Medical Officer.

(b) The names of the occupation and training centres provided by the Council, and the Supervisors in charge, are set out below:—

Aberaman	..	..	Miss M. E. Matthews.
Aberkenfig	..	..	Miss M. K. Ford
			(from 2nd September, 1963).
Barry	..	..	Miss B. A. Jenkins.
Briton Ferry	..	..	Miss M. E. Grey.
Penllergaer	..	..	Mrs. D. L. Overton
			(from 10th June, 1963).
Trealaw	..	..	Mr. D. T. James.
Ystrad Mynach	..	..	Miss D. M. John.

(c) Health Welfare Officers: there were three new appointments during 1963, increasing the number of Health Welfare officers to nineteen.

### COMBINED ANNUAL OUTING.

A successful combined outing attended by 542 pupils and staff of the Aberaman, Barry, Briton Ferry, Penllergaer, Trealaw, and Ystrad Mynach Centres was held at Porthcawl on 11th June, 1963.



Special buses from the various centres arrived at Porthcawl between 11.30 a.m. and 12 noon. Lunch and tea were provided at the Coney Beach Restaurant, and during the afternoon the pupils enjoyed themselves at Rest Bay.

After tea, the pupils spent a happy hour at the fun-fair to round off a most enjoyable day.

Thanks for making this day such a successful one are due to the helpful and kindly attitude of the staffs at the restaurant and in the fairground, the generosity of Sir Leslie Joseph, and the members of the staff of my Department who were responsible for arranging this function.

#### OPEN DAYS.

Very successful open days were held on the dates shown below:—

Tuesday, 9th June—Aberaman.

Wednesday, 17th June—Ystrad Mynach.

Thursday, 18th June—Barry and Trealaw.

Tuesday, 23rd June—Briton Ferry.

In some centres dancing displays were given by some of the girls. Pupils and staff demonstrated some of the work undertaken at the centres. The finished articles were exhibited for sale, and the parents and other interested visitors were pleased to note the continued high standard of work produced at the centres.

#### RELIGIOUS SERVICES.

Harvest and carol services are probably the most delightful functions held at junior centres. The sincerity of the pupils as they perform their allotted parts is something that one remembers for a long time after the service.

#### CHRISTMAS PARTIES.

Every centre extends a special invitation to Santa Claus to attend the annual Christmas party. Each pupil receives a gift, and the staff and voluntary helpers work hard to ensure that these functions are successful and pleasurable for those who participate as well as those who attend as onlookers.

#### GIFTS.

In my reports to the Special Health Services Sub-Committee during the year, details have been given of the gifts presented for the benefit of pupils of the various occupation centres.

The items presented have been many and varied, and among the donors were parents, relatives, or friends of the pupils, local firms, and voluntary organisations. This generosity is greatly appreciated by the supervisors and staff of the centres who are encouraged by the knowledge that the work in which they are engaged continues to attract the sympathy and interest of the local community.

#### IMPROVEMENTS.

*Hostel for Working Boys, Pontypridd.*

A site, comprising approximately 0.67 acre, at Holly House, Pontypridd, has been appropriated from Welfare to Health purposes.

The hostel, which will be completed in 1964-65 has been designed to cater for twenty-four subnormal young men between the ages of 18 and 25 years who, it is hoped, will be employed in the locality.



OCCUPATION AND TRAINING.

Occupation centre provision for pupils residing within the Administrative County, and the age range of those attending, are shown in the following tables:—

Centre	Accommodation	Numbers in attendance on 31st December, 1963		
		Male	Female	Total
Aberaman .. .. .	55	27	21	48
Aberkenfig .. .. .	75	30	36	66
Barry .. .. .	100	35	49	84
Briton Ferry .. .. .	75	30	27	57
Penllergaer .. .. .	60	24	22	46
Trealaw .. .. .	75	10	4	14
Ystrad Mynach .. .. .	75	46	25	71
Cardiff County Borough Centre ..	—	—	—	—
Swansea County Borough Centres ..	—	3	—	3
Hensol Castle .. .. .	—	3	—	3
		208	184	392

Centre	Aged 5-9		Aged 10-15		Aged 16 and over		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Aberaman .. .. .	1	3	5	9	21	9	27	21
Aberkenfig .. .. .	6	8	8	5	16	23	30	36
Barry .. .. .	8	13	8	10	19	26	35	49
Briton Ferry .. .. .	7	3	7	4	16	20	30	27
Penllergaer .. .. .	1	4	11	2	12	16	24	22
Trealaw .. .. .	1	—	4	—	5	4	10	4
Ystrad Mynach .. .. .	5	3	15	6	26	16	46	25
Cardiff .. .. .	—	—	—	—	—	—	—	—
Swansea .. .. .	—	—	—	—	3	—	3	—
Hensol Castle .. .. .	1	—	1	—	1	—	3	—
Totals .. .. .	30	34	59	36	119	114	208	184



During each term a conference of the centre supervisors is held. This provides opportunity for discussing various problems of common interest and has proved of value to the supervisors themselves and to the Department.

#### MAESGLAS HOSTEL (*Warden: MRS. A. DAY*).

This hostel, which provides residential accommodation for mentally handicapped girls between the ages of 18 years and 25 years, and is the first of its type to be built in Wales, was opened last year. At the beginning of 1963 there were five girls in residence, and at the end of the year there were nineteen residents. Altogether twenty-seven girls resided at Maesglas during the year, some of whom stayed for a few days only.

During the year 5,600 residential days were spent at Maesglas by residents and residential staff.

One of the main problems is obtaining suitable employment for the girls, and because several were unemployed the Committee recommended the purchase of a tumbler dryer and table ironer so that they could be trained in domestic duties.

Additional training handicraft material at an estimated cost of £80 was provided so that the girls at the hostel could be trained and encouraged to make toys, novelties, etc., which would be displayed and sold at bazaars or sales-of-work. The cost of the materials was repaid out of the proceeds of the sale of the items which they made, a very successful "Summer Fayre" being held at the hostel on 7th September.

Close liaison is maintained with the officers of the local office of the Ministry of Labour, and I should like to express my appreciation of the work and understanding of these officers and of the kindness and tolerance of local firms who have taken these girls into their employ. It must be remembered that some have never been in employment, and through the encouragement of the Warden and her staff, and the employers, they are taking the first steps towards becoming useful self-supporting citizens.

The aim is to provide as normal a home life as possible, and in common with most families the Warden arranged for them to have a week's holiday in September. This was spent at Torquay, where they all had a most enjoyable time.

One is struck immediately by the homely atmosphere which the Warden and staff have created, and they are to be complimented.

#### CONVEYANCE OF PUPILS.

At the end of the year, by arrangements with private hirers, twenty-three special routes were in operation for the conveyance of pupils to and from the various centres.

#### WAITING LISTS—HOSPITALS FOR THE MENTALLY SUBNORMAL.

At the end of the year there was a waiting list of 260 classified as follows:—

(a) Patients urgently requiring admission . . . . .	28
(b) Patients who would accept admission if a bed was available but whose admission is not considered urgent	32
(c) Patients who would not be prepared to accept admission at present but who, it is anticipated, will require admission in the future . . . . .	200



Although during the year the number of patients requiring urgent admission to hospital was reduced from forty-three to twenty-eight, the total waiting list remained far too long. The majority of patients in group (a) present serious problems to parents or relatives, and while admission for short-term care to hospital or hostel attached to an occupation and training centre provides occasional respite, it is a poor substitute for a permanent place in hospital.

There remains a particular shortage in the provision of hospital places for the very young severely handicapped child, although this may be partly offset in the future by the establishment of Special Care Units.

#### TRAINING OF ASSISTANT SUPERVISORS.

In September a conference was held with representatives of neighbouring authorities regarding the results of the course of instruction for Assistant Supervisors of training centres in South Wales and Monmouthshire. The conference expressed their satisfaction with the arrangements that had been made by Dr. C. W. Anderson (Deputy Medical Officer of Health of Cardiff), the course organiser.

Of the nine students enrolled for the 1962-63 course, three were members of the staff of Glamorgan occupation centres, and all the Glamorgan students passed the final examination.

A similar course has been arranged for the year 1963-64, and five students from Glamorgan have been enrolled.

#### OCCUPATION AND TRAINING CENTRES AND HOSTELS.

During the year building on the following projects was completed:—

Hostel for Subnormal Children, Barry.

Occupation and Training Centre, Penllergaer.

Occupation and Training Centre and Residential Hostel, Aberkenfig.

With the exception of the hostel portion of the Aberkenfig Centre, which is to be opened early in 1964, these establishments, of which details follow, were taken into use this year.

*Barry Hostel (Warden: Mrs. M. May).*

This hostel, which is attached to the Occupation and Training Centre, and has accommodation for twenty-five subnormal children under the age of 16 years, was erected at a cost of £60,000 with an additional £5,600 for furniture and equipment.

Six children were admitted on 9th September, and by the end of the year there were sixteen children in residence.

Most of the children reside at the hostel from Mondays to Fridays only during school terms. They spend week-ends and holidays at home, and thus the link with the family is maintained. Of the children who remain at the hostel over week-ends and holidays, four are in the care of the Children's Committee.

*Penllergaer Occupation and Training Centre (Supervisor: Mrs. D. L. Overton).*

This purpose-built junior centre for seventy-five pupils is the sixth centre to be opened in Glamorgan (excluding Rhondda). It serves the areas of the Loughor Urban District and the Gower and Pontardawe Rural Districts, and four special buses convey pupils to the centre each day.



The building, which is of prefabricated structure with an overall floor area of 6,000 square ft., was constructed at a cost of £39,000, and £1,400 was spent on the provision of furniture and equipment.

The centre was officially opened on 4th September, 1963, by County Alderman Thomas Evans, J.P., M.R.S.H., Chairman of the County Council and Chairman of the Health Committee.

*Aberkenfig Occupation and Training Centre (Supervisor: Miss M.K. Ford).*

This centre opened on 7th October, 1963, with thirty-nine pupils from the areas of the Bridgend, Porthcawl, Maesteg, and Ogmore and Garw Urban Districts and the Penybont Rural District in attendance.

Eventually one hundred pupils will be attending the centre, twenty-five of whom will reside in the hostel which is attached.

These premises were built at a cost of £136,000 with a further £8,600 for furniture and equipment.

The Authority's programme for the provision of junior training centres and attached hostels will be completed in 1964, with the erection of the Talbot Green Centre, when training will be available within fairly easy travelling distance for all the younger subnormals in the Administrative County. In those cases where suitable travelling arrangements cannot be made, consideration is given to the admission of the pupil to one of the hostels attached to a training centre.

It may be appropriate at this stage, therefore, to enlarge on the aims of the staffs in relation to those pupils for whom the centres have been provided by the Authority.

There are probably some 20,000 children of school age in England and Wales who are regarded as "unsuitable for education at school", which suggests that they are incapable of being taught in "school" but not that they are "ineducable" in the literal sense. As such they are the responsibility of the Local Health Authority on whom the Mental Health Act, 1959, laid the duty of providing comprehensive free services for those not resident in hospital. Children of school age can be compelled to attend a day training centre unless the authorities are satisfied that they are receiving comparable training in some other form.

The Mental Health Act, 1959, uses the terms "subnormal" or "severely subnormal", which have replaced the term "mentally defective".

"Subnormality" is defined as "a state of arrested incomplete development of mind which includes subnormality of intelligence and is of a nature or degree which requires or is susceptible to medical treatment or other special care or training".

"Severe subnormality" is defined as "a state of arrested or incomplete development of mind which includes subnormality of intelligence and is of such a nature or degree that the person is incapable of living an independent life or of guarding himself against serious exploitation, or will be so incapable when of an age to do so".



Whilst it must be recognised that the subnormal person has a personality and intelligence which renders him more vulnerable to the demands of life than a normal person, it can be said that his social competence is directly related to the degree of tolerance society extends to him, i.e. if society is willing to accept him it is possible to find a niche for many a subnormal person where he can work and live in the community and be reasonably competent in a modest way. This is the basis underlying all efforts in the training and education of the subnormal.

The term "junior training" should not be interpreted rigidly as referring only to education below the age of 16, and present evidence suggests that subnormal adults can still benefit from the type of education given at junior level. Generally speaking, the difference between the junior and senior centre is one of changing emphasis, with vocational training occupying more time in the latter. The training centre's task is "training" and not merely "occupation". It provides training of a kind which cannot be given at the child's home because there the requisite skills, knowledge, and time are not available. The task is not to mind the child to give mother a rest, but to develop an individual training programme which will enable the child to make the fullest use of the abilities he has. The centre also provides the experience of playing, living, and working in a group and offers a learning and social situation which even the best home environment is unable to provide.

The aim of training and education in the junior training centre can, therefore, be defined as helping the mentally handicapped to develop those skills and to obtain that knowledge which will enable him to live as happily and socially competently as possible when a child and, later, as an adult. In practical terms it means teaching the mentally handicapped those habits and skills which will make him socially acceptable; assisting him in learning how to live with others and how to make himself useful; and developing as much as possible his ability to use and understand the spoken word.

#### *Teaching.*

It must not be forgotten in defining the aims of the junior training centre that one is dealing with children. Though some belong to the older age groups, their mental development is on a level several years below that of normal children of the same age. They have the emotional needs of young children. Intellectually they are in the pre-school age group, and normal education is, therefore, often inappropriate. Physically they are often more advanced than in the other two aspects, though they may lag behind the normal child. Socially they are handicapped because of inadequate training, over-protection, and lack of encouragement.

Emphasis must, therefore, be put on stimulating and encouraging the child. He must be provided with opportunities for finding out, for learning by doing, and for experiencing and tackling unfamiliar situations.

#### *Training.*

Training must be systematic but enjoyable. Competence in dressing, feeding, washing, etc., must be encouraged by practice in special lessons rather than by informal learning by even daily routine. The ability to eat properly, use a handkerchief, etc., is essential for a subnormal person if he is to appear inconspicuous in later life.



Communication activities will help the subnormal child to relate to the world around him and make him understand the demands of other people. This relates not only to language, but also to those techniques dealing with symbols which also serve communication (reading, writing, arithmetic).

Inability to use language constitutes a barrier to mental development, prevents social contact, and accelerates mental deterioration (one consequence of institutionalisation). Situations like buying in a shop, etc., which should be rehearsed before actual experience, give opportunity for speech and learning social conventions and will help to increase the mentally handicapped child's confidence.

The subnormal child requires the support of others more than do normal people, but it is very difficult to establish and maintain such relationships. One of the main tasks of the training centre, therefore, is to assist in the development of those social skills which encourage co-operation, the give and take of living together, the recognition of authority, the acceptance of rules, the appreciation of right and wrong, the respect for the rights and property of others, all of which help the subnormal to live in the society of normal people.

#### *Staffing.*

It is clear from the foregoing that training centres require staff who have been specially trained for this type of work. Teachers must have an understanding of the nature of the handicap of the children in their charge, of the targets to be aimed at, and of the methods by which these can be achieved, and, because of the special problem presented by the subnormal's unevenness of development, qualifications obtained by staff in other fields of education are not adequate.

The Authority may be justly proud of the action they have taken to provide for the needs of the younger subnormal, but much remains to be done for the training of the older subnormal, and, with this in mind, the Authority has included in its Ten-Year Plan the provision of adult training centres to fit him, wherever possible, to take his place in open competition in the community.

#### VISITORS.

The new centres at Aberkenfig, Barry, and Penllergaer and, in addition, the Maesglas and Barry hostels, were of particular interest during the year to visitors who included Ministry officials, officers of other Authorities, and medical students.

#### ADMISSION OF PATIENTS TO HOSPITAL.

One patient was admitted to hospital under section 72 of the Mental Health Act, 1959, and one patient was admitted under section 26.

Ninety-two patients were admitted to hospital for short-term care.



	Number of patients admitted since 1954 to hospitals			
	Under Order	On an informal basis	As places of safety	For short-term stay
1954 ..	46	—	16	12
1955 ..	44	—	13	12
1956 ..	56	—	15	21
1957 ..	39	—	11	34
1958 ..	15	40	7	28
1959 ..	1	31	4	35
1960 ..	1	36	2	49
1961 ..	1	35	—	67
1962 ..	7	46	—	86
1963 ..	2	39	—	92

This table shows a continued reduction in the number of patients admitted under Order and by contrast the number of patients admitted informally for short-term care in the past three years.

#### HOSPITAL ADMISSIONS OF MENTALLY DISORDERED PERSONS.

Since 1st July, 1955, the catchment area of mental hospitals affecting Glamorgan were rearranged by the Hospital Board as follows:—

<i>Hospital.</i>	<i>Catchment area.</i>
Pen-y-val, Abergavenny ..	Monmouth County (except Caerleon Urban District, Magor, and St. Mellons Rural District), Gelligaer Urban District, and Brynmawr Urban District.
Whitchurch, near Cardiff ..	Cardiff County Borough, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanedeyrne, Radyr, Rhyd-y-Gwern, Rudry, St. Fagans, Whitchurch, and Van).
Morgannwg, Bridgend ..	Glamorgan County (except Cardiff Rural District East, Gower Rural District, Llchwyr Urban District, Pontardawe Rural District, Gelligaer Urban District, and Penarth Urban District), and Merthyr County Borough.
Cefn Coed, Swansea ..	Swansea County Borough, Gower Rural District, Llchwyr Urban District, and Pontardawe Rural District.

During 1963 the health welfare officers arranged the admission to hospital of 621 patients, 243 of whom were admitted informally.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS.

Year	Lunacy Act, 1890		Mental Treatment Act, 1930		Mental Health Act, 1959				Informally arranged	Total admissions arranged											
	Sections 14-16 Patients certified as of unsound mind		Section 1 Voluntary patients		Section 5 Temporary patients		Section 25	Section 26			Section 29	Other Sections									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.									
1954 ..	91	97	51	56	208	260	-	2	-	-	-	-	-	-	-	-	-	-	-	765	
1955 ..	82	95	99	82	158	222	-	2	-	-	-	-	-	-	-	-	-	-	-	-	740
1956 ..	72	79	95	119	136	187	-	1	-	-	-	-	-	-	-	-	-	-	-	-	689
1957 ..	47	52	123	143	130	180	-	4	-	-	-	-	-	-	-	-	-	-	-	-	679
1958 ..	25	36	119	194	122	164	1	3	-	-	-	-	-	-	-	-	-	-	-	-	664
1959 ..	24	27	140	210	142	152	6	8	-	-	-	-	-	-	-	-	-	-	16	33	758
1960 ..	19	60	98	156	22	20	-	-	4	5	3	5	3	21	34	156	228	163	235	863	
1961 ..	-	-	-	-	-	-	-	-	12	14	5	11	188	235	131	182	107	136	3	-	621
1962 ..	-	-	-	-	-	-	-	-	9	12	8	7	146	190	1	-	-	-	-	-	-
1963 ..	-	-	-	-	-	-	-	-	19	26	2	18	132	178	3	-	-	-	-	-	-



There were sixty-five less admissions last year compared with 1962.

The informal admissions indicate the understanding of patients themselves towards mental illness and the need to seek early treatment. The number of admissions arranged under section 29 of the Mental Health Act, 1959, continues to be greater than might be expected. This section provides for the admission of patients for observation in case of emergency.

#### COMMUNITY CARE.

Under the arrangements for after-care the health welfare officers dealt with 521 male and 711 female cases, compared with 443 male and 740 female cases in the previous year. Regular visits extending over many months are usually found to be necessary. In addition, 192 male and 368 female patients, who have not been admitted to hospital, are visited by the health welfare officers.

The main part of the Administrative County lies within the catchment area of Morgannwg Hospital. Patients from the Cardiff Rural District fall within the catchment area of Whitchurch Hospital, and patients from the Gower Rural District, Llchwyr Urban District, and Pontardawe Rural District are within the catchment area of Cefn Coed Hospital.

For the administration of the Community Care services, the remainder of the County is divided into consultants' areas, and the health welfare officers work to the consultant psychiatrists based at Morgannwg Hospital in charge of these areas.

It must be realised that the arrangements for the admission of patients constitutes a small part of the work of the health welfare officer. The more important part concerns the medical and social supervision of the psychiatrically ill patient in his home environment and the provision of reports on the condition of such patients to the psychiatrists concerned.

In many instances the health welfare officer has also to attend the psychiatric out-patient clinics where he provides a full social history for the consultant, and has, at the same time, the opportunity to discuss the patient's needs with the doctor.

In all, some 9,751 reports were provided during the year on patients under supervision.

Visits to patients are discontinued only with the agreement of the consultant concerned, with whom the progress of particular patients is discussed at the monthly conferences held at Morgannwg Hospital or at psychiatric out-patient clinics. This is a useful procedure, and it might be of benefit were such conferences to be held at the other hospitals concerned with the Authority's area.

There remains a continuing need for residential accommodation in the form of hostels for the patient who is well enough to leave the hospital environment, but is not yet ready to cope with the problems of day to day existence in the community. Provisions have been made in the Ten-Year Plan for the erection of such hostels.



## PUBLIC HEALTH.

### GLAMORGAN COUNTY PUBLIC HEALTH LABORATORY.

Important staff changes occurred during the year. Mr. D. Evans Jones, M.SC., F.R.I.C., who was appointed as County Analyst in 1946 after previously serving as the Additional Public Analyst for six years, retired. He had given excellent service, not only as Analyst to the County Council but also to the following Food and Drugs Authorities:—

Barry, Neath, Port Talbot, and Rhondda Municipal Boroughs;  
Aberdare and Pontypridd Urban Districts; and  
Merthyr Tydfil County Borough.

After his departure on 15th June, Mr. A. R. Phillips, B.SC., F.R.I.C., the Deputy County Analyst, took charge of the Laboratory until Dr. L. E. Coles, B.PHARM., PH.D., F.P.S., F.R.I.C., who succeeded Mr. D. Evans Jones, took over his duties on 2nd December.

Subsequently Mr. Phillips was appointed to the post vacated by Dr. Coles as Analyst to the Cardiff City Council.

I take this opportunity of thanking both officers for their excellent work for the Authority.

In addition, work is undertaken under the Fertilisers and Feeding Stuffs Act, 1926, for the Glamorgan County Council and Merthyr Tydfil County Borough.

Phosphatase tests on milk samples are undertaken on behalf of the Medical Research Council.

The following table gives an account of the chemical examinations undertaken at the County Laboratory during the year:—

Description of samples	County Council	County Districts	Other Bodies and Authorities	Total
Food and Drugs Acts samples ..	4,310	1,614	370	6,294
Fertilisers and feeding stuffs ..	145	—	27	172
Water .. .. .	28	1,430	35	1,493
River water and effluents ..	—	69	25	94
Pasteurised milk .. ..	—	—	2,714	2,714
Sterilised milk .. .. .	—	—	123	123
Ice-cream .. .. .	—	320	6	326
Atmospheric pollution .. ..	—	320	71	391
Radioactivity .. .. .	—	77	28	105
Miscellaneous .. .. .	40	59	3	102
Totals .. .. .	4,523	3,889	3,402	11,814



## FOOD HYGIENE REGULATIONS.

These are administered by the councils of the county districts. Their officers are vigilant in the supervision of food shops and premises within their area.

From production to consumer effective hygiene measures are essential through every chain of food handling if large-scale outbreaks of food poisoning are to be prevented, and early notification of all cases of food poisoning is very desirable to enable prompt investigation of the cause.

### *Food and Drugs Act, 1955.*

During the year 1963, from all sources, a total of 6,294 samples were submitted to the County Laboratory for examination under the Food and Drugs Act, 1955. Of this number 4,310 were submitted from the Administrative County, and forty-one (or 0.95 per cent) were reported upon as adulterated or otherwise unsatisfactory.

The 1962 figure for unsatisfactory samples was fifty-five (or 1.1 per cent).

Of the 1,984 samples submitted by the local authorities of Aberdare, Pontypridd, Rhondda, Port Talbot, Neath, Barry, and Merthyr Tydfil, twenty-two (or 1.11 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Legal proceedings in respect of unsatisfactory or adulterated food were undertaken in eighteen cases, fines totalling £238 15s. 0d. plus costs of £81 10s. 0d. being imposed on the vendors or suppliers. A complaint was received of a tin of corned beef containing a piece of metal, and proceedings were taken. However, due to the lack of evidence, the case was dismissed.

Action is also taken on other unsatisfactory samples which are necessarily taken informally, such as cake and sponge mixtures and vitamin preparations, three such samples being dealt with during the year. The district council in each case was asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps were taken to inform manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

The following report on the year's work has been contributed by the Senior County Public Health Inspector, Mr. W. D. Lewis:—

“During the year the following new Regulations and Orders, Codes of Practice, and Reports were issued which affect the administration of the Food and Drugs Act—

The Bread and Flour Regulations, 1963.

The Soft Drinks Regulations, 1963.

The Liquid Egg (Pasteurisation) Regulations, 1963.

The Milk (Special Designation) Regulations, 1963.

Codes of Practice relating to Canned Crab, Chocolate Cakes and Brandy.

Report on Antibiotics in Milk in Great Britain.

*The Bread and Flour Regulations* make changes in the law relating to the description and composition of bread and flour, and labelling requirements will provide for checking on claims made for the slimming properties of these products.



*The Soft Drinks Regulations, 1963*, are designed to replace the Food Standards (Soft Drinks) Regulation, 1953. The main requirements are that the presence of saccharin must be declared, and the maximum permitted amount reduced, while the proportion of sugar is increased.

*The Liquid Egg (Pasteurisation) Regulations, 1963*, were made jointly by the Minister of Agriculture, Fisheries and Food and the Minister of Health, and require all de-shelled eggs to be rendered safe for consumption by a statutory process of heat treatment.

*The Milk (Special Designation) Order, 1963*, re-enacts with amendments the 1960 Regulations. The principal changes which come into operation at stated times are that in October 1964 the designation 'untreated' will replace 'tuberculin tested' as the special designation for raw milk, and as from 31st December, 1964, the designation 'tuberculin tested pasteurised milk' will be replaced by the designation 'pasteurised'.

*Codes of Practice* regarding the composition and labelling of canned crab, chocolate cake and brandy were issued during the year. While the standards recommended are not the subject of regulations, they are agreed upon by the Local Authorities Joint Advisory Committee on Food Standards and Manufacturers, and may at some future date become statutory standards.

#### *Food and Drugs.*

The number of samples submitted to the Public Analyst during the year was almost the same as for the previous year, 11,814 compared with 11,843 for 1962, but the number of incorrect samples has shown a decrease from 0.95 per cent to 0.72 per cent.

The total number of samples of food and drugs procured was 4,310. Of this total 2,752 were foods and drugs other than milk, twelve being reported as incorrect and eight as incorrectly labelled.

Legal proceedings were taken in six cases and convictions obtained. The remaining cases were dealt with by letters of warning from the Clerk of the County Council and confiscation of remaining stocks.

#### *Miscellaneous Samples.*

The number of complaints from private purchasers who find, or think they find, cause for complaint is on the increase. Twenty-two such complaints were fully investigated, legal proceedings being taken in seventeen cases, letters of warning sent in two, and no action in the other three. The cases proceeded against included cornish pasty containing animal hair and tissue; milk bottle containing dirt; corned beef containing animal hair and tissue; corned beef containing metal; laverbread containing drawing pin; mouldy pork pie; loaf containing string; two mouldy loaves of bread; bread containing fly; rancid chocolate biscuits; and custard slice containing cockroach.



### *Labelling of Foods Orders.*

These Orders provide with certain exceptions for the marking on packets or containers of the details of the contents and a means of identifying the packer. Eight articles of prepacked foods were found to be incorrectly labelled, some not having names and addresses, others not describing ingredients correctly. All these were dealt with by correspondence with the firms concerned.

### *Milk.*

The standard for milk other than Channel Island milk is laid down in the Sale of Milk Regulations, 1939, which reproduced in effect unaltered the Sale of Milk Regulations, 1901. Where milk contains less than 3 per cent of milk fat, or less than 8.5 per cent of milk solids, other than fat, it shall be presumed until the contrary is proved that the milk is not genuine.

Only 19 (or 1.22 per cent) of the 1,558 samples of milk submitted to the Public Analyst were found to be unsatisfactory. In each case the deficiency was in milk fat; follow-up samples proving satisfactory. The deficiencies were small, varying from 2 per cent to 8 per cent.

Milk supplies to schools and other County Council establishments were sampled regularly with satisfactory results.

### *Milk Special Designation Orders.*

Only three pasteurising establishments are now licensed by the County Council: one licence was surrendered during the year. Two of the plants are the high temperature-short time type, the other being a Holder pasteuriser. Regular visits are made to these premises, and 513 samples of pasteurised milks were submitted to the phosphatase test for efficiency of pasteurisation and also to the methylene blue test for keeping quality. Three samples, equal to 0.58 per cent, failed the phosphatase test, whilst all the samples satisfied the methylene blue test.

### *Pharmacy and Poisons Act.*

Visits are made to listed sellers under Part Two of this Act, to ensure that the sellers are on the County Council list and that proper care is exercised in the storing and labelling of articles.

### *Fertilisers and Feeding Stuffs Act, 1926.*

One hundred and forty-eight samples of feeding stuffs and fertilisers were submitted during the year to the County Analyst, who is also Agricultural Analyst. All but one were found to be satisfactory. The unsatisfactory sample—Layers Mash—was manufactured in an adjoining Authority's area and was referred to them for action. They reported that formal samples at a later date were satisfactory.



#### *Tuberculin Tested Milks.*

Samples of raw tuberculin tested milks are taken for testing for keeping quality, and for biological examination for tuberculosis and *Brucella abortus*. The samples are taken from producer-retailers who sell their farm-bottled milk. Ninety-eight samples were submitted for the statutory test for keeping quality, and all were reported as being satisfactory.

Thirty-eight samples biologically examined for tuberculosis and also for *Brucella abortus* were found to be satisfactory.

#### *Swimming Baths.*

Samples of the water in the swimming baths at Whitchurch Secondary School were taken at regular intervals to check the efficiency of the chlorination plant. All samples submitted to the laboratory were reported satisfactory."

#### CLEAN AIR ACT, 1956.

This Act is administered by the County District Councils, who have been given more extensive powers than hitherto to control atmospheric pollution caused by the emission of smoke from chimneys in their area.

Problems arising out of atmospheric pollution continue to be of concern to medical officers of health, industrialists, technologists, and research workers, as well as to those living in our industrial areas.

The urban district councils in the County with large works, foundries, or industrial plants within their boundaries are very conscious of these problems and of their powers under the Clean Air Act, and in many areas there is frequent consultation between the local medical officer of health, works managements, and experts to ensure compliance with the requirements of the Act. The elimination of dust and fumes from boilers, furnaces, and coke or coal handling plant is an expert and costly procedure. In the construction of new works or factories it would be impossible to give too much consideration to the need of ensuring fuel efficiency and the installation of efficient apparatus which will reduce air pollution to the absolute minimum.

In Glamorgan, as elsewhere, the old-type domestic fire makes no small contribution to the pollution of the atmosphere. An atmosphere completely free of smoke or noxious fumes is, of course, impossible, but implementation of the long-term provisions of the Clean Air Act will go a long way towards the promotion of a cleaner atmosphere.

The facilities of the County Laboratory are available for district councils who wish to have tests made to show the extent of air pollution in any part of their districts, and during the year 320 tests were undertaken on behalf of county district councils.



## HOUSING.

I am indebted to the County District Surveyors and Engineers for the following table showing the housing construction figures for the respective districts in 1963. For purposes of comparison the totals for 1962 have been inserted to show the increase in house building.

District	By LOCAL AUTHORITY		By PRIVATE ENTERPRISE, BUILDING SOCIETIES, ETC.
	Number of permanent and temporary houses		Number of houses completed and occupied during the year 1963
	Completed and occupied during the year 1963	Total completed and occupied since 1918	
	(1)	(2)	(3)
Aberdare Urban .. ..	8	2,172	245
Barry Borough .. ..	32	3,102	90
Bridgend Urban .. ..	10	1,637	11
Caerphilly Urban .. ..	103	2,865	259
Cowbridge Borough .. ..	—	62	—
Gelligaer Urban .. ..	76	1,831	13
Glyncorrgw Urban .. ..	87	1,029	—
Llwchwr Urban .. ..	90	1,896	64
Maesteg Urban .. ..	—	842	41
Mountain Ash Urban .. ..	—	1,129	12
Neath Borough .. ..	48	2,678	62
Ogmore and Garw Urban	54	1,153	6
Penarth Urban .. ..	32	1,334	111
Pontypridd Urban .. ..	98	2,141	57
Porthcawl Urban .. ..	—	362	148
Port Talbot Borough .. ..	100	6,722	92
Rhondda Borough .. ..	120	2,579	8
Cardiff Rural .. ..	53	2,330	381
Cowbridge Rural .. ..	4	1,604	155
Gower Rural .. ..	—	449	111
Llantrisant and Llantwit			
Fardre Rural .. ..	62	2,688	61
Neath Rural .. ..	56	3,222	97
Penybont Rural .. ..	149	4,081	416
Pontardawe Rural .. ..	190	2,590	42
Totals 1963 .. ..	1,372	50,498	2,482
Totals 1962 .. ..	1,826	48,894	2,186

## RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-45.

The undermentioned schemes have received the support of the Authority as being necessary public health measures, and under these Acts financial assistance

has been given to the local sanitary authorities as follows:—

*Cardiff City Council.*

Rhiwbina Hill Water Scheme .. .. . Grant of £1,355.

*Cardiff Rural District Council.*

The Drope, St. Georges—sewerage and sewage disposal scheme .. .. . Grant of £5,616.

Mill Road, Lisvane—sewer extension .. .. . Grant of £1,250.

*Gower Rural District Council.*

Extension of water mains, Wimblewood Area .. . Grant of £322.

Llanrhidian Village Sewerage and Disposal Scheme .. . Grant of £107  
half-yearly for  
thirty years.

Water mains extensions to the Hills Farms and Cartersford, Ilston .. .. . Grant of £420.

*Llantrisant and Llantwit Fardre Rural District Council.*

Castell-y-Mwnws (Llanharry Road), Pontyclun, —sewerage and sewage disposal scheme .. .. . Grant of £956.



## STATISTICAL REVIEW, 1963

### POPULATION.

The estimates of the Registrar-General give the population of the Administrative County as 752,250, an increase of 3,550 on the 1962 estimate of 748,700.

Year	Population	Excess of births over deaths	Year	Population	Excess of births over deaths
1893	521,872	10,012	1941	740,310	2,595
1903	631,398	13,137	1951	732,100 (census)	1,855
1913	791,208	14,363	1961	743,870 (census)	3,438
1923	827,900	10,656	1962	748,700	3,705
1931	766,141 (census)	3,670	1963	752,250	3,739

The following miscellaneous statistical tables are inserted for purposes of comparison:—

### BIRTHS.

	1959	1960	1961	1962	1963
Administrative County .. ..	16·2	16·7	17·0	17·2	17·6
England and Wales .. ..	16·5	17·1	17·4	18·0	18·2
Illegitimate birth-rate per 1,000 births:					
Administrative County ..	29	31	32	38	39
England and Wales .. ..	51	54	59	66	69

### DEATH RATE.

	1959	1960	1961	1962	1963
Administrative County .. ..	12·0	12·2	12·4	12·3	12·7
England and Wales .. ..	11·6	11·5	12·0	11·9	12·2

The birth rate shows an increase from 17·21 in 1962 to 17·62 in 1963, and is the highest recorded since 1948. It is less than the figure of 18·20 for England and Wales. The illegitimate birth rate of 38·5 illegitimate children per 1,000 live births shows an increase compared with the rate for the previous year and is less than the figure of 69 for England and Wales. It is the highest figure since 1946.

The death rate of 12·65 is higher than the rate of 12·27 for 1962 and, as is usual, remains slightly higher than the figure of 12·20 for England and Wales.

Infant mortality expressed as the number of deaths under one year per 1,000 births again shows an increase from 24·60 in 1962 to 27·46, which is higher than the figure of 21·1 for England and Wales.

The average infant mortality rate for the Glamorgan urban districts was 27·86 and for rural districts 26·54.

The highest rates were recorded in the Aberdare, Gelligaer, Glyncorrwg, Llwchwr, Mountain Ash, Ogmore and Garw, Pontypridd, and Porthcawl Urban Districts, Neath Municipal Borough, and Gower, Llantrisant, Llantwit Fardre, and Neath Rural Districts.

#### INFANT MORTALITY.

Year	Deaths under one year per 1,000 births		Year	Deaths under one year per 1,000 births	
	Glamorgan	England and Wales		Glamorgan	England and Wales
1954	32	26	1959	28	22
1955	34	25	1960	29	22
1956	30	24	1961	23	22
1957	31	23	1962	25	21
1958	29	23	1963	27	21

As will be seen from the following table, the number of neo-natal deaths, i.e. the number of deaths occurring within the first four weeks of life, continues to be higher in Glamorgan than in England and Wales.

#### NEO-NATAL DEATH RATES.

Year	Rate per 1,000 live births		Year	Rate per 1,000 live births	
	Glamorgan	England and Wales		Glamorgan	England and Wales
1954	21·5	17·7	1959	21·0	15·8
1955	22·7	17·3	1960	21·5	15·6
1956	20·3	16·9	1961	16·74	15·5
1957	21·8	16·5	1962	16·45	15·1
1958	20·5	16·2	1963	19·54	14·2



## MATERNAL MORTALITY.

	Glamorgan		England and Wales
	Deaths	Death rate per 1,000 total births	Death rate per 1,000 total births
1954	7	0.59	0.69
1955	11	0.96	0.65
1956	8	0.67	0.56
1957	9	0.73	0.47
1958	10	0.79	0.44
1959	4	0.32	0.38
1960	12	0.94	0.39
1961	5	0.39	0.34
1962	3	0.23	0.36
1963	8	0.59	0.28

The number of maternal deaths was eight, an increase of five compared with the figure for 1962. Two of the deaths were due to embolism, two to toxæmia, and one each to the following causes—post partum hæmorrhage, shock following miscarriage, megaloblastic anaemia, and septicaemia.

### INFECTIOUS DISEASES.

Two hundred cases of whooping cough were reported, an increase of seventy-two over the number for 1962. There were no notifications of diphtheria.

There were 572 cases of dysentery notified during 1962, this being 303 more than for 1962. The majority of the cases occurred in the Rhondda Borough (248) and the Ogmore and Garw Urban District (148).

### POLIOMYELITIS.

The following table shows the numbers of poliomyelitis cases in recent years in Glamorgan:—

	1958	1959	1960	1961	1962	1963
Paralytic . . . .	2	3	5	15	2	1
Non-paralytic . .	1	—	—	1	—	—
Total . . . . .	3	3	5	16	2	1

The number of cases notified in Glamorgan last year was the lowest ever recorded, and it is ample justification and reward for the intensive poliomyelitis vaccination programme.

There were no deaths from the disease.

The following tables show the number of deaths in the Administrative County:—

TABLE I.

Year	Deaths in Glamorgan			Crude death rate per 100,000 population	
	Male	Female	Total	Glamorgan	England and Wales
1954	759	659	1,418	192	204
1955	785	672	1,457	198	206
1956	741	637	1,378	187	208
1957	768	651	1,419	192	209
1958	774	651	1,425	192	207
1959	783	619	1,402	188	214
1960	835	691	1,526	204	216
1961	815	647	1,462	197	216
1962	856	651	1,507	201	222
1963	784	650	1,434	191	218

TABLE II.—DEATHS DUE TO MALIGNANT NEOPLASMS.

Site	Year				
	1959	1960	1961	1962	1963
Stomach ..	257	311	275	293	256
Breast ..	102	138	91	133	126
Uterus ..	61	69	57	64	78
Lung ..	257	279	270	295	270
Other ..	725	729	769	722	704
Total cancer deaths ..	1,402	1,526	1,462	1,507	1,434

There was a decrease in the number of deaths from all forms of cancer from 1,507 in 1962 to 1,434 in 1963.

It will be seen that the number of deaths from lung cancer fell by twenty-five to 270. Of the 270 deaths due to cancer of the lung, 244 were male.

The largest number of deaths from all causes occurs in persons aged 75 and over, but as far as deaths from all forms of cancer are concerned the largest number occurs in the 65–75 year age group (448), followed by the 55–65 age group (377). In the age group 75 years and over, 358 deaths from all forms of cancer are recorded.



**"CRUDE" AND "ADJUSTED" RATES.**

The tables of vital statistics on pages 95 and 96 show "adjusted" as well as "crude" birth and mortality rates. Rates of birth and mortality can be considerably affected by the age and, to a slighter extent, by the sex constitution of the populations concerned. The crude rates are, therefore, unsatisfactory as a measure for comparison of birth and death rates. Some form of standardisation is, therefore, desirable to make allowance for the age and sex composition of the population.

Year	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate
1902	25.2	20.1	1.97	1.50
1903	24.9	19.7	1.95	1.48
1904	24.7	19.5	1.93	1.46
1905	24.5	19.3	1.91	1.44
1906	24.3	19.1	1.89	1.42
1907	24.1	18.9	1.87	1.40
1908	23.9	18.7	1.85	1.38
1909	23.7	18.5	1.83	1.36
1910	23.5	18.3	1.81	1.34
1911	23.3	18.1	1.79	1.32
1912	23.1	17.9	1.77	1.30
1913	22.9	17.7	1.75	1.28
1914	22.7	17.5	1.73	1.26
1915	22.5	17.3	1.71	1.24
1916	22.3	17.1	1.69	1.22
1917	22.1	16.9	1.67	1.20
1918	21.9	16.7	1.65	1.18
1919	21.7	16.5	1.63	1.16
1920	21.5	16.3	1.61	1.14

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS

Year	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920
Male	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
Female	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79
Total	163	165	167	170	171	173	175	177	179	181	183	185	187	189	191	193	195	197	199

There was a decrease in the number of deaths from all forms of cancer from 1902 to 1920. It will be seen that the number of deaths from lung cancer fell by twenty-five to thirty. Of the 310 deaths due to cancer of the lung, 244 were male. The number of deaths from all forms of cancer was 1,971 in 1902 and 1,541 in 1920. The number of deaths from all forms of cancer was 1,541 in 1920, followed by the 65-75 year age group (422), followed by the 55-65 year age group (317). In the age group 75 years and over, 188 deaths were recorded.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1963

	Under 4 weeks		4 weeks and under 1 year		Age in Years																		Total all ages			
					1—		5—		15—		25—		35—		45—		55—		65—		75 and over					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Tuberculosis—Respiratory	-	-	-	-	-	-	-	-	-	1	1	1	1	7	3	11	3	20	1	24	6	12	1	75	16	
Tuberculosis—Other	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	1	3	3	
Syphilitic Disease	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	4	-	4	-	2	2	10	2	
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal Infections	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
Other Infective and Parasitic Diseases	-	-	-	-	2	-	-	-	-	-	1	-	-	1	2	1	-	1	-	1	-	1	3	7	6	
Malignant Neoplasm—Stomach	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	12	10	44	23	50	31	26	56	133	123	
Malignant Neoplasm—Lung Bronchus	-	-	-	-	-	-	-	-	-	-	-	-	-	6	1	32	5	90	8	95	6	21	6	244	26	
Malignant Neoplasm—Breast	-	-	-	-	-	-	-	-	-	-	-	-	-	7	-	29	-	31	-	35	-	24	-	126	-	
Malignant Neoplasm—Uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	7	-	15	-	30	-	18	-	8	-	78	-	
Other Malignant and Lymphatic Neoplasms	-	-	-	-	2	-	3	-	2	1	5	1	14	10	38	30	85	58	123	81	110	100	382	281		
Leukaemia—Aleukaemia	-	-	-	-	1	-	1	1	4	1	3	1	3	2	-	-	3	5	6	3	4	3	25	16		
Diabetes	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	1	7	6	25	11	18	20	51	-	
Vascular Lesions of Nervous System	-	-	-	1	-	-	-	2	-	1	2	4	1	10	2	26	27	85	78	184	224	260	412	573	746	
Coronary Disease—Angina	-	-	-	-	-	-	-	2	-	4	-	4	-	5	4	131	25	356	121	427	296	343	301	1,314	747	
Hypertension with Heart Disease	-	-	-	-	-	-	-	-	-	1	-	2	1	5	3	18	15	39	29	29	29	46	94	94	-	
Other Heart Disease	-	-	-	-	-	-	-	3	1	10	6	9	14	31	28	59	46	107	116	239	397	458	608	-		
Other Circulatory Disease	-	-	-	-	-	-	-	-	1	2	-	-	51	-	10	5	33	18	60	54	84	132	194	210	-	
Influenza	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	2	1	1	-	4	2	13	5	20	-	
Pneumonia	8	6	25	14	4	3	1	2	3	1	-	1	-	-	5	5	15	10	45	43	87	145	193	230		
Bronchitis	-	-	6	3	1	2	-	-	-	-	-	-	5	-	29	9	102	22	188	51	176	78	507	165		
Other Diseases of Respiratory System	-	-	1	-	-	-	-	-	1	1	2	5	1	29	1	56	2	66	8	60	11	218	26	-	-	
Ulcer of Stomach and Duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3	6	3	13	3	12	6	34	15	-	
Gastritis, Enteritis, and Diarrhoea	-	1	4	1	-	1	-	-	-	1	-	-	-	3	1	-	1	1	2	9	13	18	20	-	-	
Nephritis and Nephrosis	-	-	-	-	-	-	-	2	1	2	1	2	3	4	2	8	4	6	3	8	7	32	21	-	-	
Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3	-	3	-	14	-	37	-	54	-	
Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	2	-	2	-	2	-	3	-	1	-	-	-	-	-	-	-	8	-	
Congenital Malformations	26	22	15	12	-	5	1	1	5	-	-	-	1	1	4	1	6	1	1	-	-	-	1	60	45	
Other defined and ill-defined diseases	121	75	7	6	7	2	4	1	3	7	5	4	11	14	18	20	40	52	85	85	179	353	445	-	-	
Motor Vehicle Accidents	-	-	-	-	-	1	6	2	14	1	6	1	5	4	4	2	9	3	3	2	2	3	49	19	-	
All other Accidents	-	-	2	7	5	2	7	1	13	1	16	-	26	1	17	4	18	9	14	20	67	133	106	-	-	
Suicide	-	-	-	-	-	1	-	-	1	7	1	8	6	10	4	14	2	8	7	2	1	50	22	-	-	
Homicide and Operations of War	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-
All causes	155	104	61	44	24	19	26	8	53	22	71	22	172	88	426	240	1,077	552	1,532	1,147	1,642	2,034	5,239	4,280	-	-



CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1963

	SCARLET FEVER	WHOOPIING COUGH	ACUTE POLIOMYELITIS		MEASLES	DIPHTHERIA (INCLUDES MEM. GROUP)	DYSENTERY	MENINGOCOCCAL INFECTION	ACUTE PNEUMONIA	SMALLPOX	ACUTE ENCEPHALITIS		ENTERIC OR TYPHOID FEVER	PARATYPHOID FEVER	ERYSIPELAS	FOOD POISONING	TUBERCULOSIS		PUERPERAL PYREXIA	OPHTHALMIA NEONATORUM	ANTHRAX
			Paralytic	Non-paralytic							Infec-tive	Post infec-tious					Pul-monary	Non-pul-monary			
ADMINISTRATIVE COUNTY	172	200	1	-	7,253	-	572	11	158	-	-	-	2	12	14	275	279	31	37	6	-
Aberdare Urban ..	11	1	-	-	112	-	3	-	18	-	-	-	-	-	1	-	26	1	7	1	-
Mountain Ash Urban ..	18	3	-	-	341	-	9	-	6	-	-	-	-	4	3	10	23	1	5	-	-
Caerphilly Urban ..	-	1	-	-	557	-	11	-	7	-	-	-	-	-	1	11	1	-	-	-	-
Gelligaer Urban ..	2	5	-	-	328	-	13	-	4	-	-	-	-	-	5	18	2	2	4	-	-
Bridgend Urban ..	-	9	-	-	51	-	1	1	-	-	-	-	-	-	-	7	-	7	-	-	-
Maesteg Urban ..	9	5	-	-	337	-	-	-	8	-	-	-	-	-	-	7	-	-	-	-	-
Ogmore and Garw Urban ..	21	3	-	-	382	-	148	-	13	-	-	-	-	-	4	5	2	4	-	-	-
Porthcawl Urban ..	-	-	-	-	111	-	92	-	1	-	-	-	-	-	-	1	-	1	1	-	-
Penybont Rural ..	4	6	-	-	215	-	10	1	3	-	-	-	1	-	-	12	2	1	-	-	-
Neath Borough ..	17	-	1	-	313	-	1	-	-	-	-	-	-	-	-	21	2	-	-	-	-
Neath Rural ..	2	5	-	-	304	-	1	-	5	-	-	-	-	-	-	11	1	-	-	-	-
Llantrisant and Llantwit Fardre Rural ..	18	4	-	-	373	-	38	-	3	-	-	-	-	2	2	10	3	1	-	-	-
Pontypridd Urban ..	6	4	-	-	221	-	5	-	3	-	-	-	1	-	-	10	1	-	-	-	-
Glyncorwg Urban ..	2	-	-	-	154	-	13	-	-	-	-	-	-	-	4	-	2	-	-	-	-
Port Talbot Borough ..	7	27	-	-	593	-	6	1	3	-	-	-	-	2	-	25	1	-	-	-	-
Barry Borough ..	7	30	-	-	306	-	-	1	4	-	-	-	-	-	21	14	2	-	-	-	-
Cardiff Rural ..	12	17	-	-	622	-	19	2	21	-	-	-	-	1	2	115	13	3	-	1	-
Cowbridge Borough ..	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Cowbridge Rural ..	-	2	-	-	170	-	5	-	3	-	-	-	-	-	1	1	1	1	-	-	-
Penarth Urban ..	-	4	-	-	190	-	6	2	-	-	-	1	3	-	107	8	1	-	-	-	-
Gower Rural ..	-	-	-	-	131	-	-	2	-	-	-	-	-	-	-	3	1	3	-	-	-
Llchwyr Urban ..	4	6	-	-	108	-	5	-	-	-	-	-	-	1	-	6	2	2	-	-	-
Pontardawe Rural ..	5	-	-	-	306	-	-	1	1	-	-	-	-	2	1	10	1	-	-	-	-
Rhondda Borough ..	27	58	-	-	1,024	-	276	-	55	-	-	1	-	2	4	36	1	4	-	-	-

VITAL STATISTICS, ETC., 1963  
(TABLE I)

	POPULATION		LIVE BIRTHS			LIVE BIRTH RATE		Percentage of Illegitimate Births	Stillbirths	Stillbirth Rate	Total Live Stillbirths	INFANT MORTALITY				NEO-NATAL MORTALITY		EARLY NEO-NATAL MORTALITY		PERI-NATAL MORTALITY		Maternal Deaths	Maternal Death Rate
	Census, 1961	Estimated, 1963	Males	Females	Total	Crude	Adjusted					Deaths under One Year	Rate per 1,000 Live Births	Legitimate Rate	Illegitimate Rate	Deaths under Four Weeks	Rate per 1,000 Live Births	Deaths under One Week	Rate per 1,000 Live Births	Stillbirths and Deaths under One Week	Rate per 1,000 Live and Stillbirths		
ENGLAND AND WALES ..	-	-	-	-	-	18.20	-	6.9	-	-	-	-	-	-	-	12,176	14.20	-	-	-	-	244	0.28
ADMINISTRATIVE COUNTY	746,785	752,250	6,817	6,441	13,258	17.62	17.97	3.85	276	20.39	13,534	364	27.46	27.61	23.48	259	19.54	219	16.52	495	36.57	8	0.59
Aberdare Urban ..	39,155	39,000	313	292	605	15.51	16.91	4.13	6	9.82	611	19	31.40	32.76	-	13	21.49	12	19.83	18	29.46	-	-
Mountain Ash Urban ..	29,575	29,540	285	233	518	17.54	17.54	2.90	12	22.64	530	15	28.96	29.82	-	9	17.37	8	15.44	20	37.74	-	-
Caerphilly Urban ..	35,997	36,560	359	330	689	18.85	18.47	4.35	17	24.08	706	8	26.12	22.76	100.00	13	18.87	10	14.51	27	38.24	1	1.42
Gelliager Urban ..	34,656	35,030	332	343	675	19.27	19.27	5.78	13	18.90	688	26	38.52	39.31	25.64	16	23.70	14	20.74	27	39.24	-	-
Bridgend Urban ..	15,174	15,130	123	124	247	16.33	16.82	4.05	6	23.72	253	5	20.24	21.10	-	4	16.19	4	16.19	10	39.53	1	3.95
Maesteg Urban ..	21,625	21,790	207	181	388	17.81	18.52	2.58	7	17.72	395	10	25.77	23.81	100.00	8	20.62	7	18.04	14	35.44	1	2.53
Ogmore and Garw Urban ..	20,985	21,010	219	194	413	19.66	20.25	2.66	6	14.32	419	12	29.06	29.85	-	7	16.95	7	16.95	13	31.03	-	-
Porthcawl Urban ..	11,086	11,520	86	99	185	16.06	18.47	6.49	3	15.96	188	8	43.24	46.24	-	7	37.84	4	21.62	7	37.23	-	-
Penybont Rural ..	42,104	43,120	467	449	916	21.24	20.39	4.26	14	15.05	930	20	21.83	22.81	-	16	17.47	16	17.47	30	32.26	-	-
Neath Borough ..	30,935	30,630	258	242	500	16.32	16.97	2.40	10	19.61	510	15	30.00	30.74	-	9	18.00	7	14.00	17	33.33	1	1.96
Neath Rural ..	40,870	40,840	333	318	651	15.94	16.58	2.00	23	34.12	674	27	41.47	40.75	76.92	20	30.72	18	27.65	41	60.83	1	1.48
Llantrisant and Llantwit Fardre Rural ..	27,109	27,300	264	264	528	19.34	18.37	4.55	11	20.41	539	16	30.30	31.75	-	14	26.52	13	24.62	24	44.53	1	1.86
Pontypridd Urban ..	35,494	35,400	314	311	625	17.66	18.01	4.32	19	29.50	644	18	28.80	30.10	-	14	22.40	12	19.20	31	48.14	-	-
Glyncorwg Urban ..	9,368	9,440	107	105	212	22.46	21.79	3.30	6	27.52	218	17	51.89	53.66	-	5	23.58	5	23.58	11	50.46	-	-
Port Talbot Borough ..	51,322	51,510	487	480	967	18.77	18.58	4.34	20	20.26	987	22	22.75	22.70	23.81	16	16.55	12	12.41	32	32.42	-	-
Barry Borough ..	42,084	42,240	414	403	817	19.34	19.92	7.59	15	18.03	832	15	18.36	17.22	32.26	11	13.46	9	11.02	24	28.85	-	-
Cardiff Rural ..	49,884	50,880	453	473	926	18.20	17.65	2.70	8	8.57	934	18	19.44	19.98	-	12	12.96	11	11.88	19	20.34	1	1.07
Cowbridge Borough ..	1,067	1,110	17	11	28	25.23	25.48	-	2	66.67	30	-	-	-	-	-	-	-	2	66.67	-	-	
Cowbridge Rural ..	18,756	20,180	214	174	388	19.23	20.58	2.32	8	20.20	396	9	23.20	21.11	111.11	6	15.46	5	12.89	13	32.83	-	-
Penarth Urban ..	20,896	20,890	171	160	331	15.84	17.11	5.74	3	8.98	334	2	6.04	6.41	-	2	6.04	2	6.04	5	14.97	-	-
Gower Rural ..	12,656	13,080	113	104	217	16.59	18.08	3.23	1	4.59	218	7	32.26	33.33	-	6	27.65	5	23.04	6	27.52	-	-
Llchwyr Urban ..	25,013	25,290	184	164	348	13.76	14.72	1.44	4	11.36	352	15	43.10	37.90	400.00	11	31.61	8	22.99	12	34.09	-	-
Pontardawe Rural ..	30,687	30,660	242	202	444	14.48	16.36	3.83	10	22.03	454	11	24.77	25.76	-	8	18.02	8	18.02	18	39.65	1	2.20
Rhondda Borough ..	100,287	100,100	855	785	1,640	16.38	16.87	3.11	52	30.73	1,692	45	27.44	28.32	-	32	19.51	22	13.41	74	43.74	-	-



VITAL STATISTICS, ETC., 1963  
(TABLE II)

	DEATHS			DEATH RATE		DEATH RATES (DISEASES)									
	Males	Females	Total	Crude	Adjusted	Tuberculosis, Respiratory	Tuberculosis, Other	Whooping Cough	Measles	Cancer	Circulatory Diseases	Influenza	Other Diseases of Respiratory System	Motor Vehicle Accidents	
ENGLAND AND WALES ..	-	-	-	12.20	-	-	-	-	-	-	-	-	-	-	
ADMINISTRATIVE COUNTY	5,239	4,280	9,519	12.65	14.55	0.12	0.01	-	0.003	1.91	6.70	0.03	0.32	0.09	
Aberdare Urban ..	367	294	661	16.95	17.63	0.21	-	-	0.026	2.08	9.90	0.03	0.51	0.77	
Mountain Ash Urban ..	222	194	416	14.08	17.04	0.24	-	-	-	2.03	6.57	-	0.58	0.17	
Caerphilly Urban ..	235	180	415	11.35	14.76	0.08	-	-	-	1.77	5.61	0.05	0.19	0.14	
Gelligaer Urban ..	231	194	425	12.13	15.77	0.14	-	-	0.029	1.86	6.19	0.06	0.43	0.06	
Bridgend Urban ..	64	76	140	9.25	10.18	0.13	-	-	-	1.59	4.89	-	-	-	
Maesteg Urban ..	157	114	271	12.44	15.43	0.28	-	-	-	1.28	7.11	0.05	0.64	0.09	
Ogmore and Garw Urban ..	151	115	266	12.66	15.70	0.24	-	-	-	1.90	7.14	-	0.33	0.19	
Porthcawl Urban ..	94	84	178	15.45	12.98	-	-	-	-	2.08	8.51	-	0.35	0.09	
Penybont Rural ..	306	243	549	12.73	12.86	0.05	0.05	-	-	1.86	6.77	0.12	0.26	0.14	
Neath Borough ..	220	191	411	13.42	14.36	0.07	-	-	-	2.16	7.22	0.03	0.03	0.13	
Neath Rural ..	285	212	497	12.17	14.97	0.15	-	-	-	1.62	6.22	0.07	0.27	0.02	
Llantrisant and Llantwit Fardre Rural ..	150	108	258	9.45	12.29	0.07	-	-	-	1.32	5.16	-	0.22	0.04	
Pontypridd Urban ..	244	251	495	13.98	14.12	0.06	-	-	-	2.23	7.49	0.06	0.37	0.14	
Glyncorrwg Urban ..	59	53	112	11.86	18.03	0.11	-	-	-	2.01	5.51	-	0.11	0.32	
Port Talbot Borough ..	303	203	506	9.82	13.55	0.06	-	-	-	1.53	5.09	0.02	0.14	0.06	
Barry Borough ..	273	209	482	11.41	12.78	0.10	-	-	-	2.18	5.61	-	0.19	0.10	
Cardiff Rural ..	330	284	614	12.07	11.35	0.10	-	-	-	2.12	6.15	0.02	0.08	0.12	
Cowbridge Borough ..	8	5	13	11.71	12.18	-	-	-	-	1.80	7.21	-	-	-	
Cowbridge Rural ..	100	72	172	8.52	14.06	0.15	-	-	-	1.29	4.71	-	0.15	0.05	
Penarth Urban ..	154	135	289	13.83	13.14	0.10	-	-	-	2.58	7.37	0.05	0.19	0.05	
Gower Rural ..	83	92	175	13.38	13.38	-	0.08	-	-	2.06	7.65	0.08	-	0.08	
Llŵchwr Urban ..	212	157	369	14.59	16.05	0.08	0.40	-	-	2.25	7.83	-	0.44	0.08	
Pontardawe Rural ..	239	216	455	14.84	15.73	0.16	0.03	-	-	1.73	8.68	-	0.75	0.10	
Rhondda Borough ..	752	598	1,350	13.49	15.51	0.16	0.10	-	-	2.03	7.00	0.04	0.57	0.05	

VITAL STATISTICS, ETC., 1963  
(TABLE III)

CAUSES OF DEATH AT ALL AGES

	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Meningococcal Infection	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Other	Other Malignant Neoplasms and Lymphomas	Leukemia	Diabetes	Vasc. Lesions of Nervous System	Coronary Artery Disease	Hypertension with Heart Disease	Other Heart Diseases	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer	Stomach and Duodenum	Gastritis, Enteritis, and Duodenitis	Nephritis	Nephrosis	Hypertension of Nerve	Pregnancy, Abortion, Miscarriage	Congenital Malformations	Other Defined and III-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	All Causes		
ENGLAND AND WALES ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ADMINISTRATIVE COUNTY	91	6	12	2	2	13	256	270	126	78	663	41	71	1,319	2,061	188	1,066	404	25	423	672	244	49	38	53	54	8	105	798	68	239	72	2	-	-	-		
Aberdare Urban ..	8	-	-	1	1	-	25	13	3	7	32	1	1	104	114	9	139	24	1	27	44	20	3	4	6	3	-	4	47	3	18	11	3	5	-	-	9,519	
Mountain Ash Urban ..	7	-	1	-	-	-	6	9	7	7	31	-	2	61	70	9	31	23	-	16	43	17	1	1	3	-	4	47	3	5	11	1	3	5	-	-	661	
Caeppilly Urban ..	3	-	-	-	-	1	8	14	7	2	33	1	3	55	82	7	37	24	2	17	35	29	15	1	1	1	1	7	42	5	2	13	2	-	-	415		
Gelligaer Urban ..	5	-	-	-	1	-	14	11	8	3	24	5	4	62	72	16	38	29	2	19	55	15	4	1	1	2	1	3	42	2	11	2	2	-	-	425		
Bridgend Urban ..	2	-	1	-	-	1	7	2	2	1	11	1	1	16	27	3	22	6	-	5	7	-	-	-	1	2	1	-	13	2	6	2	2	-	-	140		
Máesteg Urban ..	6	-	1	-	-	-	8	3	-	3	14	-	3	33	56	-	48	18	-	4	21	7	2	1	3	1	-	3	18	2	5	5	2	-	-	271		
Ogmore and Gwyr Urban ..	5	-	-	-	-	1	7	10	3	2	17	1	2	32	58	2	54	4	-	9	20	7	1	-	-	-	-	4	15	4	4	1	-	-	-	266		
Portcawl Urban ..	1	-	1	-	-	-	6	3	3	3	12	-	2	31	46	1	10	10	-	7	17	4	2	2	2	2	2	2	15	1	5	2	2	-	-	178		
Penybont Rural ..	2	2	-	-	-	2	13	18	6	4	34	5	6	69	113	12	83	15	5	28	39	11	4	2	1	-	5	44	6	6	2	2	-	-	-	549		
Neath Borough ..	2	-	2	1	-	1	13	17	4	4	26	2	2	60	96	4	49	12	1	32	15	1	3	1	2	-	1	7	28	4	16	5	-	-	411			
Neath Rural ..	6	-	-	-	-	-	14	15	9	3	24	2	5	73	100	3	51	27	3	21	39	11	3	1	2	4	7	50	1	19	4	5	4	-	-	497		
Llantrisant and Llantwit Fardre Rural ..	2	-	1	-	-	1	6	4	3	5	16	2	2	35	69	9	17	11	2	7	16	6	2	-	4	1	1	5	26	3	5	6	1	-	-	258		
Pontypridd Urban ..	2	-	1	-	-	-	14	13	5	2	41	4	4	81	96	7	60	21	-	2	28	35	6	4	4	1	1	6	37	1	5	6	1	-	-	495		
Glyncorwg Urban ..	1	-	-	-	-	1	6	2	1	4	8	2	-	12	24	-	14	2	-	1	8	13	1	2	1	3	-	2	16	3	2	18	-	-	-	112		
Port Talbot Borough ..	3	-	1	-	-	1	13	19	4	4	38	1	4	62	127	8	45	20	1	26	30	7	2	5	5	8	-	8	38	3	3	3	3	3	-	-	506	
Barry Borough ..	4	-	-	-	-	-	9	18	10	7	45	3	5	72	120	8	23	14	-	33	38	8	4	2	-	6	-	7	6	12	5	6	1	-	-	482		
Cardiff Rural ..	5	-	2	-	-	-	25	9	4	55	2	2	70	168	7	41	27	1	45	33	4	3	5	1	3	1	4	35	6	12	-	-	-	-	614			
Cowbridge Borough ..	3	-	-	-	-	1	13	25	9	4	55	2	2	70	168	7	41	27	1	45	33	4	3	5	1	3	1	4	35	6	12	-	-	-	614			
Cowbridge Rural ..	3	-	-	-	-	1	13	25	9	4	55	2	2	70	168	7	41	27	1	45	33	4	3	5	1	3	1	4	35	6	12	-	-	-	614			
Penarth Urban ..	2	-	-	-	-	-	9	13	7	2	22	1	2	42	77	4	27	11	1	16	17	4	4	2	1	1	1	3	17	1	3	1	4	4	-	-	172	
Gower Rural ..	-	1	-	-	-	-	8	6	3	-	10	-	1	22	39	6	26	7	1	7	9	-	-	1	2	-	-	4	18	1	6	1	-	-	-	175		
Llanchoy Urban ..	2	1	-	-	-	1	10	5	7	1	32	2	2	59	67	11	45	16	-	9	30	11	1	1	4	1	-	4	35	2	4	3	1	-	-	369		
Pontardawe Rural ..	5	1	-	-	-	2	10	12	4	2	23	2	7	74	105	11	50	26	-	9	32	23	1	1	1	1	3	36	3	3	10	2	2	2	-	-	455	
Rhondda Borough ..	16	1	1	-	-	1	36	32	18	15	97	5	11	188	289	44	128	52	4	46	107	57	5	5	7	10	-	13	115	5	29	13	-	-	-	1,350		



No.	Name	Age	Sex	Profession	Religion	Marital Status	Address	Remarks
1	John Doe	35	M	Teacher	Methodist	Married	123 Main St	
2	Jane Smith	28	F	Nurse	Catholic	Single	456 Oak St	
3	Robert Brown	42	M	Farmer	Baptist	Married	789 Pine St	
4	Mary White	30	F	Homemaker	Presbyterian	Married	101 Elm St	
5	James Black	25	M	Student	Anglican	Single	202 Maple St	
6	Sarah Green	38	F	Shopkeeper	Quaker	Married	303 Cedar St	
7	William Grey	50	M	Retired	Episcopal	Widowed	404 Birch St	
8	Elizabeth King	22	F	Student	Methodist	Single	505 Walnut St	
9	Thomas Lee	45	M	Engineer	Catholic	Married	606 Chestnut St	
10	Anna Hall	33	F	Teacher	Baptist	Married	707 Spruce St	

GLAMORGAN COUNTY COUNCIL  
EDUCATION COMMITTEE

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**ANNUAL REPORT**

OF THE

**PRINCIPAL SCHOOL MEDICAL OFFICER**



GLAMORGAN COUNTY COUNCIL  
EDUCATION COMMITTEE

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ANNUAL REPORT  
OF THE  
PRINCIPAL SCHOOL MEDICAL OFFICER

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The following statistics give an indication of the work of the Department during the last ten years.

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1953-63.

	1953	1958	1962	1963
<b>A. STAFF.</b>				
(i) Assistant Medical Officers ..	28	24	30	30
(ii) Consultants .. .. .	5	6	6	6
(iii) Dental Surgeons .. ..	11	11	9	10
(iv) School Nurses .. .. .	130	111	117	117
<b>B. MEDICAL INSPECTION.</b>				
(i) Routine examinations ..	34,746	26,387	24,584	18,074
(ii) Special examinations .. ..	9,060	10,297	12,922	8,765
(iii) Re-examinations .. ..	23,543	11,338	12,066	9,775
Totals .. .. .	67,349	48,022	49,572	36,614
<b>C. DENTAL INSPECTION.</b>				
(i) No. of children inspected by school dentists .. ..	36,550	27,813	22,560	25,804
<b>D. TREATMENT.</b>				
(i) No. of treatment centres ..	55	57	61	63
(ii) Attendances at school clinics:				
(a) Dental .. .. .	48,254	46,548	42,930	45,092
(b) Refraction .. .. .	11,509	11,436	8,943	9,160
(c) Orthopaedic .. .. .	14,537	15,670	12,260	11,710
(d) Minor ailments .. .. .	8,698	4,956	3,756	3,289
(e) Speech therapy .. .. .	12,392	12,514	8,325	8,573
Totals .. .. .	95,390	91,124	76,214	77,824
(iii) Treatment:				
(a) No. of teeth extracted ..	36,146	29,005	20,522	21,098
(b) No. of fillings .. .. .	11,651	11,414	12,511	18,481
(c) No. of teeth filled .. ..	10,475	10,270	11,369	15,926
(d) No. of other operations ..	8,194	8,310	8,338	9,191
<b>E. SCHOOL NURSES.</b>				
(i) No. of examinations of children at school for uncleanliness ..	325,939	274,131	206,596	217,736
(ii) No. of re-examinations ..	24,921	12,954	7,543	9,650
(iii) No. of visits paid to homes ..	24,693	12,203	7,382	8,030



## SCHOOL MEDICAL INSPECTION.

The revised approach to school medical examinations has been continued throughout the County. Routine medical inspection is carried out only on entrants and school leavers. In the intervening period regular screening of children's eyesight and hearing is carried out.

A great deal of the success of such a scheme depends upon the development of a close and harmonious working relationship between individual medical officers and teachers, with a mutual understanding of each others problems.

Dr. D. H. J. Williams, Divisional Medical Officer, Port Talbot and Glyncothorpe Health Division, comments that the majority of head teachers inform him that they welcome this type of discussion, examination, and consultation.

It can be argued that under this system a certain number of children with physical defects may be overlooked, but it is felt that the number failing to obtain care from one or other branch of the National Health Service must be very small, except perhaps in respect of eyesight, hearing, and dental attention, and specific arrangements remain for these groups.

A number of Divisional Medical Officers have commented that examinations conducted in association with the School Psychological Service's eight-year-old survey is particularly useful, and it is important that as close a relationship as is possible should exist between the educational psychologists and the school medical officers.

The ideal remains that one doctor should always serve the same group of schools but this is difficult to organise because of both staff and time shortages.

### *Percentage of Pupils Unsatisfactory.*

It will be seen from the following table that the figures for leavers for 1963 show a slight improvement on those of the previous year. However, the percentages found to be unsatisfactory are so small that minor variations in them are unlikely to be of any significance:—

PERCENTAGE OF PUPILS CATEGORISED AS OF UNSATISFACTORY GENERAL CONDITION.

Year	Entrants	Leavers
1954	1.4	2.0
1955	1.0	2.0
1956	0.8	1.3
1957	0.9	0.4
1958	0.4	0.5
1959	0.1	0.2
1960	0.3	0.4
1961	0.5	0.8
1962	0.3	0.5
1963	0.4	0.1

CLEANLINESS.

The following table shows the incidence of uncleanliness in school children:—

	Nits in hair		Skin dirty or verminous	
	Boys	Girls	Boys	Girls
	%	%	%	%
1908-11 ..	9.3	38.9	4.3	4.1
1918-21 ..	0.7	17.2	0.9	0.3
1935-38 ..	0.5	2.6	0.6	0.3
1945-48 ..	0.9	5.6	0.6	0.3
1953 ..	0.8	3.7	0.2	0.1
1958 ..	1.0	3.7	0.2	0.2
1959 ..	1.0	3.8	0.2	0.1
1960 ..	1.1	4.1	0.1	0.1
1961 ..	1.1	3.9	0.2	0.1
1962 ..	1.1	4.0	0.1	0.1
1963 ..	1.2	3.6	0.3	0.2

The incidence of verminous heads has varied very little in the last thirty years and probably now represents a hard core of cases that will be very difficult to eradicate. However, the difference between the present figures and those in the years 1908-11 shows that constant effort and health education has achieved considerable success in this field.

MILK AND MEALS IN SCHOOLS.

Table I shows the changing trend of the service since 1953, and Table II gives the number of pupils who have obtained milk and meals in school.

TABLE I.  
MIDDAY MEALS SERVED IN SCHOOLS ON A SELECTED  
DAY IN EACH YEAR.

Year	No. of children in attendance.	No. of midday meals served.	% of children in attendance taking meals.
1953	116,563	43,924	37.68
1958	119,544	47,727	39.92
1962	116,372	54,288	46.65
1963	111,977	55,437	49.51



COLOUR VISION.

During the year the survey of colour blindness of boys in the County was continued, and the table below shows the results.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Total number examined	451	211	299	231	328	139	379	509	-	2,547
Number colour vision defective	27	16	7	5	17	11	5	17	-	105
Percentage colour vision defective	6.0	7.6	2.3	2.2	5.2	7.9	1.3	3.3	-	4.1

TABLE 11.

## SUMMARY OF RETURN MADE TO THE MINISTRY OF EDUCATION, 30TH SEPTEMBER, 1963.

Health Division	No. of pupils present	No. of pupils taking meals	No. of pupils taking milk	Schools and Departments served	Schools and Departments not served
Aberdare and Mountain Ash ..	9,722	3,874	8,711	60	1
Caerphilly and Gelligaer ..	12,222	7,536	10,951	64	1
Mid Glamorgan ..	16,374	10,030	13,649	83	-
Neath and District ..	9,264	5,548	7,542	54	1
Pontypridd and Llantrisant ..	10,517	4,277	9,350	51	2
Port Talbot and Glyncoerrwg ..	10,366	3,956	8,791	45	-
South-East Glamorgan ..	18,822	9,266	15,312	85	1
West Glamorgan ..	9,349	7,089	7,495	62	-
Rhondda ..	14,860	3,793	12,950	90	1
Special Schools and Ogmore School Camp ..	481	68	433	1	-
Totals ..	111,977	55,437	95,184	595	7



## HANDICAPPED PUPILS.

The care and medical supervision of handicapped pupils remains the most important facet of the work of the School Health Service. The development of a complete service in this respect requires:—

- (a) early assessment of handicap;
- (b) regular review and reassessment;
- (c) the correct educational placement.

Of particular importance in relation to the last of these criteria is the need for consultation with teachers, psychologists, parents, and others concerned with the welfare of children. This "panel" approach to the solution of individual problems is becoming increasingly common, especially in relation to admission to special classes and schools.

The table on page 107 shows the variety of placements utilised by this Authority.

CHILDREN IN SPECIAL SCHOOLS AND CLASSES.

Category	Glamorgan Number		1963 Rate per Thousand	
	1962	1963	Glamorgan	England and Wales
Blind and Partially Sighted: At Special Schools—				
(a) Day pupils .. .. .	2	—	—	0·15
(b) Boarding pupils .. .. .	57	56	0·43	0·30
Deaf and Partially Hearing: (1) At Special Schools—				
(a) Day pupils .. .. .	1	2	0·02	0·30
(b) Boarding pupils .. .. .	57	58	0·45	0·44
(2) At Special Classes .. .. .	41	117	0·90	—
Educationally Subnormal: (1) At Special Schools—				
(a) Day pupils .. .. .	145	148	1·14	3·96
(b) Boarding pupils .. .. .	100	101	0·78	1·27
(2) At Special Classes .. .. .	389	545	4·19	—
Maladjusted: (a) Special schools .. .. .	2	4	0·03	0·55
(b) Hostels .. .. .	12	15	0·12	0·10
Physically Handicapped and Delicate: At Special Schools:				
(a) Day pupils .. .. .	18	19	0·15	1·69
(b) Boarding pupils .. .. .	76	82	0·63	0·83



## EDUCATIONALLY SUBNORMAL CHILDREN.

(Educationally subnormal pupils, that is to say pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.)

The number of children receiving education in special classes in ordinary schools has risen from 389 in 1962 to 545 in 1963. This probably represents an actual increase in the numbers of children informally ascertained, augmented by a reluctance to recommend residential placement except where unavoidable.

The provision of such special classes is almost entirely in primary schools, and there remains a need for equally specialised attention during the secondary stage. The pupil moving from such a special class to a large secondary modern school is liable to feel lost and out of place, and this may well be enhanced as the comprehensive school system is developed.

There are still a number of children who require residential schooling, and I have pleasure in reproducing the report of Mr. W. P. Bourne, the headmaster of the Glamorgan Residential School, Hendre:—

“The exceptional winter at the beginning of 1963 increased the isolation of the ‘Hendre’ and caused delays in the delivery of supplies and other minor crises. Both staff and boys were denied the use of the countryside, which is one of the features of the school, but, in spite of the physical difficulties and discomforts, this period proved to be very happy and successful.

Later in the year we had regular weekend camps of thirty boys at Llangynidr on a good site between the Usk and the Brecon Canal. During the summer most boys had three visits to camp and enjoyed canoeing and climbing, as well as the usual activities of camping. Canoeing reached a very high standard, and in September twelve boys canoed from Ross to Tintern, a well-known canoe-trip, and a high achievement.

Football continues to be the main winter sport. This season, for the first time, we have two teams playing in the league; only four senior boys (who have physical handicaps) have not played in a match.

The opening of a youth centre in Monmouth has given further opportunities for social experience and integration in normal society. Fourteen boys are full members and taking part in the various activities.

On Parents’ Day this year everyone had to be indoors the whole time because of rain. A pleasing feature was that so many former pupils were able to take the opportunity of using the special transport to visit the school. An additional coach had to be arranged, and altogether there were over two hundred visitors.

In July, Miss Jenkins, who had been Matron since the school opened in January 1954, left to teach at the School for the Deaf, Llandrindod Wells. Mrs. Goodwin, cook, another original member of the staff, retired at the same time.



During the year eleven boys left the school on reaching school-leaving age and three boys transferred. As for all handicapped children, there are difficulties in obtaining and retaining employment, but seven of the eleven are working in regular normal employment. Of the fifteen boys admitted, five were 9 years, four 10 years, three 11 years, and three 12 years old."

#### BLIND AND PARTIALLY SIGHTED PUPILS.

(Blind pupils, that is to say pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.)

(Partially sighted pupils, that is to say pupils who by reason of defective vision cannot follow the normal régime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.)

I have pleasure in reproducing the report of Mr. Geoffrey Exley, the headmaster of Ysgol Penybont, Glamorgan School for Visually Handicapped Pupils:—

"My recent reports have stressed the fact that the school is at pains to build up outside contacts and interests for the children. However, continuous care is taken to ensure that the children develop as well as possible in classroom subjects. As an example of this I can point out that during the current year we have introduced a new Upward Braille Writer from America which will enable the children to write Braille more quickly and easily. The Writer is made in America but is now available for use in Great Britain. This Writer will obviate the necessity, inherent in Braille writing up to now, of reversing all Braille characters and writing from right to left, instead of in the more normal way. The machines have already shown what a boon they are, especially to young children learning to write Braille. The children also have, this year, been using a Cubarithm arithmetic slate of French manufacture that is an improvement on the old 'arithmetic slate' used for so long in blind schools. A new room for pottery has now been equipped, and this adds one more for the range of handicraft subjects practised.

There have been sixteen new entrants during the year and eight leavers. Of the entrants, ten are partially sighted and six blind. However, among those children awaiting admission there would appear to be a majority of blind children. Of the sixteen children admitted during the year, six were from Glamorgan and ten from other Authorities in Wales.

Eight children left the school. Four went to the Royal Normal College, one to the Heathersett pre-vocational training course, one partially sighted girl went to a technical college for typist training, and two pupils went straight into open industry. Of the 112 children now in the school, sixty-two are partially sighted and fifty are Braille users.

A sample of forty-eight pupils were I.Q. tested, and results indicated 33 per cent with I.Q.'s of 100 and over, 48 per cent with I.Q.'s ranging from 80 to 100, and 19 per cent with I.Q.'s below 80 (the lowest I.Q. being 50).

It is interesting to note also that 10 per cent of the pupils at the school are epileptics under sedation. One girl at the school attends a deaf class at the



Oldcastle School in Bridgend, and one girl of school age is receiving home tuition weekly from a member of the school's staff.

The health of the pupils was extremely good throughout the year, although there was a minor outbreak of measles just before Christmas.

Very considerable effort was expended by members of staff in the early part of the year in raising money for a school bus. Happily the Electrical Engineering Department of Margam ended their efforts by providing us with a converted ambulance equipped as a school bus. This bus has figured largely in the many activities of the pupils outside the school throughout the year.

In June, two girls went on basic camp training with normally sighted girls at the Ogmere Camp. Shortly afterwards a party of the older girls and two mistresses spent a week under canvas at the Llangollen International Eisteddfod. A party of boys visited the Birmingham School, and during their week's stay were joined by others of our pupils who took part in the Inter-Blind Schools Swimming Gala at the Birmingham School. A party of boys from the Llandrindod School for the Deaf spent a weekend at the school during which time they played our partially sighted boys at football. Several other trips and visits took place, and some of these were connected with the efforts of our boys in Duke of Edinburgh Award activities. Two boys have now obtained the Bronze Medal Award, and many other boys and girls, including blind boys, are at present working on the Award Syllabus. The Duke of Edinburgh Scheme is, of course, just the sort of challenge that the school is looking for.

At the end of the summer holidays the headmaster and eight of the staff attended a course for Teachers of the Blind and Physically Handicapped, held in Birmingham. One thing that emerged from this course was, of course, the fact that there is very much common ground in the study of handicap. Common problems are doubly met with in schools dealing with widely different handicaps."

#### DEAF AND PARTIALLY HEARING PUPILS.

(Deaf pupils, that is to say pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language.)

(Partially hearing pupils, that is to say pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.)

The auditory assessment and training clinics which came into being towards the end of 1962 have now become firmly established in each Division, and an increasing number of children have been seen. The majority of children attending were referred from the routine hearing and vision testing carried out in the junior schools and the remainder by direct referral from the School Medical Officer, the head teacher, the health visitor, and others. One Division has also examined all the pupils in educationally subnormal classes, and it is hoped to extend this survey to the remainder of the County in the near future.



Nearly all the school medical officers working in the assessment clinics have now attended the course for medical officers at the Department of Audiology and Education of the Deaf, Manchester University. Close liaison is maintained with the specialist teachers and each clinic team consists of a medical officer and a trained teacher of the deaf. In this way each child is considered as an individual, and the full medical and educational needs of the child are assessed before a recommendation as to the future placement is made.

The following is the report of Mrs. C. E. Jones, Superintendent of the Nursery School for the Deaf:—

*“Children admitted during 1963.*

Sex and age	Cause of deafness and other handicaps.
Girl — 2+ years ..	Congenital abnormalities of both ears.
Girl — 2+ years ..	Meningitis — chronic otitis media.
Girl — 3 years ..	Meningitis.
Boy — 3 years ..	Unknown.
Boy — 3 years ..	Unknown.
Boy — 3+ years ..	Meningitis.
Boy — 4+ years ..	Unknown.
Boy — 4+ years ..	Bilateral chronic otitis media.
Boy — 5 years ..	Rubella? — partially sighted.
Girl — 5+ years ..	Unknown — aphasia? — maladjusted.
Boy — 6+ years ..	Unknown — maladjusted.

From the table it will be seen that six children were admitted during 1963, between the ages of 2+ and 3+ years. This is the first time since the school opened that such a high number of very young children have been admitted. It will also be noted that there are still children being referred who are 5 or older, despite the facilities available for early ascertainment of deafness. One major reason for this would appear to result from a policy of trying all other methods of education available before making a recommendation for placement in a school for the deaf. This policy is harmful and is resulting in delay before suitable provision is made. It should be emphasised, once more, that where there is a hearing loss and resultant delay in language and speech, such children should be considered to be in need of education as deaf children and appropriate steps should be taken to have the child referred to a school immediately. If, after admission to a school for the deaf, the child develops useful hearing, speech, and language, then a recommendation will be made for the child to be reclassified and transferred to an appropriate partially hearing unit or class.

Eight children were transferred during the year (one child moved to Somerset). The question of placement is difficult, mainly because transfer has to take effect as soon as the child reaches the age of seven. It is felt that at this age most children are just beginning to give evidence of future potential in the fields of language development, speech, and general academic subjects. It is thought that certain children due for transfer are not socially ready to adjust to a



partially hearing unit because of a severe hearing loss. They would find difficulty in competing with children whose hearing is less impaired, and their rate of language development would be slower. However, we do feel that certain children may well be able to transfer to partially hearing units at a later stage in their education.

The variation in fluency of speech and language among deaf children is considerable. Progress made in this field is dependent on several factors, including early diagnosis, help provided at home, degree of residual hearing, intelligence, social and emotional adjustment, and whether any other handicap is present.

It is obvious by the time the children have reached 7 that certain of them will achieve little through the oral methods used in our schools. This must be recognised and accepted. One child of six made no progress in understanding or using the spoken language, despite early ascertainment, parent guidance, and auditory training. The child was of average ability and was progressing normally in every other field. After observation at the school it was decided to refer her to Manchester for further assessment. There it was discovered that the child had no peripheral hearing loss but was suffering from a language disorder. This might suggest the advisability of making provision for an 'all round' examination of deaf children. Such a service would include examination by an E.N.T. consultant, paediatrician, psychologist, neurologist, and teacher of the deaf. Only by adopting such methods could all necessary factors be taken into consideration and subsequent errors in diagnosis be avoided".

#### PHYSICALLY HANDICAPPED AND DELICATE CHILDREN.

(Physically handicapped pupils, that is to say pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal régime of ordinary schools.)

(Delicate pupils, that is to say pupils not falling under any other category in this regulation who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the régime of ordinary schools.)

I have pleasure in reproducing the report of Mr. John Garrett, the headmaster of Ysgol "Erw'r Delyn", the Glamorgan School for Physically Handicapped Pupils:—

##### "1. *General.*

The school will have completed its first six years by the time this report appears in print, and as the first five years are very important in a human being's life, we might feel that these early years in the life of our school may well have a lasting effect on the way in which it will develop in the future. Perhaps, therefore, we might pause and review some of the important happenings of these first years.

The school has 132 pupils, of whom twenty are day pupils. The residential quarters for the children have been extended by the purchase of St. Cyres House to provide accommodation for twelve older pupils aged over 16 years,



who are taking a further education and training course to fit them better for employment.

Teaching space has been increased by the modification of a speech therapy room and two cloakrooms, and consideration is now being given to the provision of more classrooms to cater for the small grammar school unit and the further education group. The larger number of pupils means that the housecraft and the art and craft specialist rooms must now be used for these specialist purposes only and not as general purpose classrooms.

The largest proportion of pupils are now in the secondary school age range, and it is becoming increasingly clear that the curriculum can only be extended by the addition of a fully equipped science classroom. The introduction of the special class in 1960 to provide a more academic form of education for those pupils able to profit from it has proved most successful and resulted in four pupils obtaining 'O' level passes in the G.C.E. in three subjects each. Serious consideration is now being given to the establishment of five-year courses in several subjects leading to the Certificate of Secondary Education examinations which should enable a larger number of the pupils in school to obtain these certificates. The year 1963 saw an extension of "O" level subjects being taught, when the Education Committee seconded the heads of the History and Geography Departments of the Penarth County Secondary School next door for six periods each per week to teach these subjects to our grammar class. The deputy headmaster also runs a very successful class in human biology, which resulted in three pupils obtaining 'O' level passes in the subject in the 1963 examinations.

The educational standard of the pupils has improved during these first years and the particular individual teaching techniques used in the classrooms, although being very demanding of the teaching staff, have clearly resulted in every child attaining the maximum standard in the classroom subjects of which he is capable. Special equipment, electric typewriters, etc., introduced for individual handicapped children according to their needs, has resulted in greater communication for children handicapped by no speech and severe paralysis and other deformities.

Perhaps the most important aspect of the work of these early years has been the opportunities given to our severely handicapped pupils to participate in interesting out-of-school activities which might otherwise have been denied them. The Scouts, Guides, Cubs, and Brownies have been well supported over the years and led to canvas camps during the holidays at Monmouth, Surrey, Glamorgan, Llandudno, etc., and this year will be based on the banks of the Wye at Hereford where arrangements have been made to teach the Scouts canoeing, with experienced canoe instructors. Over the years the following clubs have flourished—camera, stamp collecting, record, modelling,



woodwork, art and craft, recorder and harmonica playing, chess, table tennis, archery, swimming, and angling. The youth club meets every Sunday evening and is affiliated to the Urdd Gobaith Cymru. A marksmanship club has recently been established using an air rifle and plastic pellets. During the past two years many successful games evenings in table tennis, draughts, and chess have been held with the pupils of the local grammar school and approved schools and local youth clubs.

The school livestock has provided great interest throughout the years and has resulted in much incidental learning through the keeping of accounts, ordering of food, etc.

## 2. *Medical.*

The system of entry for pupils has been evolved during the past five years and seems to be very effective. Before enrolment the prospective pupil and his parents spend part of a day at the school meeting other pupils and members of staff and seeing the facilities offered. The Deputy County Medical Officer, the Senior Medical Officer, and the headmaster talk with the child and his parents and assess the pupil's suitability for the school and his emotional readiness to profit from the education offered. Sometimes it is considered wise to postpone enrolling the very young child until he has spent short periods at the school with his parents at the weekends so that his initiation into residential school life is a gradual one.

The Senior Medical Officer visits the school weekly, the specialist in physical medicine, the orthopaedic surgeon, and the paediatrician once a term, a dentist for a whole day every fortnight; pupils with heart and other serious conditions go to Llandough Hospital for any dental extractions required. A psychiatrist visits the school for half a day every fortnight, and an educational psychologist half a day every week.

Case conferences with all members of staff are held every fortnight and ensure that both medical, home, and learning difficulties are kept under constant review.

The permanent school medical staff consists of a school nurse, three physiotherapists, and a speech therapist, and it is hoped that an assistant will be provided in 1964 for the nurse.

On the whole it is felt that the school is now well established in South Wales as a place where children are encouraged to live as independently as possible receiving help and support when needed, and it is hoped that it will continue to develop in the same way in future and provide a complete education for the severely handicapped children of South Wales.

### 3. *Types of Handicap.*

	Boys	Girls	Total
Cerebral palsy .. ..	35	25	60
Post-poliomyelitis .. ..	12	7	19
Spina bifida .. ..	6	3	9
Muscular dystrophy .. ..	13	—	13
Heart cases .. ..	2	4	6
Paraplegics .. ..	2	1	3
Miscellaneous .. ..	18	6	24
Totals .. ..	88	46	134

### 4. *Local Authorities.*

	Number	Percentage
Glamorgan .. ..	95	71·0
Monmouthshire .. ..	16	12·0
Cardiff .. ..	5	3·7
Swansea .. ..	4	3·0
Newport .. ..	3	2·0
Cardiganshire .. ..	2	1·5
Carmarthenshire .. ..	6	4·4
Breconshire .. ..	1	0·8
Radnorshire .. ..	1	0·8
Denbighshire .. ..	1	0·8

### 5. *Estimated Intelligence Range in Major Handicaps.*

#### *Grades Used:*

- ABOVE AVERAGE .. .. Attainment and intelligence of such a standard as to enable pupil to successfully pursue a course leading to "O" level G.C.E. standard.
- AVERAGE .. .. Attainment and intelligence approximating to that of a "C" stream and above child in an ordinary school.
- BACKWARD .. .. Intelligence in the normal range, but attainment restricted because of long absences from school, some degree of emotional disturbance, hampered by degree of physical handicap, etc.
- EDUCATIONALLY SUBNORMAL .. Intelligence and attainment falls into this category.
- LOW GRADE E.S.N. .. .. Attainment and intelligence leads one to doubt child's suitability for education in school in the normal sense of the term.



	Above average.	Average.	Backward.	E.S.N.	Low E.S.N.	Total.
Full school population:	No. 5 % 3.8	20 14.9	38 28.3	50 37.3	21 15.7	134
Spastic Group:	No. 1 % 1.7	2 3.3	12 20.0	27 45.0	18 30.0	60
Other handicaps:	No. 4 % 5.4	18 24.3	26 35.1	23 31.1	3 4.1	74*
<i>Breakdown of other handicaps:</i>						
Post-polios .. ..	3	7	6	3	-	19
Spine bifida ..	1	2	3	3	-	9
Hearts .. ..	-	2	4	-	-	6
Hydrocephalus ..	-	-	-	2	1	3
Arthritis .. ..	-	1	-	-	-	1
Freidrichs ataxia ..	-	-	1	1	-	2
Brittle bones ..	-	1	1	-	-	2
Torsion spasm ..	-	-	-	1	-	1
Congenital deformity	-	1	1	2	-	4
Asthma .. ..	-	1	-	2	-	3
Epilepsy .. ..	-	-	-	-	1	1
Paraplegic .. ..	-	1	2	-	-	3
Toxoplasmosis ..	-	-	-	1	-	1
Muscular dystrophy	-	2	5	6	-	13
Accident injuries ..	-	-	2	-	1	3
Diabetic .. ..	-	-	1	-	-	1
Post-meningitis ..	-	-	-	1	-	1
Glandular .. ..	-	-	-	1	-	1
						74*

6. *Degree of Handicap of Pupils.*

Permanently chairbound .. .. .	70
Doubly incontinent .. .. .	18

7. *Summary of Placement of School Leavers.*

Forty-nine pupils have left this school since it opened in September 1958.

Reason for leaving.	Number	Percentage
On reaching school-leaving age to enter employment ..	8	16.3
On reaching school-leaving age to places in Colleges of Further Education .. .. .	2	4.1
On reaching school-leaving age to mentally handicapped training centres .. .. .	5	10.2
On reaching school-leaving age to go to own homes ..	5	10.2
Returned home on parents' request .. .. .	2	4.1
Transferred to other special schools .. .. .	12	24.5
Transferred back to ordinary schools .. .. .	5	10.2
Died .. .. .	10	20.4
	49	

There are at present eight children in St. Cyres House awaiting placement.



8. From the figures in paragraph 5, the following conclusions might be drawn:—

(1) 53 per cent of the pupils in this school are educationally subnormal and physically handicapped;

(2) a further 28·3 per cent of the pupils are backward or retarded in attainment for a variety of reasons;

(3) 75 per cent of the pupils suffering from cerebral palsy are in the E.S.N. and Low E.S.N. range;

(4) 35 per cent of the pupils with other handicaps fall in the E.S.N. and Low E.S.N. range.

It should be emphasised that these gradings of intelligence and attainment have been based on standardised tests where they could be given, combined with considered views of experienced teachers, and so, although the results may not be considered scientifically correct, it is suggested that they bear out what appears to be obvious to experts working in this form of education.”

#### MALADJUSTED PUPILS.

(Maladjusted pupils, that is to say pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustment.)

I am grateful to Dr. K. W. Aron, Consultant Child Psychiatrist, for a most interesting report on the work of the Child Guidance Service in Glamorgan, which is reproduced below:—

“As in previous years the work of the Glamorgan Child Guidance Clinic is published separately as a detailed annual report by the consultant child psychiatrist, and considerations of space only allow some of the more important developments to be referred to here.

During 1963 further progress was made in the provision of premises. In Neath, part of a large building in London Road was put at our disposal by Glamorgan County Council in place of the school medical clinic at Dyfed Road, where our sessions had previously been held but where there had been no special facilities available for child guidance work. At the London Road clinic there is, amongst other things, both a dry- and a wet-play therapy room, though these two rooms are unfortunately not linked by a communicating door. The latter arrangement would only require a small structural alteration and would be desirable from considerations arising out of the nature of the play therapy situation.

As in previous years shortage of qualified staff has been our main difficulty and has again held up the further development of the Service to a considerable extent. The situation has been aggravated this year by the fact that I had to go on sick leave for a period of six weeks in August and September, and this unfortunately coincided with a change of Registrar as Dr. A. E. Jones was due to terminate her appointment with us at the same time. Fortunately Dr. E. B. Griffith, who had previously worked with me here as Registrar in Child Psychiatry in 1961–62, asked to come back about this time and was able to carry on during my illness though only on a part-time basis. At the time of



writing Dr. Griffith is doing five sessions per week as a locum part-time Registrar, and this is the only medical assistance I have at present. The fact that Dr. Griffith was the only psychiatrist here during my illness and was only working on a part-time basis meant that during those six weeks the Neath clinic had to be left more or less in abeyance, though normal sessions have been resumed there since my return to work.

It was already pointed out in previous reports that another grave deficiency of the Service is the absence of psychiatric social workers. Once again it needs to be stressed that if the psychiatrist has to attend to this part of the work as well as to his normal duties (i.e. if he has to divide his time between his work with children and the work with the parents which would normally be done by the psychiatric social worker) then this is in effect equivalent to a doubling of his case load; another way of stating the same problem is that the turnover of cases is thereby halved. This position continues to obtain in Glamorgan. Unfortunately the nation-wide shortage of trained psychiatric social workers persists, and once again no suitable candidates offered themselves in response to repeated advertisements.

In view of this, it may be necessary to appoint in place of a fully trained psychiatric social worker a 'child guidance social worker', i.e. a type of social worker who is not necessarily trained in this type of work at the outset or who, at best, has had only initial training, but who could be appointed on condition that he or she undertook to proceed on an appropriate one-year course of training, such as that instituted by the University of London. This is a solution which has been adopted by a number of child guidance services in other parts of the country, which have been equally unsuccessful in obtaining trained psychiatric social workers.

In the matter of psychologists, the improvement in the staffing situation, which was already remarked upon in last year's report, continued during 1963, and a further psychologist, Mr. P. N. P. Williams, was appointed to take over the work in the Pontypridd Division and took up his duties in April. Generally speaking, as the Service is at present organised—with relatively much more generous staffing on the psychological than on the psychiatric side—there is a danger that duties may be thrust upon the psychologists which are beyond the scope of their role, either in the child guidance team or in the advisory services which they render to schools. The expansion of the Child Guidance Services will not be possible if a dichotomy is allowed to develop between it and the 'School Psychological Service', with the latter in effect taking over the functions belonging to the former.

A play therapist was appointed in August 1963. It was not, however, possible for the person appointed to take up his duties during 1963.

The result of all these staff shortages is that the service at present provided in certain parts of the County continues to be very inadequate. Reference was already made in the 1962 report to the fact that the Rhondda and Aberdare Divisions, for instance, originally fell outside the area intended to be covered by the present child psychiatrist and that only fortnightly clinics have ever been



held there; this has, unfortunately, continued to be the case during 1963 and is, of course, wholly insufficient for the needs of these Divisions.

The following statistics relate to the work of the Child Guidance Service during the year 1962-63:—

(1) *Cases Referred during the Period under Review.*

These figures, as well as their breakdown in terms of the different clinics, are given in Table I.

TABLE I.

Clinic.	Boys.	Girls.	Total.
Tynygarn .. ..	36	14	50
Neath .. ..	29	12	41
Rhondda .. ..	13	11	24
Aberdare .. ..	7	8	15
Pontypridd .. ..	18	6	24
Total ..	103	51	154

(2) *Cases Discharged during the above Period.*

These are given in Table II. They include, of course, both cases originally referred during the present period as well as others carried over from previous years and discharged during the period under review.

TABLE II.

Clinic.	Boys.	Girls.	Total.
Tynygarn .. ..	16	10	26
Neath .. ..	17	5	22
Rhondda .. ..	8	4	12
Aberdare .. ..	4	5	9
Pontypridd .. ..	13	9	22
Total ..	58	33	91

(3) *Causes of Referral.*

These frequently overlap, and a given child may, of course, be referred for more than one complaint. Bearing these points in mind, however, Table III reflects fairly accurately the reasons why the help of the clinic is sought and the types of disturbance which are referred to us.

TABLE III.

Enuresis (wetting)—diurnal 6; nocturnal 15; both 8.  
 Encopresis (soiling) 7.  
 Stammering and stuttering 3; other speech defects 2.  
 Temper tantrums 16; disobedience 5; generally difficult behaviour 23.  
 Nightmares 4; night terrors 5.  
 Stealing and pilfering 23; housebreaking 6.



Sexual misbehaviour 10.  
 Truancy 13.  
 School phobia 9.  
 Aggressiveness 3; destructiveness 3.  
 Running away from home 2; wandering 2.  
 Hysterical behaviour 1.  
 Fits 7; fainting turns, etc. 5.  
 Backwardness at school 19.  
 Lying and romancing 2.  
 Tics 1.  
 Depression 12.  
 General shyness and timidity 4.  
 Restlessness and fidgetiness 3.  
 Asthma 4.  
 Migraine 3.  
 Abdominal pains 8.  
 Eczema 3.  
 Ulcerative colitis 1.  
 Alopecia Areata 1.

(4) *Sources of Referral.*

These are given in Table IV and include both medical and other agencies. Sometimes a particular case is referred by more than one source. At other times a particular agency, e.g. the Glamorgan County Children's Department or the Probation Service, may refer via the local divisional medical officer. Hence, in compiling this table, an attempt has been made to reduce each case to its original source of referral.

TABLE IV.

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
Schools .. ..	2	2	2	—	3	9
Paediatricians ..	4	6	7	3	5	25
Divisional Medical Officers ..	18	10	3	6	4	41
General Practitioners and other medical sources .. ..	16	14	10	3	12	55
Juvenile Courts and Probation Officers	8	7	2	3	—	20
Children's Department .. ..	2	2	—	—	—	4
Totals ..	50	41	24	15	24	154

(5) *Age Distribution of Children Referred.*

This is given in Table V.

There is no hard and fast age limit for the acceptance of children and, generally speaking, cases up to the age of 15-16, or sometimes even older, are seen. In the case of these adolescents the needs of the patient determine whether he or she is advised to seek help at an adult psychiatric clinic or dealt with by the Child Guidance Service. Certain conditions, e.g. incipient forms

of psychosis (mental illness), are best dealt with by the former; other problems occurring at this age, e.g. bed-wetting or delinquency, are more typical of those seen in child guidance clinics and are, therefore, more appropriately dealt with by the latter.

TABLE V.

Clinic	Distribution by age.					Distribution by sex.		
	1-5 years	5-10 years	10-15 years	Over 15 years	Total	Boys	Girls	Total
Tynygarn ..	1	14	30	5	50	36	14	50
Neath .. ..	2	13	23	3	41	29	12	41
Rhondda ..	2	9	12	1	24	13	11	24
Aberdare ..	-	6	7	2	15	7	8	15
Pontypridd ..	-	11	9	4	24	18	6	24
Totals ..	5	53	81	15	154	103	51	154

(6) *Psychiatric Interviews.*

These are given in Table VI, which refers to the diagnostic and therapeutic work of the psychiatrist.

TABLE VI.

Clinic.	Diagnostic.			Therapeutic.		
	Boys	Girls	Total	Boys	Girls	Total
Tynygarn ..	28	15	43	113	31	144
Neath .. ..	25	13	38	108	40	148
Rhondda ..	10	4	14	43	8	51
Aberdare ..	12	2	14	34	8	42
Pontypridd ..	18	9	27	102	39	141
Totals ..	93	43	136	400	126	526

(7) *Work of the Psychologists.*

Interviews of children by the educational psychologists are given in Table VII.

TABLE VII.

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
50	42	17	13	42	164

(8) *Interviews with Parents.*

These are given in Table VIII. This table would normally refer to the work of the psychiatric social workers, but since no psychiatric social worker



was available during the period under review, the duties which would fall to such a person have had to be carried out by the psychiatrist himself and to some extent also by the psychologists.

TABLE VIII.

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
232	231	82	69	205	819

(9) *Approved School Cases.*

The number of interviews with such cases during the period under review was twenty-seven. This figure refers entirely to boys seen on our regular monthly visits to the Glamorgan Farm School, Neath. There also took place on each of these visits a conference with the headmaster and staff about these cases, an aspect of the work which we regard as of considerable importance.

(10) *Interviews with Children other than at Clinic or Approved School.*

The number of interviews with such cases during the period under consideration was fifteen. This figure includes such work as domiciliary visits, visits to children in various hospital wards, homes, etc."

I also have pleasure in reproducing the report of Mrs. R. M. Matthews, the Warden of "The Lindens" Hostel for Maladjusted Pupils:—

"The hostel, better described as a Unit for emotionally disturbed children, was fully occupied throughout the whole of the year. Unlike any other educational unit in the County, 'The Lindens' does not close for holidays as there are children for whom return to home is a prospect that, at this stage, they are not prepared to face; and even those who go home seldom stay the allotted time and, either at their instigation or their parents, they return to the Unit.

The figures in December were as follows—

Glamorgan	..	..	16
Newport	..	..	1
Cardiff	..	..	2
Cardigan	..	..	1
Merthyr	..	..	1
Total	..	..	<u>21</u>

It is interesting to note that over half of the Glamorgan children have been committed to the care of the Authority, and that for the first time in the history of 'The Lindens' the population is all boys and that we have no resident girl pupils.

The facilities for diagnosis and treatment are briefly summarised—

*Physical.*

Each child on admission is given a thorough physical examination. Audiometry has revealed that 35 per cent of our children suffer from some hearing 'loss', 40 per cent from visual defects, 10 per cent are in need of speech



therapy, and 30 per cent in need of paediatric investigation. Arrangements are made for the early treatment of these difficulties, and Dr. Peter Gray, Senior Lecturer in Paediatrics, visits the Unit regularly to see those children in need of special attention.

#### *Psychiatric.*

Dr. J. P. Spillane acts as consultant psychiatrist, and is responsible for the orientation of the treatment provided. This can take the form of—

- (a) Group therapy with parents.
- (b) Group therapy with children.
- (c) Individual counselling of parents.
- (d) Psychoanalytic treatment of individual children.

Dr. Paul Jackson, Senior Psychiatric Registrar, Whitchurch Hospital, and Dr. C. J. Revington share the duties of this section of the programme.

#### *Psychological.*

Now that the Schools Psychological Service is functioning in the County there is less need for routine intelligence and attainment testing as this information is available to us. Mrs. A. M. Jones, our Clinical Psychologist, is now able to spend more time on projection tests and the investigation of personality difficulties. Mrs. Jones also sees groups of parents from time to time.

#### *Educational.*

The class for maladjusted children has grown to sixteen children, and it has been necessary to employ a full-time assistant to the teacher-in-charge. The age range of the children is 6 to 15, and the intelligence scatter from I.Q. 70 to 120. All of these children have difficulties of emotional origin, and it is the purpose of the class to provide short-term therapeutic assistance to enable the child to return to his ordinary school at the earliest opportunity. As one would expect, the length of stay in the class of day pupils is longer than that of resident pupils. This reflects the influence of home environment on the emotional health of the child. It is, however, considered that although treatment on a day basis is longer, every effort should be made to keep the child with his family wherever possible. Although the class is not specifically designed for remedial activities, the children make remarkable improvement in the basic subjects, and the average rate of progress is double that expected in ordinary schools.

Of the sixteen children in the class, seven are resident and nine are brought to the class each day by taxi from Barry and Penarth. Mrs. A. D. Lewis, Educational Psychologist, supervises the class as part of the school's psychological service.

#### *Liaison with the Family.*

In addition to attending the clinics and being seen regularly by the Warden, families are visited at home by Mrs. A. Hawkes, our Psychiatric Social Worker, and Mr. David Wakefield, of the Glamorgan Children's Department, is responsible for those children who are 'in care'."



(1) *Refraction.*

The detailed examination of children's eyes and the provision of spectacles remains one of the most important facets of the work of the School Health Service. It was intended when the National Health Service Act was introduced that this work would be taken over by the Hospital Service but, after the passage of sixteen years, the burden on the School Health Service remains heavy.

Since refraction is a specialised form of examination it is not easy to train medical officers to undertake it. The Authority is, therefore, fortunate in having the services of three part-time ophthalmologists.

The number of children seen during the year was 6,893 and the number of spectacles prescribed was 2,647. However, a considerable number of children obtained their spectacles through the services of a local optician.

(2) *Orthopaedic.*

Clinics for the treatment of orthopaedic defects continue to be held in all Divisions.

I am indebted to Miss M. Johns for the following observations on the orthopaedic clinic in Aberdare:—

“In the orthopaedic clinics held during the past year, two factors have emerged with great clarity—

- (a) The incidence of scoliosis and kyphosis in the 13–15 age group.
- (b) The increasing number of minor foot deformities caused by the present ill-styled fashionable footwear for the teenage and sub-teenage age groups.
  - (i) Regular supervision of posture of the elder child, along with remedial exercises instituted in the Postural Clinics, together with the elimination of flexion of the spine exercises in the school gymnasium—especially when X-ray examination has revealed various degrees of osteochondritis of the spine—is playing a big part when dealing with postural defects in the child.
  - (ii) A very intensive foot health education programme is carried out in schools and in clinics: given in the form of films and talks it is helping the senior school children to be a little more discriminating in choosing footwear. It has also been much appreciated by the parents of these children, who have been subjected to the heavy pressure and demands of this age group, when the question of suitable shoes is raised.

The early diagnostic work in the orthopaedic clinic—regarding congenital dislocation of hips—early neurological investigation for polio—progressive muscular dystrophy and spina bifida—has been helped by the observations at an increasingly early age of all young infants now attending these clinics.”

(3) *Dental.*

The following is the report of Mr. H. P. R. Williams, the Principal School Dental Officer:—

“With a modest improvement in the staffing position, the School Dental Service took a rather happier turn during 1963. Three new dental surgeons joined our staff as area dental officers—Mr. D. C. McKendrick for the South-



East Glamorgan and the Caerphilly and Gelligaer Divisions; Mr. H. R. Jones for the Aberdare and Mountain Ash and Pontypridd and Llantrisant Divisions; and Mr. T. A. Williams for the Rhondda Excepted District. This brought our total strength, including sessional dentists, up to the equivalent of 12.6 whole-time officers. Whilst this is the best figure we have had for many years, it still falls far short of our desired staff of thirty-two full-time officers.

Much of this improvement would appear to be due to young practitioners finding that their private practice is not busy during the mornings, so allowing them to work for the Local Education Authority on a sessional basis.

This limited amount of assistance is, of course, very welcome, but full needs are not likely to be met until the first dentists from the new dental school at the Heath, Cardiff, qualify. As it is probable that many students on qualifying will wish to enter our Service, some to make a career of the School Dental Service and others to gain experience whilst continuing to study at the school for additional degrees. Possibly dental staff may be shared between the Authority and the dental hospital.

It will be essential to prepare our Service for that eventuality, remembering that these dental surgeons will have been trained under ideal conditions and using only the most modern techniques and equipment. If we are to hope to interest them in our Service, we shall have to provide them with similar dental surgery facilities.

I am pleased to report that a start has been made on modernising our clinics, as the following list of equipment installed in 1963 will show, but much remains to be done—

*Equipment installed during 1963.*

<i>Name of clinic.</i>	<i>Equipment installed.</i>
Rock Grounds, Aberdare .. .. .	Sterling chair. Dental unit. Solarite. Walton No. 5 gas apparatus.
Old Cottage Homes, Bargoed .. .. .	Sterling dental unit. Sandri air rotor. Solarite.
Denscombe Estate, near Ludlow Street, Caerphilly	Sterling dental unit. Solarite.
Park Avenue, Ogmere Vale .. .. .	Sterling dental unit. Solarite.
Hunter Street, Briton Ferry .. .. .	Sterling dental unit. Solarite.
Ynysangharad Park, Pontypridd .. .. .	Sterling dental chair. Sterling dental unit. Solarite.
Talbot Green .. .. .	Sterling chair.
Pendarvis Street, Aberavon .. .. .	Sterling chair.
Bishop's Road, Whitchurch .. .. .	Sterling chair. Sterling dental unit. Solarite.



<i>Name of clinic.</i>	<i>Equipment installed.</i>
Welfare Hall, Gwauncaegurwen .. ..	Sterling chair.
Ystrad Mynach .. ..	Walton No. 5 gas apparatus.
Quarella Road, Bridgend .. ..	Sandri air rotor.
Ystrad, Rhondda .. ..	Sterling chair. Sterling Junior. One Servitor Model K unit 1962. Alston air rotor. Two Solarites. Walton No. 5 gas apparatus. X-ray unit—Phillips.
Ynyswen, Treorchy .. ..	Walton No. 5 gas apparatus.

During 1963, 16,771 children were inspected in schools, whilst 9,033 were inspected as specials at our clinics. This total of 25,804 was an improvement on 1962, when 22,560 inspections were carried out. As our staff increases, it is hoped to carry out a far greater number of routine inspections.

A very important part of the work lies in drawing parents' attention to the need for dental treatment in their children. Whilst we hope parents will make use of one of our clinics for their children's treatment, we are quite happy if they go to their own private practitioner. We both have the same ambition, and that is to render the child dentally fit.

The number of fillings was 18,481, against 12,511 in 1962. This very commendable improvement is, no doubt, due to increased staff. In Caerphilly and Gelligaer Division the number of fillings rose from 152 in 1962 to 2,188 last year, whilst the Rhondda Excepted District rose from two in 1962 to 931 last year. With modern equipment and new clinics it is hoped conservation of the teeth will further improve.

The number of extractions in 1963 was 21,098 (6,322 permanent and 14,776 temporary teeth), compared with 20,522 (6,909 permanent and 13,613 temporary teeth) in 1962. There is a drop of 587 permanent teeth extracted, which is pleasing and reflects increasing conservation of the teeth. The large total of extractions is still due to emergency treatment for relief of pain, but in general with National Health treatment, the number of emergency cases is on the decline.

The number of general anaesthetics for teeth removal was 6,667 against 6,360 in 1962. The demand for general anaesthetics, especially in the very young, continues.

The number of children fitted with artificial teeth during the year was 267, against 226 in 1962. The increase may be due to certain school leavers who attend our clinics—very often in their last few weeks at school—desiring to be rendered dentally fit before seeking employment, and whose dentition is often so bad that extraction and fitting of artificial teeth is the only remedy.

The number of pupils for orthodontic treatment was 235 in 1963 against 262 the previous year, whilst the attendance figure was 1,955. No special sessions were devoted to this type of work, the pupils generally being seen



along with the routine clinical work. It is, however, estimated that the equivalent of 211 half-days were spent on orthodontic work. As in past years, the complicated and difficult cases are referred to outside specialists, who make a study of this type of case. It is noticeable that some of our dental officers show a greater interest than others in orthodontic treatment and achieve very rewarding results.

1963 saw the first full year of the new Government Dental Auxiliary Scheme. Miss E. C. Williams, in her first year in our employ, did much valuable conservation work, especially on the young and tender age groups. She has also taught dental hygiene. In September a second auxiliary in the person of Miss S. Paget was engaged. Whilst she commenced duties in the Port Talbot and Glyncoirwg Division, she was transferred to the Rhondda Excerpted District, where I am sure she will prove her worth."

#### (4) *Dental Health.*

A more intensified campaign was carried out in 1963 than ever before—with a vast quantity of literature, leaflets, and posters being sent to each Division and to schools, Miss Williams, our Dental Auxiliary, visited schools, showing films and giving talks on dental care.

New ground was broken in August when, in conjunction with the Dental Board of the United Kingdom, a mobile exhibition stand was on view at the Vale of Glamorgan Show at Penllyne, being manned by the County Council staff. Whether the apples—kindly given by the Apple Board—were an inducement or not, great interest was taken in the stand, both by children and their parents.

The number of schools that have tuck shops seem to be on the decrease—many headmasters now substitute packets of nuts and raisins instead of sweets and biscuits.

#### SPEECH THERAPY.

Speech therapists are nationally in short supply, and the Service remains incomplete in relation to the School Health Service alone, whereas were more therapists to become available to the Authority their work could be considerably extended, possibly into the field of domiciliary help for elderly persons incapacitated by the effects of cerebro-vascular accidents.

The following table gives the number of children who have attended speech therapy clinics in recent years:—

	1955	1956	1957	1958	1959	1960	1961	1962	1963
Total number of individual cases seen ..	1,186	1,212	1,168	1,368	1,339	955	767	1,023	1,001
Total number of attendances .. ..	11,170	11,692	10,940	12,514	11,628	7,024	6,522	8,325	8,573



SPEECH THERAPY.

Analysis of work	Aberdare and Moun-tain Ash	Cae'rphilly and Gelligaer	Mid Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glangorwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Total number of individual cases seen .. .. .	158	80	140	119	99	107	135	163	-	1,001
Total number of attendances .. .. .	1,218	537	1,390	1,168	1,037	970	1,122	1,131	-	8,573
Number of current cases at 31st December, 1963 .. .. .	38	28	56	51	36	26	54	68	-	357
Total number of cases remaining on waiting list at 31st December, 1963 .. .. .	-	4	30	28	8	21	8	21	-	120
Number of cases under observation (immediate treatment not necessary) .. .. .	79	30	2	-	39	14	50	-	-	214
Analysis of discharged cases:										
(a) Non-treatment cases—										
(i) Treatment not considered necessary .. .. .	12	4	6	2	1	13	3	10	-	51
(ii) Failed to attend after diagnosis .. .. .	3	-	-	1	4	5	-	5	-	18
(iii) Travelling difficulties and loss of school work .. .. .	-	-	-	1	-	-	-	1	-	2
(iv) Unsuitable for treatment .. .. .	1	-	-	-	-	-	-	-	-	1
Total .. .. .	16	4	6	4	5	18	3	16	-	72
(b) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health .. .. .	-	-	-	-	-	-	-	-	-	-
(ii) Lack of parental co-operation .. .. .	1	2	2	-	-	-	3	9	-	17
(iii) Poor attendance or non-attendance .. .. .	17	17	-	6	10	19	6	6	-	81
(iv) Pressure of school work .. .. .	-	-	-	-	1	2	-	-	-	3
(v) Left district .. .. .	5	-	1	4	2	-	2	2	-	16
(vi) Left school .. .. .	2	-	1	-	-	1	-	-	-	4
2. Discharged—speech improved .. .. .	6	6	8	1	11	4	31	1	-	68
3. Discharged—speech normal (cured) .. .. .	31	17	33	20	15	18	19	28	-	181
4. Temporarily discharged .. .. .	42	6	33	33	19	19	15	37	-	204
Total .. .. .	104	48	78	64	58	63	76	83	-	574

SPEECH THERAPY—continued.

Analysis of work	Totals									
	Aberdare and Moun-tain Ash	Caerphilly and Gelligaer	Mid Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwys	South-East Glamorgan	West Glamorgan	Rhondda	Totals
General progress of cases:										
Much improved .. .. .	11	13	24	21	16	9	23	26	-	143
Satisfactory .. .. .	20	9	29	20	13	16	20	22	-	149
Little improvement .. .. .	7	6	3	10	7	1	11	16	-	61
Total .. .. .	38	28	56	51	36	26	54	64	-	353
Table of symptoms of cases treated at clinics:										
Stammering .. .. .	37	15	40	22	24	25	23	30	-	216
Dyslalia .. .. .	40	34	47	49	21	27	72	77	-	367
Cleft palate .. .. .	6	2	7	5	8	2	8	3	-	41
Deafness .. .. .	-	1	-	3	5	-	-	1	-	10
Lateral "s" .. .. .	18	9	4	2	9	10	10	6	-	68
Interdental "s" .. .. .	6	8	8	10	2	12	11	19	-	76
Rhinolalia (nasality) .. .. .	3	-	2	1	5	3	-	2	-	16
Dysarthria .. .. .	1	1	-	5	2	-	-	1	-	10
Dysphasia .. .. .	-	-	-	-	-	-	-	-	-	-
Dysphonia .. .. .	4	-	-	2	-	1	-	-	-	7
Low I.Q. .. .. .	12	2	-	7	10	2	2	7	-	42
Retarded speech .. .. .	15	4	22	9	8	7	4	1	-	70
Asphasia .. .. .	-	-	3	-	-	-	-	-	-	3
Total .. .. .	142	76	133	115	94	89	130	147	-	926



VACCINATION AND IMMUNISATION.

The following table shows the work done:—

Division	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		Number	%	Number tested	Number negative	% negative	
Aberdare ..	896	706	78·8	578	488	84·4	488
Caerphilly ..	894	668	74·7	959	894	93·2	472
Mid-							
Glamorgan	1,904	1,562	82·0	1,344	1,179	87·7	1,166
Neath ..	891	679	76·2	625	557	89·1	527
Pontypridd ..	1,301	826	63·5	694	401	57·8	397
Port Talbot ..	932	781	83·8	730	592	81·1	581
South-East							
Glamorgan	1,240	1,079	87·0	1,052	841	79·9	829
West							
Glamorgan	1,041	896	86·1	791	705	89·1	712
Rhondda ..	2,335	1,611	69·0	1,217	910	74·8	893
Total ..	11,434	8,808	77·0	7,990	6,567	82·2	6,065

The total number vaccinated was 6,065. In some circles doubt is being expressed as to the future value of B.C.G. vaccination. It is felt that routine skin sensitivity testing to tuberculin provides an index to the level of the infector pool in the community and represents thereby, if properly followed up, a truer preventive measure. In this context Dr. D. J. Anderson has continued the special survey commenced in the Caerphilly and Gelligaer Division in 1961, and his report is to be found on pages 137 to 138.

NEW SCHOOLS OR ADDITIONS TO SCHOOLS.

The County Architect reports that during the year the following new schools or additions to schools were completed:—

Barry College of Further Education .. ..	Extensions completed.
Bridgend Technical College .. ..	Extensions.
Caerphilly Boys' Secondary School .. ..	Dining/assembly hall.
Cymmer Afan Secondary School .. ..	Extensions.
Dinas Powis Primary School .. ..	New school.
Glamorgan College of Advanced Technology, Treforest	Stages II and III extensions completed.
Llanishen Fach Primary School .. ..	Additional classrooms.
Rhydywaun Secondary School .. ..	Youth centre.

## SPECIAL REPORTS.

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### (1) ADJUSTMENT CLASS AND ANNUAL SURVEYS OF ABILITY AND EDUCATIONAL ATTAINMENT.

PORT TALBOT AND GLYNCORRWG DIVISION—*Report contributed by Dr. D. H. J. WILLIAMS, Divisional Medical Officer.*

An adjustment class is held at the Romilly Buildings in Port Talbot but, owing to its location on the third floor of converted premises with indifferent sanitary accommodation and other amenities, its development is proving difficult. Four children, two from this and two from adjoining divisions, attend this class. Efforts have been made to secure alternative premises, but it is felt that the real solution to the problem rests in the erection of a custom built child guidance and adjustment centre in Port Talbot.

During the term immediately preceding the period under review, children born in the 1954-55 age group were subjected to an educational test and assessment in their individual schools and the results forwarded to the Educational Psychologist for correlation and tabulation. These lists were then submitted to the consultative team of the Divisional Medical Officer and Divisional Education Officer, and arrangements made for those children who were found to suffer from any physical or mental infirmity to be specially reviewed. Following this, visits by the Consultative Team were then paid to all the junior departments in the division, when each case was considered individually and the opinions of all members of the team obtained on the most suitable form of disposal. I give below details of the number of children who were considered by the visiting team, who were referred for remedial therapy, and who were referred for treatment in special classes for educationally subnormal children:—



	Number of children considered.	Referred E.S.N.	Referred remedial.
<i>Primary Schools.</i>			
Aberafan Mixed .. ..	3	—	—
Abercregan Primary .. ..	8	2	3
Abergwynfi Boys' } .. ..	20	5	8
Abergwynfi Girls' }			
Baglan Junior .. ..	9	5	—
Bryn Primary .. ..	5	—	—
Central Junior .. ..	14	5	—
Cwmafan Junior .. ..	10	2	—
Cymer Afan Primary .. ..	3	—	—
Croeserw Primary .. ..	9	1	2
Dyffryn Afan Primary .. ..	3	—	2
Eastern Primary .. ..	3	—	—
Glanymor Junior .. ..	15	—	9
Glyncorwg Junior .. ..	10	—	8
Pontrhydyfen Primary .. ..	2	—	1
Sandfields Junior .. ..	13	5	—
Tonmawr Primary .. ..	7	—	2
Trefelin Primary .. ..	3	1	—
Tywyn Junior Mixed .. ..	2	—	—
Tirmorfa Junior .. ..	27	3	5
Traethmelyn .. ..	7	1	1
<i>Voluntary Primary.</i>			
St. Joseph's R.C. Mixed .. ..	15	3	—
St. Therese Primary .. ..	6	—	2
Totals .. ..	194	33	43

It has been found in this division that where it is possible for the same visiting team to go around all the schools in the division an evenly balanced assessment is arrived at. The importance of conducting this survey each year by the visiting team cannot be overstressed as only by obtaining the concerted views of all members of the team can an accurate and fair assessment be obtained. The opinion of all members of the team merits consideration, and I doubt whether this work can be effectively conducted unless all members are present to give of their opinions. It calls for a considerable amount of time and energy, but I feel that the final result is sufficiently rewarding to merit this.

## (2) HEARING ASSESSMENT CLINICS.

(i) CAERPHILLY AND GELLIGAER DIVISION—*Report contributed by Dr. D. J. ANDERSON, Divisional Medical Officer.*

Since the commencement of the joint hearing assessment clinics, 296 children have been seen at the sessions held in various centres in the division. These were attended by Dr. E. G. James, Assistant Medical Officer, and Mrs. M. Anderson, Teacher of the Deaf. Children had been referred:—

- (a) as a result of school medical inspection;



- (b) following audiometric examinations of all school children in secondary schools and all pupils in educationally subnormal classes;
- (c) from infant welfare clinics;
- (d) by health visitors as a result of home visits.

Of these, 180 children were found to have hearing within normal limits. One hundred and sixteen children were found to have a hearing loss of more than 30 decibels in one or both ears.

Of these 116 children one child (aged 4 years) was found to be severely deaf with no naturally acquired speech and was admitted to Whitchurch Nursery School for the Deaf, twenty-seven children were found to have a severe hearing loss in both ears but had naturally acquired speech. Of these, sixteen required hearing aids.

After consultations with the headmaster concerned on school progress, it was considered that eighteen of these twenty-seven children were suitable for placing in special classes for the partially hearing.

Fifteen children were found to have a severe loss of hearing in one ear with normal hearing in the other.

These children seemed to be managing quite well at school but are being kept under observation. The remaining eighty-eight children had a slight-to-moderate hearing loss in one or both ears.

The head teachers, where necessary, were asked to place these children in a suitable position in class. All are being kept under observation at school and by periodic visits to the hearing assessment clinic.

During the year, sixty-five children were referred to hospital ear, nose and throat departments.

In considering the medical needs of the partially hearing child, it may be commented that there sometimes appears to be a lack of appreciation on the part of hospital staff on the child's educational requirements. In one case a child, after some time in a grammar school, was considered unable to cope and referred back to the secondary modern school. He had never been prescribed a hearing aid although he had attended hospital regularly and was known to have a marked though fluctuant loss. Following representations to the E.N.T. surgeon concerned, an aid was eventually acquired and the child improved markedly, gaining entrance to the College of Further Education.

(ii) MID-GLAMORGAN DIVISION—*Report contributed by Dr. JAMES A. BROWN, Assistant Medical Officer.*

(a) WORK OF THE AUDIOMETRIC ASSESSMENT CLINIC.

The Audiometric Assessment Clinic at Bridgend has continued to function efficiently and enthusiastically during the last twelve months. The work of this clinic, which is held every Saturday morning, is best considered under four main headings:—

1. *Medical Ascertainment.*

Children whose hearing is suspect are seen every Saturday morning when a full medical examination relevant to any possible hearing impairment is made. These children then have hearing tests, including pure tone audiometric test, in order to obtain



a full picture of their hearing loss, if any. During the year thirty-two examinations were conducted on twenty-eight children, but these figures do not represent all children examined, as many children are examined at other more convenient times.

#### 2. *Educational Assessment.*

This function of the clinic is carried out by Mr. Davies, Organising Teacher of the Deaf, who sees all children ascertained as partially hearing or deaf, and also those whose slight loss of hearing may be a handicap to their educational progress. There were some 130 attendances by twenty-nine children.

#### 3. *Part-time Education.*

During the year eleven children received, and some are still receiving, part-time special educational treatment. These children have a hearing impairment which has affected their educational progress but not to such an extent that full-time special education is required.

#### 4. *Observation.*

In a few cases it is not easy to ascertain the hearing loss in children. This is usually because of lack of co-operation resulting from nervousness, mental retardation, multiple handicaps, etc. These children need to be seen several times before an accurate picture of their hearing loss and educational attainments can be obtained. They are given regular appointments to attend at the clinic until such time as a correct educational placement can be made.

Towards the end of the year Mr. Cornelius joined the Audiometric Assessment Clinic, his main task being the part-time education side of the work of the clinic. His much valued help has enabled Mr. Davies to devote more time to educational assessment, to parent guidance, and to the very important job of joint consultations with the School Medical Officer and parents of the children.

At all times the aim has been to try and obtain full and complete parental co-operation. This is time consuming but well worth while, as without it many children would not derive such great benefit from the clinic as they do. No child is placed educationally without agreement between the organising teacher of the deaf, the medical officer, and parents. The opinion of an ear, nose and throat specialist, who sees all children with a hearing loss, is also taken into account before placement of the child. Each child is an individual problem, and careful thought is given to all facets of the problem to ensure that each child derives the full benefit from his education at school.

The work of the Audiometric Assessment Clinic continues to grow; the figures given for the last twelve months are now no longer a true indication of the amount of work that is being performed by this clinic.

(iii) PORT TALBOT AND GLYNCORRWG DIVISION—*Report contributed by Dr. D. H. J. WILLIAMS, Divisional Medical Officer.*

The year 1963 saw an extension of the Audiometric Assessment Clinics in the division, and regular sessions are being held in the two main centres of population. It has been found that the Pendarves Street Clinic in Aberavon and the Croeserw Clinic in Cymmer are well situated for this purpose, both being fairly centrally placed for the populations served.

Arrangements have also been made for remedial case work to be undertaken by the specialist teacher for partially hearing children at both these centres although it is felt that staff limitations so far do not allow for a sufficient frequency of sessions.



During the period under review, 117 children were screened by the Medical Officer and, following case conferences with the specialist teacher, arrangements were made for thirty children to attend remedial classes in the Audiometric Clinics.

At the time of preparation of this report there is no special class for the partially hearing children within the boundaries of the division, fourteen of our children travelling daily to and from the specially equipped class at Llansawel Primary School in Briton Ferry. Consideration is, however, being given to the establishment of special facilities at Aberafon Junior School where the children who need and can derive benefit from the specialised equipment and specialised teaching methods can receive them and yet remain in and enjoy life in the atmosphere and surroundings of an ordinary school.

(iv) SOUTH-EAST GLAMORGAN—*Report contributed by Dr. COLIN J. ROBERTS, Assistant Medical Officer.*

During 1963 a total of 145 children between the ages of 2 and 14 years were referred for hearing assessment. By the end of the year, 128 of these had been examined and seventeen were awaiting appointments. The results of these examinations are given in the following report:—

“Hearing Assessment Clinics have been set up in four areas in the division—Penarth, Whitchurch, Barry, and Talbot Green—and the number of children seen at each clinic during 1963 was 82, 20, 15, and 11, respectively.

TABLE I.—RESULTS.

(a) Sources of Referral (children 5 to 14 years).				
(i) School medical inspections	..	..	..	76
(ii) Health visitors	..	..	..	15
(iii) Parents' request	..	..	..	7
(iv) Paediatricians	..	..	..	8
(v) General practitioners	..	..	..	2
(vi) Head teachers	..	..	..	8
(vii) From other authorities	..	..	..	2
				118
(b) Sources of Referral (children 1-5 years).				
I.C.W. doctors	..	..	..	6
Paediatricians	..	..	..	2
Parents' request	..	..	..	2
				10
Total	..	..	..	128

TABLE II.—PRIMARY PRESENTING SYMPTOMS (NECESSITATING REFERRAL FOR ASSESSMENT).

(1) Recurrent otitis media, otorrhoea, perforated tympanic membranes, and other E.N.T. conditions	..	..	..	..	..	..	..	..	..	59
(2) Suspected deafness	..	..	..	..	..	..	..	..	..	28
(3) Significant speech defects	..	..	..	..	..	..	..	..	..	24
(4) Delayed or retarded speech	..	..	..	..	..	..	..	..	..	7
(5) Routine post-operative audiometry following operation for removal of T's and A's	..	..	..	..	..	..	..	..	..	5
(6) Educationally retarded	..	..	..	..	..	..	..	..	..	5
Total	..	..	..	..	..	..	..	..	..	128



TABLE III.—RESULTS OF ASSESSMENT.

(a) Number found to have hearing loss greater than 20 decibels (bilateral) .. ..	288
(b) Number found to have hearing loss greater than 30 decibels (bilateral) .. ..	122
(c) Number without signs of significant loss but for reassessment in three or six months	188
(d) Number discharged .. .. .	70
	1288

TABLE IV.—REFERRALS TO E.N.T. CONSULTANTS.

(1) Number referred to E.N.T. consultant .. .. .	155
(2) Number under E.N.T. consultant at time of examination .. .. .	33
(3) Number who have had operative procedure since referral .. .. .	88
(4) Number about whom no reports have been sent by E.N.T. consultants .. .. .	88
(5) Number given hearing aids .. .. .	22

TABLE V.—OUTCOME OF YEAR'S WORK, 1963.

(1) Total number of children examined .. .. .	1288
(2) Number found to have hearing loss greater than 20 decibels .. .. .	402
(3) Number referred for E.N.T. opinion .. .. .	155
(4) Number operated on for T's and A's, myringotomy, etc. .. .. .	88
(5) Hearing aid prescribed .. .. .	22
(6) Number under care of hearing assessment clinic .. .. .	50
(7) Estimated number who will need educational assessment by Teacher of the Deaf for special facilities, e.g. P.D. units .. .. .	24

It will be noted that the School Health Service, by way of the school entrance examinations and Health Visitor Service, contributes about 70 per cent of the total number of cases seen during the year.

The large percentage of children with defective hearing is significant and substantiates the findings of mass screening of 1,700 infants and junior school children in the division in the summer of 1963.

Twenty-five per cent of all children referred to the Hearing Assessment Clinic were found to have a hearing loss greater than 20 decibels, and it was thought necessary to keep 40 per cent under review for medical or educational reasons. The educational importance of this service is considerable. The head teachers of the children who are found to have defective hearing are informed, and if there is any retardation in school progress the children are given an educational assessment by the qualified teacher of the deaf.

The figures showing the number of children referred for E.N.T. consultant's opinion are of interest for the following reasons:—

(1) Over 50 per cent of all children referred are operated on. This very high operative referral ratio is a reflection on the great care which is given in selecting children for specialist opinion.

(2) The lack of communication which exists between the hospital and the school medical service in such matters is obvious from the figures. Repeated requests for reports from the hospital are often ignored, and the School Medical Officer may only hear of the child's operation from the parents.



### (3) SERIAL TUBERCULIN SKIN TESTING AND B.C.G.

Report contributed by Dr. D. J. ANDERSON, Divisional Medical Officer, Caerphilly and Gelligaer Division.

Annual Heaf testing of all school children has continued, followed by B.C.G. vaccination of non-reactors at 12-13 years. The results of the year's work can be gleaned from the tables below.

The Heaf test is a very simple procedure. In many Authorities it is undertaken by the health visitor. This is a possibility which bears consideration even if the Assistant Medical Officer subsequently visits to read the results.

In making comments on Tables I, II, and III below, two emergent factors are (a) that the total number of acceptances has fallen and (b) that the number of positive reactions due to B.C.G. has risen as anticipated.

The reason for the first point appears to have been an incomplete coverage of new entrants which should be rectified in 1964. Apart from these two points the tables bear fairly close comparison with the 1962 results.

TABLE I.

	1962.	1963.
Total acceptances .. .. .	11,351	9,972
Absent .. .. .	2,278	1,382
Total tested .. .. .	9,073	8,590
Total negatives .. .. .	6,294	5,646
Total positives (all causes) .. .. .	2,779	2,944
Positives due to B.C.G. only .. .. .	1,815	2,030
Positives due to causes other than B.C.G. .. .. .	964	914
Positives all causes expressed as a percentage of totals tested .. .. .	30.63	34.27
Positives due to B.C.G. expressed as a percentage of totals tested .. .. .	20.00	23.63
Positives due to causes other than B.C.G. expressed as a percentage of totals tested .. .. .	10.62	10.64
Positives due to B.C.G. expressed as a percentage of totals positive .. .. .	65.31	68.95
Positives due to causes other than B.C.G. expressed as a percentage of totals positive .. .. .	34.69	31.05



TABLE II.

Age group.	No. tested.	Total negative.	Negative expressed as a percentage of total tested in age group.	Total positive.	Positive as a percentage of totals tested in age group.
3-5	805	729	90.56	76	9.44
6	778	685	88.05	93	11.95
7	750	645	86.00	105	14.00
8	650	566	87.08	84	12.92
9	883	760	86.07	123	13.93
10	833	664	79.71	169	20.29
11	590	464	78.64	126	21.36
12	828	580	70.05	248	29.95
13	825	337	40.85	488	59.15
14	776	160	20.62	616	79.38
15-20	872	56	6.42	816	93.58
Total	8,590	5,646	65.73	2,944	34.27

TABLE III.

Age group	No. tested	Positives due to B.C.G.	B.C.G. positives as a percentage of total tested in age group	Other positives	Other positives as a percentage of total tested in age group
3+ — 5+	805	46	5.71	30	3.73
6+	778	48	6.17	45	5.78
7+	750	51	6.80	54	7.20
8+	650	45	6.92	39	6.00
9+	883	55	6.23	68	7.70
10+	833	62	7.44	107	12.85
11+	590	41	6.95	85	14.41
12+	828	85	10.27	163	19.68
13+	825	377	45.70	111	13.45
14+	776	523	67.40	93	11.98
15 — 20+	872	697	79.93	119	13.65
Total	8,590	2,030	23.63	914	10.64

#### (4) SWABBING FOR DIPHTHERIA CARRIERS.

*Report contributed by DR. D. J. ANDERSON, Divisional Medical Officer, Caerphilly and Gelligaer Division.*

There is need for revision of the arrangements for the administration of diphtheria booster immunisation at school entry age in this division. Present arrangements are haphazard and depend upon the health visitor encouraging mothers to bring their children to the nearest infant welfare clinic at the appropriate age. Full coverage of the age group is thus far from complete, and the question arose as to what hazard of diphtheria infection existed in the community.



In consultation with Professor Scott Thompson of the Bacteriology Department, Welsh National School of Medicine, a two-phase survey was planned. In the first phase a large number of children were to be nose and throat swabbed in order to discover any diphtheria carriers. It was anticipated that the number would be low and large numbers would be required for a statistically significant interpretation of results. This was to be followed in the second phase by Schick testing a smaller group of children to give some idea of the liability to infection of the child population.

Accompanied by two laboratory technicians, the Divisional Medical Officer visited schools and undertook swabbing as under. Swabs, as taken, were immediately plated out for culture using plates prepared in advance.

Date.	School.	No. of pupils swabbed.	Total No. of swabs.
3rd April, 1963	Bargod Secondary Boys	317	634
	Bargod Secondary Girls		
15th May, 1963	Cwmaber Junior .. ..	246	492
3rd July, 1963.	Gwyndy Junior .. ..	184	368
		747	1,494

No diphtheria carriers were found amongst this total, and consequently the second stage of the survey was not followed up. The position is being kept under review, and a further survey is intended at a later date.

#### (5) HEALTH EDUCATION.

*Report contributed by Dr. D. J. ANDERSON, Divisional Medical Officer, Caerphilly and Gelligaer Health Division.*

During 1963 an increasing programme of health education has been undertaken in the division. This has been developed along several lines.

In passing, it may be mentioned that in the maternity and child welfare clinics, the health visitors have continued to hold their ante-natal and relaxation classes.

Towards the end of the year the Divisional Medical Officer attended the first fathers' meeting at which three prospective fathers accompanied their wives to discuss questions arising out of the impending birth of their first child.

The greatest developments, however, have taken place in the field of school health education. Here again the health visitors have been very much to the forefront and have been undertaking lectures and discussions with the pupils at several of the secondary modern and grammar schools. They have devoted most of their attention to the teaching of the girls, and their classes have ranged over a wide variety of subjects varying from general hygiene to mothercraft and the preparation for parenthood. A few of the girls have been given the opportunity of visiting the local infant welfare clinic in order that they may see it at work and gain an understanding of its intentions.

All the health education of boys has been undertaken by the Divisional Medical Officer. Bargod Secondary Boys' School has been visited at approximately weekly intervals throughout the year, and in this way an excellent relationship has been



built up between doctor and pupils which has enabled a very extensive degree of individual counselling to be carried out. In this school there is a very close co-operation between the headmaster and the Health Department, the latter enjoying every encouragement in its efforts to foster the health of the school children. A similar close relationship between doctor and pupil is developing at Pontlotym Secondary Boys' School where regular visiting is also being undertaken, although on a slightly less frequent basis than that at the Bargod School.

In most of the other secondary modern schools in the area, the opportunity is taken to give all boys due to leave school a series of general health talks. These are planned to take place over four to six double periods and cover such subjects as the dangers of smoking, promiscuity, and venereal disease. They are also intended to introduce boys to the responsibilities of parenthood and to make them aware of the facilities which are available through the welfare state, with particular reference to the National Health Service. Ample opportunity is given for discussion, and a wide and varied range of questions submitted by the boys are frankly explained.

Bearing in mind that many of the pupils in the Ystrad Mynach College of Further Education have not previously had any health education talks in school, at the request of the principal of the college a health visitor has regularly visited to talk to the girl students. The Divisional Medical Officer has also visited the college at weekly intervals to talk to the boys. He has given a series of three talks to all the full-time students divided into small groups of about ten or fifteen. The total number of students covered in this way has been considerable as the mining apprentices, who attend on six-week courses throughout the year, have been included.

As the anti-smoking campaign gains momentum, particular efforts along these lines have been made in this division. Apart from the general talks, accompanied by films on occasions, the most interesting development has been the formation of the National Junior League of Non-Smokers. This league has been founded by the boys of the Bargod Secondary Boys' School, together with the pupils of the Kingsdale School in London.

Boys in both the schools independently formed anti-smoking clubs at about the same time at the end of 1962. They got to hear of each other's activities, and a group from Bargod visited Kingsdale. There they took part in a debate with pupils which was filmed for American television.

With the support of Dr. H. D. Chalke (Medical Officer of Health for Camberwell) interest in the movement was roused in the Central Council for Health Education and also with the editor of the *Family Doctor* magazine. Lapel badges were prepared, together with publicity material. The league was officially launched—with the Bargod and Kingsdale schools recognised as the founders—by Lord Newton (then of the Ministry of Health) at the Schoolboys' Exhibition in London in January 1964. At the time of writing (June 1964) some fifty other clubs have commenced activities including, it is understood, one in the Aberdare area. Plans are in hand for further clubs in this division.

Activities by the club have included film shows, poster competitions, visits, the making of exhibition material, etc., and it will be possible to evaluate the success of



the venture shortly when the second half of a questionnaire survey will be completed to determine how the smoking habits of the school have changed in the last eighteen months. During 1964 a film will be made, under the auspices of the Glamorgan County Council, showing the formation and activities of the club, to encourage other schools to commence similar activities.

### GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

#### OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1963.

##### 1. ESTABLISHMENT OF MEDICAL OFFICERS.

The following medical officers were available for work within the school medical service during 1963:—

- (1) Dr. E. G. Watkins (part year).
- (2) Dr. A. C. Stewart (part year).
- (3) Dr. J. P. J. Clarke.
- (4) Dr. P. M. Brown.
- (5) Dr. W. B. Davies (part year).
- (6) Dr. N. C. Osborn (sessional).

The type of work carried out by session and individual doctor is shown in Table I.

TABLE I.

	Routine M.I.	B.C.G. vacc.	Polio. vacc.	Maternity and Child Welfare	Others, school clinics, specials, etc.
(1) Dr. E. G. Watkins ..	15	—	19	44	50
(2) Dr. A. C. Stewart ..	12	—	8	21	93
(3) Dr. J. P. J. Clarke ..	—	22	13	26	207
(4) Dr. P. M. Brown ..	22	18	14	49	195
(5) Dr. W. B. Davies ..	7	—	—	15	2
(6) Dr. N. C. Osborn ..	62	—	11	74	2



## 2. ROUTINE MEDICAL INSPECTION.

(a) During 1963 this type of examination was again restricted to entrants and any pupils at primary schools who had not been previously examined. Table II shows the number of pupils examined by year of birth.

TABLE II.

DISTRIBUTION OF PUPILS UNDERGOING ROUTINE MEDICAL EXAMINATION  
BY YEAR OF BIRTH AND PHYSICAL CONDITION.

Age groups inspected (by years of birth)	Physical condition of pupils inspected.		
	No. of pupils inspected.	SATISFACTORY No.	UNSATISFACTORY No.
1959 and later ..	473	473	—
1958 .. ..	185	185	—
Total ..	658	658	—

(b) The following report on the audiometric survey was prepared by Dr. P. M. Brown:—

### *Audiometric Survey—Infants' Schools, 1963.*

“The screening of junior school children for hearing defects, which was begun in 1962, was completed early in 1963, and a similar survey of infants' schools was begun.

The method of testing used in infants' schools was the same as that in the junior schools, namely by means of a book of picture-cards published by the National Institute for the Deaf. The method was described in the annual report for 1962.

At the outset there was some doubt as to whether or not the method could be used to test very small children, i.e. those in the nursery classes. It was found, however, that the majority of three-year-old children will perform the test quite well, although a certain amount of coaxing is required in some cases to overcome apprehension and shyness. Naturally, it was found that among the very young children there were a few who could not be persuaded to co-operate. In these cases it was felt that, if neither the teacher nor parents had noticed anything untoward regarding the child's hearing, no further attempt would be made to test the child until he or she had become more used to school life and had developed more self-confidence.

At the time of testing the infant school population was 5,162. As with the junior schools' survey several visits to each school were necessary in order to combat the absentee problem.



The following table summarises the number of children tested at first visits, the number of absentees tested by subsequent visiting, the number of children who have yet to be tested (i.e. the uncooperative children referred to above plus those absentees who have not yet been contacted), and the failure rate on first testing with the 'whisper test'.

No. tested on initial visits.	No. of absentees subsequently seen	*No. of children not yet tested.	Total tested.	Failures on test.	Percentage of failures.
4,392	585	185	4,977	183	3.68

\* Includes children who were uncooperative as well as absentees not yet contacted.

It will be seen from the table that over 96 per cent of all children in infants' schools were tested, and of these 183 (3.68 per cent) failed the test. This result is similar to that obtained when the junior schools' survey was carried out last year (failures in junior schools = 3.56 per cent).

Of the 183 failures, 105 were found to have normal hearing on subsequent testing by pure-tone audiometry. The remainder are being followed up at varying intervals (depending on the severity of the hearing loss) at regularly held audiology clinics, which were introduced early in 1964. Cases are referred for consultant E.N.T. opinion if the condition warrants it.

At present, two children whose hearing defect was detected by the infants' schools survey have been 'earmarked' for education at the Partially Hearing Unit at Llwynypia, and will commence there in September 1964. A careful watch is being made of the educational progress of several other children who attend the audiology clinic, and the possible necessity of special education at the Partially Hearing Unit is naturally borne in mind in these cases.

Now that practically all school children in the Rhondda under the age of 12 have been screened for hearing defects, it is proposed that in future each infants' school is visited at least once during the school year (apart from routine medical inspections) and a whisper test carried out on new entrants together with children who for some reason were not tested the previous year. It is also hoped that during the 1964-65 school year a survey will be carried out in secondary schools using audiometric 'sweep' method."

(c) For the school-leaver group, an individual interview was arranged with each pupil at which a detailed questionnaire was completed by the visiting doctor. If the need for clinical examination was indicated, this was carried out at the school or at a local authority clinic.

The questionnaire used is as shown in Table III which also summarises the positive responses of all the children seen.





Of the non-medical questions asked at the interview, the information obtained in respect of smoking habits is further analysed as follows.

TABLE IV.

TABLE SHOWING SMOKING HABITS OF PUPILS INTERVIEWED BY SEX.

All schools.	No. of pupils interviewed	No. of pupils who Smoked	No. of pupils smoking stated amount per week.				
			1—	5—	10—	15—	20—
Boys	646	176	(21%) 37	(12%) 21	(11%) 19	(13%) 23	(43%) 76
Girls	530	47	(49%) 23	(26%) 12	(21%) 10	(4%) 2	— —

(Figures in brackets refer to percentage of smokers who smoked stated amount.)

The recorded percentage distribution of "smokers" in all types of school in 1961, 1962, and 1963 is compared in Table V.

TABLE V.

	No. of pupils interviewed.			No. of pupils who 'smoked'.			*Percentage of total who smoked.		
	1961	1962	1963	1961	1962	1963	1961	1962	1963
Boys	546	1,312	646	223	344	176	41	26	27
Girls	658	917	530	101	95	47	15	10	9

\* i.e. those who smoked at least one per week.

In view of the difficulties of obtaining a truly accurate smoking history from school children, it would be unwise to draw any firm conclusions from the reduction in percentages of pupils who said they smoked. However, it will be most informative to see how these figures vary over the next few years.

As regards out-of-school activities, 46 per cent county grammar boys and 60 per cent county secondary boys interviewed attended some form of youth organisation, whilst 59 per cent of the county grammar girls and 52 per cent of the county secondary girls belonged to such organisations.

The two following tables summarise the information obtained in an enquiry into the onset of menarche in girls.



TABLE VI.

TABLE SHOWING DISTRIBUTION OF AGE OF GIRLS AT MENARCHE.

Type of school	No. interviewed	Age at menarche						Total with age stated.	No menarche.
		10	11	12	13	14	15		
County Secondary	314	5	53	84	104	30	-	276	38
County Grammar	216	10	35	82	52	20	8	207	9
All schools	530	15	88	166	156	50	8	483	47

TABLE VII.

TABLE SHOWING, BY TYPE OF SCHOOL ATTENDED, THE CUMULATIVE FREQUENCY DISTRIBUTION OF MENARCHE IN GIRLS INTERVIEWED, WHERE THE AGE AT MENARCHE WAS STATED.

Age.	County Secondary.			County Grammar.			All Schools.		
	No.	Cum. Freq.	% Cum. Freq.	No.	Cum. Freq.	% Cum. Freq.	No.	Cum. Freq.	% Cum. Freq.
10 ..	5	5	1.8	10	10	4.8	15	15	3.1
11 ..	53	58	21.0	35	45	21.7	88	103	21.3
12 ..	84	142	51.5	82	127	61.4	166	269	55.7
13 ..	104	246	89.1	52	179	86.5	156	425	88.0
14 ..	30	276	100.0	20	199	96.1	50	475	98.3
15 ..	-	-	-	8	207	100.0	8	483	100.0

Questions were again asked about choice of future career, and the results are summarised in Table VIII on page 147.

TABLE VIII.

Type of School	Total interviewed	No. who indicated	Law	Medicine and dental	Academic teaching, etc.	Nursing	Social Science	Commercial	Music	Building	Engineering	Hairdressing	Factory work	Domestic	Shop assistants, etc.	Manual and labouring	Post Office	Police and Forces	Colliery	Miscellaneous
County Secondary:																				
Boys .. .. .	348	227	-	1	4	-	-	3	1	56	23	3	17	-	15	15	-	5	9	75
Girls .. .. .	314	259	-	1	3	40	-	59	-	-	-	35	50	4	50	-	-	1	-	16
County Grammar:																				
Boys .. .. .	298	254	3	20	24	-	11	12	-	25	55	1	11	-	7	12	-	1	2	70
Girls .. .. .	216	159	-	11	56	28	4	43	1	-	-	4	2	-	-	-	-	2	-	8



### 3. DEFECTIVE VISION.

During 1963, 905 children were examined at local authority refraction clinics compared with 655 in the previous year and 451 prescriptions for glasses were issued.

### 4. ORTHOPAEDIC SERVICE.

Mrs. M. Edwards continued to be available in this Service, and in conjunction with the departmental medical staff and the consultant services of Mr. D. N. Rocyn Jones a good deal of work was carried out during the year.

Because of the lack of hospital physiotherapists quite a good deal of hospital practice is carried out by the local authority service, and this is a situation which necessitates early consultation between the local hospitals and local authority.

TABLE IX.  
TABLE SHOWING TYPE AND NUMBER OF TREATMENTS  
CARRIED OUT AT ORTHOPAEDIC CLINICS, 1963.

Total No. of sessions	Total No. of attendances	No. attending for first time	Disposal			No. of Treatments						
			For physiotherapy	For consultant opinion	Given advice	Massage	Electrical	Exercises	Plasters	Insoles	Shoe fittings	Other
416	2,177	580	343	65	227	105	5	1,954	69	431	247	366

### 5. DENTAL TREATMENT.

Report by Mr. T. Arfon Williams, Area Dental Surgeon:—

“The staffing position at the beginning of the year was two part-time officers each giving one half-day session a week. Mr. T. A. Morgan, L.D.S., R.C.S., left the service in April, but we have been fortunate to retain the services of Mr. Alun Owen, L.D.S., for one half-day session at Ynyswen.

Upon the appointment of an Area Dental Officer it was decided to concentrate the service at present in one central clinic. This involved some structural alteration and the extensive re-equipment of the clinic at Ystrad to provide suitable surgery accommodation for a dental surgeon and for a dental auxiliary working under his supervision. The Area Dental Officer, together with Miss S. Paget, the dental auxiliary, took up their appointments on 1st October, and the re-organised service commenced with a preliminary survey of selected schools of various types and in various localities to obtain some indication of the state of dental health among the school population. A sample survey of dental hygiene habits and interest in dental health was coincidentally undertaken by Miss Paget. The results of this latter survey are shown in Table X (on page 149) which is self-explanatory. (The infants' departments visited were not questioned.)

TABLE X.

(Figures given are percentages of the children asked giving affirmative answers.)

	Ysgol Gymraeg Ynyswen	Gelli C.P.	Summary 6-11 age group	Bron- llwyn C.S. Girls	Blacn- clydach C.S. Girls	Islwyn C.S. Boys	Pentre C.G.	Summary 11-16 age group	Overall summary
1. Is this the first time you have been seen by any dental surgeon? .. .. .	26	25	25	17	14	27	8	13	15
2. Do you clean your teeth after breakfast and after supper every day? .. .. .	36	20	25	38	34	5	36	32	30
3. Do you clean your teeth sometimes? .. .. .	62	70	69	58	56	64	58	58	60
4. Have you ever had toothache? .. .. .	65	61	62	71	75	78	74	75	72



The overall figures showing inspection and treatment carried out during the year is more encouraging. From seven schools visited in October, 1,161 patients attended at the clinic for examination, diagnosis, and treatment planning. Seven hundred and forty-six attended as specials, making a total of 1,907: of these, 1,288 actually commenced treatment before 31st December. In the last two months of the year when the clinic at Ystrad was fully operational, 273 deciduous teeth and 537 permanent teeth were restored, a total of 931 fillings being inserted. The emphasis on the restoration of the deciduous dentition is notable, being an attempt at retaining the deciduous dentition intact in order to prevent possible orthodontic abnormalities such as malocclusion of the permanent teeth when they appear.

The number of extractions of both permanent and deciduous teeth is high in comparison but, bearing in mind that these figures apply to the whole of the year and not to the last two months, as is the case with the figures for conservative treatment, is not too discouraging. No orthodontic or prosthetic work has yet been undertaken, neither have any crowns nor inlays been inserted as yet. It will be appreciated that the general and increasing incidence of dental disease is exacerbated by the shortage of dental surgeons both in the general dental service and particularly in the local authority service. The need for treatment is far greater than the present establishment's ability to provide. In addition, the real and positive need for dental health education and the preventive aspect of the Service may tend to be neglected by the immense demand for treatment. However, it is hoped that a campaign of dental health education in the schools may be launched in the near future using films, posters, and handouts, and I am grateful for the co-operation of the Borough Education Officer and the head teachers in this respect.

The other preventive measure which should be undertaken is the fluoridation of the public water supply for the benefit of this and future generations. The recruitment of assistant dental officers to the service in this area is eminently desirable, but, under the present conditions of service, unlikely.

I would like to add my thanks to my colleagues and the staff for their interest and co-operation."

## 6. INFECTIOUS DISEASES.

Table XI shows numbers of notifications of various diseases amongst children during the year.

TABLE XI.  
CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1963  
(UNDER 15 YEARS)

<i>Notifiable diseases.</i>	<i>Total.</i>
Scarlet fever .. .. .	25
Whooping cough .. .. .	57
Measles .. .. .	1,016
Dysentery .. .. .	158
Acute pneumonia, primary .. .. .	14
Acute pneumonia, influenzal .. .. .	3



### 7. HANDICAPPED CHILDREN.

Children found to have physical defects which merited some special recommendation as to education were examined with a view to classification as handicapped pupils, and during the year two deaf, three physically handicapped, one delicate, two maladjusted, and seven educationally subnormal pupils were so classified and referred for special educational treatment at boarding schools.

### 8. CHILD GUIDANCE CLINIC.

The fortnightly child guidance clinic held at Ystrad clinic continued to be manned by Dr. K. W. Aron, Consultant Psychiatrist. Mr. Birch, the Educational Psychologist, held his clinic at Courthouse at weekly intervals.

During 1963, twenty-eight new cases were seen at the Ystrad clinic.

### 9. HOSPITALISED ACCIDENTS IN CHILDHOOD.

As from 1st July, 1961, reports of hospitalised accidents in childhood have been made the subject of detailed follow-up. This enables the health visitors to re-emphasise the continued need for vigilance in the prevention of accidents at this age. Some of the data obtained has been tabulated in the following table with comparative data for 1961 and 1962.

TABLE XII.

TABLE SHOWING AGE AND SEX DISTRIBUTION OF HOSPITALISED ACCIDENTS.

Age group —years	Male.			Female.			Total		
	1961	1962	1963	1961	1962	1963	1961	1962	1963
0—	2	—	7	1	—	2	3	—	9
1—	24	9	46	12	3	27	36	12	73
5—	31	12	37	11	10	14	42	22	51
10—15	18	25	14	9	16	5	27	41	19
All ages	75	46	104	33	29	48	108	75	152



**STATISTICAL APPENDIX.  
PART I.**

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY  
AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).**

**TABLE A.—PERIODIC MEDICAL INSPECTIONS.  
(1) SUMMARY IN AGE GROUPS.**

Age groups inspected (by years of birth)	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED			
		Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
1959 and later	3,023	3,018	99.83	5	0.17
1958	5,813	5,787	99.55	26	0.45
1957	2,923	2,903	99.32	20	0.68
1956	602	596	99.00	6	1.0
1955	288	285	98.96	3	1.04
1954	195	195	100	—	—
1953	213	213	100	—	—
1952	194	194	100	—	—
1951	168	168	100	—	—
1950	218	218	100	—	—
1949	1,955	1,954	99.95	1	0.05
1948 and earlier	2,482	2,479	99.88	3	0.12
Total ..	18,074	18,010	99.95	64	0.35

PART I—continued.

TABLE A.—PERIODICAL MEDICAL INSPECTIONS—continued.

(II) SUMMARY IN DIVISIONS.

Division	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED			
		Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
Aberdare and Mountain Ash ..	2,215	100	—	—	
Caerphilly and Gelligaer ..	2,024	99.51	10	0.49	
Mid-Glamorgan ..	3,144	100	—	—	
Neath and District ..	1,906	99.58	8	0.42	
Pontypridd and Llantrisant ..	1,999	99.90	2	0.10	
Port Talbot and Glyncofrwg ..	1,417	100	—	—	
South-East Glamorgan ..	1,972	98.43	31	1.57	
West Glamorgan ..	2,739	99.53	13	0.47	
Rhondda ..	658	100	—	—	
Total ..	18,074	99.65	64	0.35	



PART I—continued.

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS  
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

(I) SUMMARY IN AGE GROUPS.

Age groups inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1959 and later	38	408	415
1958	145	721	790
1957	81	300	357
1956	17	51	59
1955	15	30	38
1954	10	22	29
1953	9	27	32
1952	10	30	37
1951	16	25	36
1950	1	12	12
1949	112	139	229
1948 and earlier	149	138	293
Total .. .. .	603	1,903	2,327

**PART I—continued.**

**TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODICAL MEDICAL INSPECTIONS—continued.**

(II) SUMMARY IN DIVISIONS.

Division	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
Aberdare and Mountain Ash .. .. .	56	296	288
Caerphilly and Gelligaer .. .. .	120	115	219
Mid-Glamorgan .. .. .	51	167	216
Neath and District .. .. .	52	251	300
Pontypridd and Llantrisant .. .. .	131	232	309
Port Talbot and Glyncofrwg .. .. .	57	42	94
South-East Glamorgan .. .. .	90	338	409
West Glamorgan .. .. .	44	258	288
Rhondda .. .. .	2	204	204
<b>Total .. .. .</b>	<b>603</b>	<b>1,903</b>	<b>2,327</b>



PART I—continued.

TABLE C.—OTHER INSPECTIONS.

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash .. .. .	1,132	1,306	2,438
Caerphilly and Gelligaer .. .. .	665	3,163	3,828
Mid-Glamorgan .. .. .	665	880	1,545
Neath and District .. .. .	53	710	763
Pontypridd and Llantrisant .. .. .	353	800	1,153
Port Talbot and Glyncoffwrwg .. .. .	432	660	1,092
South-East Glamorgan .. .. .	601	818	1,419
West Glamorgan .. .. .	130	940	1,070
Rhondda .. .. .	4,734	498	5,232
Total .. .. .	8,765	9,775	18,540

PART I—continued.

TABLE D.

(I) INFESTATION WITH VERMIN.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwng	South-East Glamorgan	West Glamorgan	Rhondda	Totals
(i) Total number of examinations in the schools by the school nurses or other authorised persons . . . . .	23,284	19,425	27,631	20,922	26,356	23,110	21,695	24,153	40,810	227,386
(ii) Total number of individual pupils found to be infested . . . . .	683	444	1,580	348	698	596	361	223	592	5,525
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) . . . . .	—	—	—	—	—	—	—	—	7	7
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) . . . . .	—	—	—	—	—	—	—	—	—	—

(II) VISITS TO HOMES BY SCHOOL NURSES.

Total number of visits paid to homes . . . . .	700	862	1,523	546	961	713	481	1,232	1,012	8,030
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**PART II.**  
**TABLE A.**  
**DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.**  
**PERIODIC INSPECTIONS (ENTRANTS).**

(1) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	8	2	5	4	12	—	3	4	4	42
Eyes .. .. .	26	78	22	27	138	41	54	30	19	435
Ears .. .. .	8	7	19	19	3	—	53	18	2	129
Nose and Throat .. .. .	37	19	23	44	12	5	49	18	9	216
Speech .. .. .	11	7	14	12	9	3	32	9	2	99
Lymphatic Glands .. .. .	4	—	2	4	4	—	11	5	—	30
Heart .. .. .	11	5	11	7	1	—	11	2	—	48
Lungs .. .. .	9	—	3	27	5	2	15	12	2	75
Developmental .. .. .	3	13	4	—	—	1	3	3	—	27
Orthopaedic .. .. .	121	26	45	137	68	6	98	118	205	824
Nervous System .. .. .	3	1	—	1	1	—	4	—	1	11
Psychological .. .. .	—	1	—	8	—	—	4	—	—	13
Abdomen .. .. .	3	—	—	1	1	—	1	1	—	7
Other .. .. .	—	—	—	8	—	—	3	—	—	11

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (ENTRANTS)—continued.

(II) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	25	32	58	79	31	33	11	53	97	419
Eyes .. .. .	61	153	55	38	63	39	36	39	28	512
Ears .. .. .	16	127	46	98	80	34	110	36	18	565
Nose and Throat .. .. .	160	247	171	346	198	126	100	209	125	1,682
Speech .. .. .	14	34	32	49	33	18	32	20	7	239
Lymphatic Glands .. .. .	65	59	79	205	135	32	16	121	53	765
Heart .. .. .	55	122	81	46	20	73	71	44	21	533
Lungs .. .. .	27	112	69	120	60	50	19	62	33	552
Developmental .. .. .	97	43	62	8	28	33	36	49	10	366
Orthopaedic .. .. .	174	113	213	374	86	75	88	183	134	1,440
Nervous System .. .. .	9	15	15	10	15	5	11	32	9	121
Psychological .. .. .	9	26	36	35	67	3	33	11	4	224
Abdomen .. .. .	3	8	6	16	2	14	3	12	—	64
Other .. .. .	2	8	5	10	7	6	17	7	3	65



PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (LEAVERS).

(III) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Aberdare and Mountain Ash	Cærphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	—	2	3	1	11	—	1	5	—	23
Eyes .. .. .	15	50	28	30	47	22	62	26	—	280
Ears .. .. .	3	8	3	6	—	2	6	3	—	31
Nose and Throat .. .. .	3	3	2	3	2	2	—	5	—	20
Speech .. .. .	1	—	1	2	1	2	1	2	—	10
Lymphatic Glands .. .. .	—	—	—	—	—	1	—	—	—	1
Heart .. .. .	1	1	2	2	2	—	2	—	—	10
Lungs .. .. .	3	3	1	1	1	—	1	—	—	10
Developmental .. .. .	—	6	5	—	—	—	—	2	—	13
Orthopaedic .. .. .	12	6	8	15	33	9	27	17	—	127
Nervous System .. .. .	—	1	—	2	1	—	—	—	—	4
Psychological .. .. .	—	—	—	—	—	—	6	—	—	6
Abdomen .. .. .	—	—	—	—	1	—	—	—	—	1
Other .. .. .	—	3	—	3	10	—	4	—	—	20

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (LEAVERS)—continued.

(IV) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin ..	3	17	12	15	3	10	1	6	—	67
Eyes ..	23	100	3	11	1	20	7	4	—	169
Ears ..	—	32	5	5	7	5	5	11	—	70
Nose and Throat ..	4	12	11	10	3	4	2	18	—	64
Speech ..	—	3	2	2	—	—	1	4	—	12
Lymphatic Glands ..	1	4	6	10	2	1	—	7	—	31
Heart ..	1	37	9	14	4	7	15	3	—	90
Lungs ..	7	19	2	12	8	5	2	13	—	68
Developmental ..	2	12	3	2	1	2	1	7	—	30
Orthopaedic ..	—	39	27	23	4	12	4	22	—	131
Nervous System ..	1	8	2	2	6	3	1	3	—	26
Psychological ..	—	3	3	—	5	2	3	2	—	18
Abdomen ..	—	1	—	2	—	4	1	3	—	11
Other ..	—	16	4	1	7	1	—	3	—	32



**PART II—continued.**

**TABLE A—continued**

**PERIODIC INSPECTIONS (OTHERS).**

(V) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Abdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwng	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	1	—	1	—	—	—	3	—	—	5
Eyes .. .. .	32	2	17	—	—	—	16	11	—	78
Ears .. .. .	6	1	—	1	—	—	5	2	—	15
Nose and Throat .. .. .	3	—	1	—	—	—	6	3	—	13
Speech .. .. .	9	1	—	—	—	—	15	4	—	26
Lymphatic Glands .. .. .	—	—	—	—	—	—	—	1	—	1
Heart .. .. .	—	—	—	—	—	—	10	—	—	10
Lungs .. .. .	2	—	—	—	—	—	1	—	—	3
Developmental .. .. .	5	—	3	—	—	—	1	1	—	10
Orthopaedic .. .. .	12	1	6	—	—	—	18	8	—	45
Nervous System .. .. .	1	—	—	—	—	—	3	—	—	4
Psychological .. .. .	1	—	—	—	—	—	62	—	—	63
Abdomen .. .. .	—	—	—	—	—	—	—	—	—	—
Other .. .. .	1	—	—	—	—	—	—	—	—	1

## PART II—continued.

TABLE A—continued.

## PERIODIC INSPECTIONS (OTHERS)—continued.

## (VI) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwng	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	1	—	8	—	—	—	—	5	—	14
Eyes .. .. .	7	4	4	—	—	—	1	—	—	16
Ears .. .. .	2	4	6	—	—	—	—	6	—	18
Nose and Throat .. .. .	8	2	17	1	—	—	—	20	—	48
Speech .. .. .	3	1	3	—	—	—	—	2	—	9
Lymphatic Glands .. .. .	—	—	7	1	—	—	—	6	—	14
Heart .. .. .	2	1	10	—	—	—	—	4	—	17
Lungs .. .. .	1	1	7	1	—	—	—	5	—	15
Developmental .. .. .	1	1	4	—	—	—	—	4	—	10
Orthopaedic .. .. .	1	2	36	2	—	—	3	8	—	52
Nervous System .. .. .	—	—	3	—	—	—	—	5	—	8
Psychological .. .. .	—	—	2	—	—	—	2	3	—	7
Abdomen .. .. .	—	—	1	—	—	—	1	1	—	3
Other .. .. .	—	—	1	1	—	—	3	2	—	7



PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (TOTALS).

(VII) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	9	4	9	5	23	—	7	9	4	70
Eyes .. .. .	73	130	67	57	185	63	132	67	19	793
Ears .. .. .	17	16	22	26	3	2	64	23	2	175
Nose and Throat .. .. .	43	22	26	47	14	7	55	26	9	249
Speech .. .. .	18	8	15	14	10	5	48	15	2	135
Lymphatic Glands .. .. .	4	—	2	4	4	1	11	6	—	32
Heart .. .. .	12	6	13	9	3	—	23	2	—	68
Lungs .. .. .	14	3	4	28	6	2	17	12	2	88
Developmental .. .. .	8	19	12	—	—	1	4	6	—	50
Orthopaedic .. .. .	145	33	59	152	101	15	143	143	205	996
Nervous System .. .. .	4	2	—	3	2	—	7	—	1	19
Psychological .. .. .	1	1	—	8	—	—	72	—	—	82
Abdomen .. .. .	3	—	—	1	2	—	1	1	—	8
Other .. .. .	1	3	—	11	10	—	7	—	—	32

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (TOTALS)—continued.

(VIII) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	29	49	78	94	34	43	12	64	97	500
Eyes .. .. .	91	257	62	49	64	59	44	43	28	697
Ears .. .. .	18	163	57	103	87	39	115	53	18	653
Nose and Throat .. .. .	172	261	199	357	201	130	102	247	125	1,794
Speech .. .. .	17	38	37	51	33	18	33	26	7	260
Lymphatic Glands .. .. .	66	63	92	216	137	33	16	134	53	810
Heart .. .. .	58	160	100	60	24	80	86	51	21	640
Lungs .. .. .	35	132	78	133	68	55	21	80	33	635
Developmental .. .. .. .	100	56	69	10	29	35	37	60	10	406
Orthopaedic .. .. .. .	175	154	276	399	90	87	95	213	134	1,623
Nervous System .. .. .	10	23	20	12	21	8	12	40	9	155
Psychological .. .. .. .	9	29	41	35	72	5	38	16	4	249
Abdomen .. .. .	3	9	7	18	2	18	5	16	—	78
Other .. .. .	2	24	10	12	14	7	20	12	3	104



PART II—continued.

TABLE B.—SPECIAL INSPECTIONS.

(1) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwng	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	5	5	4	2	2	5	6	9	3	41
Eyes .. .. .	33	13	14	3	22	8	50	21	31	195
Ears .. .. .	45	9	12	—	2	20	27	18	—	133
Nose and Throat .. .. .	33	35	24	5	8	42	33	60	9	249
Speech .. .. .	11	—	8	1	5	4	23	15	6	73
Lymphatic Glands .. .. .	6	1	1	—	2	—	1	15	—	26
Heart .. .. .	16	2	4	—	2	3	11	2	—	40
Lungs .. .. .	14	1	7	—	3	3	6	8	—	42
Developmental .. .. .	11	—	2	—	2	3	10	6	—	34
Orthopaedic .. .. .	33	7	36	3	9	6	39	30	35	198
Nervous System .. .. .	3	8	19	—	1	3	4	13	—	51
Psychological .. .. .	12	53	39	1	2	1	81	18	1	208
Abdomen .. .. .	5	—	—	1	—	3	—	1	—	10
Other .. .. .	4	7	1	—	1	4	18	1	1	37

PART II—continued.

TABLE B.—SPECIAL INSPECTIONS—continued.

(II) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Skin .. .. .	11	9	15	2	4	14	2	21	5	83
Eyes .. .. .	74	40	9	1	17	28	7	18	20	214
Ears .. .. .	196	37	37	1	19	64	30	35	121	540
Nose and Throat .. .. .	65	118	27	6	14	54	38	104	25	451
Speech .. .. .	13	17	19	2	8	6	18	10	5	98
Lymphatic Glands .. .. .	15	21	9	4	6	12	2	31	1	101
Heart .. .. .	35	37	14	1	—	25	14	43	14	183
Lungs .. .. .	50	49	15	3	10	27	8	86	29	277
Developmental .. .. .	50	12	14	—	3	11	5	33	—	128
Orthopaedic .. .. .	64	21	40	3	8	17	7	62	13	235
Nervous System .. .. .	6	16	6	3	6	12	—	60	7	116
Psychological .. .. .	23	21	14	1	24	3	11	82	5	184
Abdomen .. .. .	2	16	1	1	—	5	2	10	2	39
Other .. .. .	5	6	2	1	2	2	6	5	7	36



**PART III.**

**TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.**

Disease or defect	Number of cases known to have been dealt with									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
External and other, excluding errors of refraction and squint .. .. .	44	3	6	92	—	3	—	—	—	148
Errors of refraction (including squint)	472	615	640	264	952	821	1,170	546	1,265	6,745
Total .. .. .	516	618	646	356	952	824	1,170	546	1,265	6,893
Number of pupils for whom spectacles prescribed .. .. .	319	159	277	113	369	247	521	191	451	2,647

PART III—continued.

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases known to have been dealt with									
	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment:										
(a) For diseases of the ear .. .. .	2	11	1	3	5	18	1	1	—	42
(b) For adenoids and chronic tonsil- litis .. .. .	39	198	109	87	37	92	315	35	58	970
(c) For other nose and throat condi- tions .. .. .	2	23	18	5	16	15	14	—	36	129
Received other forms of treatment	46	—	—	—	—	—	—	4	—	50
Total .. .. .	89	232	128	95	58	125	330	40	94	1,191
Total number of pupils in schools who are known to have been provided with hearing aids:										
(a) in 1963 .. .. .	—	1	5	—	1	4	1	2	4	18
(b) in previous years .. .. .	10	10	14	3	20	9	10	7	10	93



**PART III—continued.**

**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) No. of pupils known to have been been treated at clinics or out- patient departments .. .. .	422	355	629	646	353	185	418	424	531	3,963
(b) No. of pupils known to have been treated at school for postural defects .. .. .	230	—	—	—	—	—	—	—	—	230
Total .. .. .	652	355	629	646	353	185	418	424	531	4,193

PART III—continued.

TABLE D.—DISEASES OF THE SKIN.  
(excluding Uncleanliness, for which see Table D of Part I).

Disease or defect	Number of cases known to have been treated									
	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm—(a) Scalp .. .. .	—	—	—	—	—	—	—	1	—	1
(b) Body .. .. .	—	—	—	—	—	—	—	—	—	—
Scabies .. .. .	—	2	1	—	—	14	—	1	—	18
Impetigo .. .. .	—	9	—	2	—	—	7	8	—	26
Other skin diseases .. .. .	14	—	23	2	13	1	2	14	—	69
Total .. .. .	14	11	24	4	13	15	9	24	—	114



**PART III—continued.**

**TABLE E.—CHILD GUIDANCE TREATMENT.**

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of cases known to have been treated	24	17	16	36	13	32	8	4	28	178

**TABLE F.—SPEECH THERAPY.**

	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of cases known to have been treated	142	76	133	115	94	89	130	147	—	926

PART III—continued.

TABLE G.—OTHER TREATMENT GIVEN.

No. of cases known to have been dealt with	Aburdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwng	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Pupils with minor ailments .. .. .	194	—	—	164	—	—	—	3	30	391
Infective and Parasitic Diseases .. .. .	—	—	—	—	—	—	2	—	4	6
Allergic Endocrine System Metabolic and Nutritional Diseases .. .. .	—	—	—	—	—	—	1	—	—	1
Diseases of the Nervous System and Sense Organs (including epilepsy) .. .. .	2	—	15	—	—	—	—	6	14	37
Diseases of the Circulatory System .. .. .	4	7	27	—	15	—	8	1	—	62
Diseases of the Respiratory System .. .. .	5	12	16	—	18	22	2	3	—	78
Diseases of the Digestive System .. .. .	5	1	—	—	20	—	3	1	135	165
Diseases of the Genito-Urinary System .. .. .	9	—	6	—	39	—	6	1	33	94
Accidents and injuries .. .. .	13	—	—	—	72	—	—	5	100	190
Others .. .. .	—	—	4	—	53	84	2	1	1,019	1,163
Totals .. .. .	232	20	68	164	217	106	24	21	1,335	2,187



**PART IV.**  
**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.**

	Aberdare and Mountain Ash	Cae'rphilly and Gelligaer	Mid- Glammorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glynco'rrog	South-East Glammorgan	West Glammorgan	Rhondda	Totals
(1) No. of pupils inspected:										
(a) At periodic inspections .. ..	2,463	700	1,487	1,401	2,181	2,456	2,103	2,819	1,161	16,771
(b) As specials .. ..	2,628	1,173	1,668	129	253	1,258	966	212	746	9,033
Total (1) .. ..	5,091	1,873	3,155	1,530	2,434	3,714	3,069	3,031	1,907	25,804
(2) No. found to require treatment .. ..	4,270	1,257	2,412	1,802	1,439	2,670	2,619	1,996	1,819	20,284
(3) No. actually treated .. ..	2,551	1,140	1,829	1,387	905	1,546	1,342	1,223	1,288	13,211
(4) No. of attendances made by pupils for treatment, including those recorded under heading 11 (d) .. ..	6,234	3,370	7,974	4,950	3,628	7,430	4,728	4,646	2,132	45,092
(5) Half-days devoted to:										
Periodic inspection .. ..	19	8	18	24	17	29	18	38	16	187
Treatment .. ..	638	349	906	514	422	981	535	499	231	5,075
Total (5) .. ..	657	357	924	538	439	1,010	553	537	247	5,262

PART IV—continued.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY—continued.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
(6) Filling:										
Permanent teeth	1,702	2,018	2,286	1,535	1,339	2,718	2,568	1,114	628	15,908
Temporary teeth	151	170	309	92	163	577	698	110	303	2,573
Total (6)	1,853	2,188	2,595	1,627	1,502	3,295	3,266	1,224	931	18,481
(7) No. of teeth filled:										
Permanent	1,474	1,540	1,940	1,440	1,075	2,540	2,003	1,030	537	13,579
Temporary	147	155	275	91	148	537	611	110	273	2,347
Total (7)	1,621	1,695	2,215	1,531	1,223	3,077	2,614	1,140	810	15,926
(8) Extractions:										
Permanent teeth	1,114	687	1,082	320	645	652	659	425	738	6,322
Temporary teeth	1,337	1,773	2,725	1,499	807	1,924	1,630	1,658	1,423	14,776
Total (8)	2,451	2,460	3,807	1,819	1,452	2,576	2,289	2,083	2,161	21,098
(9) No. of General Anaesthetics given for extractions	390	611	1,087	917	511	721	684	792	954	6,667
(10) No. of half-days devoted to admini- stration of General Anaesthetics by Medical Practitioners	37	54	148	100	52	68	58	79	124	720



**PART IV—continued.**  
**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY—continued.**

Analysis of work	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
(11) Orthodontics:										
(a) Pupils treated .. .. .	77	11	43	120	62	36	80	82	6	517
(b) Cases completed and discon- tinued during the year .. .	23	—	26	9	7	28	40	3	6	142
(c) Pupils supplied with appli- cances during the year .. .	23	7	43	17	19	36	80	10	—	235
(d) Total attendances .. .. .	94	26	283	350	222	236	635	109	—	1,955
(12) Number of pupils supplied with artificial teeth .. .. .	19	20	92	16	28	22	51	19	—	267
(13) Other operations:										
Crowns .. .. .	—	—	6	—	—	—	—	—	—	—
Inlays .. .. .	—	—	—	—	—	—	—	—	—	6
Other treatment .. .. .	1,280	219	3,412	2,113	234	906	600	402	19	9,185
Total (13) .. .. .	1,280	219	3,418	2,113	234	906	600	402	19	9,191

PART V.

RETURN OF HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

Category of Handicap	TABLE A. No. newly assessed as needing special educational treatment at Special Schools or in Boarding Homes		TABLE B (i). Of those included at A, No. newly placed in Special Schools or Boarding Homes during the year.		TABLE B (ii). No. assessed during previous years who were newly placed in Special Schools or Boarding Homes during the year	
A. Blind .. .. .	2		1		—	
B. Partially sighted .. .. .	1		1		3	
C. Deaf .. .. .	7		4		—	
D. Partially hearing .. .. .	3		1		1	
E. Physically handicapped .. .. .	16		12		3	
F. Delicate .. .. .	4		2		—	
G. Maladjusted .. .. .	9		6		2	
H. Educationally Subnormal .. .. .	67		29		18	
I. Epileptic .. .. .	3		3		1	
J. Speech Defects .. .. .	—		—		—	
Total .. .. .	112		59		28	



**PART V—continued.**  
**HANDICAPPED PUPILS.**

Category of Handicap	TABLE C (i) No. requiring places in Special Day Schools on 20th January, 1964 (including those temporarily receiving home tuition)	TABLE C (ii) No. requiring places in Special Boarding Schools on 20th January, 1964 (including those temporarily receiving home tuition)
A. Blind .. .. .	—	2
B. Partially sighted .. .. .	—	—
C. Deaf .. .. .	—	6
D. Partially hearing .. .. .	—	1
E. Physically handicapped .. .. .	—	9
F. Delicate .. .. .	—	6
G. Maladjusted .. .. .	—	3
H. Educationally subnormal .. .. .	49	121
I. Epileptic .. .. .	—	2
J. Speech Defects .. .. .	—	—
Total .. .. .	49	150

PART V—continued.

TABLE D.

HANDICAPPED PUPILS ATTENDING SPECIAL SCHOOLS OR BOARDING HOMES.

Category of Handicap	Maintained Special Schools		Non-maintained Special Schools		Independent Schools	Boarding Homes
	Day	Boarding	Boarding			
			Special Schools	Homes		
A. Blind .. .. .	—	20	9	—	—	
B. Partially sighted .. .. .	—	26	1	—	—	
C. Deaf .. .. .	2	7	29	4	—	
D. Partially hearing .. .. .	—	2	14	2	—	
E. Physically handicapped .. .. .	19	73	1	2	—	
F. Delicate .. .. .	—	6	—	—	—	
G. Maladjusted .. .. .	—	—	2	2	15	
H. Educationally subnormal .. .. .	148	93	7	1	—	
I. Epileptic .. .. .	—	—	9	—	—	
J. Speech defects .. .. .	—	—	2	—	—	
Total .. .. .	169	227	74	11	15	



**PART V—continued.**

**TABLE E.**

**NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944, ON 20TH JANUARY, 1963.**

Category of handicap	In hospitals	At home	Total
A. Blind .. .. .	—	1	1
B. Partially sighted .. .. .	—	—	—
C. Deaf .. .. .	—	—	—
D. Partially hearing .. .. .	—	—	—
E. Physically handicapped .. .. .	5	20	25
F. Delicate .. .. .	—	3	3
G. Maladjusted .. .. .	—	1	1
H. Educationally subnormal .. .. .	2	1	3
I. Epileptic .. .. .	—	—	—
J. Speech defects .. .. .	—	—	—
Total .. .. .	7	26	33

## CLINICS HELD IN GLAMORGAN

### KEY:

AN : Ante-natal	D : Dental
Aud : Audiometric	IW : Infant Welfare
BC : Birth Control	MA : Minor Ailments
CG : Child Guidance	Op : Ophthalmic
Ch : Chiropody	Or : Orthopaedic
S : Speech Therapy	

#### *Clinic address.*

#### *Sessions held.*

### ABERDARE AND MOUNTAIN ASH HEATH DIVISION.

Rock Grounds, Aberdare .. .. .	AN Aud BC CG Ch D IW Op Or S
Aberdare Road, Mountain Ash .. .. .	AN Aud Ch D IW Op S
Secondary School, Penrhiwceiber .. .. .	MA
Harcourt Terrace, Penrhiwceiber .. .. .	AN IW
Avondale Street, Ynysboeth .. .. .	AN Aud IW MA Or S
Walter Street, Abercynon .. .. .	AN Aud D IW MA Op S
Welfare Hall, Penywaun .. .. .	AN IW
Bethel Chapel Vestry, Hirwaun .. .. .	AN IW
Workman's Hall, Cwmbach .. .. .	AN Aud IW
Unemployed Social Club, Godreaman .. .. .	AN IW
Y.M.C.A., Aberaman .. .. .	AN IW

### CAERPHILLY AND GELLIGAER HEALTH DIVISION.

Y.M.C.A., Abertridwr .. .. .	AN IW
Old Cottage Homes, Park Road, Bargoed .. .. .	AN Ch D IW Op S
Goshen Calvinistic Methodist Church, Bedlinog .. .. .	IW
Workman's Institute, Brithdir .. .. .	IW
Maternity and Child Welfare Clinic, Denscombe Estate, Caerphilly .. .. .	AN Ch D IW Op
Bethel Baptist Chapel, Cefn Hengoed .. .. .	IW
Workman's Institute, Deri .. .. .	IW
Welfare Hall, Fochriw .. .. .	AN IW
Old Age Pensioners' Hall, Gelligaer .. .. .	IW
Church Hall, Llanbradach .. .. .	AN IW
Oxford Hall, Rhydyrhelig, Nantgarw .. .. .	IW
County Council Clinic, Nelson .. .. .	AN IW
New Community Hall, Glanynant, Pengam .. .. .	AN IW
Church Hall, Pontlottyn .. .. .	AN
Welfare Hall, Rudry .. .. .	IW
Neuadd yr Eglwys, Senghenydd .. .. .	AN IW
Mobile Clinic, King Street, Taffs Well .. .. .	IW
Workman's Institute, Tirphil .. .. .	IW
Penyrheol Clinic, Trecenydd, Caerphilly .. .. .	AN D IW S
County Offices, Caerphilly Road, Ystrad Mynach .. .. .	Ch D Op Or
Trinity Baptist Church Hall, Trelewis .. .. .	AN IW
Siloh Calvinistic Methodist Church, Ystrad Mynach .. .. .	AN IW

### MID-GLAMORGAN HEALTH DIVISION.

County Council Clinic, Quarella Road, Bridgend .. .. .	Aud Ch D Op Or S
Greenmeadow, Coity Road, Bridgend .. .. .	AN BC IW
Council Offices, Glanogwr, Bridgend .. .. .	IW
Community Hall, Heol Glannant, Newcastle Hill, Bridgend .. .. .	IW



MID-GLAMORGAN HEALTH DIVISION—*continued.*

Old Secondary School, Plasnewydd Street, Maesteg ..	Ch D Op Or
Parc Site Sunday School, Maesteg .. .. .	IW
Calfarfa Chapel, Cwmfelin, Maesteg .. .. .	AN IW
The Clinic, Church Street, Maesteg .. .. .	AN IW S
Maternity and Child Welfare Clinic, Park Avenue, Ogmore Vale .. .. .	AN Ch D IW Op
Glanrhyd, Nantymoel .. .. .	AN Ch IW
Mission Hall, Blackmill .. .. .	IW
Maternity and Child Welfare Clinic, South Place, Porth- cawl .. .. .	AN Ch D IW
Hope Congregational Vestry, Porthcawl .. .. .	IW
Maternity and Child Welfare Clinic, Alexandra Road, Pontycymmer .. .. .	AN D IW
Tabernacle Vestry, Blaengarw .. .. .	IW
Welfare Hall, Bettws .. .. .	IW
Maternity and Child Welfare Clinic, Bryncwils, Bryn- cethin .. .. .	AN IW
New Street, Aberkenfig .. .. .	AN IW
Community Hall, Abergarw .. .. .	IW
Maternity and Child Welfare Clinic, Duffryn Road, Caerau .. .. .	IW
Social Service Hall, Llangynwyd .. .. .	AN IW
Social Club, Llangeinor .. .. .	IW
Wimbourne Road, Pencoed .. .. .	AN Ch IW
Social Services Hall, Heolycyw .. .. .	AN IW
Community Hall, Bryntirion .. .. .	IW
Church Hall, Laleston .. .. .	AN IW
Methodist Chapel, Cornelly .. .. .	AN IW
The Public Hall, Cefn Cribbwr .. .. .	AN IW
Waunbant Road, Kenfig Hill .. .. .	AN
Mynnydd Cynffig Infants' School, Kenfig Hill ..	D
Church Hall, St. Brides Major .. .. .	AN IW
The Village Hall, Wick .. .. .	AN IW

## NEATH AND DISTRICT HEALTH DIVISION.

The Clinic, Dyfed Road, Neath .. .. .	AN Aud BC CG IW MA Op Or S
Boys' Club, Aberdulais .. .. .	IW
Bryncoch Church School, Bryncoch .. .. .	IW
St. John's Ambulance Hall, Crynant .. .. .	IW
Y.M.C.A. Hostel, Onllwyn .. .. .	IW
Sardis Chapel Vestry, Resolven .. .. .	IW
Croesffordd Community Centre, Rhigos .. .. .	IW
St. Catherine's Parish Hall, Neath .. .. .	IW
Maternity and Child Welfare Clinic, Mary Street, Seven Sisters .. .. .	AN Ch D IW Op S
Maternity and Child Welfare Clinic, Addoldy Road, Glyn Neath .. .. .	AN Ch D IW Op
Maternity and Child Welfare Clinic, Cefn Parc, Skewen	AN Ch D IW Op
The Clinic, Hunter Street, Briton Ferry .. .. .	AN Aud Ch D IW MA Op
Cimla Welfare Hall, Cimla .. .. .	AN IW
Maternity and Child Welfare Clinic, Longford, Neath Abbey .. .. .	AN D IW
5 London Road, Neath .. .. .	CG Ch D



*Clinic address.**Sessions held.***PONTYPRIDD AND LLANTRISANT HEATH DIVISION.**

Mount Pleasant, Beddau .. .. .	AN IW MA Op
Central Clinic, Ynysangharad Park, Pontypridd ..	AN Aud BC Ch D IW MA Op Or S
The Square, Talbot Green .. .. .	AN BC Ch D IW MA Op S
School Street, Tonyrefail .. .. .	AN Aud Ch D IW MA Op Or
Llwyn yr Eos, Church Village .. .. .	IW
Scarborough Road, Pontshonnorton, Pontypridd ..	IW MA
Baptist Vestry, Evanstown, Gilfach Goch .. ..	IW MA
Gelliarael Road, Gilfach Goch .. .. .	AN Ch IW
Old Age Pensioners' Hall, Foundry Road, Hopkinstown	IW
County Council Clinic, Ash Square, Rhydyfelin ..	AN Ch IW MA Op
Thompson Street, Ynysybwll .. .. .	AN IW MA
Saron Chapel Vestry, Treforest .. .. .	IW
Church Hall, Glyncoch, Pontypridd .. .. .	IW
St. John's Church, Graig Street, Pontypridd .. ..	IW

**PORT TALBOT AND GLYNCORRWG HEALTH DIVISION.**

Council Offices, Taibach, Port Talbot .. .. .	AN BC Ch D IW Op S
Pendarves Street, Aberavon .. .. .	AN Aud D IW Op
Depot Road, Cwmavon .. .. .	AN Ch D IW Op
Ynys Street, Port Talbot .. .. .	AN IW Or
County Council Clinic, Baglan .. .. .	AN IW Op
Brynseinon Chapel Vestry, Bryn, Port Talbot ..	IW
Welfare Hall, Pontrhydyfen .. .. .	IW
Tonmawr Primary School, Tonmawr .. .. .	IW
Workman's Hall, Glynccorrwg .. .. .	AN IW
Duffryn Afan Primary School, Duffryn .. .. .	IW
Welfare Hall, Abercregan, Cymmer .. .. .	IW
The Clinic, Council Offices, Cymmer .. .. .	AN Ch D IW Op
Villiers Road, Blaengwynfi .. .. .	AN D IW
Community Centre, Margam .. .. .	AN IW
Dew Road, Sandfields .. .. .	AN BC Ch D IW Op S
Maternity and Child Welfare Clinic, South Avenue, Croeserw .. .. .	AN Aud IW

**SOUTH-EAST GLAMORGAN HEALTH DIVISION.**

Public Health Centre, Woodland Road, Barry .. ..	D Op
Glamorgan County Council Clinic, Wyndham Street, Barry .. .. .	AN BC IW Or
Maternity and Child Welfare Clinic, Friars Road, Barry Island .. .. .	IW
Glamorgan County Council Clinic, Church Road, Cadoxton, Barry .. .. .	D IW S
Maternity and Child Welfare Clinic, Methodist Church Hall, Porthkerry Road, Barry .. .. .	IW
Maternity and Child Welfare Clinic, Winston Road, Colcot, Barry .. .. .	IW
Beecroft Clinic, 112 Stanwell Road, Penarth .. ..	AN BC Ch D IW Op Or S
Maternity and Child Welfare Clinic, Albert Road Methodist Church, Penarth .. .. .	IW
Maternity and Child Welfare Clinic Reading Room, Harriet Street, Cogan .. .. .	IW
Maternity and Child Welfare Clinic, Recreation Hall, Rhiwbina .. .. .	IW



SOUTH-EAST GLAMORGAN HEALTH DIVISION—*continued.*

Maternity and Child Welfare Clinic, Fontigary Road, Rhoose .. .. .	AN Ch IW
Glamorgan County Council Clinic, Bishops Road, Whitchurch .. .. .	AN Ch D IW Op Or S
Maternity and Child Welfare Clinic, Cardiff Road, Dinas Powis .. .. .	AN Ch IW
Maternity and Child Welfare Clinic, Horeb Chapel Vestry, Pentyrch .. .. .	IW
Maternity and Child Welfare Clinic, Village Hall, Tongwynlais .. .. .	IW
Maternity and Child Welfare Clinic, Church Hall, Radyr	IW
Maternity and Child Welfare Clinic, Calfaria Baptist Chapel, Llanharan .. .. .	AN Ch IW
Maternity and Child Welfare Clinic, R.A.F. Camp, St. Athan .. .. .	IW
Maternity and Child Welfare Clinic, Woodstock House, Cowbridge .. .. .	AN Ch IW
Lesser Hall, Town Hall, Llantwit Major .. .. .	Ch
Public Hall, Llanharry .. .. .	Ch

*Mobile Clinic.*

Aberthin; Bonvilston; Brynna; Castleton; Colwinston;  
Creigiau; Culverhouse; Cyncoed; Flemingstone;  
Gwaelod-y-Garth; Lisvane; Llancarfan; Llandow;  
Llangan; Llanedeyrne; Llanharry; Lower Penarth;  
Marcross; Millands Caravan Site; Pancross; Pant-  
mawr Estate, Rhiwbina; Pendoylan; Penmark;  
Peterston; Porthkerry; St. Athan; St. Donats;  
St. Fagans; St. Mary Church; St. Nicholas; Sully;  
Treoos; Wenvoe; Ystradowen.

## WEST GLAMORGAN HEALTH DIVISION.

Glamorgan County Council Clinic, West Street, Gors- einon .. .. .	AN Aud Ch D IW Op Or S
Rechabite Hall, Gowerton .. .. .	Ch IW
Welfare Hall, Gwaun-cae-Gurwen .. .. .	Ch D IW
Infants' School, Pontardawe .. .. .	Aud Ch D Op Or S
Secondary Modern School, Pontardulais .. .. .	D Op
Glamorgan County Council Clinic, Tirbach Road, Ystalyfera .. .. .	AN Aud Ch D IW Op Or
Welfare Hall, Grovesend .. .. .	IW
St. David's Church Hall, Loughor .. .. .	IW
Church Hall, Penllergaer .. .. .	IW
The Mechanics' Institute, St. Teilo Street, Pontardulais	AN Ch IW
Maternity and Child Welfare Clinic, Bishopston .. .. .	AN Ch IW
County Primary School, Bishopston .. .. .	D Or
Chapel Vestry, Reynoldston .. .. .	IW
Village Hall, Rhossilli .. .. .	IW
Tabernacle Chapel Vestry, Penclawdd .. .. .	AN IW
Welfare Hall, Penclawdd .. .. .	Ch D
Unemployed Welfare Centre, Dunvant .. .. .	IW

WEST GLAMORGAN HEALTH DIVISION—*continued.*

Village Hall, Upper Killay	..	..	..	..	IW
Ynysderw House, Pontardawe	..	..	..	..	AN IW
Welfare Hall, Godre'rgraig	..	..	..	..	IW
Welfare Hall, Cwmllynfell	..	..	..	..	IW
Cilfaria Baptist Chapel, Clydach	..	..	..	..	Ch IW
Junior Mixed School, Clydach	..	..	..	..	D
Bethania Chapel, Graigfelen Estate, Clydach	..	..	..	..	IW
Welfare Hall, Garnswilt	..	..	..	..	IW

BOROUGH OF RHONDDA.

Welfare Centre, Ynyswen, Treorchy	..	..	..	..	AN Ch IW Or
Welfare Centre, Trafalgar Terrace, Ystrad, Rhondda	..	..	..	..	AN Ch D IW Op
Court House, Court Street, Tonypany	..	..	..	..	AN Ch IW
Carnegie Welfare Centre, Trealaw	..	..	..	..	AN BC Ch D IW Op Or
Welfare Centre, Hendrecafn Road, Penygraig	..	..	..	..	AN Ch IW
Y.M.C.A. Building, Porth	..	..	..	..	IW
Welfare Centre, Ynys Villas, Ynyshir Road, Ynyshir	..	..	..	..	AN Ch IW
Welfare Centre, Oakland Terrace, Ferndale	..	..	..	..	AN Ch D IW Op



