[Report 1966] / Medical Officer of Health and School Medical Officer of Health, Glamorgan County Council.

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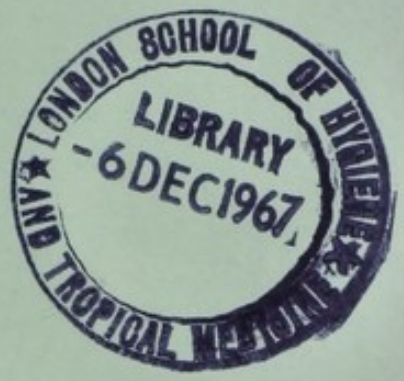
GLAMORGAN COUNTY COUNCIL



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1966

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

William Lewis (Printers) Ltd., Penarth Road, Cardiff

GLAMORGAN COUNTY COUNCIL

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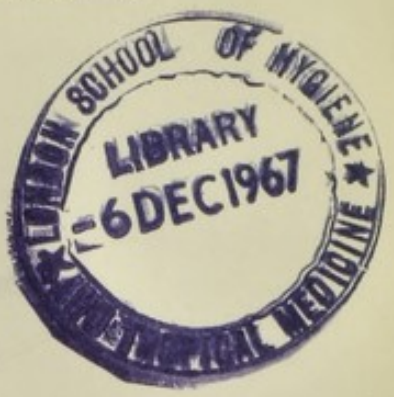
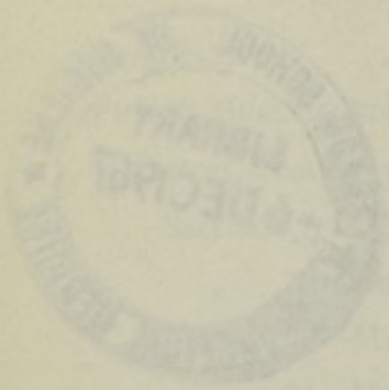


ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH



HEALTH COMMITTEE

Acting Chairman: County Alderman W. R. FRANCIS, J.P.

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.

Acting Chairman: County Alderman W. R. FRANCIS, J.P.

General Health Services Sub-Committee.

Chairman: County Councillor LLEWELLYN EVANS.

Special Health Services Sub-Committee.

Chairman: County Alderman MERVYN W. PAYNE.

EDUCATION COMMITTEE

Chairman: County Alderman The Right Honourable, The Lord Heycock.

SUB-COMMITTEE:

Medical and Special Services.

Chairman: County Alderman E. GWYN DAVIES, J.P.

GLAMORGAN COUNTY COUNCIL

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

MR. CHAIRMEN, LADIES AND GENTLEMEN,

I have the honour to submit my reports on the state of health of the county and on the work of the School Health Service during 1966. Included are reports of the Borough School Medical Officer for the Rhondda Excepted District (Dr. R. B. Morley-Davies) and the Principal School Dental Officer (Mr. D. R. Edwards). I am also indebted to the head teachers of the special schools for their reports on handicapped children at their schools.

The estimated mid-year population was 764,000, an increase of 2,740 over the previous year, although the number of live births fell by 374 and there were 249 more deaths. The birth rate was 17·1 (12,804 live births) compared with 18·2 (13,468 live births) in 1964, when the rate was the highest since 1948. The reason for this fall in births during the past two years is not clear: in a number of countries it is believed that the cause is due to new contraceptive methods. Another possible explanation is that since the higher birth-rate was partly due to women marrying at an early age, it was clearly impossible for this trend to continue indefinitely. The number of deaths was 9,401 and the adjusted death rate of 13·9 compared unfavourably with that of 11·7 for England and Wales. The principal causes of death, heart and circulatory disease, accounted for 39 per cent of all deaths, cancer for 17 per cent, and respiratory diseases for about 15 per cent. In 1946, these diseases accounted for about 28 per cent, 14 per cent and 13 per cent respectively of all deaths. The report refers in some detail to coronary disease: angina which is the cause of death of one in three men who die in middle-age in Glamorgan.

Lung cancer deaths among men rose from 323 in 1965 to 359. These deaths are to a large extent avoidable and are, therefore, cause for concern. Cancer of the uterus accounted for 55 deaths compared with 76 the previous year. The indifference of the public to lung cancer is in sharp contrast with the agitation for a cervical cytology service for women.

The peri-natal mortality rate which has been falling steadily for many years, rose slightly from 29·9 in 1965 to 30·4. The peri-natal mortality rate has as its components the still-birth rate and the death rate for infants under one week old. There were fewer still-births but the rise in the death rate of babies under one week was undoubtedly due to the increased number of premature births.

It is pleasing to report that for the first time there was no death from maternal causes.

The 378 deaths attributed to violence accounted for 4 per cent of all deaths. Deaths from suicide rose to 72 from 50 in the previous year but deaths from motor vehicle accidents fell to 76 from 114. Suicide accounted for almost as many deaths as road accidents, thus underlining the need for mental health services.

Three cases of anthrax were reported. The biennial epidemic of measles too place during 1966 with two deaths. The Health Committee have agreed t introduce vaccination against measles but not on a general scale since there can b unpleasant reactions. Notifications of whooping cough also increased and wa prevalent in Ogmore and Garw. The report on the school health service indicate that more children suffered from scabies and there is an interesting account b Dr. D. Trevor Thomas on an outbreak of "swimming pool granuloma" in Penarth The discovery in the Neath and District Division of over 70 persons carryin diphtheria organisms spotlights the need for every child to be vaccinated again this disease.

Standards of hygiene generally appear to have improved, there being a fall i the incidence of dysentery and food poisoning.

The decline in the number of domiciliary births continued, approximatel 77 per cent of births taking place in hospital, half of the mothers being discharge home early with their babies. There was evidence of better selection of mothe for hospital confinement. The trend towards hospital delivery has repercussion on the domiciliary midwifery service, as although most of the midwives are kep busy attending ante-natal clinics and caring for the early discharge cases, a numbe of them have fewer than ten deliveries in their practice per year. The time fast being reached then the tripartite arrangement in the maternity services, whic has always been a source of criticism should be reviewed with a view to unificatio The training of pupil midwives who have to attend ten domiciliary confinemen during their training will also soon have to be amended as the time has almost bee reached when there are insufficient home deliveries to comply with the C.M.I Rules.

The report gives an account of an enquiry into the ante-natal and home nursin services and also the present position regarding the attachment of health visito to general practice.

Since 1952, the number of patients conveyed by the ambulance service ha increased by 40 per cent due to the expansion of activities at out-patient departmen and the development of day hospitals. The number of emergency cases carrie is no greater than it was in 1952. The efficiency of the ambulance service is subje to continual review and it has been decided to replace when appropriate, dies driven vehicles by petrol engined ambulances.

Dr. Revington, my deputy, has been closely concerned with the expansio of the mental health service, considerable attention being given to the training staff so that they may be better placed to help patients who are mentally ill subnormal. Close links have been forged with consultant psychiatrists at hospita for the mentally disordered. The two hostels for working youths have prove their worth in helping subnormal young people to earn a living and gain the independence. The training centres for the more severely subnormal have do excellent work during the year. The pressing need is for adult training centr so as to provide sheltered employment and also training for those who are potentiall self-supporting. Good progress was made in the planning of the Bridgend adu training centre which should be completed this year.

There has been steady development in the field of health education much of the work being carried out by health visitors and dental auxiliaries. A dental health exhibition was held at the Port Talbot Royal National Eisteddfod and at Christmas time a large exhibition on the prevention of accidents was held by the Borough of Rhondda at Tonypandy. In some divisions there was considerable health educational activities in schools with the accent placed on preparing school leavers for parenthood and other responsibilities that will be faced in adulthood.

Possibly the major development during the year was the progress made in co-operating with family doctors. The Health Committee is committed to providing health centres and a number will be built by 1970.

A separate report is included on the school health service. This shows that the health of children is satisfactory. The shortage of medical and dental staffs and in some divisions, health visitors/school nurses, has prevented any major development of the services. The standard of our dental services has improved but remains under-manned.

Birth defects are now a major cause of death and serious disability and during the year 144 babies were known at birth to have congenital abnormalities. In South Wales there is a high incidence of such disabling conditions as spina bifida and as more malformed children are surviving there is need to provide special facilities for their education. During the year, the County Council in considering the joint circular of the Welsh Board of Health and Department of Education and Science on arrangements for the co-ordination of education health and welfare services for handicapped children and young people, decided that the Health Department shall be primarily responsible throughout the life of a handicapped young person. Apart from frequent reviews by senior officers at divisional level and the decision to make every child the personal concern of a particular health visitor, medical and nursing staffs have been asked to pay attention to the emotional stress that parents of handicapped children may suffer.

I wish to record my appreciation of the readily offered assistance given by chief officers and also by the divisional medical officers.

Dr. Kathleen Davies, the Divisional Medical Officer of Health for the Mid-Glamorgan Division, retired during the year. Dr. Davies had been in the public health service since 1928 and was noted for her kindness and for the vigour and ability in which she directed the services in her division.

It is sad to recall the death of County Alderman Thomas Evans, Chairman of the Health Committee from 1956. Alderman Evans was a man of deep humanity and although he had suffered ill health for some years this did not prevent him from devoting his whole strength and energy to the public service. I was always glad to receive his wise counsel.

My thanks are also due to his successor, County Alderman Reginald Francis and the Chairman of the Education Committee, Lord Heycock, who have given me considerable assistance during the year.

The staff of the Health Department, in which I include the staff of the Health Divisions, have always given me every support and I desire to record my appreciation of their efforts. They have carried out their various duties with loyalty, efficiency and enthusiasm.

I am,

Your obedient Servant.

W. E. THOMAS,
County Medical Officer and
Principal School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY COUNCIL OFFICES,
GREYFRIARS ROAD,
CARDIFF.
October 1967.

STAFF AS AT 31st DECEMBER, 1966

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.

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

PRINCIPAL SCHOOL DENTAL OFFICER.

D. R. Edwards, 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.

RHONDDA BOROUGH DELEGATE AUTHORITY.

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.

P. M. Brown, M.B., B.CH., D.P.H.

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.
J. Alun Evans, M.R.C.S.(ENG.), L.R.C.P.(LOND.), D.P.H.
Alun G. Alexander, B.SC., M.B., B.CH., 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.

AREA DENTAL OFFICERS.

R. F. Hoar, L.D.S., R.C.S.
C. E. James, L.D.S., R.C.S.
D. C. McKendrick, L.D.S., R.C.S.
Ruth G. Phillips, B.D.S.
V. H. Price, L.D.S.
R. I. Sheppeard, B.D.S.
Ceri Thomas, L.D.S., R.C.S.

ASSISTANT MEDICAL OFFICERS.

James A. Brown, L.R.C.P., L.R.C.S., L.R.F.A., and S.G.
David J. C. Davies, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Thomas M. Davies, M.R.C.S., L.R.C.P.
Shirley P. Francis, L.R.C.P., M.R.C.S.
Mair Elunis Goodfellow, M.B., B.CH., D.C.H.
Deirdre J. Hine, M.B., B.CH., D.P.H.
Anne E. E. Hirst, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
William H. James, M.B., B.S., D.A.
William G. Jones-Hughes, M.R.C.S., L.R.C.P., D.P.H. (*Deceased*)
Elizabeth G. James, M.B., B.CH., B.SC., D.P.H.
Alys M. Jenkins, M.B., B.CH., B.SC.
Percy A. John, M.B., B.CH., B.SC., D.P.H.
Allen Spencer Jones, M.B., B.CH., B.SC.
John G. Jones, M.R.C.S., L.R.C.P.
Graham J. Lodwig, M.B., B.CH.
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.
Enid Reed, M.B., B.CH., D.C.H.
John H. Stubbins, M.B., CH.B., D.P.H.
J. E. McKim Thomas, M.B., B.CH., D.R.C.O.G., D.C.H.
Pamela Wayne Thomas, M.B., B.CH., D.R.C.O.G., D.P.H.
Jennifer S. Walsh, M.B., B.CH.
William Graham Westall, M.B., B.CH., D.R.C.O.G.
Jane Stanley Williams, B.SC., M.B., B.CH., D.A.
Arthur L. J. Williams, M.B., B.SC., D.P.H.

DEPUTY COUNTY PUBLIC AND OFFICIAL AGRICULTURAL ANALYS

Mansel C. Finnier, B.SC., F.R.I.C.

SENIOR COUNTY PUBLIC HEALTH INSPECTOR.

W. D. Lewis, 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.

CHIEF CHIROPODIST.

L. G. Burland, M.CH.S., S.R.CH.

ADMINISTRATIVE ASSISTANT.

J. H. L. Mabbitt.

BLIC HEALTH ADMINISTRATION.

Any administration if it is to be effective must have basic objectives which are clear, understood and accepted by all who work in its service. The objectives of the health department are simple: to promote health and wellbeing, to avoid pain and suffering by fore-stalling illness and disability by preventive measures, and where illness or disability cannot be avoided, to provide care in the community for all who do not require treatment and care that a hospital can provide. Community care supports, and is supported by care given by the family doctor. The growth of the local authority health service is therefore linked with the future of the family doctor service: the one cannot act without the other.

The methods used in seeking to achieve these basic objectives must be continually adapted to meet human needs. It is essential that the administration should be alert to changes in social conditions and have a sound understanding of the aims of community health, advances in medical knowledge and the needs of the community. There is the ever-present danger in every organisation that routine practices and methods may become fixed and mechanical so that they remain based on ideas and beliefs that have become out-moded. Society is undergoing rapid changes and much time and energy is spent in informing staff of the wider knowledge and the new ideas which should influence their attitude to their work and in winning acceptance of these new ideas.

Regular meetings take place with divisional medical officers, area dental officers, divisional nursing officers and officials in other fields of activity to discuss day-to-day problems and the formulation of future policy. Meetings also take place with representatives of the hospital and general practitioner services, for example, the local medical committee, advisory committees of the hospital board, the various maternity, mental health and geriatric liaison committees which seek to co-ordinate the activities of the hospital, family doctor and local authority services. Without this close and friendly co-operation the National Health Service would be less effective and the patient and the health of the community would be the poorer.

The Department is much too large and complex for it to be administered directly from the centre and for this reason 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 has been delegated to eight divisional health committees which are composed of members of the County Council within the divisions and representatives of the district councils within the divisional areas. The divisional committees have a minority of additional members who have experience of the health service and who have been appointed by the county health committee. In each division there is a divisional medical officer and the divisional areas are co-terminus with the divisional areas of the education committee.

Since 1st July, 1962, the Rhondda Borough Council administer health services on behalf of the County Council under a scheme approved under Section 46 of the Local Government Act 1958. These cover a wider range than those administered

by the health divisions, but exclude the ambulance service. Details of the eight divisions and the Rhondda Delegate Authority are given below :—

Health Division.	*Divisional Medical Officer*	*Divisional Health Office*
Aberdare and Mountain Ash	J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.	Rock Grounds, Aberdare. (2497/8.)
Caerphilly and Gelligaer	D. W. J. Anderson, B.SC., M.B., B.CH., D.P.H.	Caerphilly Road, Ystrad Mynach. (Hengoed 3171.)
Mid-Glamorgan ..	J. Alun Evans, M.R.C.S. (ENG.), L.R.C.P.(LOND.), D.P.H.	Quarella Road, Bridgend. (2515.)
Neath and District ..	A. G. Alexander, M.B., B.CH., B.SC., D.P.H.	Dyfed Road, Neath. (2481/2.)
Pontypridd and Llantrisant	D. W. Foster, B.SC., M.B., B.CH., D.P.H.	Courthouse Street, Pontypridd. (3016.)
Port Talbot and Glyncorrwg	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.	Queen's Court, Plymouth Street, Cardiff. (28033.)
West Glamorgan ..	G. E. Donovan, M.SC., M.D., B.CH., B.A.O., D.P.H.	10 St. James' Crescent, Swansea. (57894/5.)

Authority which has delegated responsibilities under the Local Government Act, 1958:—

	Medical Officer of Health.	*Address and Telephone No.*
Rhondda M.B. ..	R. B. Morley-Davies, M.B., B.CH., B.SC., D.P.H.	Health and Welfare Department, 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:—

Area affected.	*Division in which situate.*	*Division to which responsibility transferred.*
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.

NATIONAL HEALTH SERVICE ACT, 1946

ECTION 21—HEALTH CENTRES.

Section 21 of the National Health Service Act placed a duty on local health uthorities to provide equipment and maintain premises known as health centres which facilities would be available for the following purposes:—

general practitioner services;
general dental services;
pharmaceutical services;
local health authority services;
hospital out-patient services;
health education services.

The Health Committee in 1949 were prepared for the possible development of ealth centres and surveyed areas in each health division in order to secure sites ther by purchase or ear-marking for future use. It soon became evident however at general practitioners were not interested at that time in working from health ntres, mainly because they were afraid that this would mean losing their dependence. In 1957 the Health Committee regretfully came to recognise that alth centre provision in the county was not feasible because of opposition from mily doctors, and sites that had been earmarked and which were not required r clinics were relinquished.

The difficulties experienced by the committee were met with in the country nerally and only twenty-seven new health centres had been provided in England d Wales from 1948 to 1966. During the past few years however family doctors ve become interested in health centres because they are now tending to practise groups and this has highlighted the inadequacy of many surgery premises which ve been designed for single practices.

During the latter part of the year 1964 some family doctors enquired about the ovision of health centres for surgery premises by the Authority and in December that year the Health Committee agreed, in principle, to the provision of health ntres and decided to discuss the matter with the Glamorgan Executive Council. uring the following year however, negotiations between the British Medical sociation and the Ministry of Health on a new Charter for the family doctor rvice held up discussions because of the lack of information concerning the rentals at family doctors were likely to pay for health centre accommodation. This oblem was resolved during the year 1966, and a circular from the Welsh Board of alth giving details of these arrangements was received in April 1967.

Considerable activity took place during the year 1966 in holding informal cussions with family doctors, the Executive Council and officials of the Welsh ard of Health, and as a result of these discussions it has been agreed to provide alth centres in the following areas:—

During the year 1967 .. Glyncorrwg, Talbot Green.
In these areas a new clinic at Glyncorrwg in the process of erection and an existing clinic at Talbot Green were especially extended and adapted to meet the needs of two general practitioners.

Year 1967–68	.. ..	Gorseinon: for seven general practitioners. Resolven: for three general practitioners. Church Village: for five general practitioners. Port Talbot: for eleven general practitioners. Tonypandy: for six general practitioners.
Year 1968–69	.. ..	Abercynon: for three general practitioners. Aberdare: for six general practitioners.

Sites are available at Gorseinon, Resolven, Church Village and Abercynon.

Enquiries concerning health centres have also been received from general practitioners at Penarth, Skewen, and Neath and discussions took place in early 1967.

It will be seen therefore that the County Council has embarked on an ambitious programme with a view to developing a pattern of health centres as was envisaged by the Authority during the year 1949.

ECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

NTE-NATAL CARE.

The immediate object of ante-natal care is to ensure that the health of every pectant mother is safeguarded during her pregnancy, which should result in the e and normal delivery of a healthy baby. Particular attention is paid not only the physical well-being but also to the emotional needs of the mother and this cludes the teaching of parentcraft. In the Caerphilly and Gelligaer Division rentcraft instruction is also given to school leavers.

Table 1 gives information concerning the Authority's ante-natal clinics and comparison is made with previous years.

TABLE 1.

ATTENDANCES AT ANTE-NATAL CLINICS.

Year	County Council premises	Hired premises	No. of half-day sessions	No. of women attending	No. of attendances
1966	61	28	3,931	7,649	36,206
1965	58	27	4,005	8,783	39,875
1956	40	48	3,492	11,424	49,747

The fall in the number of women attending ante-natal clinics is due mainly to neral practitioners assuming more responsibility for ante-natal care and over y practices hold special ante-natal surgeries either at local clinics which they may free of charge or on their own premises with county midwives in attendance.

TE-NATAL CLINICS.

During the months of September and October 1965 a survey of ante-natal nics was undertaken, information being obtained from a questionnaire completed assistant medical officers. Ante-natal clinics were held in eighty premises, ty-eight being County Council owned and thirty-two hired. More than one e-natal session was held in some premises each week so that seventy-six ante-al sessions were held in sixty-four clinics and seventeen ante-natal/infant welfare sions were held in sixteen clinics. The frequency of the clinics is given in the owing table :—

TABLE 2

NUMBER OF CLINICS HELD AT PREMISES

	More than one a week	Weekly	Fortnightly	Total
Ante-natal clinics ..	9	27	28	64
Ante-natal/infant welfare clinics ..	1	5	10	16

TABLE 3

ATTENDANCE OF MIDWIVES AT ANTE-NATAL CLINICS

	Regular	Occasional	Rare
Ante-natal clinics	63	4	9
Ante-natal/infant welfare ..	9	–	8
All clinics	72	4	17

TABLE 4

AVERAGE ATTENDANCES

The average attendances by ante-natal patients were as follows:—

	0–5	6–10	11–15	16–20	21–25
Ante-natal clinics ..	9	30	23	10	4
Ante-natal/infant welfare clinics ..	12	4	1	–	–
All clinics	21	34	24	10	4

Post-natal facilities were available at sixty-eight ante-natal sessions and fourtee infant welfare/ante-natal sessions. An appointment system was the rule at sixty nine of the ninety-three clinic sessions and at thirty-four sessions a clinic nurse ha replaced a health visitor.

An analysis of the routine at each clinic showed a variation in the method employed in such matters as the taking of patients' histories, weighing, taking blood pressure, urine testing, etc. This largely depended on the nursing staf available.

At nine ante-natal clinics the average attendance was five or less and the staffin provision was over-generous. It was decided to continue holding these sma clinics except where they could be amalgamated with others because gener practitioners might not be in a position to take over complete responsibility f reasons of unsuitable premises and lack of time. Where clinics appear to be ove staffed divisional medical officers have been asked to make adjustments.

The importance of an effective system for following up defaulters has bee pointed out to clinic staffs. With the tendency for more women to visit gener practitioners for ante-natal care, it is essential that suitable arrangements be mad for them to attend mothercraft clinics and advice has been given on the holding continuous ante-natal classes so that expectant mothers need not wait for a new cyc of ante-natal classes.

Birth Control Clinics.

In February 1966 the Ministry of Health issued Circular 5/66 on family planning which was in marked contrast to the Circular issued in 1924 which forbade any medical officer of any municipal maternity centre to give any contraceptive information to any mother in any circumstances. During the 1920's the birth control movement was not quite respectable although infant and mortality rates were high. The 1966 circular regarding family planning "as an essential aspect of family welfare, that it strengthens family life and that ignorance of effective methods of contraception could lead to marital disharmony, ill health and social breakdowns and, in some cases, even to criminal abortion and death".

Nevertheless there are still restrictions which prevent local authority maternity clinics giving contraceptive advice to women who are normally healthy since the Authority has powers only to give birth control advice to married women if pregnancy would be detrimental to their physical or mental health. The present situation is most unsatisfactory. Women who are normally healthy may receive contraceptive advice from voluntary bodies and the Ministry now encourage authorities to give financial aid to the Family Planning Association and to publicise their services. The Association hold sessions free of charge at maternity and child welfare clinics or hospitals.

In my report for the year 1965 I suggested that legislation should be introduced in the future to remove restrictions imposed on local authorities so that advice can be given to married women who want it, as part of the National Health Service since there is little dignity left if matters of family planning are to be dealt with in such a furtive manner. During 1967 a private Members' Bill was introduced into the House of Commons to give local authorities full power in providing family planning services, and this Bill is likely to become law.

The County Health Committee have decided to continue to hold its own birth control clinics for women for whom pregnancy would be detrimental to their health leaving the Family Planning Association to deal with women who wish to space births. The Authority's birth control clinics are situated in the following areas:—

Aberdare,
Bargoed,
Fochriw,
Ystrad Mynach,
Pontypridd,
Talbot Green,
Trealaw,
Penarth,
Barry,
Bridgend,
Sandfields, Port Talbot,
Taibach, Port Talbot,
Neath,
Gorseinon,
Pontardawe,

The Family Planning Association have clinics as follows:—

Caerphilly Miners' Hospital,
Cymmer Maternity and Child Welfare Clinic,
Neath General Hospital,
Ystrad Clinic, Ystrad, Rhondda,
The Central Clinic, Pontypridd,
Port Talbot General Hospital,
Ystrad Mynach Clinic.

Family Planning Clinics in adjacent areas of the County also serve Glamorgan patients, viz:—

Ammanford Clinic,
Swansea Clinic,
Cardiff Gabalfa Clinic,
Cardiff Royal Infirmary.

It has been the practice for some time for the Authority to permit the Family Planning Association to make use of the County Council clinics free of charge and this policy will continue. Discussions took place with the Association in early 1967 on the question of publicising services and the Association offered to provide training facilities for staff attending County Council birth control clinics. Many of the medical officers engaged at family planning clinics are also engaged by the Authority.

Following the Ministry circular, appliances and oral contraceptives will be provided free of charge at County Council birth control clinics and I held a meeting with eleven of the County Council birth control medical officers to discuss revised criteria indicating grounds for referring women for advice. In addition to medical grounds it has been decided to include social reasons, such as problem families, and large families with low incomes.

CARE OF UNMARRIED MOTHER.

The number of illegitimate births in Glamorgan during 1966 was 670, giving an illegitimate birth-rate of 51 per 1,000 live births. The illegitimate birth rate for England and Wales is 79.

During the year, fifty-three unmarried mothers were admitted to mother and baby homes, 9 per cent of the total, the Health Committee accepting responsibility for that part of the cost not covered from other sources, viz:—

"Northlands", Cardiff	30
"Church Home", Penarth	6
"St. Anne's", Chepstow	4
"Cwmdonkin", Swansea	3
"The Shelter", Newport	3
"St. John's", Bristol	2
"St. Raphael's", Bristol	2
Barsham House, Malvern	1
Beckingsale House, Salisbury	1
St. Michael's, Windsor	1

These unmarried mothers admitted are mostly teenage girls whose parents are unwilling to look after them, or attitudes of neighbours embarrass the family. Divisional medical officers made an enquiry during the year into what happened to the babies born to the 481 unmarried mothers known to them out of 670 according to the Registrar-General's figures.

Of the 481 births, twenty-two babies died during the year. Of the live births, 277 remained with the girl's family, forty-nine remained in the care of the mother alone and four girls married the fathers of their babies. One hundred babies were placed for adoption, two with the girl's family and three were cared for by the Children's Department until the mother was able to do so.

The view is now being held that unmarried girls should be given the opportunity of looking after their own children instead of being forced through circumstances to hand them over for adoption. Were it not for pressure put upon an unmarried mother by her family or her inability to achieve financial independence because of the need for looking after her children, it is felt that many unmarried mothers would prefer to keep their babies.

If the Authority were to decide at some future date to provide their own mother and baby home, it would be advisable to make provision for bed-sitting rooms and flatlets with a day nursery nearby so that the unmarried mothers could go out to work and care for their children. At least eleven mothers during the year 1966 were unable to keep their babies because of financial reasons.

Table 5.

Enquiry into the Care of the Unmarried Mother and her Child 1966

Division	Number of illegitimate births during 1966			Number of illegitimate babies who died during 1966	Number of illegitimate babies remaining with mother			Number of babies placed for adoption						Baby in care of Children's Department until mother returns to Area when the mother will take care of child
	% of all births	Total births	Total live births		(a) In family	(b) In care of mother alone	(c) Parents married later	(a) Baby not wanted	(b) Mother unable/ incapable of caring for baby	(c) Financial reasons	(d) Reasons not known	(e) Adopted by family	Total	
Aberdare ..	3·18	34	33	1	25	–	–	2	4	–	–	1	7	–
Caerphilly	4·14	63	61	2	50	2	–	2	2	2	2	–	8	–
Mid-Glamorgan	3·79	80	80	–	56	2	–	2	–	3	–	–	5	–
Neath ..	3·14	34	31	3	19	1	3	5	2	–	–	–	7	1
Pontypridd	3·86	49	46	3	25	6	2 / 4*	7	–	–	–	–	7	2
Port Talbot	4·19	44	39	5	11	13	–	–	1	2	9	1	13	–
South-East Glamorgan	4·75	113	108	5	53	21	–	–	–	–	34	–	34	–
West Glamorgan	2·14	23	23	–	12	–	–	9	1	1	–	–	11	–
Total		440	421	19	251	45	5 / 4	27	10	8	45	2	92	3
Rhondda	2·79	41	38	3	26	4	–	5	–	3	–	–	8	–
Grand Total	3·69	481	459	22	277	49	5 / 4*	32	10	11	45	2	100	3

Prematurity is a dominant factor in the peri-natal mortality rate. Premature babies in Glamorgan in 1966 accounted for 8·2 per cent of all births but they provided 69 per cent of stillbirths and 72 per cent of first week deaths.

A premature infant is one who weighs 5½ lb. or less at birth, irrespective of the estimated period of gestation. The risk of death soon after birth is much greater among premature babies as they suffer from handicaps arising from the undeveloped state of important organs at the time of birth. Of the 910 premature babies, 132 (14·5 per cent) died up to the 28th day of life of the 132 deaths,

83 (62·9 per cent) died within 24 hours;
35 (26·5 per cent) died in 1 and under 7 days;
14 (10·6 per cent) died in 7 and under 28 days.

The rate of survival of premature infants is directly proportional to the birth weight and the first day of life is especially dangerous, particularly to the baby of low weight. The larger prematurely born baby, with a birth weight exceeding 5 lb. 6 oz. has a very good chance of survival; of 653 babies born alive in this group, 596 (91·5 per cent) survived the first twenty-eight days of life. 71·8 per cent of all premature babies fell into this group.

Babies born with lower birth weights are exposed to risks of handicapping conditions and death.

TABLE 6.

NEO-NATAL MORTALITY RATES OF PREMATURE BABIES BY BIRTH WEIGHT

Weight at birth	Number of children born alive	Number of children dead under 28 days	Neo-natal mortality rate
3 lb. 3 oz. or less	39	33	846
Over 2 lb. 3 oz.—3 lb. 4 oz.	71	41	577
Over 3 lb. 4 oz.—4 lb. 6 oz.	147	26	177
Over 4 lb. 6 oz.—4 lb. 15 oz.	174	19	109
4 lb. 15 oz.—5 lb. 8 oz. ..	479	13	27
All births	910	132	145

Premature babies under 3 lb. 4 oz. who survive are at risk of developing moderate to severe handicapping conditions, such as mental retardation and neurological defects and this risk increases as birth weight decreases. About

one-third of these children suffer handicapping conditions to some degree and for this reason the names of all prematurely-born babies are added to our "at risk" registers.

Since such a high percentage of infant deaths is due to prematurity considerable attention has been paid to the prevention of prematurity, the care of premature babies and their growth and development. The report of the sub-committee of the Central Health Services Council on this subject (1959) called for a comprehensive premature baby care programme designed to rectify existing deficiencies and to raise the general standard of care. Of the known causes of associated causes the most important are toxaemia, pre-eclampsia and ante-partum haemorrhage. Congenital malformations are found more often in small weight babies. Higher standards of ante-natal care can to some extent prevent the onset of premature labour, but it can have little effect on infertile women, that is, those who have previous unsuccesssful conceptions.

There is reason to believe that the prematurity rate is associated with the length of time worked during pregnancy and a relationship has been shown between smoking in pregnancy and low birth rate, but this is not strictly causal. In major maternity units special baby care units have been established where specialist paediatric and nursing teams are available who are concerned in preventing disability and handicap in low rate infants later in life, in addition to life saving measures. These units are at Cardiff, Swansea and Neath. The high mortality of premature infants of all age groups within 24 hours of birth shows the need for perfecting resuscitation techniques.

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).

(*a*) In hospital	806
(*b*) At home or in a nursing home ..	104
Total	910

2. Number of premature stillbirths notified (as adjusted by transferred notifications).

(*a*) In hospital	141
(*b*) At home or in a nursing home ..	20
Total	161

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born in hospital				Born at home or in a nursing home								Born:	
					Nursed entirely at home or a nursing home				Transferred to hospital on or before twenty-eighth day					
		Died				Died				Died				
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Not weighed	—	—	—	—	—	—	—	—	—	—	—	—	—	1
2 lb. 3 oz. or less	37	26	4	1	1	1	—	—	1	1	—	—	34	1
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	62	18	14	2	4	3	—	—	5	2	1	1	42	4
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	130	15	7	—	8	1	1	—	9	1	—	1	29	6
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	158	9	4	3	12	1	—	1	4	—	—	1	12	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	417	4	4	2	57	—	—	2	5	1	—	—	24	8
Total	804	72	33	8	82	6	1	3	24	5	1	3	141	20

Births in an ambulance or in the street have been listed under the place to which the case was immediately transferred.

TABLE 8.

PERCENTAGE OF BIRTHS WHICH WERE PREMATURE.

	England and Wales	Glamorgan			
	1966	1963	1964	1965	1966
Percentage of all notified births which were premature	6·5	8·2	8·5	7·8	8·2
Percentage of live births which were premature	5·7	7·2	7·5	6·8	7·1
Percentage of stillbirths which were premature	58·9	59·6	68·2	62·0	69·0

Nowadays arrangements are made for as many premature births as possible to take place in hospital as the following table shows:—

TABLE 9.

PREMATURE LIVE AND STILLBIRTHS WHICH TOOK PLACE IN HOSPITAL.

	England and Wales	Glamorgan							
	1966	1963		1964		1965		1966	
	%	No.	%	No.	%	No.	%	No.	%
Premature live births which took place in hospital ..	86·2	767	80·8	871	86·2	777	87·3	804	88·4
Premature stillbirths which took place in hospital ..	92·8	144	91·1	123	82·0	137	91·3	141	87·6

Some live premature babies born at home need to be transferred to hospital.

TABLE 10.

	Glamorgan							
	1963		1964		1965		1966	
	No.	% of total	No.	% of total	No.	% of total	No.	% tot
Number of live premature births born at home or in a nursing home and transferred to hospital before the twenty-eighth day	48	26·4	45	32·4	30	26·5	24	22

Congenital Malformations.

In accordance with the wishes of the Ministry of Health the Registrar-General is supplied with details of babies in whom congenital defects are detected at birth. These details, together with congenital malformations observed after birth were also sent to the Department of Social and Occupational Medicine of the Welsh National School of Medicine until the end of the year.

The object of the schemes is to compile statistical information from which factors of significance may emerge in time which may lead to a reduction in the incidence of congenital malformations.

The names of these children are added to registers of children who are at risk of handicapping conditions and their progress medically, educationally and socially is carefully watched. The incidence of congenital malformations, particularly spina bifida is rather high in south Wales and health visitors have been asked to pay particular attention to the emotional stresses caused to parents who have a severely handicapped child.

TABLE 11.

NUMBER OF INFANTS (LIVE AND STILLBORN) WITH CONGENITAL MALFORMATIONS DETECTED AT BIRTH, BY DIVISION, 1966.

Division	Total Births (live and still)	No. of infants with malformations		Rate per 1,000 total births
		Live	Still	
Aberdare and Mountain Ash	1,068	10	9	17·8
Caerphilly and Gelligaer	1,523	26	12	25·0
Mid-Glamorgan	2,110	24	11	16·6
Neath and District	1,084	25	6	28·6
Pontypridd and Llantrisant	1,270	17	7	18·9
Port Talbot and Glyncorrwg	1,051	4	5	8·6
South-East Glamorgan	2,378	26	10	15·1
West Glamorgan	1,076	13	1	13·0
Rhondda Borough	1,468	21	11	21·8
Total	13,028	166	72	18·3
1965				
Total	13,253	144	55	15·0

TABLE 12.

NUMBER OF INFANTS (LIVE AND STILLBORN) WITH CONGENITAL MALFORMATIONS DETECTED AT BIRTH—BY MONTH OF YEAR, 1966.

Month	Number of infants with malformations		Rate per 1,000 births
	Live	Still	
January	7	6	10·8
February ..	29	6	34·0
March	8	8	14·2
April	9	10	17·1
May	14	3	15·3
June	13	3	14·8
July	13	5	16·2
August	14	3	16·3
September ..	16	9	23·0
October	14	9	21·3
November ..	14	3	17·7
December ..	15	7	20·5
Total ..	166	72	18·3

PERI-NATAL MORTALITY.

Peri-natal mortality was discussed rather fully in the 1964 report. It represents stillbirths and infant deaths under one week. Unfortunately the rate rose in 1966, due to an increase in the latter.

Fluctuations are to be expected but every effort is made to continue the previous downward trend.

TABLE 13.

PERI-NATAL MORTALITY RATE.

Year	No. of stillbirths	No. of deaths under one week	Rates per 1,000 all births	
			Glamorgan	England and Wales
1956	329	200	44·1	36·7
1961	293	169	35·7	32·2
1965	248	154	29·9	26·9
1966	231	165	30·4	26·3

TABLE 14.

HIGHEST AND LOWEST PERI-NATAL RATES OVER THE PAST FIVE YEARS.

	1962	1963	1964	1965	1966	Average
High Rates—						
Glyncorrwg Urban	26·5	50·5	67·0	61·9	45·7	51·1
Neath Rural	48·9	60·8	36·0	34·9	43·6	44·8
Rhondda Borough	48·8	43·7	34·5	36·9	34·5	39·9
Ogmore and Garw Urban ..	46·7	31·0	37·0	32·3	39·9	37·2
Caerphilly Urban	32·3	38·2	37·4	36·7	41·1	37·2
Low Rates—						
Cardiff Rural	28·0	20·3	23·2	20·6	19·0	22·2
Porthcawl Urban	15·7	37·2	28·7	26·8	8·0	22·8

DENTAL CARE.

Mr. D. R. Edwards, Principal Dental Officer, took up duties on 1st March, 1966. I am pleased to leave to Mr. Edwards the supervision of the dental service, which with improvements in recruitment and with the provision of modern dental clinic suites, is better placed than at any time since the war. Close liaison exists with the University Dental School.

At the end of the year there were in addition to Mr. D. R. Edwards, seven area dental officers, one senior dental officer, six sessional dentists (whole-time equivalent), and four dental auxiliaries.

The dental service is still severely undermanned but it is hoped that the situation will improve when dental students graduate at the dental school. The position is aggravated by the fact that in many areas of the county, particularly in the mining valleys, there is a lack of dentists in the general dental service.

The dental service provided by the Authority under the National Health Service is for nursing and expectant mothers and for children under five. Expectant mothers should undergo dental inspections before the third month of pregnancy so that any remedial treatment can be planned in order to avoid extractions when the administration of anaesthetics would be harmful, and for fillings to be completed before the last months of pregnancy. Good dental habits practised amongst mothers will encourage them to ensure the dental care of their children. Mr. Edwards' report, for which I am indebted to him, is included below and deals with the problem of undiluted vitamin syrups and the need for children to undergo a dental inspection at the age of three.

"The trend of recent years, which showed a reduction in the demand for treatment at our clinics by expectant and nursing mothers continued in 1966. The figure of 463 patients who attended during the year showed a reduction of 99 compared with the previous year.

813 conservations were completed and 836 teeth extracted. These figures are an improvement on the 714 conservation and 1,225 extractions in 1965, but they still show that each nursing or expectant mother on average usually requires two fillings and two extractions at a time when dental fitness should be a high priority.

Patients supplied with full upper or lower dentures totalled 55, and 34 partial dentures were fitted showing a further reduction in denture work as compared with the two previous years. It would appear that for various reasons many patients are now receiving their treatment from the general dental services and not from the local authority.

Of the children up to the age of 4 years, 927 were examined during the year, and 506 courses of treatment were completed. 1,074 fillings were completed, 1,288 teeth extracted and 551 general anaesthetics were administered during the year.

It is not an encouraging feature that in the year following the completion of eruption of the milk teeth each child we see at our clinics will on average require one or more fillings and one or more extractions. For some of the children the figures are much higher, and there is obviously a gap between 3 and 5 years of age when dental health education is non-existent.

Some mothers are still ignorant of the dangers of undiluted vitamin C products in dormers, and sugary products on dummies, as far as dental decay is concerned, and our dental health programme must be extended to prevent this happening.

Dental health talks are given by our health visitors at ante-natal classes, and also by our auxiliaries at nursery schools. These are sometimes supplemented by films on dental health, but this is only touching a small section of the community.

We are looking into the possibility of including a suggestion on children's immunisation cards that the first routine dental examination should be at 3 years of age, and at regular intervals after. These figures given above would be drastically reduced when fluoridation of our water supplies is effected.

These last two measures should result in the visits to the dentist by the very young child as routine inspections with little, if any, conservation procedures, and an end to the prolonged, arduous, and sometimes traumatic experiences which may colour every dental procedure throughout school life."

TABLE 15

DENTAL SERVICES 1966

ATTENDANCES AND TREATMENT—CHILDREN UNDER 5 YEARS OF AGE

Division	First visit	Subsequent visits	Total visits	Additional courses of treatment	Number of fillings	Teeth filled	Teeth Extracted	General anaesthetic given	Emergency visits by patients	Patients X-rayed	Scaling and/or removal of stains	Teeth otherwise conserved	Number of courses of treatment completed
Aberdare ..	66	86	152	–	40	33	47	19	6	–	–	–	3
Caerphilly ..	91	70	161	–	25	23	210	93	5	–	4	18	60
Mid-Glamorgan	154	124	278	4	88	87	186	73	19	3	26	19	74
Neath	91	55	146	–	45	41	185	69	78	–	2	–	31
Pontypridd ..	41	24	65	–	29	27	88	31	8	–	3	2	36
Port Talbot ..	80	30	110	2	61	53	89	32	23	–	1	1	39
South-East Glamorgan ..	95	129	224	19	316	228	93	40	26	–	20	73	72
West Glamorgan	68	76	144	3	32	30	79	30	25	–	19	2	23
Total ..	686	594	1,280	28	636	522	977	387	190	3	75	115	338
Rhondda	241	264	505	4	438	309	311	164	26	1	43	39	168
GRAND TOTAL ..	927	858	1,785	32	1,074	831	1,288	551	216	4	118	154	506

Table 16

Attendances and Treatment—Expectant and Nursing Mothers

Division	First visit	Subs. visits	Total visits	Additional courses of treatment	Number of fillings	Teeth filled	Teeth extracted	General anaesthetics given	Emergency visits by patients	Patients X-rayed	Scaling and/or removal of stains	Teeth root-filled	Inlays	Crowns	Number of courses of treatment completed
Aberdare ..	64	224	288	4	96	80	65	10	5	–	6	–	–	–	5
Caerphilly ..	62	184	246	–	117	111	107	12	4	–	22	–	–	1	21
Mid-Glamorgan	36	95	131	–	72	54	82	16	1	3	21	–	2	–	11
Neath ..	31	106	137	–	78	72	72	4	15	–	11	–	–	–	16
Pontypridd ..	38	128	166	3	52	40	87	15	3	–	18	–	–	–	26
Port Talbot ..	82	168	250	1	108	105	152	15	8	–	5	–	–	–	27
South-East Glamorgan	72	159	231	1	235	211	124	11	5	2	29	1	–	–	35
West Glamorgan	39	117	156	–	28	27	74	1	12	2	16	–	–	–	15
Total ..	424	1,181	1,605	9	776	700	763	84	53	7	128	1	2	1	156
Rhondda ..	39	49	88	–	37	32	73	25	1	2	11	–	–	–	26
Grand Total ..	463	1,230	1,693	9	813	732	836	109	54	9	139	1	2	1	182

Table 17

Dental Services

Prosthetics, Anaesthetics, Inspections and Sessions

Division	Prosthetics			Anaesthetics administered by dental officers	Inspections						Sessions	
					Children 0–4 (Incl)			Expectant/Nursing Mothers				
	Patients supplied with F.U. or F.L.	Patients supplied with other dentures	Number of dentures supplied		First inspections	Patients requiring treatment	Patients offered treatment	First inspections	Patients requiring treatment	Patients offered treatment	For treatment	For health education
Aberdare ..	4	–	4	–	58	49	49	35	30	30	85	–
Caerphilly	7	4	19	–	147	122	122	69	67	67	100	–
Mid-Glamorgan	8	6	16	–	229	147	167	33	54	15	63	–
Neath	2	–	2	6	97	65	65	20	17	17	25	–
Pontypridd ..	8	5	22	–	72	59	59	34	29	29	43	–
Port Talbot ..	11	2	19	–	112	63	60	64	59	56	33	–
South-East Glamorgan ..	5	4	9	–	117	98	98	86	80	80	77	–
West Glamorgan	6	5	20	–	48	38	36	24	23	23	30	–
Total ..	51	26	111	6	880	641	656	365	359	317	456	–
Rhondda ..	4	8	16	6	117	89	63	23	21	16	88	–
Grand Total	55	34	127	12	997	730	719	388	380	333	544	–

PROTECTION OF PERSONS AGAINST RADIATION.

Welsh Board of Health Circular 13/66 asked authorities responsible for health services and which make use of X-ray equipment to apply a Code of Practice for protection of persons against radiation. The Authority have fifteen X-ray units in dental clinics and with a view to protecting the staff, arrangements have been made for them to wear a badge which contains a photographic film which can measure the degree of exposure to external radiation. The Principal Dental Officer has been designated radiological safety officer and it is proposed to apply the Code of Practice in use in hospitals to the Authority's service.

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948.

In recent years there has been a considerable increase in the number of nurseries and child minders registered under the Nurseries and Child Minders Regulations Act. The purpose of the Act is to safeguard the health and welfare of children cared for at nurseries and by child minders. The Act does not apply to residential nurseries and to persons such as foster parents who provide homes for children apart from their parents. Of the thirty-one nurseries and thirty child minders registered, only one nursery and one child minder receive children all day. The others receive children for mornings only and a few receive different children during afternoons. As there has been no precise interpretation of the words "substantial part of the day", the Authority has decided that all nurseries and child minders should be registered under the Act even though they may be open for only two hours a day, as this is a substantial period of time for a child.

There are five Welsh language nurseries and one nursery for mentally handicapped children and in the Rhondda a voluntary organisation has set up a nursery for children of socially handicapped families. In the majority of instances, parents have sent their children to these private nurseries so that they may mix with children of their own age. The purpose, therefore, is a social one and is not to enable mothers to go out to work. This growth in nursery provision (for the most part by private interests) indicates a need for which parents are prepared to pay. National economic difficulties may account for the reluctance of the Government to provide accommodation at school for children under five but there is, undoubtedly, a demand among parents for such provision.

TABLE 18.

NURSERIES AND CHILD MINDERS, AS AT 31ST DECEMBER, 1966.

Division	No. of Minders	Day Nurseries
Aberdare and Mountain Ash ..	1 (15)	1 (20)
Caerphilly and Gelligaer ..	5 (57)	1 (28)
Mid-Glamorgan	1 (8)	5 (123)
Neath and District	1 (12)	2 (40)
Pontypridd and Llantrisant ..	1 (10)	1 (20)
Port Talbot and Glyncorrwg ..	2 (14)	—
South-East Glamorgan	19 (239)	18 (466)
West Glamorgan	—	2 (34)
Rhondda	—	1 (10)
Totals	30 (355)	31 (741)

Maximum number of children cared for given in brackets

Two training courses for child minders and nursery proprietors were held during the year, at Rhiwbina and Neath.

DAY CARE OF CHILDREN OF DEAF PARENTS.

Arrangements were made during the year for hearing children of deaf parents to be cared for at the Authority's expense at private day nurseries so that the children could have opportunities to speak.

Table 19.

Domiciliary and Institutional Live and Stillbirths.
Attendances at Maternity and Child Welfare Centres.

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 centres	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		1966	1965	1960-64	
Aberdare and Mountain Ash ..	170	872	4	22	10	–	584	93	3,029	93	10	1,007	1,027	1,134	21,360
Caerphilly and Gelligaer	528	967	4	24	11	3	1,188	296	6,442	410	21	1,457	1,357	1,586	31,131
Mid-Glamorgan	675	1,406	2	27	17	–	557	29	2,041	32	28	1,880	1,907	2,628	50,258
Neath and District	218	845	3	18	7	–	1,147	327	5,561	381	14	1,002	987	1,191	25,130
Pontypridd and Llantrisant	276	970	2	22	8	7	610	79	3,464	89	14	1,157	1,286	1,654	26,957
Port Talbot and Glyncorrwg ..	197	833	–	21	11	–	1,026	104	4,629	110	16	885	989	1,385	26,399
South-East Glamorgan	373	1,965	4	36	7	–	1,125	72	3,707	222	19	2,571	1,954	2,253	41,822
West Glamorgan	107	957	–	12	6	–	381	95	2,157	96	20	860	879	679	17,622
Rhondda	358	1,079	7	24	7	–	1,031	236	5,176	236	8	1,160	1,002	754	14,602
Totals	2,902	9,894	26	206	84	10	7,649	1,331	36,206	1,669	150	11,979	11,388	13,264	254,381

INFANT WELFARE CENTRES.

At the end of the year there were 150 welfare clinics, seventy-three owned by the County Council, fifty-three being purpose built. Seventy-seven clinics were held in rented premises such as village halls. Much good work is done at these premises, although conditions are often far from ideal. It was intended to build during the next ten years, forty-five clinics at an estimated cost of £821,000 to replace many clinics held in hired premises but the decision to provide health centres which will provide accommodation for general practitioners as well as clinic services, has superseded plans for providing clinics.

In fact, welfare clinics are usually staffed by a medical officer, health visitor and clinic nurse and advice is greatly appreciated by the mothers who are anxious to have an assurance that all is well and to obtain expert opinion on how to care and bring up their infants.

ATTENDANCES AT INFANT WELFARE CENTRES.

TABLE 20.

ATTENDANCES AT INFANT WELFARE CENTRES.

	No. of sessions	No. of children attended	No. of attendances
1966 ..	7,271	36,631	254,381
1965 ..	7,124	35,452	253,968
1964 ..	7,087	32,756	241,889

TABLE 21.

PERCENTAGE OF CHILDREN, IN AGE GROUPS, WHO ATTENDED INFANT WELFARE CENTRES IN 1966.

	Children born 1966		Children born 1965		Children born 1961–64	
	No.	%	No.	%	No.	%
Attended in 1966	11,979	93·6	11,388	87·5	13,264	25·4
Attended in 1965	11,585	89·0	11,513	85·8	12,391	24·2

The proportion of children under 2 years who attend represents a high level.

Medical officers at clinics examine thoroughly, young babies and keep careful watch for disabilities which are likely to interfere with normal growth development and capacity to learn. Some handicapping conditions are recognisable at birth but others must be deliberately looked for. It is essential that every handicapped child should be given full opportunity to make the best of the assets he possesses and with this end in view every effort is made to diagnose disabilities early so as to

ecure prompt medical and surgical treatment and appropriate education and training t the most favourable stage of development. Registers of children at risk of handicapping conditions are kept, 9,048 children being registered in 1966 compared with 9,229 in 1965. These registers are reviewed by divisional medical officers at regular intervals.

Health visitors screen all babies for signs of deafness and in each division there is an assistant medical officer who has been trained in dealing with deaf children to whom cases can be referred for advice. Health visitors also screen babies for phenylketonuria. This is a rare disease which affects mental development and the urine of babies is tested for phenyl-pyruvic acid. The number of tests undertaken in 1966 was 16,179 compared with 15,606 in 1965. The disease is rare and only one positive case was found in 1965 and none in 1966.

The following is an account by Dr. Jean McKim Thomas of a special clinic held at Dinas Powis for the routine examination of children under two years.

"During the past year, at Dinas Powis, the scheme for periodic routine examination of children under the age of 2 years has continued. Under this scheme, an attempt is made to see all children shortly after birth for initial examination and ascertainment of details regarding pregnancy, delivery and the immediate neo-natal period, together with details of any familial defects. Certain of these details might lead one to classify a child as being "at risk". The percentage of new babies brought for this examination was 90 per cent (approximately) of the total notified to the Health Visitor.

A register is made to check the examination attendance of the babies, and particular note made of the "at risk" babies.

It is the aim to examine the babies again at :—

(*a*) 7–8 months (particularly checking the hearing also).
(*b*) 13–14 months.
(*c*) 19–20 months.

At each age the child is tested with the Griffiths Mental Development Test, which subdivides the abilities of the child into five groups :—

(i) locomotor abilities;
(ii) personal—social abilities;
(iii) hearing and speech abilities;
(iv) eye-hand abilities; and
(v) performance abilities.

By using this test, an overall idea of the child's development is obtained, and in some children it may highlight a hitherto unsuspected defect. This would be indicated by delay in one of the subdivisions, while in the other subdivisions, the child attained the expected level of ability. Delay in the hearing-speech subdivision might indicate either some degree of hearing loss or defect in articulation. A visual defect would be suspected if there was retardation in the eye-hand subdivision. In some cases, where no obvious defect is found, delay may be due to lack of stimulation in the child's environment, and advice can be offered accordingly.

When a child is found to be generally delayed, he needs further investigation by a consultant paediatrician. A number of such children are already in care of the Department of Child Health, being followed up as the result of a difficult delivery or neo-natal period.

A group who would provide an interesting study would be those with inborn errors of metabolism, e.g. phenylketonuria, galactosaemia, etc.

Retrospective study of the records shows :—

TABLE 22

Number of 1965–66 children who attended clinic .. .. (This number does not include transfers outwards)	196
Total number of routine examinations made in 1966	305
Total number of routine examinations made on 1965 and 1966 children	241
Number of routine examinations on children of other years ..	64
Of the 1965 *and* 1966 *Children*—	
Number not considered "at risk"	116
Number where P.E.T. existed during pregnancy	27
Number with neo-natal asphyxia (known of by the mother) ..	16
Premature babies (i.e. —5½ lbs.)..	12
Number where application of forceps made	10
Number delivered by Caesarian section	8
Breech deliveries	8
A.P.H. or "threat" of more than one day	6
Rubella contact by mother (first trimester)	6
Multiple pregnancy (twins)	5 sets
Operation during pregnancy .. .. (i) removal of fibroids (ii) thyroidectomy	2
Adopted	1
Exchange transfusion	0

As a result of these routine periodic examinations, a number of children were found to be slightly delayed on certain scales, but very few to any great extent. There are two outstandingly slow developers : (*a*) a premature baby (5 lb. 1 oz.) with cerebral asphyxia at birth.; (*b*) a premature baby (3 lb.) who had severe cerebral anoxia at birth, and raised intracranial pressure. Intracranial taps (? exact nature) have been performed. Mother had P.E.T. during the pregnancy also. Both these children are in care of the paediatricians and the prognosis would appear very poor.

Other children would seem to be normal but rather slow developers, and the parents can sometimes be advised in ways to help stimulate the child more. One has to take into account when performing the Griffiths' Mental Development Test that the child is in a strange environment, and while most thaw out and co-operate quite well, you do get the occasional ones who will not. In some cases, the test has to be postponed. It is not a test which can be hurried, and requires a fair amount of time to be conducted adequately.

Broadly speaking, one finds the work of considerable interest, but personally one feels there should be a simpler screening test to pick up suspects who could be referred for fuller assessment. It would not appear feasible to conduct very large clinics on the same basis as Dinas Powis. One group of children whom, I think, should be given the full test are those being placed for adoption."

J. McKim Thomas.

SECTION 23—MIDWIFERY SERVICE.

During the past five years the number of domiciliary births has fallen considerably. In 1962 domiciliary births accounted for 39·3 per cent of all births (5,157 births) and in 1966 this had fallen to 22·5 per cent (2,928 births). This decrease has meant that the case loads of County midwives, particularly in rural areas, are smaller. The following statistics relate to midwives, including nurse-midwives, who are employed throughout the year, but exclude midwives who have had lengthy periods of sickness :—

TABLE 23

DOMICILIARY MIDWIVES—CASE LOADS 1966

Division	Case Loads						
	0–4	5–9	10–19	20–29	30–39	40–59	60–79
Aberdare and Mountain Ash	–	–	4	2	–	1	–
Caerphilly and Gelligaer ..	–	–	–	4	5	4	–
Mid-Glamorgan	–	–	–	–	8	5	2
Neath and District	–	–	3	7	–	–	–
Pontypridd and Llantrisant ..	–	–	–	4	2	2	–
Port Talbot and Glyncorrwg..	–	–	5	3	–	1	–
South-East Glamorgan ..	1	2	7	5	4	–	–
West Glamorgan	4	3	4	–	–	–	–
Rhondda	–	1	5	4	4	–	–
Administrative County ..	5	6	28	29	23	13	2

About 77 per cent of births took place in hospital and from the following table will be seen that there were only two health divisions with less than a 70 per cent ospital confinement rate.

TABLE 24

HOSPITAL CONFINEMENT PERCENTAGE AND BIRTH RATES BY DIVISION AND CONSTITUENT DISTRICTS, 1966

Division	Percentage hospital confinements	Constituent districts	Birth rates adjusted
berdare and Mountain Ash ..	83·7	Aberdare Urban	17·07
		Mountain Ash Urban	17·37
aerphilly and Gelligaer ..	64·7	Caerphilly Urban	20·97
		Gelligaer Urban	18·80
Mid-Glamorgan	67·6	Bridgend Urban	15·76
		Maesteg Urban	17·13
		Ogmore and Garw Urban ..	15·94
		Porthcawl Urban	22·15
		Penybont Rural	20·37
Neath and District	79·5	Neath Municipal Borough ..	15·50
		Neath Rural	15·96
ontypridd and Llantrisant ..	77·8	Llantrisant Rural	18·71
		Pontypridd Urban	16·14
ort Talbot and Glyncorrwg ..	80·9	Glyncorrwg Urban	19·58
		Port Talbot Municipal Borough	15·14
South-East Glamorgan.. ..	84·0	Barry Municipal Borough ..	17·04
		Cardiff Rural	15·74
		Cowbridge Municipal Borough	18·60
		Cowbridge Rural	18·82
		Penarth Urban	19·44
West Glamorgan	89·9	Gower Rural	18·38
		Llwchwr Urban	20·88
		Pontardawe Rural	15·53
Rhondda Municipal Borough ..	75·1	Rhondda Municipal Borough ..	15·23
Administrative County ..	77·5	Administrative County ..	17·10

The percentage of patients confined in hospital is to a large extent governed by the number of maternity beds available in the area. The number of maternity beds per 1,000 population in 1965 was as follows :—

TABLE 25

NUMBER OF MATERNITY BEDS PER 1,000 POPULATION 1965

Hospital Management Committee Area	Consultant bed 1,000 population	G.P. beds 1,000 population	Total maternity beds per 1,000 population
Cardiff North and District ..	0·33	—	0·33
Cardiff	0·60	0·001	0·60
Merthyr and Aberdare ..	0·43	0·093	0·52
Pontypridd and Rhondda ..	0·50	—	0·50
Mid-Glamorgan	0·56	0·05	0·61
Glantawe	0·39	0·04	0·43

The Ministry of Health have calculated that in order to achieve a hospital confinement rate of 70 per cent there would be a need for 0·58 beds per 1,000 population. This ratio is exceeded only in the Cardiff and Mid-Glamorgan Hospital Management Committee areas and were it not for the early discharge of patients from hospitals there would be an insufficient number of maternity beds available in the county.

The number of early discharges, that is discharges before the tenth day of the puerperium, increased from 1,743 (21·9 per cent) in 1962 to 5,395 (54·5 per cent) in 1966. The policy of early discharge has enabled the average hospital confinement rate in the county to exceed 70 per cent during 1965 and 1966. Five full-time and four part-time maternity nurses have been engaged to assist in dealing with the high number of hospital discharges. Relationships with hospitals are good and where occasional difficulties occur they have been resolved with ease.

The fall in the number of domiciliary confinements, coupled with the re-organisation of midwifery areas so that groups of midwives relieve each other on a rota system, has lessened the need for a non-medical supervisor of midwives in every division. The post of non-medical supervisor has been combined with that of supervising officer for the home nursing services but with changes in emphasis in the work of health visitors, who now care for the aged, there should be closer links between the health visiting and home nursing. It has been decided therefore that in each health division there would eventually be one nursing officer for the health visiting and home nursing services and that the midwifery service would be dealt with by three non-medical supervisors. The Principal Nursing Officer and her deputy would continue to have overall responsibility for the three nursing services.

TABLE 26.

TABLE OF INSTITUTIONAL LIVE BIRTHS AND NUMBER OF EARLY DISCHARGES

Division	Number of live institutional births	% of live total births	Number of Cases Discharged from Hospital in 1966 as Percentages of all Discharges from Hospitals							
			within 48 hours	%	Between 2–5 days	%	Between 5–10 days	%	Total	%
berdare ..	872	83·7	85	9·7	195	22·4	413	47·4	693	79·5
aerphilly ..	967	64·7	411	42·5	65	6·7	118	12·2	594	61·4
Mid-Glamorgan	1,406	67·6	56	3·9	80	5·7	46	3·3	182	12·9
eath ..	845	79·5	15	1·8	205	24·3	509	60·2	729	86·3
ontypridd ..	970	77·8	187	19·3	277	28·6	82	8·5	546	56·3
ort Talbot ..	833	80·9	11	1·3	540	64·8	57	6·8	608	73·0
outh-East Glamorgan	1,965	84·0	29	1·5	300	15·3	264	13·4	593	30·2
Vest Glamorgan	957	89·9	13	1·4	151	15·8	512	53·5	676	70·6
Total	8,815	77·6	807	9·2	1,813	20·6	2,001	22·7	4,621	52·4
hondda ..	1,079	75·1	119	11·0	583	54·0	72	6·7	774	71·7
Grand Total	9,894	77·3	926	9·4	2,396	24·2	2,073	21·0	5,395	54·5

election of Mothers for Hospital Confinements.

Statistics relating to births taking place in the Administrative County by age nd parity of mother and place of occurrence during 1963, 1964, and 1965 are given the following table:—

TABLE 27.

LIVE AND STILLBIRTHS (LEGITIMATE).

	1963		1964		1965	
	Inst. %	Dom. %	Inst. %	Dom. %	Inst. %	Dom. %
others under 20 years—Parity 0 ..	76·4	23·6	76·9	23·1	83·6	16·4
others 30 and over—Parity 0 ..	94·5	4·6	96·0	4·0	98·0	2·0
others of all ages—Parity 4 and over	57·5	42·5	69·2	30·8	76·4	23·6
others regardless of parity 30 years and over	66·7	33·3	72·5	27·5	76·8	23·2

These figures show that there is a better selection of patients for hospital confinement, particularly for mothers of all ages, parity 4 and over, about 76 per cent being confined in hospital in 1965 compared with about 57 per cent in 1963.

Staff.

At the end of the year there were 103 whole-time midwives, 10 nurse-midwives, and 9 maternity nurses. The midwifery service has been contracting as a result of fewer home births. In 1956 there were 131 midwives and 14 nurse-midwives.

Refresher Courses.

A refresher course at Wimbledon on midwifery administration was attended by three nursing officers. Sixteen midwives attended the refresher course at Dyffryn and six midwives attended refresher courses at Leeds, Nottingham, and Birmingham.

Transport.

During the year difficulties concerning transport facilities for midwives became more acute since with a higher proportion of the population owning their own cars there had been difficulty in securing the services of car-hire contractors willing to provide a night service. All midwives who own cars may claim a mileage allowance for use on county midwifery service, but because of the small mileage undertaken by them in a year it was uneconomic for them to own a car. The County Council decided to assist midwives by granting a "fixed user" allowance regardless of the mileage involved.

Rota System for Midwives.

The rota system for midwives was described in the Annual Report for the year 1965. In the Borough of Rhondda a duty rota was introduced which is similar to that at present operated by the Newport and Cardiff authorities. It was decided not to introduce this system to other divisional areas of the county who continued to operate the regional rota system.

SECTION 24—HEALTH VISITING SERVICE.

At the end of the year there were 117 full-time health visitor/school nurses and seventeen part-time health visitors, an equivalent whole-time of 124 health visitor/school nurses. There were vacancies for 14·5 equivalent whole-time health visitor/school nurses. Difficulty has been experienced in recruiting up to the full complement of health visitors and the seven who were appointed had completed training at the Committee's expense at the Welsh National School of Medicine. The Committee may sponsor for training an annual intake of ten candidates, but often it is not possible to select a sufficient number of suitable students and during 1966 only four nurses were chosen for training. Candidates are State Registered Nurses who must have at least five "O" levels, G.C.E. This is a higher standard of education than is possessed by the average nurse so that health visitors are recruited from among those who have the calibre to hold administrative posts in the hospital service.

Some health divisions are adequately staffed but the Mid-Glamorgan Health Division has been under-staffed for many years and newly-appointed health visitors to that area apply later for transfer to a division nearer their home.

Studies undertaken in 1965 into the health visiting service suggest that the time of health visitors was largely allocated as follows:—

TABLE 28.

ALLOCATION OF HEALTH VISITORS' TIME

Maternity, child welfare and other clinic sessions ..	26%
School health service	18%
Home visits..	49%
Formal health education	6%
General practitioners	1%
Total	100%

During 1966 there was evidence of an increase in the formal health education activities of the health visitors, greater co-operation in working with general practitioners and a reduction in the time spent in ante-natal clinics. It is considered desirable that a health visitor's case load should not exceed 100 babies under one year so that more attention can be given to formal health education, children in the vulnerable groups and to care of the aged. The following table indicates the number of babies under one year per health visitor and the number of visits undertaken on average per health visitor to certain groups :—

TABLE 29.

Division	Average number of babies under 1 year per health visitor	Average number of visits per health visitor to babies under 1 year	Average number of visits per health visitor to children aged 1–5 years	Average number of visits per health visitor to aged persons
Aberdare and Mountain Ash ..	78	513	1,252	378
Caerphilly and Gelligaer ..	107	408	1,011	128
Mid-Glamorgan	139	402	1,034	169
Neath and District	80	363	1,146	323
Pontypridd and Llantrisant ..	106	499	1,148	160
Port Talbot and Glyncorrwg ..	74	425	1,264	98
South-East Glamorgan	114	671	1,405	127
West Glamorgan	86	406	1,483	350
Rhondda	84	521	1,032	358
Administrative County	97	486	1,202	231

It is the practice for health visitors to visit all mothers of newly-born babies and while a child is under one year the average number of visits paid in 1966 was ten. A considerable number of visits were paid to families where children are aged between 1 and 5 years. 51 per cent of such families received visits and in the divisions this ranged from 69 per cent in West Glamorgan to 36 per cent in Rhondda.

It is not considered necessary to make regular monthly visits to every child under one year or to visit more than 25 per cent of families with older infants. Some families of course have a number of small children so that when a health visitor calls to advise about the baby she is available to give guidance about toddlers. Visits by health visitors should be more selective rather than routine, thus enabling more time to be given to families at risk of social breakdown, large families, parents of handicapped children where special attention should be paid to emotional stress. Health visitors are also responsible for the welfare of handicapped children from birth until after school-leaving age and in this field they will work closely with other social workers.

Clinic nurses have been appointed to undertake routine duties in clinics, thus relieving health visitors of all unnecessary work, and midwives are replacing health visitors at small ante-natal clinics and in making home visits to expectant mothers.

A development that is likely to increase in pace during 1967 is the attachment of health visitors to family doctors. This entails re-organising the work of health visitors according to the family doctors' lists of patients instead of on a geographical

s. A health visitor attached to a general practitioner will continue to be engaged he Health Committee performing such of the duties as remain to be done in the cs and schools and in visiting families, but in addition to this she will assist family doctor who should accept her as a full colleague. This should simplify health visitor's work rather than complicate it, since it will lessen the danger of g conflicting advice to patients and will enable medical and nursing skills to eployed sensibly. During the year three health visitors were attached to three tices at Bridgend, Talbot Green, and Clydach Vale.

Graduate and Refresher Courses: Health Visitors.

Refresher courses during the year were arranged as follows:—

Nursing Officers—

Course for Superintendent Health Visitors, London	3 nursing officers.
Seminar on Student Supervision ..	2 nursing officers.

Health Visitors—

Course on Fieldwork Instruction, Wimbledon	3 health visitors.
Post-Certificate course, Cambridge ..	2 health visitors.
Post-Certificate course, Oxford	4 health visitors.
Refresher course, Dyffryn House, St. Nicholas	25 health visitors.

TABLE 30.

VISITS MADE BY HEALTH VISITORS, 1966.

	Children born during 1966		Children born during 1965		Other children under 5 years		Persons 65 Years or over				Mentally disordered persons				Persons discharged from Hospital other than Mental Hospital				Tuberculous households		Other infectious Diseases		Others	
							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	First Visits	Re-visits
Aberdare and Mountain Ash	1,126	5,852	1,246	4,894	3,006	7,878	761	116	1,814	2,454	9	17	32	53	10	3	128	141	351	530	317	47	2,457	2,378
Caerphilly and Gelligaer ..	1,636	3,828	1,133	4,051	2,661	5,698	186	571	271	682	9	37	10	81	6	37	12	20	89	232	8	85	292	875
Mid-Glamorgan	2,057	3,978	2,193	3,163	5,796	4,365	474	842	353	873	—	—	—	—	11	8	8	5	329	224	—	—	2,574	2,550
Neath and District ..	1,106	3,614	803	5,180	2,802	6,111	497	1,564	491	1,649	13	45	16	29	97	37	29	19	245	345	406	1,103	594	925
Pontypridd and Llantrisant	1,235	4,652	1,564	4,181	2,864	4,939	118	115	613	942	4	9	15	20	2	2	13	7	240	239	4	2	853	1,052
Port Talbot and Glyncorrwg	1,002	4,867	1,478	5,253	2,922	7,785	149	327	252	627	16	118	23	231	34	40	32	37	285	483	101	79	1,150	1,672
South-East Glamorgan ..	2,405	11,151	2,830	8,880	6,144	10,532	258	713	335	1,267	17	64	30	92	38	24	32	26	244	386	14	21	715	829
West Glamorgan	1,128	4,150	1,112	5,669	3,564	8,929	299	362	900	2,994	7	11	10	17	92	123	52	103	295	447	1	—	1,044	875
Rhondda Borough	1,460	7,387	1,918	6,308	2,813	6,503	104	326	1,969	3,685	—	—	—	—	1	—	2	—	430	500	23	4	1,082	944
Totals	13,155	49,479	14,237	47,579	32,572	62,740	2,846	4,936	6,998	15,173	75	301	136	523	291	274	308	258	2,508	3,386	874	1,341	10,761	12,100

SECTION 25—HOME NURSING SERVICE.

This service provides skilled nursing care at home, 14,381 persons being cared for in 1966 compared with 13,892 in 1965. Patients are referred by general practitioners who supervise the treatment given.

Nursing care was received by 188 persons per 10,000 population and this included 649 elderly for every 10,000 aged persons. 39·5 per cent of patients were persons aged 65 or over who received 65 per cent of all visits.

The nursing services vary among the divisions as is to be expected since general practitioners determine the patients to receive care. In the Aberdare and Mountain Ash Division 60 per cent of the patients were aged whereas in Caerphilly and Gelligaer Division, which is also a mining area, the percentage of aged persons receiving care was only 22 per cent.

At the end of the year there were employed in this service 117 full-time nurses and 17 regular part-time nurses. In addition there were 10 nurse/midwives.

Of the 144 nurses, 139 were State Registered and 5 were State Enrolled. Sixty-six nurses held the Certificate of the Queen's Institute of District Nursing.

Table 31.

Summary of the Home Nurses' Work in divisions during 1966 and a comparison made with Statistics for 1965 and 1966.

Health Division	Persons aged 65 or over		Children under 5 years of age		Total cases	No. of visits made		Visits included in columns 6 and 7 who were:				Average No. of Cases attended by each Home Nurse	Average No. of Visits made by each Home Nurse
	Cases	%	Cases	%		Medical or surgical	Tuber-culous	65 years or over	Per-centage of total visits	Under 5 years	Per-centage of total visits		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
Aberdare and Mountain Ash	786	60·3	23	1·8	1,333	58,603	1,447	38,233	63·7	119	0·2	95·2	4,289
Caerphilly and Gelligaer ..	368	22·3	66	4·0	1,650	59,142	641	34,527	57·8	831	1·4	92·8	3,361
Mid-Glamorgan	1,030	54·4	28	1·5	1,892	59,963	1,955	38,984	63·0	675	1·1	97·7	3,147
Neath and District ..	572	37·0	23	1·5	1,532	47,218	2,407	30,029	60·5	347	0·7	100·5	3,254
Pontypridd and Llantrisant	341	31·4	34	3·1	1,076	36,293	281	23,627	43·6	447	1·2	79·4	2,702
Port Talbot and Glyncorrwg	411	50·0	13	1·6	822	35,251	2,110	21,058	56·4	223	0·6	68·5	2,938
South-East Glamorgan ..	642	25·7	26	1·0	2,425	85,583	790	65,941	76·3	396	0·5	94·3	3,359
West Glamorgan	589	34·5	48	2·8	1,705	66,023	656	44,919	67·4	464	0·7	118·7	4,615
Rhondda Borough ..	978	50·4	41	2·1	1,942	74,815	686	49,461	65·5	274	0·4	107·9	4,195
Totals, 1966 ..	5,717	39·5	302	2·1	14,381	522,891	10,972	346,779	65·0	3,776	0·7	94·0	3,489
1965	5,352	38·3	327	2·3	13,892	525,188	16,309	340,405	62·9	5,487	1·0	93·3	3,677

District Training.

During the year 1965 the County Council arranged its own scheme for district nurse training in conjunction with Cardiff City and the first nurses to successfully undertake training were Mrs. E. A. Jones and Mrs. M. L. Lott of the Neath and District Health Division. They were followed by Mrs. M. Jenkins and Mrs. P. Baker of Mid-Glamorgan.

During 1966 district nurse training was provided by the County Council for the undermentioned nurses :—

Mrs. S. M. Jeffereys and Mrs. T. Wood, of Rhondda Borough ;
Mrs. M. Lovelock and Mrs. G. M. Rees, of West Glamorgan ;
Mrs. P. M. Griffiths, Mrs. E. Thomas, and Mrs. D. Carey, of Pontypridd and Llantrisant.

Refresher Courses.

Three nurses attended a refresher course for State Enrolled nurses in London and two nurses attended a similar course in Liverpool.

Survey of District Nursing.

A survey was made of the work undertaken by district nurses during the week 1st to 8th November, 1965, and an interim report was made in the annual report for the year 1965. A study of the information obtained has now been completed and the following is an account of this information together with the concluding observations.

During the survey week there were on duty 163 district nurses and 13 nurse/midwives, a total of 176 nurses. This represented 131 full-time nurses, 22 regular part-time nurses and 23 casual relief nurses. The nurses participated in the survey as follows :—

1	nurse	recorded			..	..	..	seven	working days
95	nurses	each	recorded		..	..	..	six	,, ,,
10	,,	,,	,,		..	..	..	five	,, ,,
35	,,	,,	,,		..	..	..	four	,, ,,
6	,,	,,	,,		..	..	..	three	,, ,,
11	,,	,,	,,		..	..	..	two	,, ,,
5	,,	,,	,,		..	..	..	one	,, ,,

Nurse/midwives participated as follows:—

3	nurse/midwives	each	recorded	..	seven	working	days.
4	,,	,,	,,	..	six	,,	,,
1	,,	,,	,,	..	five	,,	,,
4	,,	,,	,,	..	four	,,	,,
1	,,	,,	,,	..	two	,,	,,

The normal working week of a district nurse begins at 8.0 a.m. on Sundays so that the survey week did not coincide with the nurses' "administrative week". Off-duty arrangements are basically the same; the off-duty cycle is normally phased to an off-duty weekend, one weekend off in four weeks, with one day off during the three weeks in the month which does not coincide with the weekend off. Provided arrangements can be made with a colleague to cover the district, a nurse

is permitted to take a day off during the week when the weekend off is taken. Although the off-duty cycle is the same for all full-time nurses the administrative arrangements can vary. In sixty-two nursing districts, nurses relieved their colleagues in adjacent areas but in fifty-eight districts nurses did not undertake any relief duties. Eleven nurses were employed full-time relieving colleagues during off-duty periods and helping out in busy areas. Twenty-two nurses were regularly employed part-time relieving two or three district nurses and there were twenty-three casual relief nurses engaged in relieving nurses who were absent on holiday or because of sickness. No nurse was engaged for part of a day.

Nursing officers were not counted for the purpose of this survey.

According to the development plan for the year 1965 Glamorgan had a ratio of 0·21 nurses per 1,000 population which compared with a ratio of 0·18 in England and Wales. During the same year Glamorgan nursed 18·2 persons per 1,000 population compared with 17·8 persons in England and Wales, but only 38 per cent of Glamorgan patients were aged compared with 53 per cent nationally. Only 62 in every 1,000 aged Glamorgan persons benefited from the nursing services compared with 77 in England and Wales.

The number of visits made during the survey week were 10,746 representing 14·1 visits per 1,000 population. The following table indicates the nature of treatments given during the week:—

TABLE 32.

TREATMENTS UNDERTAKEN.

(*District Nurses (including Nurse Midwives)*)

Code	Nature of treatments	No.	Percentage of all treatments	
A	General nursing care	2,335	21·7	
B	General nursing care with injections	213	2·0	
C	General nursing care with dressings	208	1·9	
D	General nursing care with bladder lavages	58	0·5	
				26·1
E	Septic dressings, poultices	1,028	9·6	
F	Dry dressings	718	6·7	
G	Burns and scalds	61	0·06	
				16·9
L	Injections (alone)	4,396	40·9	
M	Injections (with dressings)	91	0·9	
				41·8
I	Blanket baths	638	5·9	
				5·9
J	Douche pessaries	163	1·5	
K	Bladder lavage, etc.	135	1·3	
H	Pre-operative	2	—	
				2·9
Other				
N	Ear, nose, throat	143	1·3	
O	Skin treatments	60	0·5	
P	Plastercasts	12	0·1	
Q	Others	489	4·6	
				6·5

These figures are compared with information given by the West Riding of rkshire, Lancashire and Middlesex County Councils as given in the report of Standing Nursing Advisory Committee on the use of ancillary health services pendix to Welsh Board of Health Circular 12/65):—

TABLE 33.

Code	Nature of treatments (including Nurse/Midwives)	Glamorgan %	Lancashire/Middlesex plus West Riding %
A–D	General nursing care, alone or with other attention	26	28
E–G	Dressings, poultices	17	17
L	Injections	42	34
J–H	Washouts, douches	3	9
I	Blanket baths	6	5+
M–N–Q	Other treatments	6	7
		100	100

+ 10 per cent in Middlesex
2 per cent West Riding and Lancashire

The Scottish Health Service studies on home nursing in Scotland (1964) divides type of treatments into four main categories, viz., technical, basic care, basic e/technical, advice. A comparison is therefore made with the Scottish perience:—

TABLE 34.

	Glamorgan Percentage of all Treatments	*Scotland*	
Technical—			
Injections	41·8	37·9	
Dressings	16·9	10·2	
Washouts	2·8	6·3	
E.N.T. and others	6·5		
	67	54·4	
Basic Care—			
General nursing care	21·7	11·4	
Blanket baths	5·9	14·1	(bathing only)
	27·6	25·5	
Basic Care/Technical—			
General nursing care:			
injections	2·0	3·0	
dressings	1·9	2·7	
washouts	0·5	3·6	
		1·9	Rehabilitation
	4·4	11·2	
Advice—	Not recorded	8·9	

In my annual report for 1965 an analysis is made of completed cases for t year. These have been re-arranged so that they may be compared with the dings of the Scottish survey.

Table 35.

Completed Cases—Number of Patients Treated (by Disease)

Chronic Cases		*Acute*	
Diabetes	229	Infective disease	51
Anaemias	1,782	Ear, nose and throat / Mastoid process	170
Cerebral haemorrhage; cerebral embolism; thrombosis	546	Influenza	35
Other nervous system diseases	259	Pneumonia	118
Heart and circulatory system	969	Bronchitis	325
Diseases of bone and organs of movement	307	Other diseases of respiratory system	396
Senility	569	Diseases of skin	232
		Burns and scalds	223
		Accidents	312
	4,661		1,862
Acute and chronic		*Indeterminate*	
Diseases of digestive system	611	Tuberculosis of respiratory system	190
Genitary urinary	373	Cancer	606
		Mental, psychoneurotic disorders	21
		All other	1,660
	984		2,477

Table 36.

Percentage Distribution of Patients by Disease Types

	Glamorgan %	Scotland %
Chronic	46·7	68·6
Acute	18·6	14·9
Acute and chronic	9·9	7·9
Indeterminate	24·8*	8·6

*The high percentage of Glamorgan indeterminate cases is due to the classificati of 1,660 cases as being "other cases". It would appear that a large percentage of th "other cases" should be classified as chronic cases.

It will be seen that 67 per cent of all treatments given during the survey we would be regarded as technical. About 44 per cent of the treatments were injectic principally for such chronic disorders as diabetes and anaemia.

Basic care was given to patients who had generally deteriorated physically who were in the terminal stages of illness, for example, cancer, cerebral haemorrha cerebral embolism and thrombosis and diseases of the heart and circulatory syste Basic care also involved those handicapped physically or those who were too fi to look after themselves, for example, those suffering from diseases of bone a organs of movement and senility. Chronic patients tended to be cared for over a lo period while acute cases were cared for over shorter periods. The younger t patient the greater the tendency for the patient to be suffering from acute illn and to be cared for for shorter periods. The number of completed cases dur 1965 according to disease type and age group is given as follows :—

TABLE 37.

NUMBER OF TOTAL CASES PER AGE GROUP

	0–5	5–	15–	45–	65–	Total
Chronic	18	20	913	986	2,724	4,661
Acute	187	179	424	420	652	1,862
Acute-chronic ..	40	34	187	306	417	984
Indeterminate ..	115	97	674	794	797	2,477
Total ..	360	330	2,198	2,506	4,590	9,984

TABLE 38.

PERCENTAGE OF TOTAL CASES PER AGE GROUP

	0–5	5–	15–	45–	65–	Total
Chronic	5%	6·1%	41·5%	39·3%	59·3%	46·7%
Acute	51·9%	54·2%	19·3%	16·8%	14·2%	18·6%
Acute and chronic ..	11·1%	10·3%	8·5%	12·2%	9·1%	9·9%
Indeterminate.. ..	31·9%	29·4%	30·7%	31·7%	17·4%	24·8%

Time Taken in Carrying Out Various Treatments.

The time taken in carrying out treatments during survey week was as follows:—

Table 39.

Code	Nature of treatments	Average time taken
A	General nursing care (alone)	28·5 mins.
B	General nursing care with injections	31·0 „
C	General nursing care, dressings, poultices ..	34·0 „
D	General nursing care, bladder and rectal lavage	41·5 „
E	Septic dressings, poultices, etc.	19·8 „
F	Dry dressings	17·9 „
G	Burns and scalds	20·2 „
L	Injections, alone	14·0 „
M	Injections, with dressings	28·0 „
I	Blanket baths	36·0 „
J	Douche pessaries	24·6 „
K	Bladder lavage	29·4 „
H	Post-operative	24·0 „ (2 cases)
	Other	
N	Ear, nose, and throat	13·2 mins.
O	Skin treatments	17·1 „
P	Plastercasts	37·3 „
Q	Others	14·8 „

These figures compare as follows:—

Table 40.

Nature of treatment	Glamorgan	West Riding	Middlesex
General nursing care (and with other treatments)	29 mins.	28 mins.	25 mins.
Injections	14 mins.	12 mins.	8 mins.
Dressings	20 mins.	21 mins.	N.K.

The Average Working Day of a District Nurse.

The average working day of a district nurse was that averaged over a period of seven days. The working day on Saturday and Sunday was relatively short and on Monday rather long. A comparison is made with a survey undertaken by the West Riding County Council in December 1962:—

Table 41.

Working Day District Nurses (Excluding Nurse/Midwives)

	Glamorgan 1965 Number of nurse days 815 Number of nurses 163	*West Riding* 1962 Number of nurse days 1,169 Number of nurses 45
	Hours Mins.	Hours Mins.
Time spent on general nursing ..	1 32	2 5
Blanket baths	0 25	Included in general nursing care
Dressings	0 43	0 32
Injections	1 14	0 41
Washouts	0 10	Not stated
Other	0 16	0 16
Time spent on—		
Nursing	4 20	3 34
Travelling	1 41	1 23
Time spent on—		
Miscellaneous visits	0 07	Not stated
Miscellaneous tasks and bags ..	Not stated	0 36
Time spent on survey	1 07	0 23
Time spent on normal clerical work and bags		0 16
Grand total	7 15	6 12

Table 42.

Working Day, Nurse/Midwives

	Glamorgan 1965 Number of nurse days 68 Number of nurses 13		*West Riding* 1962 Number of nurse days 312 Number of nurses 14	
	Hours	Mins.	Hours	Mins.
Time spent on—				
General nursing	1	16	1	11
Blanket baths		24	Included in general nursing care	
Dressings..		36		10
Injections		38		21
Washouts..		5	Not stated	
Other		13	Not stated	
Time spent on—				
Nursing duties	3	12	1	55
Midwifery duties	1	46	1	28
Time spent travelling	1	49	1	20
Time spent on miscellaneous tasks		7	Not stated	
Time spent on bag, miscellaneous tasks	Not stated		0	36
Time spent on survey, clerical work	1	17		15
Time spent normal clerical work and bags				12
Total time worked in all	8	11	5	45

Unfortunately Glamorgan district nurses were not asked to indicate the time spe on completing the survey forms. It is estimated that the forms took about 45 minut a day. This would reduce the working day of a Glamorgan district nurse fro 7 hours 15 minutes to 6 hours 30 minutes and a nurse/midwife from 8 hours 11 minut to 7 hours 26 minutes.

UMBER OF TREATMENTS GIVEN DAILY.

The average number of treatments and the average amount of time spent on ese treatments is given below:—

TABLE 43.

Nature of treatment	Average number of treatments given a day	Average amount of time spent on treatment in a day	
		Hours	*Mins.*
General Nursing	3·2	1	32
Dressings	2·1	0	43
Injections	5·3	1	14
Blanket baths	0·7	0	25
Washouts	0·4	0	10
Other	0·8	0	16
Totals	12·5	4	20

UALIFICATION OF NURSES.

Of the 163 district nurses, 153 (94 per cent) were State Registered nurses, d 10 (6 per cent) were State Enrolled. Sixty (37 per cent) of the State Registered rses were district trained.

Of the 13 nurse/midwives, 12 (92 per cent) were State Registered nurses with dwifery qualifications. Three of the State Registered nurses were district ined.

The 10 State Enrolled nurses and the nurse/midwife who had a midwifery alification only, did the same range of work and exercised the same responsibility the nurses who were State Registered and who were district trained.

VISIONAL VARIATION.

There was marked variation in some divisions in such matters as the average mber of treatments given per day per district nurse, the treatments undertaken nurses, the time spent on treatments and the ratio of nurses who were district ined. The highest number of total visits per day was in the Aberdare and ountain Ash Division, 15·2 ; the lowest, in Pontypridd and Llantrisant, 10·5; unty average, 12·5. The number of treatments devoted daily to general nursing e was 4·3 in South-East Glamorgan compared with 2·4 in Caerphilly and lligaer; County average, 3·2. The average number of injections ranged from per day per nurse in West Glamorgan to 4·3 per day in South-East Glamorgan; unty average 5·3. The number of hours per day per nurse spent on treatments s 4 hours 51 minutes in Aberdare compared with 3 hours 30 minutes in Port lbot and Glyncorrwg; County average 4 hours 20 minutes. Travelling time s high in Aberdare, 2 hours 4 minutes a day compared with 1 hour 29 minutes Pontypridd and Llantrisant; County average 1 hour 41 minutes.

ORGANISATION OF WORK.

The Principal Nursing Officer made an analysis from the information receive from the survey into the organisation of the district nurses' work with particul reference to the time of day when nurses called to give injections and general nursin care. The investigation showed that there was need for the nurse's working da to be planned so that in the mornings the nurse could attend diabetic patients f insulin injections, those needing diuretic injections, new patients and patien who were ill. The practice of some nurses working through lunch hour in ord to finish early in the afternoons, should cease. During late morning and afternoo visits could be made to those who were less acutely ill, those requiring blank baths and injections. Evening visits to the very sick and incontinent should h done after 5.0 p.m. and not during the late afternoon.

The following table shows the number of nurses visiting one, two, and mo diabetic patients in a day during the week:—

TABLE 44.

67	nurses	visited	1	diabetic	patient	a	day
51	,,	,,	2	,,	patients	a	day
29	,,	,,	3	,,	,,	,,	,,
11	,,	,,	4	,,	,,	,,	,,
4	,,	,,	5	,,	,,	,,	,,
5	,,	,,	6	,,	,,	,,	,,
3	,,	,,	7	,,	,,	,,	,,

It will be seen that three nurses visited seven diabetic patients in a day an five nurses visited six diabetic patients. Some diabetic patients need to h visited twice a day and one nurse attended five diabetic patients twice daily. The visits, which must be given at certain times, make heavy demands. Diuret injections and general nursing care should also be given as early in the day possible and the following statistical information indicates the difficulty of arrangi this:—

TABLE 45.

DIURETIC INJECTIONS (MERSALYL AND NEPTAL).

Times when injections were given

Before 10.30 a.m.	10.30 a.m.— 12.30 p.m.	After 12.30 p.m.	Total
250	218	53	521

Days of week when injections were given

Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*	*To*
151	64	55	93	112	27	19	52

TABLE 46.

CYTAMEN AND OTHER INJECTIONS.

Day of week when injections were given	Cytamen	Anahaemin, Jectofer and Imferon
Monday	528	143
Tuesday	251	70
Wednesday	274	85
Thursday	273	79
Friday	229	92
Saturday	73	52
Sunday	76	26
Totals	1,704	547

TABLE 47.

GENERAL NURSING CARE (A.B.C. AND D. CODE)

Before 10.30 *a.m.*	10.30 *a.m.*— 12.30 *p.m.*	12.30 *pm.*— 1.30 *p.m.*	1.30 *p.m.*— 4.30 *p.m.*	*Second visit* (*after* 5.0 *p.m.*)	*Total*
811	1,072	253	494	198	2,828

TABLE 48.

DAILY AND TWICE DAILY VISITS AND RELIEF WORK.

Number of patients having daily visits	799
Number of patients visited daily for general nursing care with injections ..	99
Number of daily cases handed to relief nurse	642

It will be noted that 747 patients were not receiving general nursing care until after 12.30 p.m.

FREQUENCY OF VISITS.

The survey showed that there were patients who from the description made about them by the nurses, should have received a daily visit, but this was not done, probably because of pressure of other work. Patients who are very ill usually received twice daily visits and in some instances, were visited more frequently. It was also noted that not all patients who were being visited daily by the nurse on the area, continued to receive visits by the relief nurse or colleague during the area nurse's off-duty. The number of patients who seemed to need more than one daily visit and who were not receiving it, was ninety-seven and the number who appeared to be in need of night nursing was twenty-five.

CONCLUSION.

1. The need was demonstrated for the work of nurses to be planned so that in the mornings they would give priority to patients needing insulin or diuretic injections, patients who were ill and any new patients. The nurses should break off for lunch. Less acutely sick patients, blanket baths and general injections,

could be attended to in the late morning or afternoon. Evening visits to the acute sick and incontinent patients should be done after 5.0 p.m. Because the minimum amount of work was attempted on Saturdays and Sundays, there was a build-up of patients requiring injections on Mondays. There was a need for planning to prevent this.

2. It was necessary to ensure that patients who needed frequent visits, for example, daily, or more frequently, should receive this nursing care. Nursing officers should review the work load to achieve a more even balance of work so that it would be possible for patients to receive the required nursing care.

3. The majority of nursings should be undertaken during mornings but all nurses are engaged for a full day. There was need therefore to engage nurses on a part-time day basis and the work of part-time and casual nurses could be re-arranged.

4. The district nurse is regarded as being "on call" for 24 hours a day, but the number of cases where her services were required after 8.0 p.m. were very few. There were patients, for example those suffering from cancer and requiring morphia injections, who needed attention late in the evenings and a rota of nurses should deal with evening visits. The survey suggested a need for an extension of the night sitter-in service.

5. The number of injections given in Glamorgan is higher than that given in other areas where surveys have been made. It is hoped that changes in medical care will bring about a fall in the number of patients requiring this form of treatment.

6. Over half the number of treatments could be given by State Enrolled nurses. Only ten State Enrolled nurses are at present engaged. They work without supervision and carry out the same kind of work given by State Registered nurses who are district trained. Glamorgan have had no difficulty in recruiting State Registered nurses and the recruitment of nurses to hospitals in Glamorgan does not appear to be a problem. There is need, however, for nurses to be district trained and it is necessary for nursing officers to supervise the quality of the nurses' work.

7. There is no evidence of an increase in the number of patients being discharged early from hospital requiring the skilled attention of a district nurse. There are, however, many paraplegic patients being nursed at home and attention is being paid to home nurses being trained in rehabilitation of physically maimed patients. Divisional nursing officers have enquired about the employment of male nurses to deal with this type of patient and those who require heavy lifting.

8. The amount of time recorded by district nurses in discussing matters with the family doctor and others was minimal. Possibly such discussions take place on the telephone. The varying work load, for example, 57 per cent of patients in Aberdare and Mountain Ash were aged, compared with 18 per cent in Port Talbot and Glyncorrwg Division and the smaller case load in some divisions suggested that general practitioners might not be aware that district nurses were available to undertake more work for the aged and infirm.

CTION 26—VACCINATION AND IMMUNISATION.

The marked advances in the science of immunology during recent years has made it possible to provide protection against a wide range of infectious diseases. The subject of immunology is complex but the aim is to provide a procedure for each disease that will afford the maximum degree of immunity at the age when the risk of exposure is at its greatest, to the timing and spacing of injections that will involve the smallest risk of harmful reaction and complication and that will avoid excessive numbers of injections. The success of vaccination has its disadvantages since the public become complacent and are lulled into a false sense of security. Experience has shown that during an outbreak of a disease the section of the public that has not taken the trouble to have themselves or their children vaccinated are loud in demanding instant protection.

About 30 per cent of Glamorgan children of pre-school age have not been vaccinated against poliomyelitis, diphtheria, whooping cough and tetanus and about 80 per cent of the young children have not been vaccinated against smallpox. It is possible that the low percentage of children immunised against diphtheria in the South-East Glamorgan Health Division (Table 51) is due to family doctors not bothering to notify the divisional medical officer of young patients who have been protected and it is hoped that new procedures agreed between the Ministry of Health and general medical practitioners will ensure that the Authority is notified of all children who have been vaccinated. During the year 1966 over seventy persons in the Neath and District Division were found to be harbouring diphtheria organisms and there could be many other carriers of this disease in the County. It is therefore most unwise for parents to take chances by not having their children immunised against the disease which 30 years ago caused the death of about seventy-five Glamorgan children a year.

The number of cases of whooping cough was 145 compared with 99 for the previous year. There is a natural fluctuation of incidence of this disease and it is believed that the strains used in the vaccines do not give complete protection. The danger presented by whooping cough to the young baby has not been eradicated and will continue to remain until the number of children immunised has been increased. Concerning tetanus, active immunisation has been proved to be the one only reliable protection and this is very much helped by ensuring that children build up basic immunity.

NOTIFICATION OF MEASLES.

Most people will have had measles by the time they are old enough to leave school and although the illness is distressing to children at the time and makes heavy demands on the time of family doctors and parents it is fortunate that deaths from the disease have fallen considerably during the past 50 years.

The average number of measles deaths that took place in Glamorgan during the following decades was as follows :

TABLE 49.

DEATHS FROM MEASLES, 1921–1960.

1921–30	.. ..	102 deaths a year
1931–40	.. ..	39 deaths a year
1941–50	.. ..	13 deaths a year
1951–60	.. ..	2·6 deaths a year

Since then the position has been as follows:—

TABLE 50.

MEASLES DEATHS AND NOTIFICATIONS, 1961–1966.

Year	*Number of deaths*	*Number of notifications*
1961 ..	2	13,052 (epidemic year)
1962 ..	–	1,726
1963 ..	2	7,253
1964 ..	–	4,023
1965 ..	1	4,860
1966 ..	–	6,315

An improvement in the standard of living and the introduction of new drugs are chiefly responsible for the low number of deaths. The disease is now generally mild, although studies have shown that one person in fifteen suffers from at least one complication and about eleven in every 1,000 cases require hospital treatment. The major complications are severe bronchitis or pneumonia, otitis media, and there are also neurological complications.

A vaccine against measles was made available in 1966 but in view of the high risk of reactions which follow vaccination it has been decided not to arrange general community immunisation but the vaccine is available should a divisional medical officer or general practitioner wish to make use of it. It is considered that children living in residential nurseries ought to be vaccinated and protection has been given to children at "Maesycoed" nursery and also to children at a training centre for subnormal pupils where there was an outbreak of measles.

SMALLPOX.

4,063 persons were vaccinated against smallpox and 1,142 were re-vaccinated compared with 2,299 vaccinated and 331 re-vaccinated in 1965. This is a welcome improvement although the figures are still low. The increased number of vaccinations is partly due to the outbreak of eight cases of variola minor in Pontypool which required holiday makers from Wales going abroad to be vaccinated because of the requirements of the foreign governments. 878 children from Glamorgan who sailed on an educational cruise on the *Devonia* required certificates of vaccination.

Senior administrative medical officers of the department who had direct experience of the Glamorgan outbreak of variola major in 1962 visited Pontypool to give their assistance to the district medical officer of health.

ANTHRAX.

Three cases of anthrax were notified in the Pontypridd area. Workmen in establishments where there is a risk of anthrax are advised to submit to vaccination which is undertaken by district medical officers of health, works' medical officers and family doctors.

Table 51.

Number Vaccinated and Immunised in 1966.

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 primary course	Number who received reinforcing dose
Aberdare and Mountain Ash ..	439	102	764	1,867	715	1,477	638
Caerphilly and Gelligaer	515	27	1,096	880	1,908	1,338	702
Mid-Glamorgan	668	50	1,830	2,107	2,547	2,090	683
Neath and District	267	153	876	1,576	1,512	876	681
Pontypridd and Llantrisant ..	227	74	1,012	3,182	1,793	1,248	756
Port Talbot and Glyncorrwg ..	475	159	1,093	1,140	1,518	1,332	658
South-East Glamorgan	896	276	1,838	3,133	2,929	2,298	1,600
West Glamorgan	375	205	833	594	1,380	824	579
Rhondda Borough	201	96	1,003	1,698	999	1,329	942
Totals	4,063	1,142	10,345	16,177	15,301	12,812	7,239

Table 52.

Vaccination and Immunisation.

Children who had Completed a Course of Vaccination by 31st December, 1966.

Children born during	No. of births	Whooping Cough		Diphtheria		Poliomyelitis	
		No.	%	No.	%	No.	%
1963	13,174	9,121	69·2	8,722	66·2	9,311	70·7
1964	13,425	9,425	70·2	9,545	71·1	9,448	70·4
1965	13,178	9,072	68·8	9,113	69·2	8,405	63·8

Table 53.

Children born in 1963 Vaccinated by 31st December, 1966, by divisional area.

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis	
		No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,077	841	78·1	841	78·1	716	66·5
Caerphilly and Gelligaer	1,369	891	65·1	916	66·9	958	70·0
Mid-Glamorgan	2,101	1,455	69·3	1,519	72·3	1,375	65·4
Neath and District	1,132	836	73·9	836	73·9	847	74·8
Pontypridd and Llantrisant	1,218	806	66·2	804	66·0	891	73·2
Port Talbot and Glyncorrwg	1,203	870	72·3	887	73·7	813	67·6
South-East Glamorgan	2,444	1,593	65·2	1,063	43·5	1,878	71·8
West Glamorgan	996	741	74·4	742	74·5	675	67·8
Rhondda	1,634	1,088	66·6	1,114	68·2	1,158	70·9
Totals	13,174	9,121	69·2	8,722	66·2	9,311	70·7

Table 54.

Children born in 1964 Vaccinated by 31st December, 1966, by divisional area.

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis	
		No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,082	823	76·1	832	76·1	750	69·3
Caerphilly and Gelligaer	1,456	1,035	71·1	1,061	72·9	891	61·2
Mid-Glamorgan	2,136	1,310	61·3	1,345	63·0	1,664	77·9
Neath and District	1,123	867	77·2	869	77·4	828	73·7
Pontypridd and Llantrisant	1,250	805	64·4	807	64·6	861	68·9
Port Talbot and Glyncorrwg	1,249	975	78·1	989	79·2	779	62·4
South-East Glamorgan	2,399	1,613	67·2	1,643	68·5	1,724	71·9
West Glamorgan	1,125	863	76·7	867	77·1	792	70·4
Rhondda	1,605	1,134	70·7	1,141	71·1	1,159	72·2
Total	13,425	9,425	70·2	9,545	71·1	9,448	70·4

Table 55.

Children born in 1965 Vaccinated by 31st December, 1966, by divisional area.

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis	
		No.	%	No.	%	No.	%
berdare and Mountain Ash	1,042	784	75·2	784	75·2	663	63·6
aerphilly and Gelligaer	1,451	994	68·5	1,003	69·1	882	60·8
id-Glamorgan	2,051	1,413	68·9	1,426	69·5	1,309	63·8
eath and District	1,091	819	75·1	820	75·2	768	70·4
ntypridd and Llantrisant	1,277	827	67·4	831	67·7	759	61·9
rt Talbot and Glyncorrwg	1,100	988	89·8	987	89·7	728	66·2
uth-East Glamorgan	2,368	1,464	61·8	1,474	62·2	1,763	74·5
est Glamorgan	1,062	745	70·2	745	70·2	662	62·3
hondda	1,569	1,040	66·3	1,043	66·5	871	55·5
Totals	13,011	9,072	69·7	9,113	70·0	8,405	64·6

Table 56.

Children Vaccinated against Smallpox, 1965 and 1966, by divisional area.

Division	Live Births 1965	No. vaccinated under 2	Live births 1966	No. vaccinated under 2	% 1965	% 1966
Aberdare and Mountain Ash	1,042	232	1,042	187	22·3	17·9
Caerphilly and Gelligaer ..	1,451	237	1,495	365	16·3	24·4
Mid-Glamorgan	2,051	145	2,081	143	7·1	6·9
Neath and District	1,091	63	1,063	114	5·8	10·7
Pontypridd and Llantrisant ..	1,277	30	1,246	85	2·3	6·8
Port Talbot and Glyncorrwg	1,100	113	1,030	144	10·3	14·0
South-East Glamorgan ..	2,368	319	2,338	484	13·5	20·7
West Glamorgan	1,062	162	1,064	192	15·3	18·0
Rhondda	1,569	57	1,437	78	3·6	5·4
Total	13,011	1,358	12,796	1,792	10·4	14·0

SECTION 27—COUNTY AMBULANCE SERVICE.

The Glamorgan Ambulance Service has been developed from a miscellaneous collection of vehicles and premises taken over in 1948, when the National Health Service Act, 1946, came into force until it now comprises 126 vehicles operating from thirty ambulance stations and controlled from two main stations, one at Neath and the other at Pontypridd.

A survey made prior to 5th July, 1948, of the vehicles which, by transfer from County districts or purchased from hospital management committees and voluntary ambulance associations, were likely to be available to form a nucleus of an ambulance fleet, revealed the disheartening fact that most of the ambulances were old or obsolete and under more normal conditions would long since have been replaced. To those who had the task of establishing and operating the service it was little consolation that most local health authorities were in a similar plight finding similar difficulties in endeavouring to meet from totally inadequate resources an unprecedented demand for local and long distance transport of patients. This unsatisfactory state led the Health Committee to authorise the purchase of sixty-three new vehicles in 1948, of which, only one new car had been supplied by the end of that year.

Gradually these difficulties were overcome, the obsolete vehicles replaced and a modern fleet established.

The service has indeed grown since these early days and in the first four years the number of patients conveyed doubled. This was to be expected as the public became accustomed to the idea of having a free service. However, since 1952 the demands have increased by another 39·5 per cent but it is interesting to note that these increases have largely kept in step with the increased attendances at the hospital out-patient departments, accident and emergency departments, and day centres and, therefore, there is no evidence of an increase in the misuse of the ambulance service.

Towards the end of 1966 there was an indication that the Minister of Health was considering legislation, transferring the responsibility for the provision of ambulance services to the Regional Hospital Boards. Presumably one of the reasons for this would be an attempt to effect economies but as the increase in demands have kept in step with the increased attendances at the hospitals it is difficult to understand where these economies are to be made. Furthermore it is surprising that the Ministry should contemplate transferring the ambulance service to the regional hospital boards while the future of local government in England is being considered by a Royal Commission.

For the first four years the service operated without the help of radio and it is now difficult to envisage how the officers were able to control it at that time. Radio was first installed at Barry in 1952, but it was not until 1956 that all vehicles were equipped. It is quite evident that without this equipment the ambulance service could not have dealt with the increased demands being made upon it without a greatly enlarged fleet. It has, however, been necessary to increase the operational fleet somewhat to deal with these increases and while in 1948 the Service was authorised to operate 82 vehicles, by the end of 1967 this will be increased to 100.

A major part of the reorganisation programme has already been carried out and the service has been improved. However, a great deal remains to be done and the service is constantly kept under review.

DEMANDS ON THE SERVICE.

TABLE 57.

MONTHLY TOTALS OF WORK DONE, 1966.

1966	Patients	Journeys	Mileage
January ..	27,774	5,129	156,681
February ..	29,741	4,875	154,366
March ..	33,021	5,592	174,970
April	26,017	5,059	148,817
May	31,607	5,691	168,050
June	32,808	5,820	174,263
July	29,671	5,528	159,080
August ..	28,054	5,641	159,641
September ..	32,102	5,760	170,110
October ..	32,749	5,638	166,772
November ..	33,501	5,591	172,537
December ..	29,080	5,474	158,425
Totals ..	366,125	65,798	1,963,712

TABLE 58.

SUMMARY OF WORK DONE BY CONTROL AREAS, 1965–66.

	1965			1966		
	Journeys	Patients	Mileage	Journeys	Patients	Mileage
Totals for Western Control Area ..	24,980	126,117	738,995	25,078	123,910	732,594
Totals for Eastern Control Area ..	39,009	239,457	1,214,366	40,720	242,215	1,231,118
Totals for County	63,989	365,574	1,953,361	65,798	366,125	1,963,712

Much of the daily load of the service is the routine transport of patients between their homes and hospital out-patient departments, or day centres. In fact, of the 366,125 patients conveyed during 1966 only 23,159 or 6·3 per cent were emergency cases and it is interesting to note that there has been very little variation in the number of emergency cases conveyed.

This routine transport continues to increase year by year although occasionally there is a halt in the upward trend. In 1965 there was a slight decrease over the previous year in the number of patients conveyed, but in 1966 the number increased and was almost equal to those conveyed in 1964.

TABLE 59.

EMERGENCY CASES CONVEYED.

Year	Total number of patients conveyed	Emergency cases conveyed	
		Number	Percentage of total
1952	262,533	24,031	9·2
1953	284,305	24,473	8·6
1954	286,847	25,011	8·7
1955	283,622	27,094	9·6
1956	287,299	24,085	8·4
1957	286,476	25,552	8·9
1958	304,398	27,570	9·1
1959	317,342	27,226	8·6
1960	338,952	22,625	6·7
1961	347,823	20,083	5·8
1962	341,743	20,511	6·0
1963	344,383	23,264	6·8
1964	366,469	23,943	6·5
1965	365,574	23,133	6·5
1966	366,125	23,159	6·3

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957.

In general the ambulance service is provided free of charge under the National Health Service Act, 1946, to convey patients who cannot travel by public transport to hospital. However, this Act did not take away from certain employers responsibilities under other Orders and Regulations to provide ambulance facilities for their employees.

Changes have been made in the last few years in the statutory requirements and now very few undertakings are responsible for this provision. However, the Coal and Other Mines (First Aid) Regulations, 1962, retains the duty on the mine owner to make arrangements for an ambulance service because the hazardous nature of mining as an occupation makes positive provision essential.

Ambulance service vehicles continue to be made available to the National Coal Board for the conveyance of injured mineworkers, but it is noticeable that there has been a decrease through the years in the number of colliery workers conveyed. Quite obviously this is due to the contraction of the industry in this county.

TABLE 60.

PATIENTS CONVEYED ON BEHALF OF THE NATIONAL COAL BOARD.

Year	Patients conveyed on behalf of N.C.B.	Mileage
1954	4,698	62,963
1955	4,378	58,251
1956	4,368	57,124
1957	4,454	58,757
1958	4,045	54,480
1959	3,665	50,750
1960	3,432	47,774
1961	3,222	47,150
1962	3,274	47,145
1963	3,158	47,550
1964	2,856	45,672
1965	2,378	39,338
1966	2,195	36,259

At the request of the organisers, ambulances were in attendance at twenty-nine race meetings held during 1966. This represented an income of slightly less than £300.

Vehicles.

From 1948 to 1954 petrol vehicles only were used in the service, but in 1954, as an experiment a 3·4 litre diesel engined vehicle was introduced into the fleet and operated over varying periods in two different parts of the county, one hilly and the other slightly less so. As a result of this experiment it was thought that diesel engined vehicles would be suitable for all types of ambulance work and that operational and maintenance costs would be considerably lower than for petrol engined vehicles. However, after eight years of operation a comparison of costs between similarly designed vehicles showed the saving in costs to be less than ½d. per mile. In view of this, and the fact that petrol-engined vehicles have certain advantages over those driven by diesel engines it was decided in 1963 that future replacement vehicles would be petrol-engined.

At the end of 1966, seventy-eight diesel-engined vehicles still remained in the fleet and it is not anticipated that all diesel-engined vehicles will be replaced until 1970.

During the year I have been most concerned about the number of ambulance vehicles that have been unserviceable and "off the road". Indeed it has been most difficult to maintain a service on many days.

Discussions have taken place and are continuing to take place with the County Surveyor in an endeavour to obtain a quicker turn-round of vehicles at the Central Plant Depot. I have also examined the state of the ambulance fleet from an age point of view and the following table sets out the age of the vehicles expected to comprise the ambulance fleet at 1st April, 1967, i.e. after the current year's replacement programme is complete.

TABLE 61.

AGE OF AMBULANCE VEHICLES.

Year of purchase	*Approximate age at 1st April, 1967*	*Number*
1956–57 ..	10 years	6
1957–58 ..	9 years	8
1958–59 ..	8 years	12
1959–60 ..	7 years	9
1960–61 ..	6 years	10
1961–62	5 years	10
1962–63 ..	4 years	12
1963–64	3 years	16
1964–65 ..	2 years	15
1965–66 ..	1 year	14
1966–67 ..	–	18
	Total	130

The current replacement programme was based on an approximate life of between 7 and 8 years per vehicle. However, due to past financial restrictions there has been a gradual increase in the age of the fleet and it will be noted from the above table that in April 1967, there will be twenty-six vehicles in the county which will be eight years old or more. The Committee have been cognisant of the fact that these vehicles have most certainly exceeded their economic life and have approved a replacement programme which will eventually mean an approximate life of six years per vehicle.

VEHICLE ACCIDENT RATES.

In my 1965 annual report I was able to report a considerable improvement in the accident rates, when out of 1,953,361 miles run by the ambulance vehicles they were involved in 103 accidents, or 0·527 accidents per 10,000 miles. This improvement was maintained during 1966 when the vehicles were involved in 107 accidents during the 1,963,712 miles run, a rate of 0·544 accidents per 10,000 miles.

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

The functions of the County Council relating to the prevention of illness and the care and after-care of persons suffering from illness are carried out in accordance with the schemes made under Section 28 of the National Health Service Act, 1946.

The services provided by the Authority have developed considerably in recent years, and are more comprehensive and effective since consideration is now being given to the needs of families as a whole, and more positive attention is being given to the prevention of illness. A three-pronged attack is made against illness, viz., educating the public in how to avoid ill health, screening tests to discover whether a person has a disease before the symptoms develop and vaccination and immunisation to protect a person from disease provided in accordance with Section 26.

In the field of community care, services have developed from the original conception of providing care for tuberculous patients, convalescent care and medical aids for patients nursed at home to the provision of a chiropody service, a night sitter-in service to relieve relatives who care for the sick and the provision of hostels for sub-normal youths and girls at Pontypridd and Bridgend.

Health Education.

The scale of health education activities broadened during 1966. From 1st April divisional medical officers were asked to record talks and discussions given by divisional health staffs on all topics. Records on talks on ante-natal care and mothercraft had been recorded for the full year.

Details of the talks given are as follows:—

Table 62.

General Health Education Programme (Other Than to Schools)

January to December 1966 ..	Talks on ante-natal care and mothercraft ..	2,190
April to December 1966 ..	General Hygiene	86
	Dental Hygiene	9
	Prevention of Accidents..	69
	Health Services	53
	Care of the aged and handicapped	35
	Smoking and health	29
	Growing up, including sex education, menstruation	14
	First aid and staff training	81

Table 63.

School Health Education Programme.

April to December 1966 ..	Dental hygiene	692
	General hygiene	507
	Preparation for parenthood including talks on menstruation and V.D.	204
	Prevention of accidents	146
	Smoking and health	90

Talks were given by the following staff:—

TABLE 64.

STAFF GIVING HEALTH EDUCATION TALKS.

	General programme	School programme	Total
Medical officers	16	49	65
Health visitors	2,881	1,207	4,088
Midwives	5	—	5
Dental auxiliaries ..	—	495	495
Orthopaedic nurses ..	—	19	19
Administrative staff ..	8	—	8

The health education programmes in some divisions are not yet well developed t it is hoped to make considerable progress during 1967 and divisional medical icers are being provided with advice on systematic health education programmes. alth notes have been prepared during the year on nutrition, the dangers of oking and food hygiene.

Two major health exhibitions were held during the year, a dental health hibition held at the Royal National Eisteddfod of Wales in August 1966 to which rther reference is made in page 170 and a Home Safety Exhibition held at nypandy by the Rhondda Borough Council during the week preceding Christmas.

Further additions have been made to the sound film library held at the Health partment.

DICTION.

COHOL, TOBACCO AND DRUGS.

Addiction or drug dependence are problems which confront those concerned h preventive medicine. Alcoholism and cigarette smoking are damaging health a greater extent than the classical infectious diseases. For example, in 1966,) Glamorgan persons died from lung cancer but only 83 persons died from the ctious diseases, viz., tuberculosis, syphilis, diphtheria, whooping cough, ningococcal infections, acute poliomyelitis, measles, other infectious and rasitic diseases. The considerable amount of illness and loss of life due to holism and cigarette smoking have not concerned the public because smoking l drinking are socially accepted customs. Narcotic addiction, although increasing this country, is a much smaller problem but the taking of narcotic drugs is tunately not socially acceptable but there is widespread concern because among ne young people the taking of amphetamine type pep pills is regarded as ionable.

The problem of excessive drinking and smoking should be looked at in the ler and alarming dependence of society these days on drugs.

Alcoholism.

Alcoholism has been defined by the World Health Organisation as a condition in which the patient's drinking is damaging to his mental, physical or social health. It should be regarded as an illness and not as a misdemeanour. The number of alcoholics is not known but is believed to be between 200,000 and 500,000 in the United Kingdom and that between two and three million people drink excessively and dangerously. The social consequences of the disease are profound for the individual patient, his family, and society.

There is a need:—

(*a*) to advise the public about the dangers inherent in excessive drinking and to regard alcoholism as an illness and not a misdemeanour;

(*b*) for new legislation for the detention in hospital of certain alcoholics. It is necessary to end the frequent prosecution of alcoholics in the courts without referral to hospitals for treatment;

(*c*) for more hospitals to be provided with special accommodation for the treatment of alcoholics ;

(*d*) to ensure that surgical spirit should be obtainable from chemists on prescription only.

Cigarette Smoking.

Cancer of the lung is the only cancer certainly connected causally with cigarette smoking but there is evidence that cigarette smokers have a higher mortality than non-smokers from cancer of other sites. The recent American report (U.S. Public Health Service 1964) lists six sites with their mortality ratios compared with unity for non-smokers:—

cancer of the lung	10·8
cancer of the larynx	5·4
oral cancer	4·1
cancer of oesophagus	3·4
cancer of bladder	1·9
cancer of kidney	1·5

Smoking also contributes to the development of bronchitis, coronary heart disease and gastro-intestinal diseases.

Most people must know of the risks of cigarette smoking but they do not seem to care and until they do the needless loss of life will continue and increase. Deaths from lung cancer in Glamorgan have doubled during the past 15 years.

TABLE 65.

DEATHS FROM CANCER OF THE LUNG.

Year	Male	Female	Total
1951	151	17	168
1956	182	19	201
1961	243	27	270
1965	282	41	323
1966	324	35	359

Once people start the smoking habit most find that they cannot stop and the remedy therefore appears in persuading the young not to start smoking. The age of 10 years is none too early for tackling boys.

A health education campaign on the dangers of smoking needs to be carefully planned and thought out since attempts at changing attitudes even among school children is difficult, and if not carefully pursued unrewarding. To try to alter the individual's attitude by direct instruction is to imply that he is wrong and this can be interpreted consciosuly or unconsciously as an attack, and it is an axiom that people cannot be taught who feel that they are at the same time being attacked. Notes have been prepared for divisional medical officers and their staffs on the approach that they might follow in tackling this problem.

Drugs.

The possibility of drug addiction in some young people was referred to in my report for the year 1965. There had been evidence in London and in the larger cities of England to suggest that some accounts of youthful hooliganism and law-breaking had been associated with the taking of pep pills which contain a mixture of amphetamine and barbiturate. Drugs of the amphetamine type are prescribed by doctors for depression and slimming, but there is no known evidence in the County of an illicit trade having grown up to meet the demands from people who take excessive quantities for "kicks" and to stay awake for long periods. This type of drug can only be obtained on prescription. There are other types of pills which need not be obtained on prescription. There usually contain caffeine. Divisional medical officer, county sampling officers, and the Chief Constable have been asked to let me know if they have any evidence to indicate that pep tablets are being abused so that the co-operation of chemists and general practitioners could be sought to keep a tighter control on the sale or prescription of the tablets. No evidence has been forthcoming.

The development of drugs during the past 30 years for use by the medical profession has enabled much disease and suffering to be overcome, but the thalidomide tragedy has shown that every drug carries a potentiality for harm along with its potentiality for good. The abuse of drugs is fortunately confined to a small minority of the population but the public tends to take far too many pills that are available to them without prescription, such as aspirin, stomach powders and caffeine pep pills.

EARLY DETECTION OF DISEASE.

The elimination of communicable diseases of childhood and youth, such as diarrhoea, diphtheria and tuberculosis, coupled with improved medical treatment, has allowed more people to live into the age of retirement, but this achievement has been accompanied by a consequent increase in degenerative disease. The services provided by the Authority have become more comprehensive with the wider view of preventive medicine concerning itself with the control of the chronic degenerative diseases, for example, the accessible cancers, anaemia, chronic bronchitis, diabetes, arteriosclerosis, heart and vascular diseases. Unfortunately the chronic conditions of some of these diseases, for example, chronic bronchitis, do not respond easily to treatment. With a view to forestalling illness from the degenerative diseases considerable interest has been shown of late in the value of population screening. The aim of population screening is two-fold:—

(*a*) to reveal disease at an early stage and

(*b*) to bring those needing medical care to the attention of the doctor.

A screening programme usually provides for quick approximate tests or examinations to diagnose those who have some disorder and this should be followed up by treatment. Screening is only worthwhile if the disorders are common enough to give a fair yield of disabled persons and is pointless if the screening technique is unreliable, if there is no accepted treatment or if the hospital service will be unable to cope.

There are conflicting opinions concerning those who should undertake screening programmes. There are those who regard the medical officer of health as the physician responsible for medical care in the community, as being the appropriate person to undertake this task because of his pre-occupation in preventing illness and because of his administrative resources.

The effectiveness of screening is dependent upon close co-operation between the local health authority, hospital laboratory services, general practitioners and the availability of consultants and hospital beds for treatment. The cervical cytology screening programme has been handicapped by the lack of laboratory technicians and laboratory space.

Screening services provided by the Authority are comprehensive in range and are as follows :—

Disease	*Persons screened*
Anaemia and diabetes	expectant mothers and aged.
Cancer of cervix	women aged 35 years and over, also women attending birth control clinics for oral contraceptives.
Cancer of breast	women attending birth control clinics for oral contraceptives.
Congenital dislocation of hip and other abnormalities	young babies.

Disease	*Persons Screened*
Foot, hearing and vision defects; malnutrition	children under five, school children, and aged.
Phenylketonuria	young babies.
Pre-eclamptic toxaemia, syphilis, rhesus sensitisation	expectant mothers.
Mantoux testing for tuberculosis	school children.

ervical Cytology Service.

During the year a limited cervical cytology service was provided in three ealth divisions and the undermentioned table gives details:—

TABLE 66.

CERVICAL CYTOLOGY SERVICE 1966

Division	Number tested		Number of negative results		Number referred for further investigation				Of cases referred for further investigation number found to have Cancer of the Cervix	
					(*a*) Consultant		(*b*) Gen. Practitioner			
	Women 35 plus	Women under 35	Women 35 plus	Women under 35	Women 35 plus	Women under 35	Women 35 plus	Women under 35	Women 35 plus	Women under 35
Aberdare	90	128	89	128	5	1	2	1	—	—
Caerphilly and Gelligaer ..	45	92	43	92	2	—	5	13	1	—
Mid-Glamorgan	—	—	—	—	—	—	—	—	—	—
Neath and District ..	—	—	—	—	—	—	—	—	—	—
Pontypridd and Llantrisant	—	—	—	—	—	—	—	—	—	—
Port Talbot and Glyncorrwg	—	—	—	—	—	—	—	—	—	—
South-East Glamorgan ..	—	—	—	—	—	—	—	—	—	—
West Glamorgan	524	269	519	269	12	2	81	28	5	—
Total	659	489	651	489	19	3	88	42	6	—
Rhondda	—	—	—	—	—	—	—	—	—	—
Grant Total ..	659	489	651	489	19	3	88	42	6	—

It will be noted that in two health divisions the majority of women dealt with were under 35 years although patients referred for further investigation and found to have cancer of the cervix were women over this age. Divisional medical officers' attention has been drawn to the need for selecting for screening purposes women aged 35 and over and that women under this age should be those considered to be at special risk or those attending birth control clinics regardless of age who are considered as being suitable to be provided with oral contraceptives.

During the year 1967 it is proposed to screen women in the Barry and Penarth areas and surrounding districts who live in the area of the Cardiff Hospital Management Committee since there are adequate laboratory facilities in their hospitals. Laboratory facilities and technical staff in the areas of the Mid-Glamorgan and Pontypridd and Rhondda Hospital Management Committees, whose areas largely coincide with four health divisions and the Borough of Rhondda, are limited. The cervical cytology service which is being introduced on a nation-wide scale during the year 1967 has been hampered in the County by the absence of facilities in part of the County.

Fluoridation of Water Supplies.

In 1965 the Health Committee approved in principle the fluoridation of water supplies and in 1966 technical schemes were prepared by the water engineers of the Mid-Glamorgan Water Board and the City of Cardiff for that part of the Cardiff Water Undertaking that was in the administrative County. Since the City of Cardiff had declined to agree to the fluoridation of their water supplies the treatment of supplies outside the City would be expensive and it was decided in the first instance to treat water supplies in the Mid-Glamorgan Water Board area.

Provision was made in the estimates for the year 1967–68 to treat the water raised from the Schwyll Pump Station, the major source of water which supplies five-eighths of the total supply and serves the major part of the area.

Tuberculosis.

The advances made in the control of this disease since the second World War continued. There were 51 deaths from pulmonary tuberculosis in 1966 compared with 63 the previous year. Notifications of pulmonary tuberculosis fell from 245 in 1965 to 199 in 1966.

Table 67.

Notifications of Patients Suffering from Tuberculosis and Deaths from Tuberculosis

Notifications.

Period	Pulmonary		Non-pulmonary	
	Average notifications	Rate per 100,000 population	Average notifications	Rate per 100,000 population
1951–1955	819	111	137	19
1956–1960	511	69	69	9
1961–1965	296	39	38	5
1966	199	26	34	4

Deaths—Pulmonary

Period	Deaths	Death rate per 100,000 population	
		Glamorgan	England and Wales
1951–1955	209	28	19
1956–1960	103	14	9
1961–1965	77	10	6
1966	51	7	4

Table 68.

Areas where Notifications of Pulmonary Tuberculosis were High.

Area	1966	
	Cases	Rate per 100,000
Pontypridd ..	17	48
Maesteg ..	8	37
Rhondda ..	34	35

TABLE 69.

AREAS OF HIGH DEATH RATE—PULMONARY TUBERCULOSIS.

Area	1966	
	Cases	Rate per 100,000
Maesteg ..	3	14
Rhondda ..	12	12
Penybont ..	5	11

Considerable progress has been made in the aim of eradicating tuberculosis ompletely, but there is no room for complacency.

Unfortunately there are areas of the county, particularly in the mining ommunities, with a high incidence of chronic tuberculosis. A high proportion f children are found to be positive to Mantoux testing in the Pontypridd and lantrisant Division and the Borough of Rhondda, although unfortunately because f the shortage of three assistant medical officers no B.C.G. vaccination and lantoux testing was undertaken in the Rhondda during 1966.

In view of the decline in the number of tuberculosis patients notified each year nd the general policy to incorporate special clinics within the district general ospitals now being planned, one can expect the gradual closure of chest clinics rovided by the hospital service. In future it is unlikely that specialist chest hysicians will be appointed at general hospitals dealing solely with tuberculosis. he number of persons suffering from tuberculosis detected by the mass adiography unit is now exceedingly small and it is now becoming questionable hether these screening techniques for the public generally are worthwhile.

Chest conditions such as bronchitis and bronchiectasis also disable patients r long periods and there would be advantage in health visitors who do after-care ork for chest physicians concerning tuberculosis patients also undertaking similar ork for patients suffering from other chest diseases.

TABLE 70.

DEATHS FROM RESPIRATORY TUBERCULOSIS IN 1966.

District	Age in Years															
	Under 25		25–35		35–45		45–55		55–65		65–75		75 and over		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Urban	—	—	3	—	3	—	1	3	11	1	8	—	6	1	32	5
Rural	—	—	—	—	3	—	3	—	4	1	2	—	1	—	13	1

TABLE 71.

B.C.G. VACCINATION SCHEME FOR VACCINATING SCHOOL CHILDREN.

Division	School children and students scheme			
	Number skin tested	Number found positive	Number found negative	Number vaccinated
Aberdare and Mountain Ash ..	682	115	567	567
Caerphilly and Gelligaer	1,328	68	934	758
Mid-Glamorgan	1,054	193	861	861
Neath and District	709	105	590	574
Pontypridd and Llantrisant ..	743	234	444	439
Port Talbot and Glyncorrwg ..	811	117	654	654
South-East Glamorgan	489	86	391	387
West Glamorgan	602	90	491	476
Rhondda Borough	—	—	—	—
Totals	6,418	1,008	4,932	4,716
Totals, 1965	8,060	1,479	6,414	6,013

TABLE 72.

B.C.G. VACCINATION SCHEME FOR VACCINATING CONTACTS.

Chest Physician	Number skin tested	Number found positive	Number found negative	Number vaccinated
Dr. T. W. Davies (Swansea) ..	123	21	102	43
Dr. R. G. Prosser-Evans (Neath and Port Talbot)	207	49	158	146
Dr. H. Trail (Bridgend)	537	163	344	231
Dr. G. R. Watkins (Merthyr and Aberdare)	780	500	345	141
Dr. J. Glyn Cox (Pontypridd and Rhondda)	963	420	543	685
Prof. F. Heaf (Caerphilly)	65	5	59	57
Dr. S. H. Graham (Cardiff)	39	6	33	48
Divisional Medical Officers	6,418	1,008	4,932	4,716
Totals	8,832	2,172	6,516	6,067
Totals, 1965	9,985	2,001	7,769	7,381

Venereal Disease.

The incidence of venereal disease in Glamorgan is not as great as it is in many other counties, or even England and Wales as a whole.

The number of talks given in schools during the period 1st April to 31st December, 1966, in which reference to V.D. infection was made was forty-four, as it is not considered that talks on veneral disease in isolation is a suitable arrangement. Hence the practice in a number of divisions to give talks devoted to parenthood, including the giving of talks on adolescent problems, sex, mothercraft and menstruation. In the Caerphilly and Gelligaer Division the divisional medical officer has himself been giving personally a series of talks to school leavers on preparation for parenthood. Although only forty-four talks were given on venereal disease, the total number of talks which included preparation for parenthood, etc., amounted to 204. It is proposed to further this development during 1967. The following table indicates the number of persons attending for treatment for veneral disease :—

Table 73.

Persons in the Administrative County attending for Treatment for the First Time at Centres which include Cardiff and Swansea and other Areas.

Disease	1959	1960	1961	1962	1963	1964	1965	1966
Syphilis	30	19	32	17	18	17	18	25
Gonorrhoea ..	106	92	124	107	140	123	107	87
Total ..	136	111	156	124	158	140	125	112
Other conditions ..	969	973	984	772	771	665	745	754

Problem Families.

In each divisional area and in the Rhondda a co-ordinating committee meets in alternate months under the chairmanship of the divisional medical officer. The convenor is the Children's Officer. Members of the committee include senior officers of the Children's Department, nursing officers, and the health visitors concerned and representatives of the statutory and voluntary agencies, viz., the Ministry of Social Security, housing authorities and the National Society for the Prevention of Cruelty to Children.

The co-ordination committees deal with a hard core of problem families who are problems to themselves as well as to the authorities, and who tend to neglect their children because the parents are unable to cope on account of immaturity and inability to undertake parental responsibilities. The families which learn very little from experience are few in number, although they often neglect their children, this is not done wilfully and deliberate ill treatment is rarely met.

The purpose of the committees is to prevent if possible the break-up of families with consequent risk to the mental or physical health of the children concerned. In many cases little improvement is achieved although further deterioration may be prevented. For this reason the effectiveness of co-ordination committees is sometimes questioned. The Children and Young Persons Act 1963, gives the County Council, as children's authority, power to give assistance in order to diminish the need for children being received into or kept in care. Experience has suggested that there is a need for informal co-ordinating committees called at immediate notice to deal with the families' problems which consist of children's visitors, health visitors, and the social workers principally involved. These case conferences as they are known, have been held in the Port Talbot and Glyncorrwg Division and in the Borough of Rhondda, and have shown the importance of informal consultation taking place early as a prelude to intensive case work.

CARE OF THE AGED.

Detailed reference to the problems presented by the growing number of aged in the community was made in the 1965 Report. The main services provided by the Health Department for the elderly during the years 1966 and 1965 were as follows:—

TABLE 74.

SERVICES FOR THE ELDERLY.

Name of service	Number of aged patients provided with service		Percentage of total aged population 1966 88,110 1965 86,860	
	1966	1965	1966	1965
Health visiting ..	9,844	8,316	11·2	9·6
Home nursing ..	5,717	5,352	6·5	6·2
Home help	5,182	4,621	—	—
Chiropody	10,838	8,670	12·3	10·0

Advisory health clinics for the elderly were provided on an experimental basis in the Aberdare and Mountain Ash Health Division in April 1966. The divisional medical officer has issued the following report:—

TABLE 75.

ADVISORY HEALTH CLINICS FOR THE ELDERLY.

Number of aged persons who attended advisory health clinics	No. of attendances	No. of clinics held
145	230	53

Number of patients suffering from defects requiring attention 98
Number referred to general practitioners for further investigation .. 45

Some of the defects which required attention were:—

Chiropody	39
Dental	19
Diet..	15
Refraction	14
Hearing	10
Meals on wheels	11
Home Help	2

Medical conditions which require referral to family doctor included:—

Anaemia	9
Nervous conditions ..	5
Albumin	5
Diabetes	2

Dr. F. L. Willington, Consultant Geriatrician, attended some centres when possible.

Clinics were held whenever possible in the afternoon to suit the convenience of old people. Six new patients were seen in a session so that time could be devoted to them. The clinics are much appreciated since the assistant medical officer and the health visitor are allocated the time to talk to the elderly about their problems. Much of this is concerned with social conditions, for example, advice on supplementary pensions, provision of meals on wheels, chiropody, advice concerning dentures, spectacles, and hearing aids.

Chiropody Service.

The Authority commenced providing a chiropody service in September 1960. The service is provided free of charge to the elderly, expectant mothers, and registered handicapped persons. On 31st December 1966, the service consisted of one chief chiropodist, 12 senior chiropodists, 10 sessional chiropodists; whole-time equivalent $17\frac{4}{40}$ chiropodists. Whole-time equivalent in December 1965 was $13\frac{22}{40}$.

The number of patients who received treatment in 1966 was 11,314 compared with 6,927 in 1964. Elderly persons who suffer from chronic foot defects may require regular treatment until they die, so that the proportion of patients who are cured of their disabilities is small. The number of patients being treated appears to be increasing at the rate of 2,200 a year and since a national study on the needs of the aged suggests that 30 per cent of the elderly would need chiropody treatment, it may be difficult to obtain the extra staff to meet this demand. At present about 12–13 per cent of the aged population in Glamorgan is receiving free chiropody treatment, Since patients who suffer from chronic foot defects require regular attention in order to obtain relief from pain it is essential that this treatment should be provided at frequent intervals, usually about eight weeks, since after this period the patient hardly benefits at all. Unfortunately the average gap between treatments in Glamorgan is about 13–14 weeks and consideration is

being given to the setting up of a prosthetic service so that permanent removable supports or insoles could be provided to certain patients so that they would be free of pain and discomfort over very much longer periods and this would entail much fewer visits to the chiropodist.

In the long term it will be necessary to reduce the incidence of foot defects in the population by ensuring that school children of today do not maltreat their feet so that in later life they will not make demands on the chiropody service. The Society of Chiropodists held a foot health campaign in Cardiff during the period 27–30th April, and health visitors from each division attended some of the lectures. During the period 1st April–December 1966, 100 lectures were given in schools by health visitors and orthopaedic nurses on foot health and posture.

The following table indicates the number of patients dealt with in 1966 and a comparison is made with the previous year :—

TABLE 76.

	Aged	Handi-capped persons	Blind persons	Expectant mothers	Diabetics	Others	Total
1965..	8,670	258	75	29	82	74	9,188
1966..	10,838	220	32	22	30	172	11,314

During the week ended 10th December, 1966, the number of patients registered for treatment in the various health divisions was as follows:—

TABLE 77.

Division	Registered for receiving treatment at clinics	Registered for receiving treatment at home
Aberdare and Mountain Ash	872	306
Caerphilly and Gelligaer ..	652	360
Mid-Glamorgan	1,147	292
Neath and District	1,177	55
Pontypridd and Llantrisant ..	622	353
Port Talbot and Glyncorrwg	365	239
South-East Glamorgan ..	1,368	794
West Glamorgan	1,023	214
Rhondda Borough	1,600	726

A chiropodist is able to treat eight patients at a clinic or five patients at home during a half-day session.

Mr. L. G. Burland, the Chief Chiropodist, has submitted the following report:—

The Chiropody Service.

"The demands on the chiropody service are now so heavy that it may be necessary to introduce a review of the type of patients receiving treatment. By this is meant that those patients with chronic foot disorders in addition to those suffering from diabetes, vascular insufficiency, etc., would receive more regular attention than they are getting at present.

Those patients with lesser foot troubles and those requiring only simple nail attention would receive treatment at a time when warranted by their foot condition.

This situation has come about as a result of the inability to recruit sufficient, qualified staff: this stems from the fact that to the recently qualified chiropodist the commencing salary and increments are not high enough to induce them to take full-time positions.

Most of the new applicants express a desire for sessional appointments as they feel that these sessions are the more financially rewarding.

In my opinion, it would appear that in the future the service is likely to be run by a small core of full-time officers, with in addition a much larger number of sessional chiropodists."

ISSUE OF MEDICAL COMFORTS.

As hitherto, nursing aids are issued free on loan to patients nursed at home, nd in addition lift hoists are supplied to paraplegics and other severely crippled ersons who need them. Absorbent pads are also issued to incontinent bed patients nd during the year authority was given in Welsh Board of Health Circular 14/66 or the provision of disposable liners for incontinent patients who are ambulant.

PROVISION OF CONVALESCENCE.

The Authority provide convalescent treatment at the "Rest" Convalescent Home, Porthcawl, and reserved 383 bed weeks. 374 bed weeks were taken up. The majority of patients are elderly chronic sick and because of the wet summer experienced in 1966 there were fewer applications so that it was not possible to fill the vacancies caused by patients who were too ill to attend.

NIGHT SITTER-IN SERVICE.

This service tends to the needs of critically ill patients where no near relatives or neighbours are available and able to provide this care, and also provides relief to relatives who attend to the patient's needs at other times. The service is intended for patients in the terminal stages of their illness and for this reason demand fluctuates. During the year 1965 demand was heavy and the establishment of night sitters was increased from the equivalent of 10 full-time to 23 night sitters. During 1966 however, there were fewer calls for their services.

CO-OPERATION WITH GENERAL PRACTITIONERS.

In recent years co-operation between the Authority and general practitioners has been closer than at any other time. This development is to be welcomed since the good care of patients depends on it. This co-operation follows two main approaches:—

(*a*) the provision of health centres and the use of clinics for surgery purposes;

(*b*) providing general practitioners with the services of health visitors and other nursing staffs.

Following the publication of the Gillie Report on the field of work of the family doctor and also the development plans for the hospital and health and welfare services, the Authority agreed in December 1964 to the principle of providing health centres and decided to invite the Glamorgan Executive Council to join in preliminary discussions. During 1965 however, the British Medical Association had been negotiating with the Ministry of Health on a new Charter for the family doctor service and it was necessary to await clarification of the outcome of these negotiations before meeting the Executive Council. Frequent meetings have since taken place with groups of family doctors and representatives of the Executive Council to discuss projects for health centres.

Where practicable, the County Council have agreed to provide surgery accommodation in County Council clinics for general practitioners at negotiated rentals. These surgeries are branch surgeries rather than main surgeries and do not alter the character of a clinic into a health centre since extensive adaptations and alterations are not required. At the end of the year twelve clinics were used as surgeries. The Authority have also agreed that clinic premises should be made available, free of all charge, if the general practitioner makes use of them for ante-natal examinations. Eight clinics were used for this purpose by nine practices.

Concerning the close working of nursing staffs with family doctors, Table 78 indicates the position on 1st January, 1967. It will be noted that there are close links between the midwifery and the family doctor services. For many years there has been a trend for family doctors to hold their own ante-natal surgeries and arrangements have been made for county midwives to be in attendance at these surgeries since if the confinement is to take place at home, it is necessary for the midwife to know the ante-natal history of the patient.

All home nurses work under the direction of family doctors who indicate the treatment to be provided. Home nurses however work on a geographical basis and can therefore work for a number of practices. As an experiment, two nurses in the Pontypridd and Llantrisant Division have been attached to a group practice and this has enabled them to give minor treatments and injections at surgeries. When health centres have been built, it is intended that home nurses should be in attendance at special treatment rooms.

Family doctors have been encouraged to call on the services of health visitors and all County Council owned clinics have been provided with telephones to enable doctors to get in touch with health visitors. Many health visitors make regular calls on doctors to see if their services are required.

The areas of health visitors do not coincide in most instances with the areas of group practices, consequently there is a danger of the health visitor working in isolation and thereby giving conflicting advice, particularly to nursing mothers. It is now realised that a more effective health visiting and also family doctor service could be given if health visitors worked closely with doctors, and with this end in view it is proposed to re-organise the work of health visitors so that they will deal solely with patients belonging to particular group practices. This will mean that a health visitor will work only with one or two groups, or single-handed practices, so that the family doctor will have one health visitor only to deal with, or in a very large practice, two. During the past 18 months health visitor attachment has been the subject of an experiment in the Pontypridd and Llantrisant, and Mid-Glamorgan Divisions and Rhondda Borough. Experience shows that this arrangement has considerable benefits and that the patients are provided with a much improved service.

A health visitor attached to a general practice remains in the employ of the County Council. She is accepted as a full colleague by the family doctor in that she is expected to carry out her own proper duties in her own field of employment as if she were employed in the traditional way by the Authority. She is not directed in her duty by the family doctor but rather her help is enlisted when required. The full benefits of attachment, however, have not yet been seen since both doctors and health visitors need to be educated into making the most effective use of their respective skills.

There are, however, problems to be dealt with before attachment of staffs can be provided on a large scale and during the year 1967 it is intended to discuss these with the local medical committee as a preliminary to the attachment of health visitors on a County scale.

Table 78.

Co-operation General Practitioners.

Position January 1967.

Division	Clinics used by general practitioners free of charge Ante-natal	Do midwives attend these clinics ?	Other general practitioners' ante-natal surgeries where midwives attend	Health visitor attachment	Health visitors who attend general practitioner "well-baby" clinic	General practitioners who send patients to clinics for blood samples
Aberdare and Mountain Ash ..	4	Yes	7	—	—	—
Caerphilly and Gelligaer ..	—	—	5	—	—	—
Mid-Glamorgan	1	Yes	13	1	2	1
Neath and District	—	—	7	—	—	(Very infrequent)
Pontypridd and Llantrisant ..	1	Yes	6	2	—	3
Port Talbot and Glyncorrwg ..	—	—	—	—	—	—
South-East Glamorgan	—	—	4	—	—	Most general practitioners
West Glamorgan	1	—	2	—	—	Offer not accepted
Rhondda Borough	1 (2 G.P.'s)	Yes	5	1	1	4
Totals	8 (9)	—	49	4	3	8 +

Medical Certification.

During the year the Ministry of Health asked authorities to review their practice of asking for medical certificates from family doctors. It was decided to dispense with medical certificates in respect of the following services:—

(*a*) home help service (except in the provision of free home help in an ante-natal case where a woman had been advised to rest on medical grounds);

(*b*) chiropody;

(*c*) medical comforts;

(*d*) applications for convalescence;

(*e*) night sitter-in service. This was an emergency service and it was usual for requests to be telephoned.

The issue of medical certificates would continue to be required for ambulance transport, although in a majority of cases demand came from the hospital service.

Co-operation with the Hospital Service.

There has been a tendency in previous years for the divisions of the tripartite National Health Service to work without much reference to one another. There has been a considerable change of outlook between the general practitioner service and the local health authority services and this is referred to in page 80. Co-operation between the hospital service and our own services has always been close, particularly in matters of day to day administration. This is particularly so in the maternity and geriatric services.

The administrative county is divided into eight health divisions and the Borough of Rhondda, areas which coincide with the divisional educational services but not unfortunately with hospital management committee areas. The local maternity liaison committees are active and are attended by divisional medical officers and divisional nursing officers in addition to the headquarters' nursing officers and myself. There are also geriatric/mental health liaison committees which for the most part are flourishing. The consultant chest physicians and the consultant geriatricians hold joint appointments with the hospital and the authority and from time to time I convene conferences with them. We also work closely with the consultant child psychiatrist who works from clinics provided by us and consultant orthopaedic surgeons attend special school clinics. Health welfare officers are virtually attached to consultant psychiatrists of the Morgannwg Hospital Management Committee but this close link does not exist at the mental hospitals elsewhere. Nursing officers in some areas act as liaison officers with geriatricians and arrangements are made for assistant medical officers to attend ward rounds at some hospitals. Consultants and divisional medical officers are quick to see that arrangements can only be harmonious and effective if there is an understanding of one another's difficulties.

At Hospital Board level I attend the medical advisory committees. In preparing development plans there is an exchange of information, but there is, however, need for consultation at earlier stages in planning.

Co-operation with Voluntary Bodies.

Extensive use is not made of the services of voluntary bodies principally because organised voluntary work is a middle-class activity and the county is

mainly an industrial area where the middle class content in the population is low. Fortunately the mining valleys have a long tradition of neighbourliness and there is considerable voluntary work on an informal basis.

Nevertheless, the Authority has been pleased to work with and receive help from members of the Red Cross Society, who act as escorts for children returning home or returning to residential school for the handicapped, members of the R.W.V.S. who sell welfare foods at sales centres, and act as helpers at clinics and members of the Association of Mentally Handicapped Children who run in two areas nursery schools for the mentally handicapped.

The Marie Curie Memorial Foundation have given grants to provide extra nursing comforts, additional nourishment, clothing, bedding and day and night nursing to those who suffer from cancer and the Chest and Heart Association have also given help to patients who suffer from heart disease. Health visitors have worked closely with inspectors of the N.S.P.C.C.

SECTION 29—HOME HELP SERVICE.

The establishment of the service on 31st December, 1966, was the equivalent of 457 home helps. The service was affected by the need for making financial economy and the exhortations of the Government that authorities should keep public expenditure within reasonable bounds. The Health Committee were very desirous that the Ten-Year Plan for the development of the home help service should be as little affected as possible and economies were achieved by delaying planned increases in establishment as follows:—

Establishment March 1966, 436 equivalent whole-time home helps.
April 1966 441½
October 1966, 457
January 1967, 478.

This enabled divisional medical officers to provide a full service during the difficult winter months from January to March 1967.

6,341 householders were assisted during the year, which is double the number assisted in 1957, and an increase of 12 per cent on 1965 when 5,669 householders were helped. The number of householders helped during the past two years is as follows:—

TABLE 79.

NUMBER OF HOUSEHOLDERS ASSISTED.

	1965	Percentage of total	1966	Percentage of total
Aged	4,621	81·5	5,182	81·7
Tuberculosis, chronic sick ..	601	10·6	654	10·3
Maternity	206	3·6	219	3·5
Mentally disordered	11	0·2	12	0·2
Others	230	4·1	274	4·3
	5,669	100	6,341	100

The average number of hours' help given to householders during 1966 is given below:—

TABLE 80.

WEEKLY AVERAGE NUMBER OF HOURS HELP PROVIDED.

	Aged, chronic sick, and T.B. cases			Totals of all cases		
	Number of cases	Total hours of service provided	Average hours per week per case	Number of cases	Total hours of service provided	Average hours per week per case
A week in March	3,905	15,665·5	4·01	4,062	16,439	4·05
A week in June	3,930	16,466·0	4·19	4,098	17,303	4·22
A week in Sept.	3,943	16,283·0	4·13	4,106	17,033	4·15
A week in Dec.	4,434	19,556·75	4·41	4,587	20,426·25	4·45

The service is mainly one for the elderly and chronic sick and makes an important contribution to prevent breakdowns socially and physically, thus enabling the elderly to live in their own homes. About half of the elderly patients receive help once a week although those in greater need receive help at more frequent intervals. Home help organisers are now classifying these according to the degree of incapacity by ascertaining to what extent the householder can do four things with or without difficulty:—

(*a*) heavy housework, viz., washing floors, cleaning windows;

(*b*) light housework, washing up, dusting;

(*c*) prepare hot meal;

(*d*) make cup of tea.

The householder who is able to do heavy housework without difficulty does not need the services of a home help but where the householder is able to do only light housework and prepare meals, help for one half-day a week would be necessary, and where he or she could not prepare meals in addition to housework help would be needed on a daily basis.

A small minority of householders are in the helpless category who have to be fed and put to bed. In mining areas and the settled communities, relatives and and neighbours usually see to the needs of such patients and many move into the homes of relatives, or if this is not possible to a County Council home for the aged. In towns on the sea coast the communities do not appear so close and the responsibility for looking after helpless old people devolves more often on the statutory services. Home help for such patients is provided on a daily or twice daily basis and there are grounds for providing this small minority of people with a new type of home help, the paid "good neighbour" who undertakes light duties such as preparing a hot meal and settling the patient for the night for a fixed weekly sum, rather than being paid at an hourly rate.

The Authority have considered Welsh Board of Health Circular 25/65 dealing with the home help service and have agreed to provide, free of charge, the home help service regardless of earnings where expectant mothers who have been advised to rest, for example, because they are suffering from toxaemia. Proposals were also studied for the in-service training of home helps.

A review was made during the year of administrative arrangements for the home help service and these have been simplified enabling the service to be run more effectively at lower costs.

I am indebted to Mrs. N. O. Parry, the County Home Help Organiser, for the following report:—

"Home helps have now become an integral part of the public health service. One still hears, on occasion, that the elderly and chronic sick 'managed' without official help until the 1946 Act, but those closely involved in directing the service realise the hardship that must have been endured by many—particularly the elderly living out their remaining years in loneliness and discomfort.

Our helps are responding magnificently to the increasing responsibilities being placed upon them, not only in the case of the aged sick but also in supporting the younger members of the community. There are women in the 40–60 age group confined to the home, possibly in wheel chairs, as a result of disseminated sclerosis, rheumatoid arthritis, the effects of poliomyelitis, stroke, or road accident. Many of these plucky housewives do their utmost to carry out household duties in spite of such severe handicaps and with the co-operation and encouragement of a practical home help a fairly independent life can still be maintained.

Then there are families where for one reason or another the mother is absent. The "hand-picked" home help can do a wonderful job here in keeping the family together during the emergency.

An important feature of the service now given to young mothers is the waiving of the charge for help given during the ante-natal period to those specifically required to rest (Welsh Board of Health Circular 25/65 refers). During this, the first year, the scheme has been in operation a considerable number of mothers have benefited."

Home Help Service—Staff and Households Assisted.

Table 81

Year	Home Helps employed at 31st December		Number of households assisted				Total cases attended per 1,000 population
	Total	Wholetime equivalent	Maternity	Aged T.B. and chronic sick	Others	Total	
1960	701	292	214	3,148	481	3,843	5·1
1961	684	293·5	245	3,332	552	4,129	5·5
1962	730	317	183	3,587	600	4,370	5·8
1963	816	339	177	4,107	344	4,628	6·2
1964	915	369·5	153	4,577	311	5,041	6·7
1965	932	415	206	5,222	241	5,669	7·4
1966	907	457	219	5,836	286	6,941	8·3

Table 82.

Types of Cases where Home Help was provided, 1966.

Health Division	Aged 65 or over	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total
Aberdare and Mountain Ash ..	556	72	—	11	41	680
Caerphilly and Gelligaer ..	558	59	2	13	15	647
Mid-Glamorgan	687	91	—	19	33	830
Neath and District	415	44	—	11	27	497
Pontypridd and Llantrisant ..	492	46	2	13	23	576
Port Talbot and Glyncorrwg ..	465	82	—	13	11	571
South-East Glamorgan	757	76	3	127	56	1,019
West Glamorgan	365	37	2	8	47	459
Rhondda Borough	887	147	3	4	21	1,062
Totals	5,182	654	12	219	274	6,341

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, or various other agencies, were undertaken on behalf of the Local Health Authority by the Senior Medical Officer, Dr. J. P. J. Clarke.

(*b*) Junior training centres with places for 615 pupils have been set up. The work of these centres is organised by Miss H. B. Brown, Organiser for Junior Training Centres, and the names of the Supervisors are as follows :—

Junior Training Centre.	*Supervisor.*
Aberaman	Miss M. E. Matthews.
Aberkenfig	Miss M. K. Ford.
Barry	Miss B. A. Jenkins.
Briton Ferry	Miss W. E. Grey.
Penllergaer	Mrs. D. L. Overton.
Talbot Green	Miss D. Garland.
Trealaw	Mr. D. T. James.
Ystrad Mynach	Miss D. M. John.

Hostels for children attending junior training centres have been set up at Aberkenfig and Barry and, at Bridgend and Pontypridd, there are hostels for young adults who are in employment or who are considered suitable for employment. The names of the wardens of these hostels are as follows:—

Hostel.	*Warden.*
Aberkenfig	Mrs. M. Corless.
Barry	Mrs. M. May.
"Maesglas", Bridgend	Mrs. A. Day.
Pontypridd	Mr. K. J. Johnson.

(*c*) *Senior Health Welfare Officers.* Provision has been made in the Authority's ten-year plan for the appointment of six senior health welfare officers. As from 1st November, 1966, Mrs. W. E. Morris and Miss A. M. B. Thomas were appointed in this capacity. These officers, together with Mr. T. W. J. Anstee, will work in close co-operation with the hospitals for the mentally ill serving the area, as well as assisting in the training of new staff. The senior health welfare officers will also act as social workers to the residents at the Authority's hostels for working boys and girls at Pontypridd and Bridgend and will visit patients awaiting urgent admission to subnormality hospitals.

Senior health welfare officers will play an increasingly important part in o-ordinating the work of the health welfare officers and other social work epartments. They attend the divisional co-ordinating committees and the ental health geriatric liaison committees.

(*d*) *Health Welfare Officers.* On 31st December, there were nineteen health elfare officers on active duty. Two officers attending the two-year Younghusband ourse returned to duty in July and four officers commenced courses of study in eptember, three on a one-year course and one on a two-year course. Five officers ill be completing their training in July 1967.

At the end of the year, there were vacancies for four health welfare officers in lamorgan and it is hoped the recruitment of staff will improve as the training social workers gains momentum.

One of the drawbacks in attracting social workers to the mental health field ay be the "on-call" duty which officers have to undertake every fifth week. he arrangements for "on-call" cover between 5.0 p.m. and 9.0 a.m. on weekdays d during weekends is kept constantly under review in the hope that this least tractive part of their duty can be kept to a minimum.

HE ADMISSION OF THE SUBNORMAL PATIENT TO HOSPITAL.

TABLE 83.

NUMBER OF SUBNORMAL PATIENTS ADMITTED SINCE 1955 TO HOSPITALS.

	Under Order	On an informal basis	As places of safety	For short-term stay
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
1964 ..	2	36	—	101
1965 ..	2	21	—	108
1966 ..	2	23	—	109

Throughout the year there was a regular demand, sometimes of extreme gency, for the admission of patients to hospitals for the mentally subnormal. rmanent admission to hospital is only recommended when all facilities outside spital have been fully explored. The stress of caring for a severely handicapped tient at home is well known, and health welfare officers play an important part in pporting the families of these patients.

The arrangements for patients to spend periods of short-term care in hospitals hostels have been invaluable and during 1966 109 patients spent periods of ort-term care in hospitals of from one to eight weeks' duration, whilst forty-five tients stayed at the Authority's hostels for similar periods. Admission to subnormality hospital has been delayed in a large number of cases because of this cility and I would like to record my appreciation of the medical superintendents the local subnormality hospitals for their co-operation in admitting these patients

so that families can enjoy much-needed breaks. The demand for short-term care is greatest during the summer months, when families avail themselves of the opportunity of well-earned holidays.

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

(*a*) Patients urgently requiring admission	16
(*b*) Patients who would accept admission if a bed was available but whose admission is not considered urgent	33
(*c*) Patients who would not be prepared to accept admission at present but who, it is anticipated, will require admission in the future	213

The need for admission to hospital does occur in cases not listed above. In certain circumstances, a subnormal patient unexpectedly is left with no-one to look after him and hospital admission is the only answer.

It is gratifying to record, however, that nine patients left subnormality hospitals during the year. In four of these cases, the relations were able and willing to take the patient home. The availability of the Authority's services have contributed in helping the parents decide to have the patient home, and in each case, arrangements were made for the patient to commence attendance at a training centre immediately on his return home. Two boys were transferred from Hensol Castle Hospital to the Working Boys' Hostel at Pontypridd. Both boys soon settled down and were found employment. Three girls left hospital and took up residence at "Maesglas" Hostel. They all settled down quickly and were found employment.

Unfortunately, the number of patients who can be considered for discharge must be small but Dr. T. B. Jones, Medical Superintendent, Hensol Castle Hospital, is continuing to refer those patients he considers suitable for a return to the community.

As the Authority's services increase with the opening of adult training centres, it is anticipated that this growth of the services for the subnormal will continue.

The out-patient clinic for subnormals at Bridgend was discontinued during the year. This clinic which was attended by Dr. F. G. Farrelly of Hensol Castle Hospital proved to be of great value for the treatment of patients whose difficult behaviour was creating problems at home and hostels and it is hoped that this clinic will be resumed in the near future. The out-patient clinic at St. David's Hospital, attended by Dr. D. C. Wynn Jenkins, Physician Superintendent, Ely Hospital, continues to serve those patients residing in the Eastern half of the County.

Admission of Patients to Hospital for the Mentally Ill.

Since 1st July, 1955, the catchment areas of hospitals for the mentally ill affecting Glamorgan, have been arranged by the Welsh Hospital Board as follows:—

Hospital.	*Catchment Area.*
Pen-y-Val, Abergavenny ..	Monmouth County (except Caerleon Urban District, Magor and St. Mellons Rural District), Gelligaer Urban District, and Brynmawr Urban District.

Hospital	*Catchment Area*
Whitchurch, near Cardiff..	Cardiff County Borough, Caerphilly Urban District, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanedeyrn, Radyr, Rhyd-y-Gwern, Rudry, St. Fagans, Whitchurch, and Van.
Morgannwg, Bridgend ..	Glamorgan County (except Cardiff Rural District East, Gower Rural District, Llwchwr Urban District, Pontardawe Rural District, Caerphilly Urban District, Gelligaer Urban District, and Penarth Urban District), and Merthyr County Borough.
Cefn Coed, Swansea ..	Swansea County Borough, Gower Rural District, Llwchwr Urban District, and Pontardawe Rural District.

During 1966, the health welfare officers arranged the admission to hospital for 394 patients of whom 407 were formally admitted, 357 under section 29 of the Mental Health Act, 1959.

TABLE 84.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS, 1956–66.

Year	Lunacy Act, 1890				Mental Treatment Act, 1930				Mental Health Act, 1959								Informally		Total admissions arranged
	Sections 14–16 Patients certified as of unsound mind		Section 20 Patients admitted for observation		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.	M.	F.	M.	F.	M.	F.	
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	5	3	21	34	–	–	156	228	787
1961 ..	–	–	–	–	–	–	–	–	12	14	5	11	188	235	–	–	163	235	863
1962 ..	–	–	–	–	–	–	–	–	9	12	8	7	146	190	1	–	131	182	686
1963 ..	–	–	–	–	–	–	–	–	19	26	2	18	132	178	3	–	107	136	621
1964 ..	–	–	–	–	–	–	–	–	8	25	11	4	109	189	–	–	166	167	649
1965 ..	–	–	–	–	–	–	–	–	5	8	8	12	173	175	2	–	183	236	802
1966 ..	–	–	–	–	–	–	–	–	9	28	2	5	148	209	6	–	195	292	894

Community Care.

Since July 1965, health welfare officers have been visiting all the mentally ill and subnormal patients residing in their areas who have been referred for community care.

Altogether 2,998 mentally ill patients and 2,012 subnormal patients are visited at their homes by health welfare officers. The case loads of the individual officers are far too heavy and it is impossible for all patients to receive visits at the desired frequency. As a result, officers often have to concentrate their visits on the more difficult cases.

The greater part of the administrative county lies within the catchment area of Morgannwg Hospital and this is divided for the administration of community care services into areas for which the consultant psychiatrists based at Morgannwg Hospital are responsible.

Most health welfare officers work to the consultants at Morgannwg Hospital; the officers in the west of the county work to Cefn Coed Hospital, those in the east of the county to Whitchurch Hospital, and Peny-Val Hospital serves the area of the Gelligaer Urban District Council.

The admission of patients to hospital 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 all, some 12,473 reports were completed by health welfare officers during the year and copies of these reports were distributed to the various hospitals and consultants as well as to those general practitioners who had asked to be supplied with reports regarding their patients.

Visits to mentally ill patients are discontinued only with the agreement of the consultant concerned. Health welfare officers are able to discuss their patient's needs at conferences held at the hospitals and, in some cases it is possible to arrange for health welfare officers to visit patients at hospital prior to their discharge.

The need for hostel accommodation for patients well enough to leave hospital remains. These patients admitted to hostels would be those who were not ready to cope with the problems of every-day existence in the community.

Copies of reports on subnormal patients are forwarded when considered necessary to the medical superintendents of the subnormality hospitals, general practitioners and other interested agencies.

The community care of subnormal patients presents a great number of problems. Of the 2,012 patients receiving supervisory visits, 65 are married and need a considerable amount of support from the social work agencies. It is gratifying to note that 298 subnormal patients residing in Glamorgan are in whole-time employment—some of whom are holding down responsible jobs. Of the 493 subnormal and severely subnormal patients in the 21–30 age groups, 139 are working regularly whilst 118 are attending training centres. The number of gainfully employed patients in this group will, it is hoped, increase considerably when the adult training programme commences.

Table 85.

Training Centre Provision for Pupils at Different Ages.

Centre	Accom-modation	Numbers in attendance on 31st December, 1966								
		Age 5–9		Age 10–15		Age 16 and over		Total		Total
		M.	F.	M.	F.	M.	F.	M.	F.	
Aberaman	55	7	5	2	5	16	8	25	18	43
Aberkenfig	100	15	8	16	14	29	26	60	48	108
Barry	100	8	14	13	14	15	27	36	55	91
Briton Ferry	75	10	3	11	4	15	20	36	27	63
Penllergaer	60	2	4	7	6	19	13	28	23	51
Talbot Green ..	75	9	3	10	8	17	22	36	33	69
Trealaw	75	7	5	6	9	24	13	37	27	64
Ystrad Mynach ..	75	5	10	8	5	26	19	39	34	73
Swansea	—	—	—	—	—	3	—	3	—	3
Total ..	615	63	52	73	65	164	148	300	265	565

Whilst the accent has again been on social adaptability, the training of the older pupils has been geared to their preparation for adult training and the staffs at the various centres can be complimented on their efforts in this important aspect of the training programme.

During the year a number of interesting visits were made by pupils from the various centres to museums, factories and places of historical importance. The completion of the Severn Bridge made a visit to the zoo at Bristol a shorter journey and several centres enjoyed crossing the bridge followed by an entertaining afternoon at the zoo. It has now become the practice to precede each visit with explanatory talks and follow up with projects in order that the maximum benefit can be obtained.

Several members of the staff, at least one from each training centre, attended a course on educational rhythmics for the mentally handicapped. They found the instruction received to be of great value and were able to introduce movement and music into their presentations at the harvest festivals and Christmas concerts. The fruit and food taken to some of the centres for the harvest festivals was given to needy pensioners and patients suffering from mental illness.

The Christmas parties are always enjoyable occasions for the staff and pupils and a Father Christmas is often recruited from an unusual source. The staffs at the centres are appreciative of the co-operation and assistance they receive from many organisations, all of whom contribute to making these occasions so enjoyable.

Success has been achieved in the fields of art and swimming. The paintings of two pupils who were attending the Ystrad Mynach Training Centre, were hung at the International Exhibition of Paintings by the Mentally Handicapped held at the Quantas Gallery, Piccadilly, London. One of the paintings was purchased by an American visitor. One boy attending the Talbot Green Training Centre received a merit award from a woman's magazine for his efforts at designing a Christmas card. The swimmers were eleven pupils attending the Briton Ferry Training Centre, one of whom received a junior swimming award and ten received Endeavour awards.

Also at Briton Ferry Training Centre, fourteen girls belong to the 2nd Briton Ferry Ranger Company which is part of the Extension Section of the Girl Guides Association.

Among the other activities were visits by a hair stylist, a sports day, in which most of the pupils took part, visits to the circus, each occasion being followed by projects.

Open Days.

It was decided that "Open Days" at all the centres should be held during "Mental Health Week". Very successful open days were held on the dates shown below:—

Date of "Open Day"	*Centre.*
7th June, 1966 ..	Aberaman.
	Briton Ferry.
8th June, 1966 ..	Aberkenfig.
	Barry.
	Penllergaer.
9th June, 1966 ..	Ystrad Mynach.
10th June, 1966 ..	Talbot Green.

These days when the centres are open to the public have become an integral part of the school year. Parents and other interested people seem to look forward to the day when they can observe the pupils at work, and many avail themselves of the opportunity of purchasing some of the items made by the pupils during the course of their training.

Conveyance of Pupils.

Most of the pupils attending the training centres travel by special transport provided by the Authority. Contracts were made with bus companies for twenty-seven bus routes to the various centres; two taxis and two ambulances were also used.

Hostels Attached to Training Centres.

During the year, 88 children resided at the hostels attached to training centres for varying periods, 32 spending 3,339 residential days at Aberkenfig and 56 children spending 4,630 residential days at Barry. Of these children, four resided permanently at the hostels and one, a girl of sixteen, was being considered for transfer to the Working Girls' Hostel at Bridgend.

The hostels are now well established "homes from home" for a large number of children, many of whom would have been occupying hospital beds. The wardens must be congratulated on having maintained the homely atmosphere in the hostels.

The staff position at the hostels has eased considerably since the introduction of part-time night attendants, and, at each hostel, it has been possible to keep the same housemothers for most of the year, a factor which contributes considerably to the smooth running of these establishments.

During the summer holidays, it has been the practice to close one of the hostels for a three-week period, but during August this year there was such a demand for places at the hostels that the Sub-Committee decided, in future, both hostels would remain open throughout the summer holidays. The arrangement whereby one hostel closes for the Easter, Spring, and Christmas Bank Holidays continues.

All the children residing at the hostels attend the training centres attached to the hostels. The children who spend the week-ends at home are conveyed to the hostels by special buses on Monday mornings and are returned home on Friday afternoons.

"Maesglas" Hostel (*Warden: Mrs. A. Day.*)

During the year twenty-seven girls resided at "Maesglas", nine of whom were resident for the whole year. On 31st December there were nineteen girls in residence and throughout the year, 5,069 residential days were spent at the hostel. On 1st January, there were fourteen girls in residence, nine of whom were employed. Three girls admitted from various hospitals during the year were found jobs and remained in employment throughout the year.

The greatest problem is finding suitable employment for the girls in residence. Close liaison is maintained with the local managers of the Ministry of Labour and the Ministry of Social Security.

Before any girl is admitted to the hostel, her suitability and employment prospects are discussed at meetings of the selection panels which consists of the Senior Medical Officer, Senior Health Welfare Officer, Warden, and representatives of the Ministry of Labour and Youth Employment Service.

The Warden and the staff encourage the girls to take up interests outside the hostel and all the girls attend weekly cookery classes. Many of them also belong to youth clubs and attend church regularly. Dancing classes are held at the hostel on Friday evenings.

During the summer, the Warden took a party of the girls to Switzerland and at the end of the holiday, the girls were unanimous that their savings throughout the year had been well-spent.

Pontypridd Hostel (*Mr. K. J. Johnson*).

At the beginning of the year, there were ten youths residing at the hostel, five of whom were in full-time employment. In December 1966, there were nineteen boys in residence, two for the whole year, with fifteen in full-time employment. Throughout the year twenty-six boys resided at the hostel for 3,600 residential days, and thirty-one places of employment have been found. The weekly wage of the boys in employment averaged more than £10 per week.

Selection panels similar to those held at the working girls' hostel in Bridgend were held from time to time and it is gratifying to record that a high employment rate was maintained throughout the year. It was feared that the Selective Employment Tax and the "freeze" might affect the employment of residents of the hostel but although it was more difficult to find jobs during the summer months, only three remained unemployed for more than two months.

Many have first-class work records and appear to have established themselves with their firms, three having returned home and continued to hold down their jobs. Several of the boys could leave the hostel but the employment prospects in their home towns are not good and it is unlikely that employment could be found for them if they resided at home.

The warden and the staff have done a great deal to get the hostel accepted in the community and it is pleasing to record that a large congregation attended a carol service held at the hostel during the week before Christmas.

The boys are encouraged to take up activities outside the hostel and the Warden continues in his efforts to get them to attend evening classes and youth clubs. Most boys spend their weekends at home.

Those who are unemployed assist the handyman in his duties. The committee decided to redesignate the post of handyman to that of handyman/instructor and the instruction given has proved to be of value when work is found outside the hostel. A great deal of time was spent in preparing a plot of ground near the hostel as an allotment and it is hoped that the results of these labours will show during the coming year. From time to time, teams of boys are ready to help organisations in the locality and because of their willing labour many of the social barriers are being penetrated.

TRAINING (*Report by Mr. D. G. Sellwood, Psychiatric Social Worker/Training Officer*).

"Last year I ended my report with a criticism of the accommodation then provided for the students, trainees and myself. It is very gratifying, therefore, to be able to comment this year on the great improvement which has taken place in this respect since the Department's move to Greyfriars.

Staff.

Two more of our trainee health welfare officers started the Younghusband Course in September and were immediately replaced from candidates interviewed earlier. The trainees' programme included, as before, periods of observation on the wards of Morgannwg Hospital and Hensol Castle, and a fortnight's residence in the Pontypridd Working Boys' Hostel. Trainees also spent a day a week for one or more terms in a junior training centre. These experiences all served the dual purpose of enabling them to become acquainted with individuals suffering from different forms of mental disorder and also to gain an understanding of how such people are helped in a variety of ways. However, the backbone of their programme was, as it must always be, the opportunity to give direct help themselves to a small selected number of people. This is where the trainee begins to test his aptitude for the demanding and sensitive task of helping to relieve distress in other people and sometimes to enable them lead a somewhat fuller, more satisfying, life.

1966 saw the beginning in Cardiff of the one-year Younghusband Course for older, more experienced, officers. Three of our health welfare officers attended the course, and it is hoped that the remaining officers who are eligible will be accepted within the next couple of years. Unlike the two-year course the one-year is a temporary measure intended to meet the training needs of a limited number of officers who have at least five years experience in the field.

At the present rate of secondment most of the present staff will have completed their training by 1970. This is quite a remarkable pace at which to professionalise a social work service when one thinks that the first officer to be seconded for training started her course only in 1961.

The question to which the department must increasingly give its attention now is by what means it can attract and retain the services of qualified social workers. It is a very costly business to appoint unqualified people and then pay for their two years of training and a great loss when staff leave the department after they have been trained. A certain amount of staff turnover is inevitable and not necessarily detrimental to the service, but qualified social workers expect better conditions of service, more "job satisfaction", generally speaking, than untrained workers and, because they are qualified, there is little difficulty in finding more congenial employment.

During the year several members of staff attended short courses and conferences on a variety of subjects: family casework, social services and people's needs, research methods, psychiatry, training. These served useful purposes in helping staff to gain information and ideas relevant to their field of work and in stimulating and sustaining their efforts to offer a better service to the community.

The monthly meetings of health welfare officers at Cardiff and Aberkenfig have continued although in a rather different and, I think, more helpful form. As well as having case discussions we have invited people to talk to us on various topics, e.g. "The Work of a Disablement Resettlement Officer", "Social Work in a Mental Hospital", "The Experience of being a Social Work Student", etc. These occasions afforded an opportunity for a useful exchange of views and information. Another innovation was for the groups to visit such places as the industrial rehabilitation unit in Cardiff, our own hostel for working girls, the Residential Special School for E.S.N. girls, and the Llanerch Psycho-Geriatric Unit. The importance of these visits lay, naturally, not so much in seeing the bricks and mortar but in meeting the staff and learning from them what they are trying to do. At another meeting an excellent mental health film was shown and discussed.

Plans have been started for the arrangement next year of a study day and of a short course in some aspect of psychiatry.

STUDENTS.

The department has been used as a fieldwork placement by the Cardiff Younghusband Courses (one and two year) for eight of their students, by Cardiff University College for one of its Applied Social Studies students, by Swansea University College for one of its Social Administration students and by Liverpool University for one of its Social Science students.

The training officer supervised all the professional students except one who was supervised by the senior health welfare officer. Two of the pre-professional students were supervised by health welfare officers. As was anticipated in last year's report suitably qualified and experienced members of staff are already taking a greater part in the fieldwork training of social work students.

As well as being asked to assist in the selection of students for the Cardiff Younghusband Courses, the training officer has helped several people with their individual queries about social work training and entry into the profession.

LIBRARY.

This now comprises forty-four titles. The total number of borrowings ncreased from thirty-seven in 1965 to seventy-seven in 1966, and over 70 per cent f these were made by staff, which is an indication of their interest in their work.

TRAINING OF SUPERVISORS AND ASSISTANT SUPERVISORS.

In October a conference was held with representatives of neighbouring uthorities regarding the results of the course of instruction for Assistant Supervisors f Training Centres in South Wales and Monmouthshire. The conference xpressed their satisfaction with the arrangements that had been made by Dr. C. W. nderson (Deputy Medical Officer of Health for Cardiff), the course organiser.

Of the twelve students enrolled for the 1965–66 course, six were members of e staff of Glamorgan training centres and all the Glamorgan students were ccessful in the final examination.

It was decided to organise a shortened course during 1967 and, becase of the rthcoming retirement of Dr. Anderson, the arrangements would be made in my partment.

A residential in-service refresher course for supervisors and assistant pervisors of training centres was held at Dyffryn House, St. Nicholas, on 16th, th, and 18th September, 1966.

Miss Hilda B. Brown, County Organiser of Training Centres, acted as course rden and the lecturers were as follows:—

Mrs. A. G. Corbet, former Art Mistress, Bedwas Grammar School.
Mr. I. Price, Manager, Adult Training Centre, Oxford.
Mr. A. B. Briggs, Assistant Supervisor, Barry Training Centre.
Dr. F. Farrelly, Medical Officer, Hensol Castle.
Mr. T. Doyle, Senior Educational Psychologist, Glamorgan County Council.

Forty-eight supervisors and assistant supervisors attended."

Inspection and Supervision of Food.

The County Council is the Food and Drugs Authority for eighteen of the twenty-four County districts. Samples of a wide range of foods and drugs are submitted for analysis to Dr. L. E. Coles, the County Analyst, at the County laboratory by the County sampling officers and the sampling officers of the autonomous county districts. Dr. Coles and his staff also examine samples of foods and drugs submitted by the Merthyr Tydfil County Borough, samples of fertilisers and feeding stuffs for the county Diseases of Animals Committee and the County Borough of Merthyr Tydfil and samples of water, sewage, trade effluence and atmospheric pollution submitted by the county districts and Merthyr Tydfil. Examinations are also made of rain water and drinking water for radio-activity and milk is examined under the Milk (Special Designation) Regulations 1963, for the Public Health Laboratory Service. The County Laboratory also participates in the regional scheme for the examination of pesticide residues in food stuffs.

Dr. Coles' annual report for the year has been published and this gives a detailed account of the work of the laboratory. It is only necessary therefore to make a brief reference to this work.

Table 86.

Total Samples Examined.

During the year a total of 10,503 analyses and tests have been carried out, and are classified in the following table:—

For County Council:		
Food and Drugs Act	3,667	
Fertilisers and Feeding Stuffs Act	126	
Waters—swimming baths	30	
Milks for antibiotics	244	
Effluents	1	
Private purchasers' complaints	33	
Other miscellaneous samples	10	
Pesticide Survey	12	
		4,123
For the County Districts and the County Borough of Merthyr Tydfil:		
Food and Drugs Act	1,627	
Waters—potable	431	
Waters—swimming baths	186	
Effluents, etc.	29	
Ice-creams	169	
Atmospheric pollution analysis	160	
Private purchasers' complaints	48	
Milks for antibiotics	61	
Radioactivity	16	
Fertilisers and feeding stuffs	25	
Other miscellaneous samples	11	
		2,763
For the Medical Research Council: (Public Health Laboratory Service)		
(a) Milk samples—Phosphatase and Methylene Blue Tests	2,378	
(b) Milk samples—Turbidity Tests	130	
		2,508
Samples from all other sources:		
Waters—potable	353	
Waters—swimming baths	92	
Waters—fluoride content	4	
Effluents, etc.	143	
Ice-creams	215	
Atmospheric pollution analysis	170	
Radioactivity	55	
Other miscellaneous samples	77	
		1,109
Total number examined		10,503

The work of the laboratory directly concerned with the county council amounted to 39 per cent of the total, that for the seven food and drug authorities, including the County Borough of Merthyr Tydfil, amounted to 26 per cent, and district sanitary authorities in the administrative county and the Medical Research Council accounted for 35 per cent of the work.

Dr. Coles states that the nature of the work of the laboratory is gradually changing and expanding, being recognised as not only an analytical service but also a scientific advisory service to the local authorities within the administrative area of the county council. The work undertaken calls for staff of the highest calibre where experience as well as high academic qualifications is essential to give an unbiased opinion on the interpretation of the analyses. The numerous private purchasers' complaints are not always justified and an independent investigation sometimes protects the manufacturer from unfair criticism, while at the same time giving the private consumer the widest possible protection.

Towards the end of the year the laboratory took part in a National Pesticide Residue Analysis Scheme to estimate the residues, if any, of pesticides in food substances. Modern instrumental technique can detect most pesticide residues well below one part per million. The accumulative evidence from county councils, borough, and district councils will provide reliable information as to whether foodstuffs, are in fact contaminated and to what extent.

BRUCELLOSIS.

Welsh Board of Health Circular 17/66 drew attention to the law in relation to brucellosis (infection by milk) and suggested that county and district medical officers of health should co-ordinate their respective sampling programmes so as to avoid duplication of milk sampling for culture or biological examination.

During February 1967 a conference was convened with district medical officers of health, including those districts who are Food and Drug Authorities, and it was agreed:—

(*a*) that districts should take herd samples of all raw milk to be sold for human consumption, to be taken at monthly intervals and be examined by the milk ring test;

(*b*) that if the test proved to be positive, a test be made by cultural methods, and if necessary action taken under the Milk and Dairies (General Regulations) 1959 Act;

(*c*) that where for any reason the district was unable to take tests at the frequency suggested, the County Medical Officer would arrange for his public health inspectors to take samples.

During 1966 county inspectors arranged for 244 samples to be taken which were examined for antibiotics and tuberculosis as well as for brucella abortus. As a result of sampling raw milk four cases of brucellosis were detected on farms at Tythegston, Crynant, Hengoed, and Ystradowen.

The outcome was as follows:—

Tythegston	..	sale of raw milk was prohibited until declared safe to do so.
Crynant ..	..	tests by cultural methods proved negative.
Hengoed	..	cow isolated and destroyed. Milk now pasteurised.
Ystradowen	..	tests by cultural methods proved negative.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

No egg pasteurisation plant has been established in the administrative county.

HOUSING.

Local authorities completed 2,806 houses during the year, the highest number since 1954. The contribution of the private sector was 2,477 houses.

Most dwellings in the administrative county were built before 1914 (66 per cent at 1961 Census). Many of these houses were built in great haste in long terraces of uniform appearance and complied with minimum requirements for health, comfort, or convenience in order to meet the needs of miners, steelworkers, and dockers. Many old houses are unfit and the government have asked housing authorities in England and Wales to estimate how many houses are unfit by standards laid down in the Housing Act 1957. In Rhondda a survey of tenanted houses numbering 6,844 showed 34 per cent to be unfit and incapable of being rendered fit, 49 per cent unfit but capable of being repaired and rehabilitated economically, and only 17 per cent were fit according to Ministry standards. Rhondda's owner-occupied houses were not surveyed and are believed to be in better condition. The number of unfit dwellings in Glyncorrwg Urban District at a recent survey numbered 702, representing 27 per cent of tenanted and owner-occupied dwellings in the district. These figures show the size of this problem.

Areas where the percentage of dwellings built before 1914 is 80 per cent and over (as at 1961 Census) are as follows:—

TABLE 87.

Area	1961 Census	
	Number of old dwellings	Percentage of existing dwellings
Rhondda Borough ..	28,000	93
Mountain Ash Urban ..	7,500	87
Ogmore and Garw Urban	5,100	81
Aberdare Urban ..	10,200	80
Glyncorrwg Urban ..	1,792	80
Administrative County..	144,782	66

In only one authority in the administrative county was the percentage of old dwellings less than 40 per cent, viz:—

TABLE 88.

Authority	Number of old dwellings	Percentage of position at 1961 census
Bridgend Urban ..	1,700	36

Areas where a high proportion of dwellings lack household conveniences are:—

TABLE 89.

1961 Census.

Area	Percentage of dwellings lacking Hot water tap	Fixed bath
Rhondda Borough ..	53	61
Mountain Ash Urban	49	56
Aberdare Urban ..	42	49
Ogmore and Garw Urban	42	46
Gelligaer Urban ..	40	47
Pontypridd Urban ..	38	47
Administrative County	28	32

In the areas of two authorities only is a percentage of dwellings lacking these household conveniences below 10 per cent.

TABLE 90.

1961 Census.

Area	Percentage of dwellings lacking Hot water tap	Fixed bath
Porthcawl Urban ..	6	5
Cardiff Rural	8	8

The age of a house need not be an indication of condition and the lack of basic amenities does not mean that houses cannot be suitably adapted. Glamorgan housing authorities have a good name for providing grants-in-aid for providing amenities in old properties. 1633 dwellings improved in 1966 compared with ,489 in 1965. Nevertheless a considerable proportion of Glamorgan families re living in houses that are below any standard that can be considered fit in the econd half of the 20th century. Because houses in the past have been allowed to all into decay and have not been modernised, there is a danger that district councils, articularly in the mining valleys will be faced with a large number of houses that emand replacement or extensive improvement at considerable cost. The standard f repair given in the Public Health Act does not allow local authorities to tackle ne deterioration of housing which has not yet sunk into unfitness even though his would be the appropriate time and the most economic way of dealing with it. f houses are allowed to become unfit when this can be prevented or forestalled they ill have to be replaced at substantial expense. The Central Housing Advisory Committee of the Ministry of Housing and Local Government has studied this roblem and have suggested new legislation to deal with it.

SLUM CLEARANCE.

As the following table shows the pace of slum clearance was maintained during 1966:—

TABLE 91.

	1956–65	1966
Number of houses demolished or closed as a result of :		
(*a*) Compulsory purchase and clearance orders	2,147	235
(*b*) Individual demolition and closing orders	3,901	411
Number of people re-housed as a result of :		
(*a*) Compulsory purchase and clearance orders	5,529	347
(*b*) Individual demolition and closing orders	9,130	814

Housing for the Elderly.

The number of houses and flatlets built for old people in 1966 was 372 compared with 217 in 1965.

I am indebted to the Chief Officers of district authorities for the following table showing the housing construction figures for the respective districts in 1966. For purposes of comparison the totals for 1965 have been inserted to show the increase in house building.

TABLE 92.

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 1966
	Completed and occupied during the year 1966	Total completed and occupied since 1918	
	(1)	(2)	(3)
Aberdare Urban	267	2,650	80
Barry Borough	47	3,306	123
Bridgend Urban	79	1,996	65
Caerphilly Urban	480	3,662	400
Cowbridge Borough ..	—	62	2
Gelligaer Urban	72	2,245	17
Glyncorrwg Urban ..	94	1,276	—
Llwchwr Urban	6	2,004	75
Maesteg Urban	2	942	37
Mountain Ash Urban ..	38	1,255	25
Neath Borough	26	2,785	54
Ogmore and Garw Urban	73	1,307	2
Penarth Urban	44	1,514	145
Pontypridd Urban ..	74	2,628	64
Porthcawl Urban ..	42	424	99
Port Talbot Borough ..	167	7,426	67
Rhondda Borough ..	143	3,073	68
Cardiff Rural	—	2,347	418
Cowbridge Rural ..	112	1,803	152
Gower Rural	4	443	216
Llantrisant and Llantwit Fardre Rural	543	3,451	279
Neath Rural	130	3,476	64
Penybont Rural	265	4,920	337
Pontardawe Rural ..	98	2,856	13
Totals 1966 ..	2,806	57,851	2,802
Totals 1965 ..	2,477	54,889	2,989

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944–61.

The undermentioned schemes have received the support of the Authority as being necessary public health measures, and under these Acts financial assistance will be given to the local sanitary authorities:—

Cardiff County Borough Council.

Llanederyn Water Supply Scheme.

Cardiff Rural District Council.

Peterston-super-Ely Sewer Extension Scheme.

Rhydygwern Sewer Extension Scheme.

Cowbridge Rural District Council.

Llanmaes Road, Llantwit Major Sewer Extension Scheme.

"Hafod" and "Gatesgarth", Gileston Sewer Extension Scheme.

Colwinston, Llandow, and Llysworney Sewer Extension Scheme.

Gower Rural District Council.

Gowerton Road, Three Crosses, Sewer Extension Scheme.

Llanmadoc and Cheriton Sewerage Disposal Scheme.

Reynoldston and Knelston Sewerage Disposal Scheme.

Neath Rural District Council.

Crynant Water Supply Extension Scheme.

Tonmawr Sewer Extension Scheme.

Pontardawe Rural District Council.

Alltycham Drive Sewer Extension Scheme.

GLAMORGAN (RHOOSE AIRPORT).

The department is responsible for the administration of the Public Health Airport Regulations, 1952, at Rhoose Airport. The purpose of the regulations is to prevent importation of the internationally recognised quarantinable diseases. Under the present arrangements aircraft travelling from certain areas of Europe are allowed to land at Rhoose without further medical check of the passengers because the aircraft travel within the area which is free from these diseases.

Rhoose airport deals primarily with domestic traffic and the traffic of British subjects who go on holiday to the Continent and during the year no request was made to examine a traveller from abroad. There is however, a rota of medical officers who are on call during evenings and weekends, including holidays, these medical officers being myself, my Deputy, and Doctors Allan Davies and J. Clarke.

TABLE 93.

MEDICAL EXAMINATION OF ALIENS.

Number of arriving aircraft carrying aliens	353
Total number of arriving aliens (excluding crews)	2,258
Total number of aliens medically examined	—
Reports and certificates for aliens medically examined	—

TABLE 94.

MEDICAL EXAMINATION OF COMMONWEALTH IMMIGRANTS.

Total number of arriving Commonwealth citizens subject to control under the Commonwealth Immigrants Act, 1962	37
Total number of Commonwealth citizens medically examined	—
Reports and certificates for Commonwealth citizens medically examined	—

Table 95.

Aircraft and Passenger Arrivals.

From	1966		1965	
	Aircraft	Passengers	Aircraft	Passengers
Excepted area	3,630	59,125	7,184	98,918
Airports outside excepted area ..	301	11,656	446	13,148
Total	3,931	70,781	8,260	112,066

OTHER SERVICES.

Medical Examination of Teaching and Other Staff.

Employees appointed to the service of the County Council are required on entry to complete a questionnaire giving their medical history and a medical examination is arranged only where this is indicated by the medical history. All new entrants to the Authority's teaching service are required to undergo chest X-ray examinations.

During the year, 2,332 new entrants to the county service completed a medical questionnaire and of these 352 were referred for medical examination and 1,294 for chest X-ray examinations. These figures include 474 new entrants to the county teaching service of whom 54 were referred for medical examination and 408 for chest X-ray examination. In accordance with regulations of the Department of Education and Science all new entrants to the teaching profession must undergo a medical examination and 45 examinations were made, including 18 on behalf of other authorities. In addition, 742 candidates were medically examined before admission to colleges of education.

679 miscellaneous medical examinations (for example, temporary staff, police, pensioners, absentees, etc.) were carried out.

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.

Table 96.

Medical Inspection of Children in Care of County Council.

	Initial examination	Re-examination	Referred for treatment
Boarded-out children	110	307	77
Children in Children's Homes	53	218	42
Children in Family Homes ..	34	204	35

The services of my department are also given in the special medical examination of boys and girls at remand homes and the Glamorgan Farm School, and the nurseries established at "Cartrefle", Bridgend, and Maesycoed, Pontypridd.

Blind Persons.

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 951 examinations were carried out, 577 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 former Senior Medical Officer, continued to carry out, on a sessional basis, 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 in the following table:—

TABLE 97.

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

	Cause of disability			Total
	Cataract	Glaucoma	Others	
(1) Number of examinations during 1966	—	—	—	951
(2) Number of persons registered as blind or partially sighted during 1966 ..	182	63	362	607
(3) Number of persons at (2) recommended for:				
(*a*) No treatment	57	15	217	289
(*b*) Treatment (medical, surgical, or optical)	125	48	145	318
(4) Number of persons at (3) (*b*) who, on follow-up action, have received treatment	32	18	43	93

Senile cataract is still the principal cause of blindness.

At the end of the year there were 2,374 persons on the blind register and 950 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.

ROAD TRAFFIC ACT, 1960.

During the year fifteen persons were referred for an opinion as to their medical fitness to hold driving licences. Enquiries and investigations were made. Four persons were considered fit to drive and eleven were considered unfit to drive.

CIVIL DEFENCE (TRAINING IN NURSING) REGULATIONS, 1963.

The regulations confer on the County Council the function of training persons in home nursing and first aid in order that in the event of a nuclear attack the home nursing services may be reinforced and also to enable families to care for themselves and their neighbours until such time as help could be provided from the organised service.

The persons trained will not be recruited for Civil Defence or any other purpose and will not incur obligations of any kind.

During the year two courses were held by the Authority and one course by a voluntary society and forty-nine persons completed a course of training.

Divisional Medical Officers have been asked to increase the number of courses to be held in 1967.

REGISTERED NURSING HOMES.

The Conduct of Nursing Homes Regulations, 1963.

The regulations made provision for governing the conduct of nursing homes and required the managers to provide accommodation, care and staff of a satisfactory standard and to limit the number of persons who may be received into homes. During the year the County Health Committee adopted defined standards which, together with the regulations of the Minister, would be applied to all the applications for registration.

The following is a list of nursing homes registered by the Authority at the end of the year:—

Registered Nursing Homes in the Administrative County of Glamorgan

Nursing Home	*No. of beds*	*Remarks.*
Plymouth Nursing Home, 122 Plymouth Road, Penarth	40	Mainly for elderly ladies but a limited number of male beds are available.
Trebanos Nursing Home, Graig Road, Trebanos, Pontardawe	12	Mainly old and senile patients.
Marie Curie Memorial Foundation, Holme Towers, Penarth	30	Cancer patients.
Glen Barlands Nursing Home, Bishopton, Swansea	12	Mainly old and senile patients.
The Bryn, 632 Gower Road, Upper Killay, Swansea	10	A maternity home.
Pwllypant House, Pwllypant, Caerphilly	12	Severely mentally handicapped children.

VISITORS TO THE DEPARTMENT.

During the year visits were made to the department by a health visitor from Denmark, a health visitor from Kent who was studying for an administrative course and a social worker from the Phillipine Islands.

ABERFAN DISASTER.

On Friday, 21st October, at Aberfan, Merthyr Tydfil, a slag tip slipped and engulfed a school and houses. The death roll was 116 children and 28 adults. The county ambulance service, neighbouring divisional medical officers and some nursing staff gave assistance to the Merthyr Tydfil Health Department in dealing with this tragedy.

STATISTICAL REVIEW, 1966.

VITAL STATISTICS.

Physical Features: and General Character of the County.

The county which has been described as a county of contrasts can be roughly divided into three distinct types of area; the deeply cut narrow mining valleys in the north (Y Blaenau, the highest point being Craigyllyn, 1,969 feet), the coastal plains in the south (Y Fro or the Vale), and the Gower Peninsula (Y Gwyr).

Glamorgan is an industrial county and its importance in quite recent times is derived almost entirely from coal, iron and steel. Since the economic depression of the 1930s and the second World War general manufacturing industries have been established at three large industrial estates and smaller estates provided by local authorities. With the closure of worked out or uneconomic collieries there

has been a drift of population from the valleys to the coastal regions, since it has proved relatively difficult to attract new industries to the narrow valleys. Considerable industrial development, however, is expected in future in the Llantrisant area which is situated south of many mining valleys. The Vale and the Gower Peninsula contain good farm land and a strong agricultural interest has been maintained.

The rainfall in the valleys where the land is over 600 feet exceeds 50 in. in a year and it is only on the coast or Vale of Glamorgan that it is lower than 35 in., the average British rainfall.

POPULATION.

Estimates of the Registrar-General give the population of the administrative county as 764,000 in 1966, an increase of 2,740 on the 1965 estimate of 761,260. The population of the administrative county has been rising since the 1951 Census and the estimated population for 1966 is the highest since 1932.

The natural increase in population (the excess of births over deaths in 1966) was 3,403.

TABLE 98.

POPULATION OF THE ADMINISTRATIVE COUNTY SINCE 1801.

Year	Population	Source
1801†	70,879	Census.
1861†	317,752	Census.
1891	467,954	Census.
1901	509,193	Census.
1911	699,718	Census.
1921	795,231	Census.
1931	766,223	Census.
1941	740,310	Registrar-General (estimate).
1951	736,819	Census.
1961	746,785	Census.
1962	748,700	Registrar-General (estimate).
1963	752,250	Registrar-General (estimate).
1964	755,480	Registrar-General (estimate).
1965	761,260	Registrar-General (estimate).
1966	764,000	Registrar-General (estimate).

† Geographical County.

Cardiff was made a County Borough in 1889. A major extension in 1922 added Llandaff Danishen, and Gabalfa.

Swansea was made a County Borough in 1889. A major extension in 1918 added Mystermouth Urban District and part Swansea Rural District.

Merthyr Tydfil was created a County Borough in 1908.

TABLE 99.

BIRTH RATE.

	1901	1931	1941	1951	1963	1964	1965	1966
Administrative County ..	36·8	16·8	16·7	16·3	18·0	18·2	17·7	17·1
England and Wales	28·5	15·8	14·2	15·5	18·2	18·4	18·1	17·7

Statistics show that the rise in births since 1951 has been due to an increase in the number of marriages and in particular because the age of women at marriage has been falling and the younger brides tend to start building up families early and this enables them to have larger families. The average size of the family has increased from 2 to couples married in 1936 to 2½ children to couples married in 1956.

TABLE 100.

AVERAGE ULTIMATE FAMILY SIZE

ENGLAND AND WALES

Year of marriage	Age at marriage	
	All ages under 45 years	Under 20 years
1861–69	6·16	not known
1900–09	3·30	not known
1929	2·08	3·42
1939	2·05	3·07
1949	2·24*	3·21*
1959	2·65*	3·34*
1964	2·76*	3·39*

*Ultimate family size predicted suggested by fertility rates for years 1963–64

The rise in the birth rate has been most marked since 1956 and it has been estimated (Titmus) that two-thirds of the rise is due to higher fertility, one-tenth due to an increase in the number of married women and one-fifth due to earlier marriage. The birth rate has been declining since the peak reached in 1964, but it is unlikely that this decline is due to the contraceptive pill. One reason for the increase in birth rate has been earlier marriage. Nevertheless, official projections allow for moderate increase in family size. An anaylsis of the figures produced by the Registrar-General indicates that a rise in fertility has produced a rise in the rates of second, third, fourth, or higher birth order children and this is likely to result in larger families. The proportion of families in Britain with six or more children rose over 40 per cent between 1956 and 1964. Titmus has shown that in the taxable income range of £5,000 and over during 1962–63 about 22 per cent of all children for whom tax allowances were claimed were in families of four or more.

Social security programmes have encouraged larger families but those who benefit most are in upper income ranges because of tax relief benefits. There is growing evidence of hardship among children of low wage earners, fatherless families and other handicapped parental categories and this might represent 15 to 20 per cent of children. The national food survey reports show that families in social classes C and D with three or four children or with adolescents or children have shown falls in nutritional adequacy since 1950 and are below B.M.A. levels for protein and calcium. The Authority has been assisting the Ministries of

Education and Health in undertaking a survey in the nutrition of school children, pregnant mothers and children under 5, which provides a comparison between children of large families with children in small families.

The fact that the purchasing power of the £ is diminishing is a matter of concern since lowered standards of living undermine the health of the expectant mother and, through inadequate diet and overcrowding, the health of children. There is a need for health visitors and social workers to pay close attention to the needs of large families with low incomes because of the heavy strains placed upon the parents. It is understood that when the nation's financial difficulties improve the government intend to bring in new measures to reduce the disparity between poor and well-to-do families in the assistance provided through statutory allowances.

TABLE 101.

ILLEGITIMATE BIRTH RATES PER 1,000 BIRTHS.

	1921	1931	1941	1951	1961	1964	1965	1966
Administrative County ..	34	37	35	32	32	46	48	51
England and Wales	47	44	54	48	60	72	77	79

TABLE 102.

DEATH RATES.

	1901	1931	1961	1964	1965	1966
Administrative County	17·4*	12·1*	14·4	13·8	13·6	13·9
England and Wales ..	16·3	12·3	12·0	11·3	11·5	11·7

*This denotes the "crude rate". Later statistics show adjusted rates.

TABLE 103.

INFANT MORTALITY.

Year	Deaths under one year per 1,000 live births		Year	Deaths under one year per 1,000 live births	
	Glamorgan	England and Wales		Glamorgan	England and Wales
1957	31·5	23·1	1962	24·6	21·7
1958	28·8	22·5	1963	27·5	21·1
1959	21·8	22·2	1964	26·7	20·0
1960	29·5	21·8	1965	20·8	19·0
1961	22·9	21·4	1966	21·2	19·0

Table 104.

Principal Causes of Death

	1966		1956		1946	
	No. of deaths	Percentage of total deaths	No. of deaths	Percentage of total deaths	No. of deaths	Percentage of total deaths
Heart and circulatory diseases	3,668	39·0	3,307	36·5	2,434	28·3
Cancer	1,584	16·8	1,378	15·2	1,194	13·9
Respiratory diseases (bronchitis, pneumonia, influenza, other) ..	1,368	14·6	1,156	12·8	1,074	12·5
Vascular lesions of nervous system	1,271	13·5	1,263	14·0	831	9·7
Violence (accidents, suicide)	378	4·0	331	3·7	354	4·1

The principal causes of death fall into three main groups, heart and circulatory disease, cancer and respiratory diseases.

Table 105.

Deaths According to Age Groups at Certain Years since 1901.

	Total deaths	Under 1	1–4	5–14	15–44	45–64	65–74	75 plus
1901 ..	10,720	3,575	1,568	531	3,486		1,558	
1931 ..	9,275	996	514	315	1,613	2,558	1,820	1,459
1961 ..	9,230	290	45	49	440	2,255	2,619	3,532
1963 ..	9,519	364	43	34	428	2,295	2,679	3,676
1964 ..	9,084	359	36	29	416	2,286	2,603	3,355
1965 ..	9,152	274	38	52	491	2,281	2,621	3,395
1966 ..	9,401	271	35	33	424	2,362	2,713	3,563

Maternal Mortality.

For the first time since records were kept there was no death in 1966 from maternal causes. Deaths from maternal causes ranged from five to eight deaths per 1,000 total births during the period 1911 to 1938 and during the period 1957 to 1966 had fallen to 5 per 1,000 total births. The highest death rates were during the following years:—

TABLE 106.

Year	No. of deaths	Rate per 1,000 total births
1917 ..	121	6·18
1921 ..	140	6·01
1930 ..	86	6·34
1932 ..	101	8·05
1934 ..	100	8·08
1935 ..	84	7·04

TABLE 107.

Low Death rates during the period 1911 to 1938 were :—

Year	No. of deaths	Rate per 1,000 total deaths
1926 ..	89	4·85
1931 ..	57	4·41
1937 ..	53	4·84

The 1936 Midwives Act brought about a higher standard of midwifery and during this period voluntary welfare schemes were introduced to provide milk and vitamin foods to be supplied to expectant mothers. By the outbreak of the second World War the role of nutrition in pregnancy and in infant care was better understood and the government made resolute efforts to ensure that mothers and children had nourishing foods. The decline in maternal mortality began during the war years and has continued at a steady pace since then with the introduction of sulphanomides and antibiotics. The following table gives maternal mortality statistics since 1956:—

TABLE 108.

MATERNAL MORTALITY.

	Glamorgan		England and Wales
	Deaths	Death rate per 1,000 live & still births	Death rate per 1,000 live & still births
1956	8	0·67	0·56
1957	9	0·72	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
1964	5	0·36	0·26
1965	5	0·37	0·25
1966	0	—	0·26

CORONARY DISEASE: ANGINA.

Coronary disease is by far the most frequent cause of death among men. The most common causes of death for males and females in 1966 were:—

TABLE 109.

COMMON CAUSES OF DEATH, 1966.

Cause of death	*Males*
Coronary disease, angina (i.c.d. 420)	1,319
Bronchitis (i.c.d. 500–502)	504
Vascular lesions of nervous system (i.c.d. 330–334)	542
All deaths	5,163
	Females
Vascular lesions of nervous system (i.c.d. 330–334)	729
Coronary disease, angina (i.c.d. 420)	811
Other heart disease (i.c.d. 410–416) (i.c.d. 421–434)	544
All deaths	4,238

i.c.d. = international classification of disease

Deaths from coronary disease, angina represented 22·7 per cent of all Glamorgan deaths in 1966 (20·09 per cent England and Wales), and 25·5 per cent of all Glamorgan male deaths (23·86 per cent in England and Wales), and 19·1 per cent of all Glamorgan female deaths (16·13 per cent in England and Wales).

There has been a rapid rise in deaths attributed to coronary disease since World War II.

TABLE 110.

DEATHS FROM CORONARY DISEASE : ANGINA

	1951	1966
Glamorgan	933	2,130
England and Wales	58,309	113,234

Glamorgan deaths from this disease at different periods of life are as follows. Figures in brackets give percentage of deaths from disease to total deaths at different periods of life.

TABLE 111.

DEATHS FROM CORONARY DISEASE: ANGINA, 1951–66.

GLAMORGAN

Year	Males					
	Age in years					
	15–24 %	25–44 %	45–65 %	65–74 %	75+ %	Total
51	—	16 (5·3)	362 (15·8)	250 (14·8)	133 (7·9)	662 (11·6)
56	1 (2·2)	31 (13·4)	320 (22·8)	297 (19·7)	211 (12·8)	860 (16·9)
61	1 (1·8)	35 (17·7)	398 (27·7)	366 (23·1)	261 (16·1)	1,061 (20·8)
66	—	46 (23·0)	531 (33·7)	445 (27·6)	297 (19·6)	1,319 (25·5)
	Females					
51	—	5 (1·9)	71 (7·6)	107 (9·1)	88 (5·3)	271 (6·2)
56	—	1 (0·5)	104 (11·9)	161 (15·5)	132 (8·1)	398 (10·1)
61	—	5 (3·0)	122 (14·9)	187 (18·0)	260 (13·6)	574 (13·9)
66	—	8 (4·2)	149 (18·9)	272 (24·7)	382 (18·7)	811 (19·1)

It will be noted that male deaths exceed female deaths except in the age range and over. The increase in deaths among males under 45 years and in the age age 45–64 has assumed alarming proportions. More detailed figures are given low for the year 1966.

Table 112.

Deaths from Coronary Disease: Angina

Glamorgan 1966

Males					
Age in years					
25–34 %	35–44 %	45–54 %	55–64 %	65–74 %	75+ %
3 (3·4)	44 (31·1)	166 (37·4)	365 (32·3)	445 (27·6)	297 (19·6)
Females					
2 (6·1)	6 (6·0)	29 (12·7)	120 (21·4)	272 (24·7)	382 (18·7)

Table 113.

Death Rate per 100,000 Population

Coronary Disease: Angina

ICD 420 — Glamorgan

Age group	Males			Females		
	1951	1961	1966	1951	1961	1966
25–44	14·7	35·3	46·9	4·6	5·0	8·40
45–64	306·2	428·4	573·8	78·1	124·3	151·70
65–74	524·4	1,548·2	1,667·3	404·4	588·7	749·00
75–	1,336·7	2,543·6	2,559·2	726·3	1,612·8	1,818·90
All ages 0– ..	181·7	289·4	352·4	72·8	151·0	208·1

Table 114.

Coronary Disease: Angina

Death Per Million all Ages for 1951, 1961 and 1966

	Males		Females	
	Glamorgan	England and Wales	Glamorgan	England and Wales
1951 ..	1,817	1,789	728	956
1961 ..	2,894	2,612	1,510	1,567
1964 ..	3,305	2,824	1,849	1,692
1966 ..	3,516	NA	2,085	NA

It is necessary to enquire into the reasons for this dramatic rise and whether they are due to a real increase or whether they are to some extent artificial. The increase in population and in the number of aged people can only account for a small part of this increase. There has, however, been a greater knowledge of coronary disease since 1940 and there is evidence of a shift of diagnosis from other groups of heart disease.

TABLE 115.

DEATHS FROM DISEASES OF THE HEART.

GLAMORGAN.

Cause of death	1951			1966		
	Male	Female	Total	Male	Female	Total
Coronary..	662	271	933	1,319	811	2,130
Hypertension (with heart disease) ..	143	106	249	80	89	169
Other heart disease	867	961	1,828	409	544	953
Other circulatory disease	156	140	296	171	245	416
All cardio vascular diseases	1,828	1,478	3,306	1,979	1,689	3,668

The annual report for 1963 of the Chief Medical Officer of the Ministry of Health suggests that the reason for the pronounced rise in deaths from arterio-sclerotic heart disease (coronary) is a transference from one assigned cause of death to another and that there is to some extent a cross compensation between arterio-scelerotic heart disease and myocardial degeneration but since this is not complete the possibility of a real increase in arterio-scelerotic heart disease is suggested.

The increase in arterio-scelerotic heart disease is probably not as great as statistics suggest but it cannot be denied that the number of people dying from this disease is alarming and is the cause of one death in every three middle-aged men in Glamorgan.

The disease is the product of many causes but no precise agent or group of factors has been isolated as the major determinant so that hopes of a pre-symptomatic recognition leading to successful preventive treatment have not been realised.

Causes associated with the disease are considered to be:—

High levels of fat in blood stream or high intake of sugar;
high blood pressure;
cigarette smoking;
physical inactivity;
increase in weight;
nervous stress;
diabetes;
genetic factors.

Treatment of Coronary Heart Diseases.

More than half of all fatalities from this disease occur within the first hour and it is believed that specialist cardiac units could reduce mortality by as much as 25 per cent.

Prevention of Heart Disease.

Recent advances in diagnostic skill and in the medical and surgical treatment of established cardiac lesions have overshadowed the preventive approach to heart disease.

Coronary thrombosis in the elderly is not a cause for concern and indeed could be a welcome form of death. What is of concern, however, is the death ratio from this disease in middle-aged men and in men in their 30s, leaving widows to care for young children under difficult circumstances.

The principal role of a health department is to prevent illness and premature death. It is suggested that all avenues of publicity should be used so as to make it known to middle-aged men that they would be well advised to refrain from excessive smoking, avoid obesity through sensible diet, take less sugar in their tea and coffee, and increase the amount of exercise they take. It is more difficult to advise them on how to reduce exposure to nervous stress.

TABLE 116.

DEATHS DUE TO CANCER.

Site	Year											
	1961		1962		1963		1965		1964		1966	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stomach ..	165	110	175	118	133	123	171	93	137	117	153	94
Breast ..	—	91	2	131	—	126	—	131	1	149	2	133
Uterus ..	—	57	—	64	—	78	—	77	—	76	—	55
Lung ..	243	27	270	25	244	26	289	28	282	41	324	35
Other.. ..	407	362	409	313	407	297	402	371	397	371	438	350
Total cancer deaths ..	815	647	856	651	784	650	862	700	817	754	917	667

TABLE 117.

DEATHS ATTRIBUTABLE TO CANCER, 1956–66.

Year	Deaths in Glamorgan			Crude death rate per 100,000 population	
	Male	Female	Total	Glamorgan	England and Wales
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	617	1,462	197	216
1962	856	651	1,507	201	222
1963	784	650	1,434	191	218
1964	862	700	1,562	207	220
1965	817	754	1,571	206	223
1966	917	667	1,584	207	225

TABLE 118.

LUNG CANCER.—DEATH RATE PER 100,000 POPULATION.

	Glamorgan		England and Wales	
	Males	Females	Males	Females
1961	66	7	87	14
1962	74	7	90	15
1963	67	7	91	15
1964	79	7	93	16
1965	75	11	96	17
1966	86	9	97	18

SUICIDE.

The following table gives the number of deaths by suicide, by age and sex, during the period 1962–66:—

TABLE 119.

DEATHS BY SUICIDE, 1962–66.

	Under 15 years		15—25 years		25—45 years		45—65 years		65—75 years		75 and over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1962 ..	—	—	3	2	8	8	21	15	9	3	5	1	46	29
1963 ..	1	—	—	1	15	7	24	6	8	7	2	1	50	22
1964 ..	—	—	3	—	8	6	11	10	7	6	2	1	31	23
1965 ..	—	—	1	4	9	5	10	10	4	3	2	2	26	24
1966 ..	—	—	4	—	14	9	19	12	4	5	2	3	43	29

MORBIDITY.

TABLE 120.

MINISTRY OF PENSIONS AND NATIONAL INSURANCE CLAIMS RECEIVED.

SICKNESS BENEFIT.

	Jan.–Feb.–Mar.	April–May–June	July–Aug.–Sept.	Oct.–Nov.–Dec.	Total
1965	61,984	50,297	48,109	54,084	214,474
1966	73,870	50,067	47,220	57,388	228,545

Infectious Diseases.

There was a welcome fall in the notification of pulmonary tuberculosis, 199 compared with 288 for the previous year. Two cases of anthrax were reported in the Pontypridd area. The following table gives the infectious diseases notified in 1966, and in previous years:—

Table 121.

Notification of Infectious Diseases.

Disease	1951	1956	1961	1965	1966
Pulmonary Tuberculosis	831	618	356	288	~~899~~ 199
Non-Pulmonary Tuberculosis	179	75	49	40	34
Enteric or Typhoid Fever	1	1	—	—	—
Paratyphoid	10	21	2	3	4
Scarlet Fever	1,102	963	304	359	359
Whooping Cough	2,716	665	387	99	145
Diphtheria	10	—	7	—	—
Erysipelas	79	66	20	24	23
Ophthalmia Neonatorum	8	3	5	2	1
Dysentery	105	464	207	1,109	414
Measles	8,030	1,423	13,052	4,860	6,315
Poliomyelitis, Paralytic	8	12	15	—	—
Poliomyelitis, Non-Paralytic	16	14	1	—	—
Acute Pneumonia	926	484	286	108	164
Puerperal Pyrexia	51	143	64	31	25
Food Poisoning	31	113	124	56	33
Anthrax	—	—	1	—	~~2~~ 3
Meningococcal Infection	36	32	10	8	7

TABLE 122.

DYSENTERY NOTIFICATION RATES PER 100,000 POPULATION.

	1965		1966	
	Cases	Rate per 100,000	Cases	Rate per 100,000
Administrative County	1,109	146	414	54
Urban Districts	802	152	243	46
Rural Districts	307	131	171	72

SCABIES.

District medical officers of health have informed me that scabies is now becoming a problem after a period of low incidence following the epidemic during the second World War. It is uneconomic for district councils to provide their own disinfection centres and I have been asked to consider providing a bath in health centres that are being proposed so that scabies can be dealt with.

Table 123.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1966

	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria (includes Mem. Croup)	Dysentery	Meningococcal Infection	Acute Pneumonia	Smallpox	Acute Encephalitis		Enteric or Typhoid Fever	Para-typhoid Fever	Erysipelas	Food Poisoning	Tuberculosis		Puerperal Pyrexia	Ophthalmia Neonatorum	Anthrax
			Para-lytic	Non-para-lytic							Infec-tive	Post infec-tious					Pul-monary	Non-pul-monary			
Administrative County	359	145	—	—	6,315	—	414	7	164	—	—	–	–	4	23	33	199	34	25	1	3
AberdareUrban ..	1	1	–	–	188	–	1	1	11	–	–	–	–	–	–	4	13	–	2	–	–
Mountain Ash Urban ..	13	3	–	–	277	–	–	–	4	–	–	–	–	–	2	–	10	1	1	–	–
Caerphilly Urban ..	3	4	–	–	522	–	11	2	–	–	–	–	–	–	–	6	4	–	–	–	–
Gelligaer Urban ..	3	2	–	–	231	–	8	–	–	–	–	–	–	1	–	–	9	1	–	–	–
Bridgend Urban ..	4	5	–	–	65	–	–	1	–	–	–	–	–	–	–	–	4	2	3	–	–
Maesteg Urban ..	56	–	–	–	384	–	–	–	–	–	–	–	–	–	–	2	8	3	2	–	–
Ogmore and Garw Urban	36	38	–	–	111	–	50	–	24	–	–	–	–	1	3	3	5	–	2	–	–
Porthcawl Urban ..	1	–	–	–	41	–	–	–	–	–	–	–	–	–	–	–	4	–	–	–	–
Penybont Rural ..	23	10	–	–	317	–	14	–	–	–	–	–	–	–	2	–	14	5	1	–	–
Neath Borough ..	16	–	–	–	225	–	2	–	–	–	–	–	–	–	–	–	6	–	–	–	–
Neath Rural	1	2	–	–	153	–	137	2	6	–	–	–	–	–	–	–	14	1	1	–	–
Llantrisant and Llantwit Fardre Rural ..	15	3	–	–	591	–	5	–	10	–	–	–	–	–	1	4	5	1	5	–	1
Pontypridd Urban ..	9	–	–	–	118	–	–	–	–	–	–	–	–	–	–	–	17	1	1	–	2
Glyncorrwg Urban ..	8	–	–	–	292	–	2	–	11	–	–	–	–	–	–	–	1	3	–	–	–
Port Talbot Borough ..	24	13	–	–	403	–	76	–	6	–	–	–	–	–	3	3	11	3	–	1	–
Barry Borough	3	2	–	–	238	–	–	–	2	–	–	–	–	–	1	–	8	2	–	–	–
Cardiff Rural	7	14	–	–	370	–	15	–	22	–	–	–	–	–	–	1	8	5	1	–	–
Cowbridge Borough ..	–	–	–	–	16	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Cowbridge Rural ..	24	–	–	–	426	–	–	–	18	–	–	–	–	–	–	–	7	1	–	–	–
Penarth Urban	–	14	–	–	146	–	4	1	4	–	–	–	–	2	–	8	4	1	–	–	–
Gower Rural	4	–	–	–	187	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Llwchwr Urban ..	10	13	–	–	156	–	5	–	1	–	–	–	–	–	3	–	4	1	3	–	–
Pontardawe Rural ..	4	–	–	–	78	–	–	–	1	–	–	–	–	–	–	–	8	1	1	–	–
Rhondda Borough ..	94	16	–	–	780	–	84	–	43	–	–	–	–	–	8	2	34	2	2	–	–

TABLE 124

VITAL STATISTICS, 1966

	POPULATION		LIVE BIRTHS			LIVE BIRTH RATE		Percentage of Illegitimate Births	Stillbirths	Stillbirth rate per 1,000 Live and Stillbirths	Total Live and Stillbirths	INFANT MORTALITY				NEO-NATAL MORTALITY		EARLY NEO-NATAL MORTALITY		PERI-NATAL MORTALITY		Maternal Deaths	Maternal Death Rate per 1,000 Live and Stillbirths
	Census, 1961	Estimated, 1966	Males	Females	Total	Crude	Adjusted			Stillbirth Rate		Deaths under One Year	Rate per 1,000 Live Births	Legitimate Rate per 1,000 Live Births	Illegitimate Rate per 1,000 Live Births	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	46,104,500	48,075,300	437,000	412,000	849,000	17·7	—	7·9	13,300	15·30	862,300	16,147	18·90	18·5	29·5	10,933	12·9	9,447	11·10	22,747	26·30	223	0·26
ADMINISTRATIVE COUNTY	746,785	764,000	6,707	6,097	12,804	16·76	17·10	5·12	231	17·72	13,035	271	21·17	21·07	22·87	191	14·92	165	12·89	396	30·38	—	—
Aberdare Urban	39,155	38,700	313	293	606	15·66	17·07	4·95	15	24·15	621	15	24·75	24·31	33·33	11	18·15	11	18·15	26	41·87	—	—
Mountain Ash Urban	29,575	29,300	272	237	509	17·37	17·37	4·32	11	21·15	520	15	29·47	28·75	45·45	8	15·72	7	13·75	18	34·62	—	—
Caerphilly Urban	35,997	38,040	431	383	814	21·40	20·97	541	14	16·91	828	25	30·71	32·47	—	22	27·03	20	24·57	34	41·06	—	—
Gelligaer Urban	34,656	35,000	345	313	658	18·80	18·80	623	13	19·37	671	13	19·76	21·07	—	11	16·72	10	15·20	23	34·28	—	—
Bridgend Urban	15,174	15,100	123	108	231	15·30	15·76	6·06	4	17·02	235	3	12·99	13·82	—	3	12·99	3	12·99	7	29·79	—	—
Maesteg Urban	21,625	21,430	182	171	353	16·47	17·13	4·53	8	22·16	361	5	14·16	14·84	—	2	5·67	2	5·67	10	27·70	—	—
Ogmore and Garw Urban	20,985	20,670	175	145	320	15·48	15·94	6·25	6	18·40	326	9	28·13	30·00	—	7	21·88	7	21·88	13	39·88	—	—
Porthcawl Urban	11,086	12,540	126	122	248	19·78	22·15	10·88	1	4·02	249	5	20·16	22·62	—	2	8·06	1	4·03	2	8·03	—	—
Penybont Rural	42,104	46,650	487	503	990	21·22	20·37	3·33	10	10·00	1,000	23	23·23	24·03	—	17	17·17	15	15·15	25	25·00	—	—
Neath Borough	30,935	30,200	223	227	450	14·90	15·50	4·22	7	15·32	457	6	13·33	11·60	52·63	4	8·89	4	8·89	11	24·07	—	—
Neath Rural	40,870	40,910	330	298	628	15·35	15·96	4·62	15	23·33	643	15	23·89	25·04	—	13	20·70	13	20·70	28	43·55	—	—
Llantrisant and Llantwit Fardre Rural	27,109	29,500	302	279	581	19·69	18·71	3·79	12	20·24	593	15	25·82	25·04	45·45	8	13·77	8	13·77	20	33·73	—	—
Pontypridd Urban	35,494	35,090	300	255	555	15·82	16·14	4·86	10	17·70	565	11	19·82	20·83	—	9	16·22	6	10·80	16	28·32	—	—
Glyncorrwg Urban	9,368	9,460	96	95	191	20·19	19·58	4·19	6	30·46	197	8	41·88	43·72	—	6	31·41	3	15·71	9	45·68	—	—
Port Talbot Borough	51,322	51,800	407	385	792	15·29	15·14	7·07	16	19·80	808	14	17·68	14·95	53·57	8	10·10	8	10·10	24	29·70	—	—
Barry Borough	42,084	42,430	401	301	702	16·54	17·04	9·26	10	14·04	712	12	17·09	12·56	61·54	9	12·82	8	11·40	18	25·28	—	—
Cardiff Rural	49,884	54,410	442	441	883	16·23	15·74	4·08	13	14·51	896	8	9·06	8·26	27·78	5	5·66	4	4·53	17	18·97	—	—
Cowbridge Borough	1,067	1,140	14	7	21	18·42	18·60	4·76	—	—	21	—	—	—	—	—	—	—	—	—	—	—	—
Cowbridge Rural	18,756	21,260	200	174	374	17·59	18·82	6·42	8	20·94	382	8	21·39	22·86	—	2	5·35	1	2·67	9	23·56	—	—
Penarth Urban	20,896	21,950	200	195	395	18·00	19·44	5·85	7	17·41	402	7	17·72	16·13	43·48	6	15·19	5	12·66	12	29·85	—	—
Gower Rural	12,656	15,100	153	104	257	17·02	18·38	3·95	4	15·33	261	4	15·56	12·00	142·88	3	11·67	2	7·78	6	22·99	—	—
Llwchwr Urban	25,013	25,470	206	191	397	15·59	16·68	2·77	3	7·50	400	8	20·15	20·73	—	6	15·11	5	12·59	8	20·00	—	—
Pontardawe Rural	30,687	30,130	201	203	404	13·40	15·14	4·21	5	12·22	409	6	14·85	15·50	—	4	9·90	4	9·90	9	22·00	—	—
Rhondda Borough	100,287	97,720	778	667	1,445	14·79	15·23	4·43	33	22·33	1,478	36	24·91	25·34	15·63	25	17·30	18	12·46	51	34·51	—	—

TABLE 125

VITAL STATISTICS, 1966

	DEATHS			DEATH RATE		DEATH RATES (Some principal causes of death)								
	Males	Females	Total	Crude	Adjusted	Hearts Diseases	Cancers	Vascular Lesions of Nervous System	Bronchitis	Pneumonia	Other Circulatory Diseases	Violence	Tuberculosis Respiratory	Tuberculosis Other
ENGLAND AND WALES ..	288,622	275,002	563,624	11·70	–	3·61	2·24	1·64	0·66	0·74	0·46	0·51	0·04	0·005
ADMINISTRATIVE COUNTY	5,163	4,238	9,401	12·30	13·90	4·26	2·07	1·66	0·86	0·57	0·54	0·49	0·07	0·01
Aberdare Urban ..	327	255	582	15·04	15·34	5·76	2·04	2·14	1·01	0·36	0·70	0·72	0·05	–
Mountain Ash Urban ..	226	146	372	12·70	15·24	4·68	2·12	1·81	0·82	0·31	0·41	0·41	0·10	0·03
Caerphilly Urban ..	218	212	430	11·30	14·13	3·36	1·84	1·60	0·71	0·50	0·60	0·29	0·08	0·03
Gelligaer Urban ..	249	164	413	11·80	15·34	3·91	1·80	1·31	1·34	0·34	0·51	0·63	—	—
Bridgend Urban ..	104	77	181	11·99	13·19	4·77	1·99	1·59	0·60	0·33	0·66	0·53	0·07	–
Maesteg Urban ..	158	103	261	12·18	14·86	4·62	1·91	1·63	0·51	0·28	0·42	0·47	0·14	–
Ogmore and Garw Urban	147	114	261	12·63	15·41	4·21	2·03	0·97	1·69	0·53	0·58	0·39	0·05	–
Porthcawl Urban ..	90	78	168	13·40	11·52	4·07	3·03	1·44	0·96	0·88	0·80	0·72	–	–
Penybont Rural ..	304	295	599	12·84	12·33	4·72	1·80	1·46	0·69	1·24	0·41	0·37	0·11	0·02
Neath Borough ..	216	188	404	13·38	14·45	4·83	2·62	1·66	0·93	0·46	0·73	0·50	–	–
Neath Rural	264	192	456	11·15	13·49	3·35	1·59	1·44	0·73	0·68	0·81	0·59	0·02	–
Llantrisant and Llantwit Fardre Rural ..	155	133	288	9·76	12·49	3·25	1·49	1·69	0·61	0·27	0·27	0·47	0·10	–
Pontypridd Urban ..	246	187	433	12·34	12·83	4·53	2·22	1·91	0·97	0·43	0·28	0·28	0·09	–
Glyncorrwg Urban ..	60	45	105	11·10	16·65	2·85	2·64	1·80	0·74	0·53	0·31	0·42	–	–
Port Talbot Borough ..	314	272	586	11·31	15·38	4·05	1·70	1·64	0·83	0·44	0·44	0·46	0·08	–
Barry Borough	277	212	489	11·52	12·67	3·84	2·73	1·18	0·61	0·66	0·59	0·52	–	–
Cardiff Rural	349	331	680	12·50	12·00	4·33	2·13	1·64	0·72	1·07	0·59	0·33	0·02	–
Cowbridge Borough ..	8	5	13	11·40	12·20	4·38	3·51	1·75	–	–	1·75	–	–	–
Cowbridge Rural ..	92	73	165	7·76	12·80	2·40	1·32	0·99	0·47	0·47	0·28	0·80	0·05	0·05
Penarth Urban	155	142	297	13·53	12·58	4·42	2·78	2·05	0·50	1·28	0·64	0·50	0·09	–
Gower Rural	85	80	165	10·93	10·93	3·84	1·99	1·19	0·60	0·60	0·73	0·40	–	–
Llwchwr Urban ..	180	142	322	12·64	13·78	4·63	1·85	1·88	0·67	0·47	0·71	0·47	0·12	–
Pontardawe Rural ..	222	195	417	13·84	14·26	4·41	2·66	2·32	1·00	0·40	0·66	0·50	0·10	–
Rhondda Borough ..	717	597	1,314	13·45	15·33	4·83	2·15	1·98	1·22	0·39	0·50	0·46	0·12	0·01

TABLE 126

VITAL STATISTICS, 1966

CAUSES OF DEATH AT ALL AGES

	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malign'l and Lymphatic Neoplasms	Leukaemia, Aleukaemia	Diabetes	Vasc. Lesions of Nervous System	Coronary Disease, Angina	Hypertension with Heart Disease	Other Heart Diseases	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis, and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	All Causes
ADMINISTRATIVE COUNTY	51	5	14	1	–	2	10	247	359	135	55	738	50	70	1,271	2,130	169	953	416	49	433	657	229	54	39	63	38	–	84	701	76	227	72	3	9,601
Aberdare Urban ..	2	–	–	–	–	–	–	19	15	8	4	33	–	8	83	108	17	98	27	2	14	39	18	1	1	3	2	1	5	47	7	18	3	–	382
Mountain Ash Urban ..	3	1	–	–	–	–	–	9	19	6	–	24	4	6	53	83	11	33	12	–	9	24	20	1	–	2	1	–	5	32	1	9	2	–	372
Caerphilly Urban ..	3	1	–	–	–	–	–	13	13	6	–	35	3	6	61	79	9	40	23	1	19	37	8	–	3	1	1	–	10	57	3	6	2	–	430
Gelligaer Urban ..	–	–	1	–	–	–	1	12	10	5	5	29	2	4	46	85	10	42	18	–	12	47	18	–	3	4	3	–	3	31	6	9	6	1	433
Bridgend Urban ..	1	–	1	–	–	–	1	2	5	1	–	19	3	1	24	52	1	19	10	1	5	9	2	1	–	1	–	–	–	13	2	5	2	–	181
Maesteg Urban ..	3	–	1	–	–	–	–	9	9	5	1	18	1	2	35	55	3	41	9	2	6	11	9	1	–	5	–	–	3	12	2	7	3	–	263
Ogmore and Garw Urban ..	1	–	–	–	–	–	–	8	9	3	2	18	2	1	20	51	–	36	12	1	11	35	10	1	2	1	1	–	–	4	3	2	1	–	282
Porthcawl Urban ..	–	–	1	–	–	–	–	4	7	1	1	24	1	–	18	36	3	36	10	2	11	12	3	1	2	1	1	–	2	4	4	9	1	–	168
Penybont Rural ..	5	1	1	–	–	–	–	8	18	6	5	44	3	4	68	135	5	80	19	8	58	32	10	5	2	6	2	–	6	46	6	13	3	–	599
Neath Borough ..	–	–	3	–	–	–	1	13	23	6	–	35	2	2	50	84	7	55	22	4	14	28	10	3	2	3	1	–	1	20	3	8	4	–	404
Neath Rural	1	–	–	1	–	–	1	14	13	5	1	29	3	2	59	101	7	29	33	3	28	30	12	2	3	5	4	–	7	39	2	15	7	–	486
Llantrisant and Llantwit Fardre Rural ..	3	–	–	–	–	1	–	7	10	3	1	21	2	2	50	68	8	20	8	1	8	18	10	2	3	3	2	–	1	22	4	6	4	–	388
Pontypridd Urban ..	3	–	–	–	–	–	–	9	23	8	3	37	1	1	67	100	5	54	10	–	15	34	14	2	1	1	1	–	2	35	1	9	–	–	433
Glyncorrwg Urban ..	–	–	–	–	–	–	–	2	6	1	2	14	–	–	17	23	–	4	3	2	5	7	4	–	–	–	–	–	1	10	1	3	–	–	165
Port Talbot Borough ..	4	–	1	–	–	–	–	12	23	5	3	41	2	6	85	153	10	47	23	11	23	43	5	3	2	2	5	–	2	49	6	16	2	–	384
Barry Borough	–	–	2	–	–	–	1	16	31	11	4	48	6	5	50	130	6	27	25	–	28	26	–	–	4	5	1	–	2	34	4	15	3	–	489
Cardiff Rural	1	–	3	–	–	–	–	15	32	9	7	48	5	2	89	169	15	52	32	2	58	39	5	8	8	1	3	1	1	59	4	5	5	–	686
Cowbridge Borough ..	–	–	–	–	–	–	–	–	–	–	–	4	–	–	2	3	6	2	2	–	–	–	5	1	2	1	1	–	4	7	1	3	1	–	13
Cowbridge Rural ..	1	1	–	–	–	–	1	–	6	4	2	15	1	1	20	30	3	18	6	2	10	10	4	–	–	2	–	–	4	17	1	12	2	1	195
Penarth Urban	2	–	–	–	–	–	9	16	16	5	3	27	1	2	45	75	3	19	14	1	28	11	1	–	–	2	–	–	4	4	1	7	1	1	265
Gower Rural	–	–	–	–	–	–	–	3	7	4	–	16	–	–	18	31	5	22	11	3	9	9	2	2	2	2	1	–	2	9	2	3	1	–	188
Llwchwr Urban ..	3	–	–	–	–	–	–	6	10	2	1	27	1	2	48	74	6	38	18	–	12	17	5	–	2	3	1	–	3	30	1	5	2	1	323
Pontardawe Rural ..	3	–	–	–	–	–	–	15	17	7	–	39	–	5	70	82	6	45	20	3	12	30	10	3	2	1	1	–	7	22	3	6	3	1	415
Rhondda Borough ..	12	1	–	–	–	–	2	42	37	24	8	93	6	9	193	323	28	121	49	–	38	119	49	9	4	6	6	–	13	67	12	31	12	–	1,554

TABLE 127.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1966

	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	–	–	–	–	–	–	–	–	–	–	3	–	6	–	4	3	15	2	10	–	7	1	45	6
Tuberculosis—Other	–	–	–	–	–	2	–	–	–	–	–	–	–	–	1	–	1	–	1	–	–	–	3	2
Syphilitic Disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	1	–	5	2	3	1	11	3
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Whooping Cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningococcal Infections	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Acute Poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other Infective and Parasitic Diseases	–	–	–	1	–	1	1	–	–	–	–	–	–	–	–	2	2	3	–	–	–	–	3	7
Malignant Neoplasm—Stomach	–	–	–	–	–	–	–	–	–	–	1	–	2	4	34	4	131	9	114	11	42	7	324	35
Malignant Neoplasm—Lung Bronchus	–	–	–	–	–	–	–	–	–	–	–	4	–	7	1	34	1	38	–	23	–	27	2	133
Malignant Neoplasm—Breast	–	–	–	–	–	–	–	–	–	1	–	1	–	3	–	8	–	14	–	15	–	13	–	55
Malignant Neoplasm—Uterus	–	–	–	–	–	–	1	–	4	1	3	4	18	14	40	32	81	71	140	101	129	99	416	322
Other Malignant and Lymphatic Neoplasms	–	–	–	–	4	–	3	1	2	1	–	4	2	–	3	–	4	7	3	4	1	11	22	28
Luekaemia—Aleukaemia	–	–	–	–	–	–	1	–	–	–	1	–	1	–	1	1	5	6	6	23	7	18	22	48
Diabetes	–	–	–	–	–	–	2	–	–	1	–	1	8	11	31	21	77	79	207	187	217	429	542	729
Vascular Lesions of Nervous System	–	–	–	–	–	–	–	–	–	–	2	2	44	6	166	29	365	120	445	272	297	382	1,319	811
Coronary Disease—Angina	–	–	–	–	–	–	–	–	–	–	–	1	1	1	6	2	18	6	32	43	23	36	80	89
Hypertension with Heart Disease	–	–	–	–	1	–	–	1	3	5	9	4	10	9	18	25	50	44	98	112	220	344	409	544
Other Heart Disease	–	–	–	–	–	–	1	–	1	–	1	–	4	3	12	6	42	23	39	48	71	165	171	245
Other Circulatory Disease	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1	1	7	1	6	9	12	10	28	21
Influenza	–	–	–	–	–	–	–	–	–	–	–	–	4	2	6	5	26	18	45	45	93	149	196	237
Pneumonia	5	6	13	8	3	2	2	–	1	1	1	1	1	2	28	6	118	23	211	46	142	69	504	153
Bronchitis	1	–	1	4	1	1	–	1	–	1	–	–	2	2	19	1	49	6	70	7	56	12	197	32
Other Diseases of Respiratory System	–	–	2	3	–	–	–	–	–	–	1	1	–	2	3	1	9	3	7	5	16	10	35	19
Ulcer of Stomach and Duodenum	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Gastritis, Enteritis, and Diarrhoea	–	–	2	2	–	2	–	–	1	–	–	–	1	2	–	–	3	3	7	5	2	9	16	23
Nephritis and Nephrosis	–	–	–	1	–	1	–	–	4	2	3	1	3	–	4	5	6	7	6	6	7	7	33	30
Hyperplasia of Prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	8	–	29	–	38	–
Pregnancy, Childbirth, Abortion	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Congenital Malformations	23	18	12	6	2	1	1	3	3	1	1	–	–	2	2	3	3	2	–	–	1	–	48	36
Other defined and ill-defined diseases	81	54	5	5	4	1	3	2	8	2	5	3	15	19	19	18	40	37	66	75	78	161	324	377
Motor Vehicle Accidents	–	–	–	–	3	–	2	1	23	5	6	–	5	1	5	4	7	1	3	5	3	2	57	19
All other Accidents	3	–	4	7	2	4	5	2	11	3	13	2	8	3	17	6	22	10	12	13	22	58	119	108
Suicide	–	–	–	–	–	–	–	–	4	–	8	4	6	5	11	7	8	5	4	5	2	3	43	29
Homicide and Operations of War	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	–	2	1
All causes	113	78	41	39	20	15	22	11	66	25	58	33	142	100	444	228	1,130	560	1,612	1,101	1,515	2,048	5,163	4,238

GLAMORGAN COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

GENERAL STATISTICS.

Population of the Administrative County 761,260

Numbers of schools and numbers of pupils on the registers, January, 1967:—

Type of school	*Number of schools*	*Number of pupils on the register*
Nursery	11	503
Primary	450	81,102
Secondary Technical	1	91
Secondary Modern	62	21,571
Secondary Grammar	25	13,838
Grammar Technical	6	2,850
Comprehensive	10	12,378
Special Schools	7	547
	572	132,880

SCHOOL MEDICAL INSPECTION.

Glamorgan school children enjoy satisfactory health: of the 23,942 children en at routine school medical examinations during the year only 6 (0·03 per cent) ere of unsatisfactory physical condition, the lowest on record. This compared with) (0·09 per cent) in 1965 and 113 (0·5 per cent) in 1960. This improvement in the hysical condition of children is most gratifying and reflects the betterment of conomic and social conditions since the depression between the two Great Wars. 1 1908 when the Glamorgan school health service was established 428 children ed between the ages of 5 and 15 years. In 1966 the number of children who died this age range was 33. Detailed statistics are not available for the year 1908 it it is known that many children died from heart disease notably of rheumatic igin and tuberculosis, whereas in 1966 only 2 children died from heart disease and ne from tuberculosis. The danger now is almost as much from accidents as om disease, 10 children in 1966 having died in this way. Diseases which cause aths among school children are the cancers and congenital malformations; in 66, 5 and 4 deaths respectively.

The provision of school meals and school milk has made a considerable ntribution to the health of children. 72,088 children were receiving a mid-day eal during a selected day of the year in 1966, which is the highest number of ildren since records were kept in 1948. 9·7 per cent of children received free eals because the net family income was low. On p. 114 of my Report as County edical Officer in this volume I have drawn attention to the fall in nutritional andard since 1950 of families in social class C and D with three or four children rticularly in respect of protein and calcium, and that the Authority is assisting e Ministry in undertaking a survey into the nutrition of children.

Although children are in good health 2,437 were referred for treatment, not ing dental treatment, from the 23,942 children examined. This compares with e referral of 2,362 children out of 8,811 examined in 1908. The following table fords a comparison between cases referred in 1908 and 1966 and shows diseases at were once common in childhood which have virtually disappeared or been ought under control.

Table S.1.

Showing the Chief Physical Defects found to exist, Minor Ailments and Defects Not Being Included.

1908

Physical defect	No.	Percentage of total number of children medically inspected
Defective vision	543	6·16
Marked post-nasal growths and tonsils requiring removal	466	5·28
Deformities, spinal disease, etc.	448	5·08
Bronchitis	371	4·21
Defective hearing	227	3·14
Heart disease	87	0·98
Rickets	64	0·72
Pulmonary tuberculosis	28	0·31
Tuberculosis — Glandular	30	0·34
Tuberculosis — Osseous	17	0·19
Paralysis	18	0·20
Chorea	13	0·14

Table S.2.

Number of Children Requiring Treatment.

1966.

Physical defects	No.	Percentage of total number of children medically inspected
Eyes	1,127	4·71
Orthopaedics	876	3·66
Ears	566	2·36
Nose and throat	383	1·60
Psychological	198	0·83
Speech	193	0·81
Heart	119	0·50
Skin	103	0·43
Development	90	0·38
Nervous system	90	·038
Lungs	86	0·36
Lymphatic glands	26	0·11
Abdomen	25	0·10
Other	74	0·31

Although Glamorgan children nowadays are in good health 548 had defects or disabilities to such a degree that they required education in special schools or boarding schools or at home. 801 children received speech therapy and 621 received child guidance treatment at clinics. At the periodic medical inspections 780 pupils were found to require treatment for defective vision, excluding squints, and 1,784 were found to require other treatments, a total of 2,437. Health visitor/school nurses in many divisions test the eyesight of children annually, the net result being that 6,990 children were dealt with at our eye clinics and 2,476 had spectacles prescribed.

During the year the Authority experienced much difficulty in replacing medical and specialist medical staffs who had left the service. The Borough of Rhondda found it impossible to replace three medical officers with a result that the medical services there suffered a severe setback. The school ophthalmology service throughout the County was also affected with the result that there was a fall in the number of children seen at eye clinics compared with the previous year.

Skin Diseases.

196 children were found to require treatment for skin diseases and of 57 children, with scabies 94 were in the Neath and District Division. The number of cases of scabies referred for treatment in 1965 was 85 and 54 of these cases were in the neighbouring division of Port Talbot and Glyncorrwg.

Infestation and Uncleanliness.

232,306 children were examined by school nurses and 4,330 children were found to have nits in their hair. The incidence varies between 5·4 per cent in Mid-Glamorgan and 0·4 per cent in Neath and District of the children examined. Nurses made 7,470 visits to parents to give advice on personal cleanliness. Although the number of children who are dirty or verminous is to be deplored, nevertheless it is much smaller than before the second World War.

During the year, the subject of health education among children has been further developed, and good work has been done in all health divisions.

The following statistics give an indication of the work of the department during the last ten years:—

TABLE S.3

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1956–66.

	1956	1961	1965	1966
A. MEDICAL INSPECTION.				
(i) Routine examinations	36,791	19,568	21,765	23,942
(ii) Special examinations	7,118	6,749	7,968	5,010
(iii) Re-examinations	12,250	10,706	14,638	9,919
Totals	56,159	37,023	44,371	38,871
B. DENTAL INSPECTION.				
(i) No. of children inspected by school dentists	27,540	19,557	30,118	25,890
C. TREATMENT.				
(i) No. of treatment centres ..	58	60	70	77
(ii) Attendances at school clinics:				
(*a*) Dental	51,076	39,332	46,680	43,499
(*b*) Refraction	11,678	7,803	15,420	10,125
(*c*) Orthopaedic	12,314	12,689	11,551	10,193
(*d*) Minor ailments ..	4,966	4,523	2,492	1,979
(*e*) Speech therapy ..	11,692	6,522	6,644	7,112
Totals	91,726	70,869	82,787	72,908
(iii) Treatment:				
(*a*) No. of teeth extracted ..	32,240	19,993	21,599	16,624
(*b*) No. of fillings	13,713	9,999	31,832	30,581
(*c*) No. of teeth filled ..	—	9,235	26,932	26,251
(*d*) No. of other operations..	9,953	7,942	10,358	10,053
D. SCHOOL NURSES.				
(i) No. of examinations of children at school for uncleanliness ..	310,612	240,018	203,853	212,523
(ii) No. of re-examinations ..	17,971	10,874	18,934	19,783
(iii) No. of visits paid to homes ..	14,384	9,313	8,212	7,470

FF EMPLOYED IN THE SCHOOL HEALTH SERVICE ON 31ST DECEMBER, 1966.

Designation.	*Numbers in terms of Whole-time Officers.*
Medical Officers	18
Dental Officers	14
Dental Auxiliaries	4
School Nurses	28

TABLE S.4

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
1954 ..	0·9	3·4	0·2	0·1
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
1964 ..	1·4	4·1	0·1	0·1
1965 ..	1·2	4·3	0·2	0·2
1966 ..	1·02	2·4	0·1	0·1

MILK AND MEALS IN SCHOOLS

Table S.5 shows that more children are receiving meals in school, and Table S.6 gives the number of pupils who obtained milk and meals in school in selected day.

TABLE S.5

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.
1963	111,977	55,437	49·51
1964	117,213	60,645	51·74
1965	117,773	66,066	56·09
1966	123,490	72,088	58·38

Table S.6

Summary of Return made to the Department of Education and Science, 30th September, 1966.

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 ..	10,325	5,292	9,005	56	1
Caerphilly and Gelligaer ..	12,792	9,181	10,836	63	—
Mid-Glamorgan	18,064	13,374	14,081	79	—
Neath and District	9,680	6,499	7,564	51	—
Pontypridd and Llantrisant ..	12,169	6,147	10,409	52	2
Port Talbot and Glyncorrwg ..	11,465	5,561	8,052	43	—
South-East Glamorgan	23,038	12,367	15,720	85	—
West Glamorgan	9,896	8,028	7,724	61	1
Rhondda	15,488	5,066	12,861	84	3
Special Schools and Ogmore School Camp	573	573	558	7	—
Totals	123,490	72,088	96,810	581	7

TABLE S.7

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 Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Total number examined	459	557	669	617	496	492	782	182	—	4,254
Number colour vision defective ..	28	18	40	42	29	24	56	6	—	243
Percentage colour vision defective ..	6·10	3·23	5·98	6·81	5·85	4·88	7·16	3·30	—	5·71

A glance back to the beginning of this century reveals the dramatic change that has been achieved in the health of children as a result of the improvement in the standards of medical and social care. In 1901, 1,568 Glamorgan children died between the ages of 1 and 5 years.In 1966 there were only 35 deaths in this age range. In 1901, 3,575 babies died before the age of 1 year representing a rate of 195 deaths per 1,000 births. In 1966 only 271 babies representing a rate of 21 deaths per 1,000 births. As recently as 1941 the infant mortality rate was 67, more than three times what it is today.

This heavy toll in infant life has been reduced although the number of deaths in 1966 of children under 1 year, 271, exceeded the total number of deaths to persons in the age range 1 to 35 years (250 deaths). Of the deaths under one year, 59 were due to congenital malformations. Birth defects are now a major cause of death and serious disability and during 1966 144 babies born alive were known at birth to be suffering from a congenital malformation and many other children have defects which are detected later.

The situation is one which present a challenge to the medical and educational authorities, since it is necessary to discover disabling conditions as early in life as possible so that medical treatment and educational provision are available. For example, there have been advances in knowledge of how to treat some of the major deformities, notably spina bifida and hydrocephalus, but early ascertainment of these conditions remains of vital importance. The discovery that German measles early in pregnancy can cause certain malformations has shown that some congenital defects are not due to genetic factors and this offers a hope that many handicaps can be prevented and controlled.

The incidence of congenital malformations in south Wales is high. Dr. Michael Laurence, Senior Lecturer in Paediatric Pathology at the Welsh National School of Medicine has been undertaking research into congenital malformations of the central nervous system and his large scale survey covers a major part of industrial Glamorgan and the western valleys of Monmouthshire during the period 1956–62. Another similar survey is that undertaken by the research committee of the Welsh branch of the Society of Medical Officers of Health in conjunction with Professor C. R. Lowe of the Welsh National School of Medicine, when a register of children with congenital malformations in all Glamorgan was compiled in respect of children born during the period 1st January, 1964 to December 1966. Notifications of congenital deformities detected at birth are also sent to the Registrar-General.

Research projects of this nature are of great value and it is important that local authority medical services should be closely associated with them. They throw light on differences in the incidence of congenital malformations in relation to such things as standard of living, position in family, industrialisation, complications of pregnancy and birth, and may lead to significant information about the causes of certain defects. Such surveys can also provide a baseline from which studies of the medical, educational and social needs of handicapped children can proceed,

and a register of the defects found among infants born in a defined population can be used to detect a change in the incidence of a particular malformation, for example, if a register of handicapped children had been compiled some years earlier it might have been possible to have detected earlier the harm done by the drug thalidomide. These surveys have focussed attention on the high incidence of congenital malformations in south Wales, particularly spina bifida with the result that a special treatment centre supported by "Tenovus" is being established for such babies at the Cardiff Royal Infirmary. The fact that more children with handicapping conditions are surviving has underlined the need to review our current educational policies for handicapped children. At the present time, children with handicapping conditions attend ordinary day schools or special residential schools, for example, Erw'r Delyn. A proposal for the establishment of special day classes for the handicapped is being studied and surveys are being undertaken to establish the need for these following discussions with the Department of Education and Science.

During the year the Standing Orders and General Purposes Committee considered the Joint Circular of the Welsh Board of Health and Department of Education and Science on arrangements for the co-ordination of education, health and welfare services for handicapped children and young people. The Committee decided:—

(*a*) That the health department will be primarily responsible throughout the life of a handicapped young person and that wherever possible one member of the staff be nominated to keep in touch with a particular child.

(*b*) That the panels of officers from the health and education departments which generally operate at divisional level at the 2–5 years' stage be extended in scope so that in relation to each child there shall be a standing panel whose advice will be available when required at appropriate stages of the child's career, and, at the school leaving age, to ensure employment, welfare, future education and other services after leaving school.

(*c*) That the Children's Officer be informed of children dealt with in her department, for example, children in care and children involving problem families.

(*d*) That support be continued to the families of handicapped children who are attending residential special schools.

The Circular has been the subject of a series of meetings with Chief Officers and divisional medical officers and it has been decided that health visitors should be responsible for keeping in touch with the welfare of handicapped children throughout their pre-school and school life.

The view now held is that as soon as a handicapped child is born one should consider the family as a whole, its resources and the help that may be required immediately or otherwise. Parents often find it difficult to accept a handicapped child and partial or total rejection is not uncommon. Such families can live for years in a state of unresolved crisis. It is necessary for medical, health visiting and nursing staffs to be aware of the implications to a family on the birth of a malformed

child and they should ensure that appropriate help is available as soon as possible. The lack of appreciation of the parent's dilemma and the failure to offer assistance in dealing with it can leave the parents of such a child with a sense of abandonment.

Concerning continuing support to families of handicapped children who are attending special residential schools, as a pilot scheme, Miss Jennet Davies, the Deputy Principal Nursing Officer has been acting as liaison officer at Erw'r Delyn School for Physically Handicapped Children and this arrangement has proved a considerable success. Many of the problems outside the immediate field of education that arise within residential schools can only be effectively handled by a member of the staff who has a duty to act as a direct link between the school and the home, and it was with this concept in mind that this experiment commenced during the year. No liaison arrangements at present exist at the School for the Blind, Ysgol Cefnglas and Hendre, but it is proposed to remedy this matter. The need for such liaison officers is referred to in the report of the headmaster of Ysgol Penybont (the Glamorgan Residential School for the Blind). The Plowden Report on "Children and their Primary Schools" refers to the need to give educational priority to socially deprived areas by improving teacher-pupil ratios and expanding nursery provision. The incidence of handicapped children tends to be higher in the socially deprived areas and the headmaster of Ysgol Penybont rightly draws attention to the advisability of young handicapped children remaining at home with their mothers at least until the age of 5 years, although he appreciates that the homes of some children may be culturally deprived and such children would be at a considerable disadvantage when first attending school. Full or part-time attendance at nursery schools is very desirable for some handicapped children and at present, for example, hearing children of deaf parents may attend private day nurseries at the Health Committee's expense, and there is authority to extend this arrangement to other handicapped groups. Unfortunately it is common for private day nurseries to exist in middle-class districts rather than areas where these are children who may be socially and culturally deprived.

Every effort is made by the department to identify handicapped children as early as possible after birth, to assess the degree of handicap, and to make this assessment, a continuing process, arranging, where this has not already been done, prompt medical and surgical treatment. Children recommended for admission to special residential schools are reviewed by panels consisting of the head teachers of the residential school, an educational psychologist and a senior member of the medical staff.

Children in Special Schools and Classes.

Category	Glamorgan Number		1966 Rate per Thousand	
	1965	1966	Glamorgan	England and Wales
Blind and Partially Sighted:				
At Special Schools—				
(*a*) Day pupils	4	4	0·03	0·14
(*b*) Boarding pupils	58	56	0·42	0·27
Deaf and Partially Hearing:				
(1) At Special Schools—				
(*a*) Day pupils	—	—	—	0·30
(*b*) Boarding pupils	51	48	0·36	0·38
(2) At Special Classes	138	152	1·14	—
Educationally Subnormal:				
At Special Schools—				
(*a*) Day pupils	144	134	1·00	4·76
(*b*) Boarding pupils	151	136	1·02	1·25
Maladjusted:				
(*a*) Special schools	5	4	0·03	0·74
(*b*) Hostels	12	17	0·13	0·09
Physically Handicapped and Delicate:				
At Special Schools:				
(*a*) Day pupils	18	15	0·11	1·39
(*b*) Boarding pupils	89	81	0·61	0·79

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 regime 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.)

Children who may be blind or partially sighted have their handicaps diagnosed at infant welfare clinics or on entry to school. They are referred to an ophthalmologist and are also seen by Dr. Gwladys Evans, the former senior medical officer who has specialised in this field and is engaged on a sessional basis following her retirement. The children are also examined for any additional handicaps and one of the psychologists may be called in to assist if there are emotional or retardation problems.

I have pleasure in reproducing extracts from the report of Mr. Geoffrey Exley, the Headmaster of Ysgol Penybont Glamorgan School for Visually Handicapped Children:—

"During the year the number of pupils dropped from 108 to 102, a small drop but one which was appreciated since the school has operated at maximum capacity of recent years. 44 per cent of the present pupils are from the County of Glamorgan. During the period twelve new pupils were admitted, seven from the County of Glamorgan and five from other authorities including one from Lancashire. The intake was equally divided between the blind category and part-sighted pupils.

At the end of the year the total of pupils included forty-four braille category pupils and fifty-eight part-sighted print users. This indicates a marked swing over to a majority of part-sighted pupils for the first time and perhaps signifies a future trend.

The recently published Plowden Report, makes reference to lack of basic educational opportunities available to some children in the pre-school years. It refers to fully-sighted children but could make us consider that although there is undoubted value in young handicapped children staying in their own homes at least until the age of 5 years, the quality of pre-school training in childrens' own homes may not necessarily be as good as one could desire. There is work yet to be done to help parents with advice, and contact with the school that will eventually educate their young children. This parent contact needs to be maintained throughout school life, possibly through the establishment of a "School Counsellor" or "Social Worker".

Several times during the year the school has provided practical information and guidance to teachers and others faced with the problems of educating part-sighted pupils who have been considered capable of continuing their education in "ordinary schools". It would be interesting, in due course, to have the opportunity of examining the course and results of the education of truly partially-sighted pupils in the normal school. It remains true meanwhile that some of these children are still eventually referred to Ysgol Penybont.

The new-entrants panel continues to be very useful. Unsuitable pupils, or those who should properly be referred to other schools are not so likely now to be accepted into the school. This panel not seldom finds the information on Form B.D.8 confusing. It is not perhaps easy to assess confidently the true degree of vision of some young children who may have additional defects or who do not respond to standard tests. Unless a child is very obviously in the blind category it would seem that the term part-sighted is applied. On the other hand a child may not have been using his full visual ability; he develops the use of his vision after quite a short time in school, and a re-assessment of his true degree of visual ability is necessary; this can involve a re-assessment of the educational treatment required, and one boy this year whose vision was most vaguely stated may return to a sighted school.

Dr. Haley, after serving the school most efficiently and most kindly, left, and was replaced by Dr. Jones. Dr. Haley and the headmaster produced an experimental "Near Vision" test which is now being tried out by Dr. Jones. A true evaluation of a pupil's near-vision is most useful educationally as it gives guidance on the print size a pupil may need, and, indeed, on whether print is likely to be the best educational medium for a pupil.

Dr. Brown, of the C.M.O. staff, made a further test on the hearing of the pupils and found that ten of them (9 per cent approximately) had some significant educationally handicapping deafness. One child with marked partial deafness, marked partial sight and low mental ability was referred, at the age of 16-plus years, to the special unit at Condover, near Shrewsbury. Another child, also with attendant handicaps other than visual, was fitted with a deaf-aid.

During 1966, nine blind and nine part-sighted pupils left the school. One young blind boy was transferred to Rushden Hall, the R.N.I.B. school for blind pupils with severe additional handicaps. One deaf partially-blind girl proceeded to the special unit at Condover Hall. Other blind category pupils left to attend an adolescent training centre at either Birmingham or Reigate, Surrey.

The school continues to watch educational developments in schools for sighted children. Teaching staff members attended a course at Sheffield sponsored by the Nuffield Foundation and dealing with the teaching of mathematics to blind and seeing children. One teacher attended a similar course on the teaching of Simple Science.

Throughout the year school activities have been varied and they provided rich educational experience for the pupils. In May a party of twenty older pupils accompanied by staff members spent two weeks in Majorca. This was the school's second overseas excursion. Many other but less spectacular visits were made by pupils to factories and firms in the locality and to a colliery, to the Folk Museum at St. Fagans and to the National Eisteddfod. In July, worth-while exchange visits were made to London and Birmingham schools. While in London the pupils visited Hampton Court, the Houses of Parliament, and the Wembley Stadium on the occasion of a World Cup match. These were highlights in a year for visiting many places beyond the school confines and had as their aim the widening of the pupils' outlook and the provision of

real experiences that might not have been available to the pupils had they not been attending a residential school.

Visitors to the school have been as numerous as ever. Three overseas teachers of blind children from Ghana, Trinidad, and Tanzania spent six months at the school, studying for the Overseas Diploma of the College of Teachers of the Blind. All three were successful and one teacher passed at Distinction standard. Other overseas teachers will be trained at the school in coming years.

Most of the teachers and housemothers of the school attended a local course at the Cefn Glas School in Bridgend on factors affecting the general education of handicapped children in residential schools. This was a valuable opportunity for those working in Glamorgan special schools to meet and share ideas and experiences. All teachers at Ysgol Penybont are currently fully trained and two housemothers attend short courses each year on child care.

The school's great hope for 1967 is that it will see the erection of a covered swimming pool in the school grounds. Swimming is a perfect form of exercise for young blind people and this new facility should materially contribute towards the effectiveness of the school for its job."

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 clinics have now become firmly established in each health division since they came into being towards the end of 1962. The majority of children attending have been 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 teachers, health visitors and parents. In each health division there is a school medical officer who has been trained in the assessment of deaf children and who maintains a close link with the specialist teachers of the deaf and in this way each child is considered as an individual and the full medical and educational needs are assessed before a recommendation is made concerning the appropriate educational training. Considerable emphasis has been directed towards early diagnosis of deafness if possible before the child has attained the age of 1 year, so that a deaf child may be trained to make the normal response to speech. The following comments have been made by divisional medical officers:—

Dr. D. W. Foster, *Divisional Medical Officer, Pontypridd and Llantrisant Health Division.*

"(*a*) *Hearing Assessment.*

Number of sessions held	51*
Number of children assessed	256
Number of attendances at sessions	304

* Including 9 joint sessions—A.M.O. and teacher of the deaf.

(*b*) *Auditory Training.*

Number of sessions held	110
Number of children given auditory training	15
Number of attendances at sessions	163

Of the 256 children whose hearing was assessed, 41 were referred for hospital investigation by an Otologist, one was referred to the family doctor for treatment, and one child was recommended to attend a special class for the partially hearing.

The number of children which it was felt should be kept under observation (94) represented 37·3 per cent of the total, compared with 43·7 per cent and 59 per cent in the preceding years.

Cases seen at the clinic were referred from the following sources:—

(1) Routine hearing tests administered by health visitors at home, at I.W. clinics.

(2) Hearing surveys in schools.

(3) Children found to be educationally backward by the Educational Psychologist's survey."

Dr. D. H. J. WILLIAMS, *Port Talbot and Glyncorrwg Health Division.*

"*Ascertainment and Treatment of Partially Hearing Children.*

My Assistant Medical Officer, Dr. A. L. J. Williams, who has taken a special interest in this field of work has written the following report for consideration—

In this division partial hearing children under 5 years are admitted directly to the reception class of the Partial Hearing Unit at Cwmafan Junior School and not via an observation class. This arrangement is working well. Two under-fives from Port Talbot Division with hearing losses of 70 db. and 100-plus db. respectively are doing extremely well; comprehension of speech is good and active vocabulary improving. These children, although not yet five, are both reading.

Screening of babies for deafness.

The arrangements for this being done by the Health visitors is not entirely satisfactory. Referrals as the result of failure of rattle tests are frequently the result of the use of a test inappropriate to the age of the child or the test being carried out in unfavourable surroundings. The referrals of greatest value from the health visitors are those with symptoms, e.g. 'the mother thinks the child is deaf' or 'delayed speech development'.

Screening of schoolchildren.

Screening of children at 9 years old (intermediate) and 13-year old school leavers continues. A proportion of these is done by sweep audiometry at 25 db. at four frequencies 250, 500, 1000 and 4000 c.p.s. but due to the fact that we have only one pure tone audiometer it is not possible to do *all* screening by sweep audiometry.

The remainder of the screening is done by R.N.I.D. cards and whispered voice at 10 feet which is a free field test and which, under good acoustic conditions is an excellent screening procedure. As, however, conditions are far from ideal in the majority of schools, free field testing becomes unreliable and I have seen an example of a child with severe, possibly total deafness in one ear who had within the previous twelve months passed a screening test with the R.N.I.D. cards.

Audiometry Clinics.

These provide a much appreciated service for the detailed assessment of children referred following failure of a screening test or children with symptoms—mother suspects deafness—or there is delayed development of speech. Attendance at these clinics is good and many children with nasal catarrh and catarrhal deafness are referred to the hospital E.N.T. department for treatment. The use of Shepherd's tubes in catarrhal deafness has been a break-through in treatment. A child with 40–50 db hearing loss due to secretory otitis media can have his hearing restored in a dramatic way by this form of treatment."

Dr. D. Trevor Thomas, *South-East Glamorgan Health Division.*

"These notes on our hearing assessment clinic have been kindly compiled by Dr. Jean McKim Thomas, Assistant Medical Officer, South-East Glamorgan Division:

During 1966, hearing assessment clinics have been held at

Wyndham Street Clinic, Barry.
Cadoxton Clinic.
Beecroft Clinic, Penarth.
Llantwit Major Clinic.
Llanharry Clinic.
Rhiwbina Clinic.
Whitchurch Clinic.

In all ninety-three hearing assessment clinics (H.A.C.) were held and fourteen joint H.A.C. (i.e. held with Mr. G. Davies, Organising Teacher for Partially Hearing Pupils).

Total number of appointments sent for	795
Total number attending	541
	(new cases, 251)
Number referred for appointment at Department of Audiology	46
Number referred to joint H.A.C.	13
Number seen at joint H.A.C. (old and new)	41
	(out of 49 appointments sent)

During the year, two severely hard of hearing children were brought to our attention. Both were under 3 years old. They were fitted with hearing aids, and given regular auditory training. One is fortunately responding well, but the other has shown little response. This child is known to have additional brain damage, and further steps are being taken to provide suitable help for him.

At the Barry Island Partially Hearing Unit, there are sixteen children. Four children were admitted to the Unit during 1966, and four discharged:—

(*a*) One back to an ordinary school.

(*b*) Two back to an ordinary school under the supervision of a deaf teacher.

(*c*) One to another area.

Two pupils from the Llanharry area were admitted to the Partially Hearing Unit at Bridgend (Mid-Glamorgan Division).

At the secondary school level, a new programme was commenced in the autumn term, for partially hearing children. These children are instructed either individually or in small groups for three-four periods a week, paying particular attention to the verbal subjects. Practical lessons are taken with the remainder of the class. The special instruction is undertaken by a peripatetic teacher of the deaf. He is able to advise the teacher about difficulties the partially hearing child encounters, and ways in which they may be helped. In addition, the liaison between the school and peripatetic teacher helps to draw attention to children who may not have been notified, e.g. because of the varying state of their health, or being an inward transfer.

At the end of 1966, there were twenty-four pupils with hearing-aids under supervision of a deaf teacher. Six of these were issued during the year."

Glamorgan Nursery School for Deaf Children.

I have pleasure in reproducing the report of Mrs. C. E. Jones, Superintendent of the Glamorgan Nursery School for the Deaf.

TABLE S.9.

CHILDREN ATTENDING OR REFRRED DURING THE YEAR 1966

L.E.A.	Age and Sex			
	2+–5		5–7+	
	Boys	Girls	Boys	Girls
Full-time:				
Glamorgan/Rhondda ..	3	4	5	4
Cardiff	1	1	1	3
Monmouthshire	1	—	1	2
Carmarthenshire	–	1	1	–
Breconshire	1	–	–	–
Part-time:				
Glamorgan/Rhondda ..	5	5	–	–
Breconshire	–	1	–	–
Monmouthshire	–	2	–	–
Total	11	14	8	9

TABLE S.10.

PRE-SCHOOL CHILDREN

	Boys	Girls
Deaf with no additional handicap ..	3	4
Deaf with additional handicap :		
Subnormal	1	–
Partially sighted ? subnormal	1	2
Cerebral palsied	1	–
Aphasic	1	–

TABLE S.11.

ADMISSIONS AND TRANSFERS DURING 1966.

Year of birth	Boys	Girls
Admissions:		
1960	1	–
1963	2	3
Total ..	3	3
Transfers:		
1958	2	1
1959	2	1
1960	1	–
1961	–	2
Total ..	5	4

Parents.

Parents and relatives attended a meeting at the school when the proble of deafness were discussed and a lecture given concerning audiograms, ty of hearing loss and the effect on speech, hearing aids and other aspect education. We feel that such discussions are necessary at intervals if par are to have a full understanding of the handicap of deafness.

Pre-School.

The number of children being referred before the age of 3 year increasing, which is evidence of better early assessment. This has resulte the need to provide an adequate pre-school service either in the nursery or at other centres, and also admitting the children for full-time educa at 3 years.

Transfers.

Of the nine children transferred during the year, four were considered to be unsuitably placed in a school for the deaf, because of additional handicaps. One was transferred on social grounds and the remaining four children were placed in Llandrindod Wells School at the age of 7-plus. No children were considered suitable for transfer to partially hearing units."

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.)

Although divisional medical officers have records of young children who are "at risk" of mental retardation, in most instances educationally subnormal children who require education in special classes in ordinary schools are referred by headteachers to educational psychologists who, in addition, undertake screening tests of children aged 8 years. To ascertain those who would benefit from remedial teaching or attendance at special classes for the educationally subnormal, the divisional medical officers are consulted about those children referred for remedial teaching or to special classes, so that they may be medically examined to see if they suffer from impaired hearing or vision which could account for their below average performance in school. Children who require education at special residential or day schools, or who may be unsuitable for education at school are referred to me by divisional medical officers who consult with the educational psychologists.

Considerable attention has been given for some time to the needs of children who are educationally or mentally retarded. In many instances the parents need special help, since two children with identical intelligence quotients may require quite different types of educational treatment depending upon home background and emotional aspects, one child being suitably catered for at a day school, while the other child would be more appropriately catered for at a residential school.

I have pleasure in reproducing extracts from the reports of Mr. W. P. Bourne, the headmaster of the Glamorgan Residential School for Boys, Hendre, and Miss E. I. Sharkey, headmistress of Ysgol Cefn Glas, Glamorgan Residential School for Girls:—

Glamorgan Residential School, Hendre. Report of Headmaster, Mr. W. P. Bourne:—

"During recent years there has been a gradual reduction in the number of boys waiting for admission and in the length of the period of waiting. In 1966 the waiting list was cleared at the normal times of admission, in April and September, and every boy was admitted soon after it had been ascertained that he required special educational treatment in a residential school. Also, it was possible to admit several boys immediately after ascertainment, without having to wait for the next normal time of entry. It seems likely that this satisfactory situation will continue, to the mutual benefit of the individual boys and the schools previously attended.

One very evident feature of the 1966 intake is an increase in the incidence of delinquency, varying in degree from minor offences to repeated juvenile court appearances and several periods in a remand home. However, this has not proved to be a problem in any way, whatever the nature or degree of the delinquency. Ten of the fifteen boys admitted during the year had some history of delinquent acts, yet none has seemed significantly different from non-delinquent entrants. It would seem that provided a boy qualifies for entry in other respects the question of delinquency is not material.

In general, the staffing situation was satisfactory during 1966.

The major educational visit was held on St. David's Day when all the school visited St. Fagan's Folk Museum, Llandaff Cathedral, and Caerphilly Castle. In addition to a variety of visits by groups or classes, all the boys were taken one Saturday to Hereford and another Saturday to Bristol. Regular visits were made during the construction of the Severn Bridge and eventually all the boys crossed the bridge.

Camping this year was at Cwmyoy near Llanthony Abbey. Six weekend camps were held and special activities included a journey up the valley to Hay, climbing the Sugar Loaf mountain and seeing recent excavations at Y Gaer, a Roman fort.

This was the first year that the school had a trailer to transport canoes and as a direct result it was possible to do even more canoeing than in previous years. The main achievement was a four-day journey from Hay to Monmouth, carried out by fourteen senior boys. Each evening the party set up camp at a pre-arranged site and moved on the following morning. This quite arduous adventure was very successful and the benefit to the boys was most evident.

The health and physical development of the boys was good. In the spring term a number of boys had quite mild attacks of influenza and towards the end of the year three boys had chickenpox. During the year the Monmouthshire Mobile Dental Clinic visited on four occasions. After all the boys had been examined treatment was given as required.

One boy was admitted to hospital at Hereford for investigation and four were treated at Monmouth for a fractured wrist, a fractured collar bone, and two with factured arms."

Ysgol Cefn Glas, Glamorgan Residential School for Girls, Bridgend. Report of Head Teacher, Miss E. I. Sharkey, M.A.:—

"1966 has been a busy year at school with gradually rising numbers, re-arrangement of classes and re-organisation on the residential side to make the best possible use of our available space.

Admissions.

During 1966, we admitted twenty-two new pupils.

Classes.

We now have six classes. The numbers in each class range from eleven in the reception class to fifteen in the upper classes. In view of the extremely taxing nature of the work in the reception class, it is intended that a nursery assistant should be appointed in the near future.

Links with the Community.

Our links with the parishioners of Newcastle Church, Bridgend, have been strengthened this year. The Christmas party for the younger children of the church was specially postponed to 15th January, 1966, so that our juniors could attend. The senior girls attended a party given by the older children of the church on 29th January, 1966. Finally, a party of our seniors attended the church Sunday School outing to Oxwich Bay on 9th July, 1966. All the staff feel grateful to Mr. Jones, the Vicar, for making us feel very much a part of the congregation.

Some of the girls attend classes at the Y.W.C.A. and twenty are members of the County Library. Individual girls are still invited regularly to the homes of our loyal Newcastle Young Wives and by members of other church sisterhoods.

Links with other schools.

On Friday, 18th March, the senior girls gave a party to which they invited boys from "Preswylfa" and Ysgol Penybont. The preparations made for this party reflected great credit on the girls themselves and on their teachers. On 21st November, 1966, twenty-four of the senior girls attended a dance at Weycock Cross Youth Club.

Social Events and Outings.

On St. David's Day we had a concert. At Christmas time we had a Christmas play and a carol service.

On 20th January, 1966, the school attended a performance of "The Sound of Music" in Cardiff. On Wednesday, 3rd February, they went to a performance of "Peter Pan" and "Emil and the Detectives". On Tuesday, 8th March, we saw the ballet in Cardiff and again on Friday, 20th May. On 12th July, a party of the seniors heard the Bulgarian Choir sing in the Bridgend Technical College.

Our school journeys took place on 16th June. The seniors went to Tenby and the juniors to Bristol Zoo.

Guides and Brownies.

On 2nd July, our Brownies attended the Brownie Sports at Bridgend Rugby Club and on Friday, 15th July, a party of Guides spent a camping weekend at the "Hendre" School, Monmouth. This was a great success. On 16th September, the Guides and Brownies spent a weekend at Gorwelion House, the headquarters of the Girl Guides in Glamorgan.

Visits by groups of Musical Amateurs.

We have had several visits from amateur groups. On 16th May the Garth Church concert party, Maesteg, came, and on 24th June, the Ogwynderw County Youth Club gave a performance of "The Mikado". On 26th September, a Noson Lawen group from Maesteg gave a concert to the School. Our girls, who are keenly interested in music, were considered by the performers to be among the most appreciative audiences they had met.

Seniors in their last year.

We have had a group of leavers living, as far as possible, in hostel conditions. They are responsible for getting themselves up in the morning, looking after their own clothes, organising their laundry and making their own arrangements for their leisure time at the weekends. They are, of course, under supervision, but we try to make this as unobtrusive as possible."

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 regime 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 regime of ordinary schools')

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

"(*a*) *Summary of Handicaps of Children admitted to the School.:*

(i) Two hundred and fifty-five pupils have been admitted since the school opened in September 1958.

(ii) Types of handicap:

Table S.12.

Physical Handicap	Present Pupils				Past Pupils				Combined Totals			
	Boys	Girls	Total	%	Boys	Girls	Total	%	Boys	Girls	Total	%
Physical Handicap	*Present Pupils*				*Past Pupils*				*Combined Totals*			
	Boys	*Girls*	*Total*	%	*Boys*	*Girls*	*Total*	%	*Boys*	*Girls*	*Total*	%
Cerebral palsy ..	28	27	55	42	31	21	52	42	59	48	107	42
Spina bifida ..	13	9	22	17	3	5	8	6	16	14	30	12
Muscular Dystrophy	13	2	15	11	12	1	13	11	25	3	28	11
Congenital deformities and bone defects	6	3	9	7	6	1	7	6	12	4	16	6
Chest and heart conditions	5	4	9	7	5	4	9	7	10	8	18	7
Post-poliomyelitis	6	1	7	5	7	9	16	13	13	10	23	9
Hydrocephalus ..	4	1	5	4	1	1	2	2	5	2	7	3
Accidents	2	2	4	3	7	1	8	6	9	3	12	5
Other crippling conditions	4	1	5	4	4	5	9	7	8	6	14	5
Totals ..	81	50	131	—	76	48	124	—	157	98	255	—

(*b*) *Placement of School Leavers:*

(i) One hundred and twenty-four children have been taken off the roll.

(ii) Eighty-one children have reached school leaving age—nine of these are still on the school roll and are receiving further education and training in school whilst awaiting placement.

23 have been placed in open industry (registered disabled).
3 are in Remploy factories.
3 are receiving training at the Spastics Society Training School, Sherrards.
1 girl is continuing a commercial course at a college of further education in her home town.
2 boys are receiving vocational training at the Ministry of Labour I.I.U.
26 have returned to their homes with no work.
2 are in Spastic Society hostels.
2 are in Cheshire homes.
10 have been placed in Health Department training centres for the severely subnormal.

72 plus 9 in school = 81

(iii) Thirty-eight have left school before reaching school leaving age:—

8 returned to ordinary schools.
6 transferred to grammar schools for physically handicapped.
7 moved from South Wales.
9 transferred to day special schools near their homes.
4 returned home at parents' request.
3 transferred to junior training centres.
1 boy transferred to the Spastics Society Training School for Severely Subnormal Spastics at Cambridge.

38

(iv) Fourteen children have died.

(*c*) *Estimate of the Educability of the Pupils.*

Terms used and our definitions—

Low Grade Educationally Subnormal (*E.S.N.*). The child who has either been assessed as having an I.Q. below 60 or who is making no progress in the classroom subjects.

Educationally Subnormal (*E.S.N.*). The child has either been assessed as having an I.Q. less than 80, or whose attainment in the classroom subjects is the same as that of a child in the ordinary school who is 2 years or more younger than himself.

Backward. The child who has the innate ability to attain standards in the classroom subjects within the normal range, but who is not doing so. Were he not physically handicapped and attending the ordinary school he would be receiving special education in a special class.

Average. The child whose attainment in the classroom subjects is equal to the attainment of the ordinary child who is not more than 2 years younger than himself.

Above Average. The child who could cope reasonably well in the top class of a secondary modern school.

TABLE S.13.

ASSESSMENTS OF ALL PUPILS.

	Present Pupils			*Past Pupils*			*Combined Pupils*			
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*	*Boys*	*Girls*	*Total*	%
Low Grade E.S.N. ..	12	8	20	12	11	23	24	19	43	17
E.S.N.	21	23	44	28	10	38	49	33	82	32
Backward	23	13	36	12	9	21	35	22	57	22
Average	23	6	29	23	14	37	46	20	66	26
Above average ..	2	—	2	1	4	5	3	4	7	3
	81	50	131	76	48	124	157	98	255	

TABLE S.14

"SPASTIC" PUPILS ONLY.

	Present Pupils			*Past Pupils*			*Combined Pupils*			
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*	*Boys*	*Girls*	*Total*	%
Low Grade E.S.N. ..	13	8	21	12	9	21	25	17	42	40
E.S.N.	10	7	17	11	9	20	21	16	37	34
Backward	6	7	13	—	—	—	6	7	13	12
Average	1	3	4	7	2	9	8	5	13	12
Above average ..	—	—	—	1	1	2	1	1	2	2
	30	25	55	31	21	52	61	46	107	

(*d*) *Degree of Disability of Pupils.*

Definition of terms used—

Assessment is in terms of ability to move in *this school* remembering that it is built on the level and the pupils only use the one floor.

Ambulant. To be able to move about the school without the use of any aids.

Level Ambulant non-wheelchair users. Can move about the school on the level without the use of aids, but who finds difficulty in negotiating steps and slopes.

Level Ambulant wheelchair users. Use a wheelchair usually to get about the school building and grounds but can get around the dining-room and classroom with aids to give support and balance.

Independent chairbound. Use a wheelchair at all times and can get around the building and grounds freely without help. Usually need some help to transfer from wheelchair to dining chair, desk, floor or bed.

Accompanied chairbound. Unable to propel wheelchair any distance and need considerable help when dressing, using toilet, preparing for bed, etc.

TABLE S.15

	Ambulant	*Level ambulant non-wheelchair user*	*Level ambulant wheelchair user*	*Independent chair-bound*	*Accompanied chair-bound*	*Total*
Present pupils	39	12	19	39	22	131
Past pupils ..	42	8	18	26	30	124
Combined pupils	81	20	37	65	52	255
Percentage ..	32	8	15	25	20	

(*e*) *Number of Children from Contributing Authorities.*

Glamorgan	78	Swansea	2
Monmouth	22	Cardigan	1
Cardiff	9	Brecon	4
Radnor	1	Carmarthen	4
Merthyr Tydfil	3	Pembroke	4
Newport	2	West Riding	1

(*f*) *General Activities.*

The usual annual events were held during the year; these included Parents' Conference, Garden Fete, various educational journeys including an aircraft journey from Rhoose Airport, a visit to London Airport and a trip on the Thames, the annual Scout/Guide Camp at Hereford, St. David's Day Eisteddfod, Harvest Festival Service, Christmas Play Festival and Carol Service.

Two new events were included this year: one being the School Sports afternoon when various competitions took place in the school grounds, such as archery, rifle shooting, wheelchair races, wheelchair timed obstacle races, etc. The second was the school swimming gala which was held in the baths at the Glamorgan College of Education, Barry.

(*g*) *Exchange Visits.*

One class from this school did an exchange visit with a similar class from the North Wales School for Physically Handicapped Children at Llandudno. Visits were made by the North Wales children to places of interest in and around Cardiff, including a trip across the newly-opened Severn Bridge. This exchange visit was considered to be of considerable value to both schools and it is hoped that this will be a regular annual event.

(*h*) *School Gardens.*

The gardens are now taking on a new look, due to the efforts of our school gardener who has been teaching the children how to sow seeds in the greenhouse and to plant out their own small garden plots. This activity gives our children great pleasure and is a very useful means of encouraging learning.

The School Leavers Class have extended the old greenhouse to enable children in wheelchairs to enter, and as a result much more work can now be done.

(*i*) *School Leavers Class.*

This class continued to prove that severely physically handicapped young people are capable of all kinds of work; they have recently cut a new door into the Scout Hut and concreted a small path to it; this has enabled them to have a separate entry into the small room at the end of the hut in which they have now erected a coffee bar which they can use for evening meetings over coffee.

They have also built fences to keep the school donkeys from wandering and have built a stable to house the animals during the winter months.

(*j*) *Visiting Consultants.*

Regular visits have been paid throughout the year by a consultant in physical medicine, an orthopaedic surgeon, and a paediatrician. Weekly visits are made by a dental officer and the School Medical Officer, and any prescribed treatment is carried out by the medical staff of the school which includes two nurses, three physiotherapists, and a speech therapist. The Educational Psychologist visits for one half-day per week and a consultant psychiatrist visits half-a-day every fortnight. Chiropody treatment has been provided where necessary."

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 readjustments.)

In the field of child guidance two paramount needs should be fulfilled in Glamorgan:—

(*a*) The establishment of an adequate number of posts for consultant child psychiatrists in relation to the child population of Glamorgan.

(*b*) The establishment of a psychiatric unit for children where beds can be made available for severely disturbed or psychotic children.

There arose during the year several cases where hospital admission was vital which resulted in our seeking placement in hospitals scattered over the United Kingdom. One Glamorgan child was admitted to a unit in Scotland. This is a matter of grave concern to all those involved in the care of the disturbed child. A psychiatric service is not complete unless some provision of this nature is available within reasonable distance.

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 Clinics 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.

In the matter of *accommodation*, it is gratifying to be able to report some degree of progress in 1966. In the Rhondda better facilities became available at the Carnegie Welfare Clinic, Trealaw. Although still far from adequate and convenient, because it involves a splitting of the rooms available between the ground floor suite and a basement with only an outside communicating stairway between the two, the arrangement is nevertheless an improvement on what was available before.

At Neath redecoration of the Clinic took place during the period under review. The much-needed telephone extension to the basement where the playrooms are situated was also provided. The problem of the small size and general suitability of these rooms remains, however, as does that of the lack of an inter-communicating door between the dry and wet playrooms. The desirability of this in terms of the therapeutic needs of the children concerned was already referred to in previous years. The answer to these problems would appear to lie in the making available to the Child Guidance Service of other rooms in this building now becoming vacant.

As regards *staff*, reference was made here last year to the appointment of a full-time Registrar, Dr. T. T. Jones. The latter continued to work with me throughout the period under review. This represented an improvement in the staffing situation from which the service greatly benefited but unfortunately since the close of the period under review Dr. Jones has joined the exodus of junior medical staff from this country to the wider opportunities and better conditions offered to them abroad. In this respect our situation reflects the growing problem besetting all medical specialists throughout the country.

As regards Psychologists, Mr. P. N. P. Williams left and was replaced by Mr. P. H. Cox in the Pontypridd area. Generally speaking, as a result of the re-organization and additional availability of the services of the Educational Psychologists during the last few years, the Child Guidance Service has greatly benefited both directly and also indirectly by the provision of a more effective School Psychological Service. This has produced much more effective co-ordination than previously existed in this field.

During the period under review we continued to have the services of only one Social Worker, Miss D. M. Evans. Although much valuable work was done by her in enabling us to deal more effectively with environmental factors and family relationships it was evident that in terms of the staffing needs of the area one Social Worker was quite insufficient and even with the additional one who has been appointed since the end of the period under review this observation still applies.

Mr. D. H. Lewis has continued to work with us as Play Therapist throughout the period under review. During the year he again held two weekly sessions each at Bridgend, Neath, and Pontypridd; as well as one in the Rhondda; a further weekly session at Aberdare was also instituted. In many cases it is desirable for the same therapist to deal with the family as a whole and thus a good deal of the work with the parents of the cases concerned has also been done by Mr. Lewis.

As was also pointed out in this space last year our staffing needs must be viewed against the background of a continuing and rather steep increase in referrals to the Child Guidance Clinics. Last year this increase amounted to 30 per cent and this year it has risen to 43 per cent. This makes the problem of an increase in staff, particularly medical and social worker personnel, an urgent priority, as well as the reduction in the size of the area which one Consultant Psychiatrist and his team can be expected to cover. Reference was already made by me here last year to the decision of the Welsh Hospital Board to establish a further Consultant post in Child Psychiatry in Glamorgan i.e. to divide into two the area at present covered by me, is to be welcomed. The plans announced also involved the eventual establishment of a third Consultant post in this area. This projected increase of psychiatric personnel is based on proposals submitted by me some years ago in connection with the Review of Medical Staffing; nevertheless, it should not be forgotten that the estimates of the needs of the area made at that time (1962) were in any case on the conservative side and did not take into account both the increased demands on the service which subsequently occurred as well as the psychiatric needs of the various residential establishments in the area. Moreover, since the above-mentioned announcement of the proposed increase in the provision of Child Psychiatrists for the area it has again become doubtful whether the third Consultant post will, in fact, be available for Glamorgan.

TABLE S.16.

NUMBER OF CASES REFERRED DURING THE PERIOD UNDER REVIEW.

Clinic	Boys	Girls	Total
Tynygarn	58	20	78
Neath	47	37	84
Rhondda	26	9	35
Aberdare	21	13	34
Pontypridd	44	16	60
Total ..	196	95	291

As already mentioned above this figure represents an increase of 43 per cent over the previous year's referrals.

TABLE S.17.

CASES DISCHARGED DURING THE ABOVE PERIOD.

Clinic	Boys	Girls	Total
Tynygarn	32	9	41
Neath	16	15	31
Rhondda	8	4	12
Aberdare	5	4	9
Pontypridd	32	2	34
Total ..	93	34	127

These are given in Table S.17. 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 S.18.

CAUSES OF REFERRAL.

Aggressiveness	12	General shyness and timidity	7
Attention-seeking behaviour	5	Nightmares	4
Alopecia Areata	1	Night terrors	5
Asthma	2	Hyperactivity	1
Backwardness	19	Sleeplessness	6
Destructiveness	6	Lack of concentration	2
Disregard of danger	3	Jealousy and resentment of other children	7
Enuresis (wetting)	46	Migraine	2
Encopresis (soiling)	13	Other psychosomatic symptoms	5
Disobedience	11	Depression	9
Generally difficult behaviour	50	Attempted suicide	2
Breaking and Entering and other offences against property except stealing	14	Lying and romancing	16
		Wandering	12
Firesetting	2	Running away	5
Fits	6	Stammering and stuttering	9
Head-banging	3	Other speech defects	5
Nail-biting	5	Stealing and pilfering	34
Rocking	2	Sexual difficulties	16
Thumb sucking	1	School phobia	30
Other habit disorders	3	Other fears and phobias	20
Tics	2	Generalised anxiety	12

Causes frequently overlap and a given child may, of course, be referred for more than one complaint. Bearing these points in mind, however, Table S.18 reflects fairly accurately the reasons why the help of the clinic is sought and the types of disturbance which are referred to us.

TABLE S.19.

SOURCES OF REFERRAL.

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
General practitioners	31	26	8	5	19	89
Divisional medical officers	20	41	12	12	19	104
Paediatricians and other medical sources	4	5	1	3	1	14
Schools (via Educational Psychologists)	8	2	12	11	15	48
Juvenile courts and probation officers	—	6	1	2	6	15
Children's Department	14	4	—	—	—	18
Others	1	—	1	1	—	3
Totals	78	84	35	34	60	291

Sources of referral are given in Table S.19 and include both medical and other agencies. Sometimes a particular case is referred from more than one source. At othes times a particular agency, e.g. the Glamorgan County Children's Department or the Probation Officers, 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 S.20.

AGE DISTRIBUTION OF CHILDREN REFERRED.

Clinic	1–5 years	5–10 years	10–15 years	Over 15 years	Boys	Girls	Total
Tynygarn ..	9	29	36	4	58	20	78
Neath ..	6	33	41	4	47	37	84
Rhondda ..	1	10	15	9	26	9	35
Aberdare ..	5	11	13	5	21	13	34
Pontypridd ..	7	24	27	2	44	16	60
Totals ..	28	107	132	24	196	95	291

Age distribution of children referred is given in Table S.20.

There is no hard and fast age limit for the acceptance of children and, generally speaking, cases up to the age of 16 are seen. (Sometimes adolescents even older than this continue to be seen at the clinics if they were referred at an earlier stage and are subsequently still under treatment or follow-up.)

TABLE 21.

PSYCHIATRISTS' INTERVIEWS WITH CHILDREN.

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
Diagnostic	43	62	17	12	42	176
Therapeutic ..	222	247	47	47	225	788
Totals ..	265	309	64	59	267	964

These are given in Table S.21 which refers to the diagnostic and therapeutic work of the Psychiatrist.

TABLE S.22.

PSYCHOLOGISTS' INTERVIEWS WITH CHILDREN.

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
46	57	20	25	32	180

Interviews of children by the Educational Psychologists are given in Table S.22.

TABLE S.23.

INTERVIEWS WITH PARENTS.

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
676	610	191	203	542	2,222

A good deal of this work is now carried out by the Social Worker but since during the period under review there was only one person on our staff working in this capacity parents were consequently still seen to a considerable extent by other members of the team.

TABLE S.24.

PLAY THERAPIST'S INTERVIEWS WITH CHILDREN.

Tynygarn	Neath	Pontypridd including Aberdare	Tonypandy (from 26th September, 1965)	Total
339	279	335	70	1,023

These are given in Table S.24. Only Mr. Lewis' interviews with children are listed under this heading. As already mentioned above his work also involves regular sessions with parents in a good many cases.

Approved School Cases.

The number of interviews with such cases during the period under review was fifty-six. The figure refers not only to boys seen at the Consultant Psychiatrist's regular monthly visit to Glamorgan Farm School at Neath but also a number of cases seen at weekly group therapy sessions by the Psychiatric Registrar which were instituted during the period under review. The monthly conference with the Headmaster and staff about all cases seen continues to be regarded as an important aspect of this work by all concerned.

Interviews with Children other than at Clinic or Approved School.

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

Other Activities.

Once again lectures have been given to post-graduate students in psychiatry in connection with the tutorial course run by the Department of Extra-Mural Studies, University College, Cardiff. As in previous years post-graduate students have also attended the Tynygarn Clinic with a view to gaining practical experience of Child Guidance work in connection with their preparation for the D.P.M. examination.

A visit to the Clinic combined with a talk about the work is also arranged from time to time for student nurses of the Morgannwg Hospital Group."

The "Lindens" Hostel for Maladjusted Children.

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

"Due to the completion of the extensions to the buildings, it has been possible to enlarge the work carried out at the unit. The average number of children under treatment throughout the year has been twenty-two, it has also been possible to accept emergency admissions for short periods of care either due to a crisis at home, or the need for a brief period of separation for the child from his family, so that both may realise the need for each other.

In December there were twenty-three children in residence.

Glamorgan L.E.A.	.. ..	21
Merthyr L.E.A.	.. ..	1
Swansea L.E.A.	.. ..	1

Of the twenty-one Glamorgan children in residence, ten were in the care of the Children's Department. It is of interest to note that this group is the most difficult to return to satisfactory home bases at the conclusion of treatment. Their length of stay at the unit is almost twice that of children who return to their own parents. The problem arises of boys who have reached school leaving age but are not yet ready to face the demands of employment without support. It is fortunate that the National Association for Mental Health has a hostel at Bromley which caters for this group and we have used this as a placement for several of our boys.

The Child and Parent Guidance Team meets at the unit each week and the following visiting specialists also attend as required:—

Consultant Psychiatrists	..	Dr. J. P. Spillane and Dr. Delfun Lewis
Psychiatric Registrar ..	..	Dr. Evan Davies (to September).
Consultant Paediatrician	..	Dr. Peter Gray.
Visiting Medical Officer	..	Dr. W. G. Westall.
Clinical Psychologist ..	..	Mrs. A. M. Jones.
Probationer Psychologist	..	Miss J. Davies.
Educational Psychologists	..	Mr. Tom Doyle (senior Psychologist) and Mr. John Davies.
Psychiatric Social Workers	..	Miss Judith Jenkins and Mr. Dennis Sellwood.
Principal Child Care Officer	..	Mr. David Wakefield.

Children with hearing difficulties are referred at once to the Audiology Department, Cowbridge Road, Cardiff, and four of our children have been admitted for treatment. In each case there has been a general improvement both in the child's physical health and in his emotional adjustment.

Each of our children, on admission, have an E.E.G. examination at Whitchurch Hospital. Although the majority of reports show little abnormality. This procedure is of diagnostic value and also adds to our knowledge for research purposes.

The shortage of psychiatrists has meant that since September we have not been able to maintain weekly consultations. It has, however, been possible for children and parents to be seen at the Child Psychiatric Clinic at the Cardiff Royal Infirmary.

The unit continues to be used as a training placement for a variety of students engaged in educational, medical and social training. It has, however, been necessary to restrict some of this activity, due to the size of the establishment and the possible ill effects it might have on our children's progress.

Adjustment Classes.

Provision is now possible for eighteen children on the premises for special educational treatment. In addition to children from the unit, Mr. John Davies, Educational Psychologist, has referred children as day pupils to the class. Liaison with the schools in the area is maintained by the Educational Psychologist and the teacher-in-charge. Excellent co-operation has been obtained from the local headmasters and the Youth Employment Service.

Continuity of special educational treatment is provided by discussions with the Educational Psychologists in the area from which the child is admitted. This is continued when the child is discharged from the unit.

Continuity of treatment from the Child Guidance Clinics is maintained by frequent consultation with Dr. K. W. Aron, prior to admission, during treatment, and after discharge. This arrangement is to be improved in 1967 by the participation by the unit staff in the case conferences held by Dr. Aron.

I would wish to thank all who have contributed to the work of the unit during the year and my satisfaction that the unit is now growing closer to becoming an integral part both of the School Psychological Service and the Child Guidance Service."

Treatment.

Refraction.

The examination of children's eyes and the provision of spectacles is one of the t important aspects of the work of the School Health Service. At periodic ical inspections 780 pupils were found to require treatment for defective vision uding squints. Health visitors and school nurses test the eyesight of children nnual intervals and 6,990 children were seen at eye clinics compared with 9 during the previous year. It was unfortunate that during 1966 the Authority the services of the following refractionists, Dr. A. H. Haley and Dr. Meryl . Fortunately, we secured the services of Dr. Richard Watkins, who undertook onal duties from October 1966. 2,476 spectacles were prescribed by the nority's doctors compared with 3,108 during the previous year. A considerable ber of children however, obtain spectacles through local opticians.

The vision of children is tested by medical officers on entry to infant schools. important that impairment of vision should be detected early and as far as ible corrected so that children can obtain the maximum benefit from education.

(*b*) *Orthopaedic.*

Clinics for the treatment of certain orthopaedic defects continue to be held. Conditions such as congenital dislocation of the hips, progressive muscular dystrophy, and other crippling defects are detected at an early age usually at the infant welfare clinics. Some diseases such as poliomyelitis have been abolished or brought under control and greater skill in surgery and the control of infection have enabled children with severe physical disabilities, which are congenital or hereditary in origin, surviving, e.g. spina bifida, and many of these children will need education in special schools. It is reasonable to assume that in the years to come there will be substantial numbers of such children and it is necessary to make plans to meet their needs.

(*c*) *Dental.*

Mr. D. R. Edwards, the Principal Dental Officer, took up duties on 1st March, 1966, succeeding Mr. H. P. R. Williams who acted as my adviser in a part-time capacity following the death in October 1965 of Mr. Hardie Care. I am grateful to Mr. Edwards for the following report:—

"With a school population of 131,000 and nine whole-time officers at the end of 1966 the ratio of 1 dental officer to 14,000 school children compares unfavourably with the national average of 1 to 4,500 in the general dental services of England and Wales. Even with the whole-time equivalent of our sessional dental officers bringing the total to 14, the ratio of 1 to 9,000 is still far short of the ideal ratio of 1 dentist to 3,000 population. Thus the overall picture for 1966 is an unending source of children requiring treatment and a never-ending quest for dental officers to treat them.

However, we still have cause for optimism because of the greater emphasis on conservative treatment which has resulted in a ratio of 4-plus permanent teeth filled to every permanent tooth extracted as compared with 1:1 in 1961. The ratio of deciduous teeth filled to those extracted in 1966 was 1:2, as compared with 1:13 in 1961.

Staff.

The staffing position, which had improved considerably following the introduction of the area dental officer grade suffered a severe set-back during the year with the resignation of four of our area dental officers. Three officers left for what they considered to be the more attractive prospects of dentistry in the general dental services. We were very sorry to lose the services of Mr. J. H. M. Davies, Mr. G. Hughes, and Mr. W. R. Turner, but pleased to retain the services of Mr. Hughes and Mr. Turner on a sessional basis. Mr. R. I. Sheppeard, the senior dental officer in the Rhondda District, was appointed area dental officer in the West Glamorgan Division to succeed Mr. Davies, and Mr. C. Thomas was appointed area dental officer in the Neath Division to succeed Mr. Hughes. The vacancy in the Pontypridd Division following Mr. Turner's resignation still remains unfilled at the end of the year.

Mr. Arfon Williams, the area dental officer for the Rhondda Excepted District, was appointed in December as Principal School Dental Officer to the

Swansea County Borough. The two dental auxiliaries, Miss Blackman and Miss Bowling, had previously left the Rhondda district, and now with the movement of Mr. Williams and Mr. Sheppeard at the end of the year, saw a compact dental treatment unit replaced by a sessional dental officer.

Mr. J. H. Morgan Phillips was appointed as senior dental officer in September and shared his duties between the Aberdare Division and Rhondda. In the same month three dental auxiliaries were appointed from New Cross to join Miss Irwin and increase our number of auxiliaries to four. Miss A. Thomas, Miss Payne, and Miss Friell commenced their duties in the Mid-Glamorgan, Aberdare and Caerphilly, and Port Talbot and Neath Divisions, respectively.

At 31st December, 1966, the dental staff consisted of:—

9 Whole-time Officers,
13 Sessional Officers,
4 Dental Auxiliaries.

Mr. D. MacDougall, Mr. P. T. Rake, and Mr. E. Hevin Jones, who had served the Authority on a sessional basis for many years terminated their duties in 1966, as did Mr. P. Griffiths and Mr. D. C. Phillips. The services provided by these officers were of considerable help during a period of difficulty in dental manpower. Our staffing position at the end of 1966 was thus similar to that of 1965, emphasising that recruitment to our Service is one of our constant problems.

Premises and Equipment.

During 1966 considerable progress was again made in the modernisation of our clinics. More X-ray facilities were provided together with additional high-speed drills, and completely equipped dual surgeries for dental auxiliaries were brought into use at Aberdare and Ystrad Mynach. This is a most encouraging feature, and our modernisation programme will be almost complete by 1968. Before this time we will have taken delivery of our first mobile dental clinic to serve the West Glamorgan Division.

As a result of the improvements initiated by my predecessor, Mr. H. P. R. Williams, of the forty-four clinics now in use in the County, excluding the Rhondda district, thirty-five are equipped with modern Stirling dental units and dental cabinets, twenty-six have airotors, and twelve provide X-ray facilities.

Inspection and Treatment.

The figures provided in Table S.42 at the end of the report are interesting when compared with those of 1965. In 7,121 treatment sessions, which were 264 less than in 1965, 20,593 permanent and 5,658 deciduous teeth were filled, 4,742 permanent and 11,882 deciduous teeth were extracted. The number of permanent teeth filled were down slightly, but an encouraging feature was the reduction in extractions of permanent and deciduous teeth by 2,000 and 3,000 respectively, whilst the general anaesthetic sessions were down by over 2,000. There were 43,499 visits to our clinics and the rise in figures for root-canal treatment, inlays and crowns continued.

It is evident from the figures in Table S.42 that the whole dental staff are making great efforts to cope with the dental disease so prevalent in the majority of our school-children.

Orthodontics.

The fact that more orthodontic cases were completed and less cases discontinued in 1966 than in the previous year showed a better assessment by the dental officer of those children likely to persevere with a prolonged course of treatment.

With the co-operation of the Cardiff Dental School we were able to arrange for two of our officers, Mr. C. Ellis James and Mr. D. McKendrick, to attend the orthodontic clinic of Mr. Brown, Senior Lecturer in Orthodontics at the School. This arrangement is to continue on the basis of one half-day per week for the academic year. The additional experience gained by our area dental officers will eventually enable them to undertake the more difficult orthodontic cases in their surgeries, and thereby improve the service we are providing. This liaison with the dental school will, we hope, continue with the other dental officers in turn.

Dental Health.

Dental health education in the schools has been provided mainly by health visitors, but is now being supplemented by dental auxiliaries in the divisions where they have been appointed. We make full use of the various posters and pamphlets on dental health from all sources of supply to be displayed in our surgeries, waiting-rooms, and schools.

During the year a very successful dental health exhibition was staged in the Royal National Eisteddfod grounds at Aberavon when the mobile dental health exhibition caravan kindly loaned by the General Dental Council created considerable interest among the competitors and general public. Mr. T. Arfon Williams and Mr. Gareth Hughes, together with auxiliaries, Miss Irwin and Miss Blackman, and nursing staff of the Port Talbot Division responded in Welsh and English to the many questions put by the public.

The new dental school at Cardiff accepted two of our area dental officers on the course dealing with "Child Oral Health" given by Professor Miller and Mr. N. Swallow. Mrs. R. Phillips and Mr. W. R. Turner were the first to benefit by attending these additional postgraduate facilities now available. Your Principal Dental Officer was fortunate to attend Mr. N. Swallow's postgraduate course on the "Dental Care of the Handicapped" at the Cardiff School, and Mr. D. McKendrick, who provides treatment for the patients at Erw'r Delyn, attended a similar course at Bristol University which was organised by the Public Dental Officers' Group. The dental health education conference in London organised by the General Dental Conference also was stimulating and informative. The experience gained by attendance at these courses will prove of particular benefit with relation to the dental care provided for the handicapped child in the residential schools maintained by the Authority.

An innovation during the year was the first of what will now be regular meetings of area dental officers. This opportunity for officers of the various

divisions to meet each other resulted in a valuable discussion on various aspects of the dental service and the mutual problems met with in our surgeries.

In conclusion, I feel confident that the conditions now prevailing in many of our clinics will attract the young graduate, and if this is coupled with a recognition of the value of the school dental officer to the community, then we may see an easing of the pressure on our present depleted staff."

') *Foot Health.*

The following is a report by Dr. D. H. J. Williams, Divisional Medical Officer r the Port Talbot and Glyncorrwg Division, on the incidence of plantar warts nong children :—

"*Investigation into the Incidence of Verrucae (Plantar Warts).*

In September 1965, I reported to Committee on an investigation carried out at Sandfields Comprehensive School into the incidence of verrucae amongst the pupils. Recently I arranged a follow-up visit to the school to assess any change in the situation since September.

I append hereunder details of the results of the investigation:—

	September 1965	*June* 1966
Number of pupils found to have verrucae	53	73
Number of pupils already being treated by own doctor ..	22	24
Number of pupils advised to seek treatment from own doctor	31	49

Eight of the seventy-three pupils who were found to have verrucae in June 1966 had already been referred to their own doctor for treatment after the September investigation. Of these, five were already receiving active treatment and I have written to the parents of the other three children advising them to return to their own doctor to commence another course of treatment.

Further visits will be made to the school at six-monthly intervals in order to assess the effectiveness of the treatment given by the family doctors.

The spread of the infection is due to actual physical contact. Therefore, consideration should be given to its prevention by forbidding physical training and dancing in bare feet. Similarly, no pupils should be required to wear shoes which have been used by other pupils. Where appropriate, shower baths and the surrounding areas should be treated with a suitable disinfectant,"

Speech Therapy.

There is a national shortage of speech therapists and the Authority's work in aling with children with speech defects has been considerably hampered. At e end of the year there were 3½ speech therapists, the authorised establishment ing 5. It was not possible to undertake any speech therapy in the Pontypridd d Llantrisant Health Division and in the Borough of Rhondda. Dr. G. E. novan, the Divisional Medical Officer for West Glamorgan Health Division, s undertaken research work on stammering and I am grateful to him for the lowing report:—

"The importance of being able to communicate need not be stressed. A child who cannot adequately impart information whether it is educational, feelings, etc., is a handicapped child and cannot fully benefit from his education. Consequently speech therapy is of great importance to the School

Medical Service. It should also be noted that children who suffer from deafness also suffer from speech defects.

There should be at least one qualified speech therapist for every 10,000 children. The school population of the West Glamorgan Health Division is approximately 10,900. The Speech Therapist is shared with the Neath Division; the effect of this is that both the West Glamorgan and Neath Divisions are inadequately served.

The facilities for carrying out speech therapy are totally inadequate. It is very difficult for a speech therapist to work in a clinic with a high noise level and she should also have adequate equipment.

The speech therapist tends to work in relative isolation. Attempts are being made in the West Glamorgan Division to fully integrate the speech therapist into the School Health Service. I am taking a great personal interest in this service and facilitate improvements by visits and advice.

At the present time I am doing research on speech defects, especially stammering. This research is giving promising results and it would be premature to go into these now as it would be hoped that they could later be the subject of a report. Beneficial effects are also being seen in the boost of morale to the speech therapist and the patients and from much more useful equipment.

A close liaison has been entered with the Psychology Department of University College of Swansea. The research work on stammering is a joint effort by myself with the Professor of Psychology. This partnership is working very well and ultimately we should be able to publish the work done. An improved type of electronic masking device for stammering is being developed in the Department of Electrical Engineering under Professor W. Gosling.

My work in the investigation of stammering has been facilitated by the grant from the County Council which I appreciate."

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

TABLE S.25.

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Total number of individual cases seen ..	1,168	1,368	1,339	955	767	1,023	1,001	1,052	849	967
Number of cases treated ..	1,037	1,149	1,176	879	712	835	926	994	799	479
Total number of attendances	10,940	12,514	11,628	7,024	6,522	8,325	8,573	8,057	6,644	7,112

Analysis of Work by Speech Therapists during 1966.

Speech Therapy.

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
Total number of individual cases seen	240	57	220	125	–	131	111	83	–	967
Total number of attendances	1,280	458	2,287	396	–	1,119	1,119	453	–	7,112
Number of current cases at 31st December, 1966	42	21	81	39	–	43	46	53	–	325
Total number of cases remaining on waiting list at 31st December, 1966	12	3	17	40	–	3	30	51	–	156
Number of cases under observation (immediate treatment not necessary)	38	44	56	–	–	–	71	6	–	215
Analysis of discharged cases:										
(*a*) Non-treatment cases—										
(i) Treatment not considered necessary	32	2	21	20	–	–	6	4	–	85
(ii) Failed to attend after diagnosis	27	–	–	27	–	8	–	9	–	71
(iii) Travelling difficulties and loss of school work	4	–	–	1	–	–	–	1	–	6
(iv) Unsuitable for treatment	3	–	1	–	–	–	–	–	–	4
Total	66	2	22	48	–	8	6	14	–	166
(*b*) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health	–	–	–	–	–	–	–	–	–	–
(ii) Lack of parental co-operation	3	1	–	–	–	–	4	–	–	8
(iii) Poor attendance or non-attendance	14	2	22	–	–	28	3	–	–	69
(iv) Pressure of school work	–	3	1	–	–	–	2	–	–	6
(v) Left district	1	1	1	–	–	1	9	–	–	13
(vi) Left school	1	–	1	–	–	–	2	–	–	4
2. Discharged—speech improved	42	8	4	–	–	7	12	–	–	73
3. Discharged—speech normal (cured)	53	11	37	1	–	17	16	1	–	136
4. Temporarily discharged	18	8	51	37	–	30	11	15	–	170
Total	132	34	117	38	–	83	59	16	–	479

TABLE S.26—*cont.*

SPEECH THERAPY—*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
General progress of cases:										
Much improved	17	9	34	7	–	21	17	14	–	119
Satisfactory	15	9	40	12	–	16	19	32	–	143
Little improvement	10	3	7	20	–	3	10	7	–	60
Total	42	21	81	39	–	40	46	53	–	322
Table of symptoms of cases treated at clinics:										
Stammering	44	11	53	22	–	37	12	17	–	196
Dyslalia	46	29	83	32	–	47	57	33	–	327
Cleft palate	5	2	12	1	–	1	6	1	–	28
Deafness	1	–	–	1	–	–	–	1	–	3
Lateral "s"	14	5	10	1	–	7	7	2	–	46
Interdental "s"	12	–	12	1	–	8	12	9	–	54
Rhinolalia (nasality)	9	1	3	3	–	3	–	1	–	20
Dysarthria	1	–	2	1	–	–	–	–	–	4
Dysphonia	2	–	–	1	–	–	–	1	–	4
Low I.Q.	23	2	3	4	–	1	5	2	–	40
Retarded speech	15	5	18	8	–	19	6	2	–	73
Asphasia	2	–	2	–	–	–	–	–	–	4
Cerebral Palsy	–	–	–	2	–	–	–	–	–	2
Total	174	55	198	77	–	123	105	69	–	801

Health Education in Schools

Although there has been a marked increase in health activities in schools by health visitors and other health staffs, much remains to be done. Health education if it is to be effective over a long period must be carefully planned and thought out. Much health education work is already being done in schools under other names such as physical education and domestic science.

It is desirable that the teaching and medical professions should get together to define their roles more precisely. Teachers as a rule lack sufficient knowledge of the subject which would enable them to have a firm grasp of the priorities, and health staffs, who should have this knowledge, need more training in imparting it. The position is made more difficult because of a lack of understanding of what is meant by health education in schools. To some it means simply hygiene; to others it means sex education. The World Health Organisation defined health as "a state of complete physical, mental and social well being not merely freedom from disease or infirmity." The pamphlet, "Health in Education" of the Department of Education and Science states, "The state of well-being which must be a school's aim for all its pupils demands a policy for health education which makes it an influence pervading all school activities. Plans must be laid with this aim in full. All who work in schools must be made familiar with these plans. They should be fully aware of the general principles which are involved and the responsibilities they must accept as their share in a programme of health education."

Health education should be regarded as a positive concept which is not only a subject for conventional teaching but should also become part of the whole work and life of a school.

During the period April to December 1966, 1,770 talks were given in schools by health staffs. Most of the talks were on isolated subjects but in one division there was a planned series of talks to school-leavers on preparation for parenthood. Forty-four talks were given on venereal disease, but it is probably more appropriate to give talks on this subject as part of a series on personal relationships and development. The aim should be to encourage young people to attain independence and mature personalities, to help them establish satisfactory personal relationships and to equip them to face the social and health problems that they may meet in later years.

Talks given by health staffs in schools were on the following subjects:—

Dental hygiene	692
General hygiene	507
Preparation for parenthood, including talks on menstruation and veneral disease	204
Prevention of accidents	146
Smoking and health	90

Talks were given by the following staff:—

	Number of talks
Health visitors	1,171
Dental auxiliaries	495
Divisional medical officers	42
Nursing officers	37
Orthopaedic nurses	19
Assistant medical officers	7

Refresher Course for Medical Officers and Dental Officers

A residential refresher course was held at Dyffryn House for Medical Officers during the period 21st to 23rd October, 1966. The programme was as follows:—

Introductory Talk	The County Medical Officer.
Treatment of Squint Cases ..	Dr. P. A. Graham, Consultant Ophthalmologist, Cardiff Royal Infirmary.
Health Education in the School ..	Dr. D. J. Anderson, Divisional Medical Officer, Caerphilly and Gelligaer Health Division.
The use of Hypnosis in Medicine and Dentistry	Dr. J. H. Hartland, Visiting Psychiatrist, West Bromwich.
Autistic Children	Dr. K. W. Aron, Consultant in Child Psychiatry, Welsh Hospital Board.
The Incidence and Natural History of Spina Bifida Cystica in South Wales	Dr. K. M. Laurence, Senior Lecturer, Welsh National School of Medicine.

A day refresher course for dental officers was held at Dyffryn during this weekend when dental officers attended Dr. Hartland's lecture on the "Use of Hypnosis in Medicine and Dentistry" and attended a lecture by Mr. W. A. B. Brown, Senior Lecturer in Orthodontics, the Welsh National School of Medicine, on "Dentistry through the Ages".

New Schools or Extensions to Schools

Mountain Ash Secondary School	now part of Mountain Ash Comprehensive School.
Sandfields Comprehensive School	extensions.
Llanilltud Fawr Secondary School	
Neath Technical College ..	extensions.
St. Athan New Primary School	
St. Illtyd's Primary School ..	former Llanilltud Fawr Secondary School.
Gwyndy Secondary School ..	extension.
Llanilltud Faerdref Welsh School	

I am grateful to Dr. D. Trevor Thomas, Medical Officer of Health for narth, and Divisional Medical Officer, South-East Glamorgan for his article "Swimming Pool Granuloma" and to Dr. C. J. Roberts, former Assistant edical Officer, South-East Glamorgan Division, for his article on "A method Screening a School Population for Defective Hearing".

Report of Dr. D. Trevor Thomas.

"*Swimming Pool Granuloma.*

A few Cardiff residents who had frequented the Penarth indoor salt water swimming baths in the summer of 1966 were referred to a Consultant Dermatologist when they discovered that they had developed a localised and unusual skin condition. The Dermatologist made a diagnosis of Swimming Pool Granuloma, a somewhat rare condition which has been reported from Canada, U.S.A., and the Scandinavian countries only in the last 15 years or so, with only two cases in this country.

He informed me of his findings and concern and following this, I requested general medical practitioners to be on the look-out for the condition and also made arrangements to visit all the schools in the catchment area of the baths. Those children who had used the baths were questioned and where necessary examined. In this way a large number of children were presented to the Dermatologist at a special session at Beecroft Clinic, Penarth, the majority being given further appointments to attend the Dermatology Department of the Cardiff Royal Infirmary for further investigation. The diagnosis of Swimming Pool Granuloma was finally confirmed in seventy-three school children.

Clinically the granuloma appears as a group of tender erythematous papules, later joining together to form a nodule which occasionally may break down and become infected. Perusal of the medical literature showed that the lesions were usually located on the elbows, knees, and feet, parts of the body which would appear to be susceptible to pressure or injury in swimming baths, particularly when children pull themselves out over the side of the bath. In this outbreak however, very few gave a history of trauma and by far the greater majority of the lesions appeared on one or other elbow.

This condition is known to be caused by localised infection with a somewhat rare bacterium, Mycobacterium balnei (which belongs to the same group of organisms as those causing tuberculosis and leprosy) and this was confirmed by successful isolation of the bacteria from some of the lesions.

The Penarth swimming baths comprise a smaller pool, which was constructed about 80 years ago and a larger pool built some years later which was completely re-tiled together with its surround a few years ago. The tiles in the small pool, however, were cracked and roughened in many places with gaps between some of the tiles and also there were defects in the concrete surround. The Bacteriologists were able to isolate the causative organism from many sites in and around the small pool.

The Dermatologist found that the treatment of the condition was disappointing and although various antibiotic agents were tried, none appeared to be really successful, the lesions persisting for many weeks and months and indeed now about twelve months' later, a few of the children are still exhibiting residual lesions.

The Penarth baths are only open each year from March to October and on my advice the Penarth Council decided to close the smaller pool permanently.

A new filtration plant and a new chlorination plant have been installed and it is hoped that these will have the effect of ensuring a sufficient residual chlorine level in the water at all times and that in this way a repetition of last year's happenings may be avoided. The Council has also taken a decision to construct new swimming baths in Penarth.

Despite intensive investigations by bacteriologists in all the reported outbreaks, the source or permanent reservoir of the causative organism has not been discovered, neither is it known how it gains entry into swimming baths. An interesting and significant feature in the medical literature dealing with the condition is that tuberculin skin testing in those affected gives a positive result in the greater majority. This being also the finding in this outbreak."

"*A Method of Screening a School Population for Defective Hearing*".
By C. J. ROBERTS.

"The Handicapped Pupils and Special Schools Amending Regulations, 1962, define two categories of children with defective hearing:

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

(2) Partially hearing pupils, that is to say, pupils with impaired hearing, who require special educational provision not necessarily similar to that provided for deaf children, because, despite their hearing loss, their development of speech and language, even if retarded, is following a normal pattern.

This Ministry of Education classification is based upon the educational need of the child and therefore is not confined to the degree of defective hearing, and classification by decibel loss is not appropriate. By existing methods of screening, each child in the school population is given an audiometric test and those children who fail this test are further examined for hearing loss and their educational attainment is assessed. It is only after this exhaustive procedure, that the handicap is discovered.

In the autumn of 1963, it was decided to conduct a survey to discover the number of children with defective hearing in the junior and infant school population of the South-East Glamorgan Health Division. This involved the testing of some sixteen thousand children.

By the existing method it was calculated that the initial audiometric sweep would take one full-time doctor fifteen months to complete, at a cost of approximately £1,800, and that this would have to be followed by more detailed physical examination and educational assessment. Doubts were felt of the economic soundness of this method and the degree of efficiency.

A pilot survey was undertaken by a school medical officer and a qualified teacher of the deaf.

Method.

The initial selection of children for hearing assessment was made by the head teachers and class teachers in the schools. This would appear to be a logical approach as the classification is based upon the child's ability to respond to educational methods and the teacher is the most likely person to detect any difficulties caused by defective hearing.

Ewing (1957) has stated that the handicap imposed by defective hearing does not bear a linear relation to hearing loss. Intelligence, social adjustment, home environment, and various psychological factors affect the degree of handicap experienced by deaf children, particularly children who are slightly deaf. For these reasons the teachers were asked to refer children in the following groups:

1. Children whose hearing had been suspected by the teacher as being below normal.
2. Children who for no obvious reason were not making satisfactory progress in school subjects.
3. Children with a significant speech defect, such as defective consonants or imperfect or incomplete word formation. Children with lisps and stammers were not included.
4. Children showing frank signs of emotional disturbance or maladjustment.

These groups were considered to be the natural categories of children handicapped in any way by defective hearing.

A meeting of the team and the referring teachers was arranged and the scheme was explained fully. Co-operation was excellent as the teachers recognised the value of this method of selective examination. Eight schools with a population of 1,706 pupils were chosen for inclusion in the survey. A date on which the survey at the school could be arranged along with the lists of referrals from individual class teachers was decided. The Head Teacher with the class teacher decided which category of the four groups was applicable to each child.

Altogether fifty-one children were referred in this way for full assessment and in view of the "selection" it was possible to give each child:

1. A physical examination and inspection of the ears, nose and throat.

2. Audiometry, followed by a hearing test, with test cards published by the Royal National Institute of the Deaf. It was possible to estimate acuity for pure tone and the spoken word.

3. The teacher of the deaf interviewed each child for assement of language development, quality of speech, and educational attainment.

4. Finally each case was considered at a case conference by the medical officer, the specialist teacher of the deaf and the head teacher. It was then possible to decide on the degree of educational or social handicap present in those children found to have defective hearing.

Results.

From a total infant and junior school population of 1,706 children, fifty-one were selected for full assessment. Table S.27 shows that almost half of these were children making very poor progress at school. Twelve children were thought to have poor hearing by their class teachers. Thirteen had significant speech defects and only six children were showing signs of obvious maladjustment. In many cases reasons for referral overlapped. For example several children thought to have poor hearing were also backward at school, but these have all been included in Group 1. In other cases the most prominent feature was selected, and the child placed in that Group.

Table S.28 shows that only sixteen out of fifty-one children had normal hearing (Group A). The remaining thirty-five children, i.e. 2 per cent of the total sample, would have failed the audiometer test. This figure is comparable with the result of a Birmingham survey in 1960 on 5,057 6-year old children, when 2 per cent failed the sweep audiometer test in both ears. In Middlesex, in 1960, 65,041 children were tested and 1·5 per cent failed in both ears.

Of the thirty-five children who were found to have some hearing loss, eleven had slight defects of up to 25 decibels in both ears but were in no way handicapped (Group B). The remaining twenty-four children had bilateral losses of more than 25 decibels and nine of them had a bilateral loss greater than 35 decibels. In view of their very poor progress at school this last group were regarded as being in need of some special educational facilities (Group E). A further nine children had hearing losses in both ears of more than 25 decibels and their progress at school was poor, but as they were all under 7 years old it was decided to watch their progress at school carefully for a further six months before deciding if special facilities would be required (Group D). In Group C there were six children with a bilateral loss of more than 25 decibels, but they showed no signs of educational or social handicap. They were recommended for observations and regular review.

From the results it would appear that in the area under consideration fourteen children per 1,000 of the infant and junior school population had bilateral hearing losses of 25 decibels or more. Of these fourteen children, nine did not appear to be educationally or socially handicapped by their hearing loss, but five per 1,000 were in need of some special arrangements or facilities.

The most fruitful source of children with defective hearing was amongst the group referred for very poor progress at school. Of the twenty referred because of backwardness at school twelve were found to have bilateral hearing losses of over 25 decibels. The teacher's suspicions of poor hearing were also quite accurate; nine out of twelve children referred for this reason had bilateral 25 decibel loss. The maladjusted group produced no children with defective hearing, and the speech defect group was surprisingly unproductive; only three out of thirteen had bilateral losses of more than 25 decibels.

Discussion.

The problem associated with all screening procedures is whether or not the time and expense involved is justified by the number of cases found. The efficiency of sweep audiometry has been proved but the very small case discovery rate must throw suspicion on the economic soundness of the method.

The great majority of children who fail the audiometer test are found on further examination to have no significant degree of hearing loss.

Reports in *The Health of the School Child* (1960–1) indicate that testing children specially referred because of suspected hearing loss, repeatedly detects a higher percentage of affected children. In the Lindsey Division of Lincolnshire (1960) hearing defects were found in 3·5 per cent of special examinations. Wiltshire (1960) and Cambridgeshire (1960) found that 25·7 per cent and 24·1 per cent respectively of their special referrals had affected hearing.
In the method described in this paper an attempt was made to achieve the following:—

(*a*) To reduce as far as possible the total number of children to be examined.

(*b*) To make an educational assessment at the time of examination.

(*c*) To encourage teaching staff to make the initial referral for special examination.

Of the fifty-one children specially referred 47 per cent had significant hearing losses and nearer 55 per cent would have failed the audiometer test. This brings the ratio of cases discovered to cases examined up to 1:2 from 1:4 (*vide supra*). To discover a ratio of five per thousand children handicapped by defective hearing it was necessary to examine fifty-one out of a total of 1,706, or one child in every thirty-four.

In the survey, no control group was used, and no re-examination of the sample was made to ascertain if, in fact, all children with defective hearing had been discovered. Criticism could be made on the grounds that the results may be incomplete, and that children with defective hearing were being missed. From the results, this would not appear to be so, unless one assumes that the area under consideration has a larger number of children with significant hearing loss than adjacent local areas or than the country as a whole.

The incidence of children found to be handicapped by defective hearing in the sample was five per 1,000 or 0·5 per cent. This rate is high if one considers that only 1·5 per cent to 2 per cent of school children in recorded English Studies failed the audiometer test, and that the majority of these failures were for slight hearing losses only. A greater number of children handicapped by defective hearing were discovered by the method described in this paper, than would have been expected from a study of the incidence of hearing defects in various parts of the country. There is no outstanding social, economic or climatological factor which could explain the difference. It was thought that because of the reduction of the total number of children to be examined a better auditory and, in particular, a better educational assessment could be made. It is suggested that, by increasing the emphasis on educational assessment, one may find that the incidence of children handicapped by defective hearing is greater than was originally thought.

It was found extremely valuable to have the opinion of the teacher of the deaf at the time of the hearing assessment. By working together on each case

one could make a reasonably confident appraisal of the amount of handicap caused by hearing loss in each individual child.

That the teaching staff are capable of the important responsibility of the initial selection for special examination seems to be well borne out in the results shown in Table S.28. As the classification of defective hearing is primarily an educational one it seems logical that the defect should be looked for in school where it is most likely to show itself. The teaching staff are in an ideal position to note maladjustment, speech defects and educational retardation, because they see the child for many hours each day over a long period and, what is most important, they are able to compare him with his fellow members of the class. The time taken to complete this pilot survey of 1,706 children was nine three-hour sessions. It was calculated that to complete the survey of the area with 16,000 school children would take about eight weeks.

It is suggested that this method would help education authorities, in areas where no previous screening had been done to estimate quickly and economically the need for special educational facilities for children with defective hearing in that area.

Summary.

A rapid and economical method of screening a school population for children handicapped by defective hearing is described. To discover the twenty-four children with defective hearing listed above by the routine screening and survey method would have meant 1,706 testings followed by a further hearing assessment on those who failed the test. By selecting for full hearing and educational assessment only those children whose handicap could possibly have been due to defective hearing, the total number of children examined was cut down from 1,706 to 51. It was felt that all such children would be found in one of four categories, namely those whose hearing was suspected as being below normal by the class teacher, those with a significant speech defect, those showing frank signs of emotional disturbance or maladjustment, and those who were making very poor progress at school for no obvious reason.

The selection of children for full examination, from the categories above, was made by the teaching staff of each of the schools visited. It would appear from the results that teachers can be highly successful at picking out children with defective hearing. Out of fifty-one children selected by them for auditory assessment only sixteen had perfectly normal hearing.

The great advantage afforded by the school doctor and the teacher of the deaf examining each child together was that, in most cases, an immediate estimation could be made of the degree of educational handicap caused by the hearing loss.

Acknowledgments.

I should like to thank Mrs. Carol Jones, Principal of the Glamorgan County Council Nursery School for the Deaf, Whitchurch, Cardiff, for her assistance during this survey."

Table S.27.

Numbers of Children for Full Examination in each Group

Reason for Selection	Number
Group 1. Hearing suspected as being below normal by teacher	12
Group 2. Making very poor progress at school for no obvious reason ..	20
Group 3. Significant speech defect	13
Group 4. Frank signs of emotional disturbance or maladjustment	6
Total	51

Table S.28.

Results of Full Hearing and Educational Assessment.

	Suspected deafness	Poor school progress	Speech defect	Emotional disturbance maladj.	Total
oup A Hearing normal	3	6	3	4	16
oup C Slight bilateral loss up to 25 decibels	–	2	7	2	11
oup C Bilateral loss of 25 decibels or more, but school progress satisfactory ..	4	–	2	–	6
oup D Bilateral loss of 25 decibels or more and poor progress, but in view of age to be reviewed in six months ..	1	7	1	0	9
oup E Bilateral loss of 35 decibels or more and poor school progress	4	5	–	–	9
Total	12	20	13	6	51

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

OBSERVATIONS OF THE BOROUGH SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1966.

1. Establishment of Medical Officers.

The following medical officers were available for work within the school medical service during 1966:—

(1) Dr. P. M. Brown (part year).

(2) Dr. J. Morris.

(3) Dr. J. Williams.

(4) Dr. J. Walsh (part year).

(5) Dr. N. C. Osborn (sessional).

The type of work carried out by session and individual doctor is shown in Table SR.1.

Table S.R.1.

Table showing Distribution of Doctor's Time by Type of Work Carried Out

	Routine Medical Inspection	B.C.G. Vaccination	Immunisation and Polio Vaccination	Maternity and Child Welfare	Others, School Clinics, Specials etc.
(1) Dr. P. M. Brown	—	—	—	5	83
(2) Dr. J. Morris	61	—	50	304	29
(3) Dr. J. Williams	40	—	24	177	146
(4) Dr. J. Walsh	38	—	12	141	10
(5) Dr. N. C. Osborn ..	26	—	18	111	—

2. Routine Medical Inspection.

(*a*) During 1966, this type of examination was again restricted to entrants and any pupils at primary schools who had not been previously examined. Table SR shows the number of pupils examined by year of birth.

TABLE SR.2.

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.
1962 and later ..	710	710	–
1961	485	484	1
1960	207	206	1
1959	104	104	–
Total	1,506	1,504	2

DENTAL TREATMENT.

The staffing position again in 1966 showed considerable changes, Mr. T. Arfon Williams, Area Dental Officer, terminated his appointment at the end of November, while Mr. R. I. Sheppeard, Senior Dental Officer, had left the Department at the end of August. Both dental auxiliaries took appointments with other authorities in September.

It was fortunate that the services of Mr. J. M. Phillips were available for four sessions weekly during the last four months of the year, while Mr. Alun R. Owen continued to serve one session weekly. Mr. T. J. Pugh succeeded Mr. Sheppeard and commenced duty in January 1967, while Mr. Michael James ap John, who succeeded Mr. Williams, joined the Department in February 1967.

Nevertheless, a full programme of work was undertaken during the year as indicated in the comprehensive summary given in Table SR.11 of the Appendix this report. In addition to chairside duties, a total of forty sessions was devoted dental health education by the two auxiliaries who visited twenty-two schools give talks with the aid of posters and films.

DEFECTIVE VISION.

During 1966, 1,831 children were examined at local authority refraction clinics mpared with 1,648 in the previous year and 677 prescriptions for glasses were ued.

One hundred and thirty-six children were referred for further investigation by Consultant Ophthalmologist at Llwynypia Hospital.

INFECTIOUS DISEASE.

Table SR.3 shows number of notifications of various diseases amongst children ring the year.

TABLE SR.3.

CASES OF INFECTIOUS DISEASE; NOTIFIED DURING 1966.
(UNDER 15 YEARS.)

Notifiable diseases.	*Total*
Scarlet fever	94
Whooping cough	16
Acute poliomyelitis, paralytic	—
Acute poliomyelitis, non-paralytic	—
Measles	778
Diphtheria	—
Dysentery	49
Meningococcal infection	—
Ophthalmia neonatorum	—
Acute pneumonia, primary	21
Acute pneumonia, influenzal	22
Smallpox	—
Acute encephalitis, post infectious	—
Acute encephalitis, infective	—
Enteric or Typhoid fevers	—
Erysipelas	—
Food poisoning	1
Puerperal Pyrexia	—

6. PREVENTION OF TUBERCULOSIS.

As indicated in the introduction to this report, medical staffing difficultie made it impossible to undertake the routine skin testing and B.C.G. vaccinatio of 13-year old pupils during 1966 and it is hoped that conditions will improve i 1967 to enable this work to be continued.

7. CHILD GUIDANCE.

During 1966, fifty-five children were seen by Dr. K. W. Aron, Consultan Child Psychiatrist for Glamorgan, at his regular clinics in Rhondda, now held Carnegie Welfare Centre, while the Educational Psychologist operates fro Court House Clinic.

8. HOSPITALISED ACCIDENTS IN CHILDHOOD.

As from 1st July, 1961, reports of hospitalised accidents in childhood have bee made the subject of detailed follow-up. This enables the health visitors re-emphasise the continued need for vigilance in the prevention of accidents this age. Some of the data obtained has been tabulated in the following thr tables with comparative data for 1965 and the four previous years.

Table SR.4.

Age and Sex Distribution of Hospitalised Accidents.

Age group years	Male			Female			Total		
	1961–64	1965	1966	1961–64	1965	1966	1961–64	1965	1966
0—	9	—	1	3	3	1	12	3	2
1—	124	25	10	70	19	9	194	44	19
5—	107	10	1	52	9	—	159	19	1
0—15	66	11	—	37	3	2	103	14	2
All ages ..	306	46	12	162	34	12	468	80	24

Table SR.5.

Distribution of Accidents by Day of Occurrence.

Day of week	No. of Accidents		
	1961–64	1965	1966
Monday	61	12	5
Tuesday	78	9	–
Wednesday ..	55	11	5
Thursday ..	74	8	6
Friday	69	11	3
Saturday.. ..	74	15	4
Sunday ..	57	14	1
Total ..	468	80	24

Table SR.6.

Distribution of Hospitalised Accidents by Place of Occurrence.

A. *Accident at home*—24.

(1) *Inside.*

(*a*) basement .. 1

(*b*) ground floor .. 16

(*c*) upper floor .. 4

(2) *Outside (garden, etc.).*

(*a*) rear 2

(*b*) front 1

The injuries sustained fall into the following groups:—

(*a*) Falls 3

(*b*) Burns and scalds .. 1

(*c*) Others 20

B. *Accidents outside home*—Nil.

THE NATURE OF INJURY IS SHOWN BELOW WITH COMPARATIVE DATA FOR 1961–64, 1965 AND 1966.

Nature of injury	Number affected		
	1961–64	1965	1966
Concussion	—	4	1
Fracture	138	9	1
Dislocation and sprain ..	48	14	—
Internal injury	42	1	—
Wounds and lacerations ..	225	45	2
Foreign bodies	15	7	20
Total	468	80	24

STATISTICAL APPENDIX TO BOROUGH SCHOOL MEDICAL OFFICER'S OBSERVATIONS.

TABLE SR.7.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A. PERIODIC MEDICAL INSPECTIONS.

Number of inspections in the prescribed groups:—	
Entrants	1,506
Second age group	—
Third age group	—
Total	1,506
Number of other periodic inspections	—
Grand Total	1,506

B. OTHER INSPECTIONS.

Number of special inspections	436
Number of re-inspections	219
	655

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Disease and Infestation with Vermin).

Age Groups Inspected (1)	For Defective Vision (excluding squint) (2)	For any of the Other conditions recorded in Table SR.9 (3)	Total Individual Pupils (4)
trants	7	64	67
cond age group	—	—	—
ird age group	—	—	—
Total	7	64	67
ditional periodic inspection	—	—	—
Grand Total	7	64	67

D. Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table SR.7 (*cont.*)

Age Groups Inspected	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	Percentage of column (2)	No.	Percentage of column (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1,506	1,504	99·9	2	0·1
Second age group	—	—	—	—	—
Third age group	—	—	—	—	—
Total	1,506	1,504	99·9	2	0·1

Table SR.8.

Infestation with Vermin.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	34,028
(ii) Total number of individual pupils found to be infested	316
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

Table SR.9.

Return of Defects Found by Medical Inspection in the Year.

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	Requiring treatment (2)	Requiring observation (3)	Requiring treatment (4)	Requiring observation (5)
Skin	1	—	—	—
Eyes				
(*a*) Vision	7	9	—	—
(*b*) Squint	15	53	—	—
(*c*) Other	1	6	—	—
Ears				
(*a*) Hearing	2	47	5	21
(*b*) Otitis media ..	2	35	—	1
(*c*) Other	1	4	—	—
Nose or throat ..	3	290	4	9
Speech	3	39	—	—
Lymphatic Glands ..	—	216	—	—
Heart	—	139	—	2
Lungs	—	70	—	5
Development				
(*a*) Hernia	—	8	—	—
(*b*) Other	1	21	—	—
Orthopaedic				
(*a*) Posture	—	35	—	—
(*b*) Feet	29	201	—	9
(*c*) Other	2	51	—	—
Nervous system				
(*a*) Epilepsy	1	8	—	—
(*b*) Other	—	20	—	—
Psychological				
(*a*) Development ..	—	30	—	—
(*b*) Stability ..	1	16	—	7
Abdomen	—	—	—	1
Other	—	19	—	3

Table SR.10.

Treatment of Pupils Attending Maintained Primary and Secondary Schools.

Group 1—Eye Diseases, Defective Vision and Squint.

	No. of cases known to have been treated
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint) ..	1,831
Total	1,831
Number of pupils for whom spectacles were prescribed	677

GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	No. of cases known to have been treated
Received operative treatment:	
(*a*) for disease of the ear	—
(*b*) for adenoids and chronic tonsillitis ..	20
(*c*) for other nose and throat conditions ..	—
Received other forms of treatment ..	26
Total	46

GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS.

	No. of cases known to have been treated
Number of pupils known to have been treated at clinics or out-patient departments	82

GROUP 4—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

	No. of cases known to have been treated
Pupils treated:	
(*a*) under child guidance arrangements ..	55
(*b*) under speech therapy arrangements	—
Total	55

GROUP 5—OTHER TREATMENT GIVEN.

	No. of cases known to have been treated
Miscellaneous minor ailments	—
Other:	
(*a*) Genito-urinary system	91
(*b*) Digestive system	87
(*c*) Infections	104
(*d*) Epilepsy	34
(*e*) Other medical conditions	214
(*f*) Accidents	7
(*g*) Minor surgical conditions	8
Total	545

Table SR.11.

Dental Inspection and Treatment Carried out by Authority.

Attendances and Treatment.	*Ages* 5 *to* 9	*Ages* 10 *to* 14	*Ages* 15 *and over*	*Total*
First Visit	839	490	83	1,412
Subsequent visits	1,679	1,177	188	3,044
Total visits	2,518	1,667	271	4,456
Additional courses of treatment commenced	9	8	—	17
Fillings in permanent teeth	475	1,217	279	1,971
Fillings in deciduous teeth	1,678	194	—	1,872
Permanent teeth filled	386	1,030	259	1,675
Deciduous teeth filled	1,296	174	—	1,470
Permanent teeth extracted	146	334	54	534
Deciduous teeth extracted	984	209	—	1,193
General anaesthetics	503	250	20	773
Emergencies	48	12	—	60
Number of pupils X-rayed				80
Prophylaxis				61
Teeth otherwise conserved				507
Number of teeth root filled				21
Inlays				3
Crowns				12
Courses of treatment completed				595
Orthodontics.				
Cases remaining from previous year				47
New cases commenced during year				44
Cases completed during year				29
Cases discontinued during year				18
Number of removable appliances fitted				70
Number of fixed appliances fitted				—
Pupils referred to hospital consultant				3

Prosthetics.	*Ages* 5 *to* 9	*Ages* 10 *to* 14	*Ages* 15 *and over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	1	8	1	10
Number of dentures supplied	1	8	3	12

Anaesthetics.	
General anaesthetics administered by— (i) dental officers	44
(ii) medical officers	729

Inspections.	
(*a*) First inspection at school. Number of pupils	—
(*b*) First inspection at clinic. Number of pupils	711
Number of (*a*) plus (*b*) found to require treatment	671
Number of (*a*) plus (*b*) offered treatment	548
(*c*) Pupils re-inspected at school clinic	—
Number of (*c*) found to require treatment	—

Sessions.	
Sessions devoted to treatment	796
Sessions devoted to inspection	33
Sessions devoted to dental health education	40

Table SR.12.

Handicapped Pupils Needing Special Educational Treatment at Special Schools or Boarding Homes.

Category of Handicap	Ascertained during year	Placed during year	No. at Special Schools or Boarding Homes in January 1966	No. awaiting places at Special Schools or Boarding Homes
A. Blind	—	—	3	—
B. Partially sighted ..	1	3	9	—
C. Deaf	1	2	3	1
D. Partially hearing ..	—	1	2	—
E. Physically handicapped ..	1	3	12	4
F. Delicate	—	1	—	—
G. Maladjusted	—	—	4	2
H. Educationally subnormal	—	4	22	2
I. Epileptic	—	—	1	—
J. Speech defects	—	—	—	—
Total ..	3	14	56	9

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE S.29.

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
(1)	(2)	No. (3)	No. (4)
1962 and later	3,495	3,495	—
1961	7,324	7,321	3
1960	3,471	3,468	3
1959	776	776	—
1958	360	360	—
1957	262	262	—
1956	218	218	—
1955	124	124	—
1954	117	117	—
1953	478	478	—
1952	3,738	3,738	—
1951 and earlier	3,579	3,579	—
Total	23,942	23,936	6

Column 3 total as percentage of column 2. Total = 99·97

Column 4 total as percentage of column 2. Total = 0·03

PART I—*continued.*

TABLE S.29.—PERIODICAL MEDICAL INSPECTIONS—*continued.*

(II) SUMMARY IN DIVISIONS.

Division	No. of pupils inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
(1)	(2)	No. (3)	No. (4)
Aberdare and Mountain Ash ..	2,959	2,958	1
Caerphilly and Gelligaer ..	2,397	2,397	—
Mid-Glamorgan	4,290	4,290	—
Neath and District	2,304	2,304	—
Pontypridd and Llantrisant ..	1,717	1,716	1
Port Talbot and Glyncorrwg ..	2,408	2,408	—
South-East Glamorgan	3,995	3,994	1
West Glamorgan	2,366	2,365	1
Rhondda	1,506	1,504	2
Total	23,942	23,936	6

TABLE S.30.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

(1) Summary in Age Groups.

Age groups inspected (by year of birth) (1)	For defective vision (excluding squint) (6)	For any of the other conditions recorded in Part II (7)	Total individual pupils (8)
1962 and later	29	231	255
1961	152	649	758
1960	96	352	425
1959	15	81	90
1958	11	37	42
1957	9	26	31
1956	2	23	25
1955	7	14	21
1954	2	7	9
1953	11	29	39
1952	206	99	290
1951 and earlier	240	236	452
Total	780	1,784	2,437

PART I—*continued.*

TABLE S.30.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODICAL MEDICAL INSPECTIONS—*continued.*

(II) SUMMARY IN DIVISIONS.

Division (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
Aberdare and Mountain Ash	38	108	122
Caerphilly and Gelligaer	155	321	463
Mid-Glamorgan	81	178	257
Neath and District	50	105	155
Pontypridd and Llantrisant	61	112	145
Port Talbot and Glyncorrwg	194	153	327
South-East Glamorgan	160	473	602
West Glamorgan	34	270	299
Rhondda	7	64	67
Total	780	1,784	2,437

TABLE S.31.

OTHER INSPECTIONS.

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash	631	2,126	2,757
Caerphilly and Gelligaer	373	2,172	2,545
Mid-Glamorgan	1,098	1,703	2,801
Neath and District	58	561	619
Pontypridd and Llantrisant	289	667	956
Port Talbot and Glyncorrwg	918	808	1,726
South-East Glamorgan	819	1,011	1,830
West Glamorgan	388	652	1,040
Rhondda	436	219	655
Total	5,010	9,919	14,929

TABLE S.32.

(I) INFESTATION WITH VERMIN.

	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	Total
(i) Total number of examinations in the schools by the school nurses or other authorised persons ..	27,523	16,722	23,678	26,762	30,206	19,527	24,160	29,700	34,028	232,306
(ii) Total number of individual pupils found to be infested	366	269	1,284	102	750	633	446	164	316	4,330
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—	—	—	—	—	—	—	—
(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 ..	515	736	1,139	211	1,032	632	1,208	1,204	793	7,470

TABLE S.33.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.
PERIODIC INSPECTIONS (ENTRANTS).

(I) 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	Total
Skin	1	4	4	2	6	4	16	10	1	48
Eyes	27	115	24	13	29	69	128	59	23	487
Ears	14	70	17	7	1	14	56	10	5	194
Nose and Throat	14	19	31	11	7	10	56	13	3	164
Speech	17	10	5	2	1	13	27	16	3	94
Lymphatic Glands	5	1	1	1	—	1	4	1	—	14
Heart	1	8	20	6	2	2	10	5	—	54
Lungs	2	3	3	5	1	4	14	4	—	36
Developmental	8	2	3	—	3	2	9	9	1	37
Orthopaedic	17	122	39	21	47	34	105	137	31	553
Nervous System	—	—	1	3	—	—	2	2	1	9
Psychological	1	—	—	2	1	—	5	—	1	10
Abdomen	1	—	—	1	—	3	7	—	—	12
Other	—	5	3	3	—	1	8	2	—	22

PART II—*continued.*

TABLE S.33.—*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 Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	79	42	76	46	19	56	50	77	—	445
Eyes	110	243	32	44	25	74	85	122	68	803
Ears	51	115	46	47	68	54	201	44	86	712
Nose and Throat	253	169	244	128	87	171	253	172	290	1,767
Speech	42	34	30	30	9	41	26	21	39	272
Lymphatic Glands	119	79	355	93	23	52	—	28	216	965
Heart	98	58	104	20	30	49	107	64	139	669
Lungs	73	56	93	45	42	48	75	79	70	581
Developmental	99	100	73	12	15	11	99	62	29	500
Orthopaedic	172	91	172	115	42	59	159	228	287	1,325
Nervous System	25	21	15	16	4	7	37	39	28	192
Psychological	23	18	17	21	39	9	75	22	46	270
Abdomen	24	12	7	8	4	12	10	13	—	90
Other	4	8	11	10	11	9	10	16	19	98

TABLE S.33.—*continued.*

PERIODIC INSPECTIONS (LEAVERS).

(III) 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	Total
Skin	4	—	—	1	8	—	11	3	—	27
Eyes	20	51	62	43	50	125	111	13	—	475
Ears	6	17	—	7	—	10	6	1	—	47
Nose and Throat	1	2	9	5	3	2	11	3	—	36
Speech	1	—	2	1	—	—	—	3	—	7
Lymphatic Glands	1	—	—	—	—	2	—	—	—	3
Heart	1	—	5	2	—	5	4	2	—	19
Lungs	—	—	—	8	2	—	1	—	—	11
Developmental	1	3	1	—	2	—	4	—	—	11
Orthopaedic	1	40	17	9	7	19	19	10	—	122
Nervous System	—	—	—	—	1	—	1	1	—	3
Psychological	—	—	—	3	—	—	1	—	—	4
Abdomen	—	—	—	1	1	—	—	—	—	2
Other	—	—	3	3	1	—	4	—	—	11

PART II—*continued.*

TABLE S.33.—*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 Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	31	19	11	12	4	19	9	14	—	119
Eyes	208	108	3	61	4	58	10	15	—	467
Ears	43	27	6	13	19	9	9	5	—	131
Nose and Throat	24	26	16	18	9	37	7	13	—	150
Speech	5	1	4	8	—	4	—	1	—	23
Lymphatic Glands	9	43	26	6	2	7	—	3	—	96
Heart	21	15	20	16	4	17	20	11	—	124
Lungs	35	19	9	21	2	17	3	9	—	115
Developmental	37	8	5	—	1	10	3	3	—	67
Orthopaedic	33	36	22	44	4	104	9	12	—	264
Nervous System	14	13	1	13	3	4	3	2	—	53
Psychological	43	1	1	12	8	—	10	—	—	75
Abdomen	3	10	—	3	2	7	3	—	—	28
Other	3	5	2	12	4	9	7	2	—	44

TABLE S.33.—*continued*

PERIODIC INSPECTIONS (OTHERS).

(v) 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	Total
Skin	—	—	—	1	—	—	1	3	—	5
Eyes	—	3	8	—	—	13	11	6	—	41
Ears	2	1	—	3	—	4	4	3	—	17
Nose and Throat	—	1	2	—	—	7	1	3	—	14
Speech	1	—	1	—	—	10	—	2	—	14
Lymphatic Glands	—	—	—	—	—	1	—	—	—	1
Heart	—	—	1	—	—	—	—	1	—	2
Lungs	—	—	—	—	—	1	—	1	—	2
Developmental	—	—	—	—	—	—	3	1	—	4
Orthopaedic	1	5	3	—	—	5	11	10	—	35
Nervous System	—	—	—	—	—	1	—	1	—	2
Psychological	—	—	—	—	—	1	2	—	—	3
Abdomen	—	—	—	—	—	2	1	—	—	3
Other	—	—	—	—	—	—	1	—	—	1

PART II—*continued.*

TABLE S.33.—*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 Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	2	—	5	—	—	—	5	4	—	16
Eyes	8	—	—	3	—	24	7	19	—	61
Ears	—	—	3	4	—	36	11	6	—	60
Nose and Throat	5	—	12	7	—	24	20	19	—	87
Speech	2	—	6	—	—	4	2	5	—	19
Lymphatic Glands	3	—	15	1	—	7	—	1	—	27
Heart	—	—	6	—	—	6	12	7	—	31
Lungs	2	—	6	1	—	15	10	10	—	44
Developmental	4	—	2	—	—	1	4	4	—	15
Orthopaedic	1	—	21	4	—	8	2	9	—	45
Nervous System	1	—	2	1	—	5	1	10	—	20
Psychological	22	—	2	16	—	13	2	8	—	63
Abdomen	—	—	—	1	—	5	1	5	—	12
Other	—	—	—	—	—	4	—	13	—	17

TABLE S.33.—*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 Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	5	4	4	4	14	4	28	16	1	80
Eyes	47	169	94	56	79	207	250	78	23	1,003
Ears	22	88	17	17	1	28	66	14	5	258
Nose and Throat	15	22	42	16	10	19	68	19	3	214
Speech	19	10	8	3	1	23	27	21	3	115
Lymphatic Glands	6	1	1	1	—	4	4	1	—	18
Heart	2	8	26	8	2	7	14	8	—	75
Lungs	2	3	3	13	3	5	15	5	—	49
Developmental	9	5	4	—	5	2	16	10	1	52
Orthopaedic	19	167	59	30	54	58	135	157	31	752
Nervous System	—	—	1	3	1	1	3	4	1	14
Psychological	1	—	—	5	1	1	8	—	1	17
Abdomen	1	—	—	2	1	5	8	—	—	17
Other	—	5	6	6	1	1	13	2	—	34

PART II—*continued.*

TABLE S.33.—*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	Total
Skin	112	61	92	58	23	75	64	95	—	580
Eyes	326	351	35	108	29	156	102	156	68	1,331
Ears	94	142	55	64	87	99	221	55	86	903
Nose and Throat	282	195	272	153	96	232	280	204	290	2,004
Speech	49	35	40	38	9	49	28	27	39	314
Lymphatic Glands	131	122	396	100	25	66	—	32	216	1,088
Heart	119	73	130	36	34	72	139	82	139	824
Lungs	110	75	108	67	44	80	88	98	70	740
Developmental	140	108	80	12	16	22	106	69	29	582
Orthopaedic	206	127	215	163	46	171	170	249	287	1,634
Nervous System	40	34	17	30	7	16	41	51	28	265
Psychological	88	19	20	49	47	22	87	30	46	408
Abdomen	27	22	7	12	6	24	14	18	—	130
Other	7	13	13	22	15	22	17	31	19	159

TABLE S.34.

SPECIAL INSPECTIONS.

(I) 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	Total
Skin	2	2	6	2	2	—	2	7	—	23
Eyes	4	5	13	1	16	49	17	19	—	124
Ears	35	4	75	—	1	47	109	32	5	308
Nose and Throat	18	9	36	3	—	34	47	18	4	169
Speech	4	5	7	—	—	16	31	15	—	78
Lymphatic Glands	7	—	1	—	—	—	—	—	—	8
Heart	3	—	18	1	3	8	9	2	—	44
Lungs	5	—	16	2	—	2	4	8	—	37
Developmental	3	2	7	1	—	4	8	13	—	38
Orthopaedic	14	3	49	1	7	10	9	31	—	124
Nervous System	13	1	31	—	4	—	6	21	—	76
Psychological	27	30	31	1	3	4	68	17	—	181
Abdomen	1	—	1	—	—	4	2	—	—	8
Other	1	7	7	4	1	2	15	3	—	40

PART II—*continued.*

TABLE S.34.—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 Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	4	12	13	—	1	5	—	18	—	53
Eyes	54	15	2	1	2	40	1	11	—	126
Ears	263	12	132	7	13	152	5	61	22	667
Nose and Throat	50	45	22	3	—	46	6	32	9	213
Speech	24	4	10	—	2	13	1	5	—	59
Lymphatic Glands	16	6	5	1	1	11	—	3	—	43
Heart	21	10	7	2	1	22	1	51	2	117
Lungs	38	20	23	—	7	22	—	53	5	168
Developmental	15	12	4	—	1	9	1	72	—	114
Orthopaedic	45	16	16	1	9	18	1	52	9	167
Nervous System	21	4	12	3	8	3	—	51	—	102
Psychological	37	15	9	7	42	3	1	77	7	198
Abdomen	9	8	—	2	—	7	2	5	1	34
Other	7	5	1	9	3	18	—	18	3	64

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE S.35.

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	4	2	6	4	—	—	2	—	—	18
Errors of refraction (including squint)	748	411	378	156	994	912	1,200	342	1,831	6,972
Total	752	413	384	160	994	912	1,202	342	1,831	6,990
Number of pupils for whom spectacles prescribed	492	157	143	71	417	76	356	87	677	2,476

PART III—*continued.*

TABLE S.36.

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	4	41	39	43	—	69	58	—	—	254
(*b*) For adenoids and chronic tonsillitis	75	240	260	109	33	80	259	5	20	1,081
(*c*) For other nose and throat conditions	2	19	47	12	—	28	37	1	—	146
Received other forms of treatment	8	23	48	—	13	—	5	—	26	123
Total	89	323	394	164	46	177	359	6	46	1,604
Total number of pupils in schools who are known to have been provided with hearing aids:										
(*a*) in 1966	—	—	3	1	3	2	4	—	—	13
(*b*) in previous years	15	6	18	5	27	17	12	12	16	128

PART III—*continued.*

TABLE S.37.

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 treated at clinics or out-patient departments	465	584	409	347	295	162	420	474	82	3,238
(*b*) No. of pupils known to have been treated at school for postural defects	125	—	—	—	—	—	—	—	—	125
Total	590	584	409	347	295	162	420	474	82	3,363

PART III—*continued.*

TABLE S.38.

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	—	—	—	—	—	—	—	—	—	—
(*b*) Body	—	1	—	—	—	—	—	—	—	1
Scabies	—	15	2	94	—	6	31	9	—	157
Impetigo	—	3	1	—	—	7	—	—	—	11
Other skin diseases	—	1	17	—	7	2	—	—	—	27
Total	—	20	20	94	7	15	31	9	—	196

TABLE S.39.

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	41	12	283	160	3	40	13	14	55	621

TABLE S.40.

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	174	55	198	77	—	123	105	69	—	801

PART III—*continued.*

TABLE S.41.

OTHER TREATMENT GIVEN.

No. of cases known to have been dealt with	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	Total
Pupils with minor ailments	163	—	—	18	—	—	—	2	—	183
Infective and parasitic diseases ..	4	—	—	—	—	—	—	—	104	108
Diseases of the nervous system and sense organs (including epilepsy) ..	3	—	3	—	—	—	—	10	34	50
Diseases of the circulatory system ..	7	5	11	—	3	—	—	6	—	32
Diseases of the respiratory system ..	17	12	7	—	17	25	36	3	—	117
Diseases of the digestive system ..	8	1	—	—	20	—	30	—	87	146
Diseases of the genito-urinary system	7	—	—	—	14	—	25	—	91	137
Accidents and injuries	36	—	—	—	6	2	9	7	7	67
Others	—	—	12	—	7	40	—	—	214	273
Minor surgical conditions	—	—	—	—	—	—	—	—	8	8
Appendix	—	—	—	—	13	—	—	—	—	13
Diseases of musculatory system ..	—	—	—	—	—	—	—	—	—	—
Allergic Endocrine System	1	—	—	—	—	—	—	—	—	1
Total	246	18	33	18	80	67	100	28	545	1,135

TABLE S.42.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

	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	Total
(1) First visits	924	1,472	3,047	1,506	1,458	2,000	1,619	1,184	1,412	14,622
Subsequent visits	2,774	2,752	5,118	2,977	2,685	2,991	3,942	2,594	3,044	28,877
Total visits	3,698	4,224	8,165	4,483	4,143	4,991	5,561	3,778	4,456	43,499
(2) Additional courses of treatment commenced	114	37	1,733	2	234	142	290	142	17	2,711
Fillings in permanent teeth	1,894	2,738	3,793	2,543	2,220	3,147	4,115	1,612	1,971	24,033
Fillings in deciduous teeth	140	407	845	691	335	832	855	571	1,872	6,548
Permanent teeth filled	1,549	2,489	3,175	2,350	1,815	2,778	3,302	1,460	1,675	20,593
Deciduous teeth filled	130	375	737	670	306	766	686	518	1,470	5,658
Permanent teeth extracted	410	399	835	760	577	318	583	326	534	4,742
Deciduous teeth extracted	360	1,491	2,683	1,229	1,585	1,097	1,204	1,040	1,193	11,882
(3) General anaesthetics	148	537	1,056	582	501	478	503	336	773	4,914
Emergencies	309	145	326	735	234	256	301	234	60	2,600

PART IV—*continued.*

TABLE S.42.—*continued.*

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

	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	Total
(4) Pupils supplied with full upper or full lower (first time)	—	1	2	1	3	—	—	5	1	13
Pupils supplied with other dentures (first time)	10	7	19	27	19	13	18	9	10	132
Number of dentures supplied ..	10	12	11	27	22	13	24	11	12	142
(5) (*a*) First inspection at school—number of pupils	—	1,242	1,015	782	—	673	2,888	357	—	6,957
(*b*) First inspection at clinic—number of pupils	572	1,649	2,517	1,729	1,074	2,171	1,805	780	711	13,008
Number of (*a*) and (*b*) found to to require treatment	539	2,100	2,235	1,507	830	2,123	3,125	859	671	13,989
Number of (*a*) and (*b*) offered treatment	539	2,100	1,807	1,495	830	2,089	3,124	857	548	13,389
(*c*) Pupils re-inspected at clinic ..	299	372	2,373	266	477	438	712	988	—	5,925
Number of (*c*) found to require treatment	210	253	2,133	137	237	295	471	656	—	4,392
(6) (i) Sessions devoted to treatment	745	531	1,270	613	541	1,073	1,025	527	796	7,121
(ii) Sessions devoted to inspection	—	16	9	15	—	8	24	9	33	114
(iii) Sessions devoted to dental health education	—	9	5	31	—	60	—	—	40	145

PART IV—*continued.*

TABLE S.42.—*continued.*

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

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	Total
(7) (i) Number of pupils X-rayed ..	3	—	18	37	44	15	66	7	80	270
(ii) Prophylaxis	39	360	1,924	61	166	184	495	705	61	3,995
(iii) Teeth otherwise conserved ..	—	59	205	31	65	16	97	70	507	1,050
(iv) Number of teeth roots filled ..	—	31	6	7	9	1	42	4	21	121
(v) Inlays	—	4	1	—	1	—	1	—	3	10
(vi) Crowns	—	1	2	13	5	1	21	8	12	63
(vii) Courses of treatment completed	266	889	1,906	1,616	1,169	1,563	1,415	561	595	9,980
(8) (i) Cases remaining from previous year	—	4	32	51	28	4	70	109	47	345
(ii) New cases commenced during year	25	4	11	25	14	30	33	5	44	191
(iii) Cases completed during year ..	8	2	8	21	6	24	23	4	29	125
(iv) Cases discontinued during year	—	1	—	2	4	3	16	—	18	44
(v) Number of removable appliances fitted	—	4	15	19	26	30	68	8	70	240
(vi) Number of fixed appliances fitted	—	1	1	7	8	—	3	—	—	20
(vii) Pupils referred to hospital consultant	8	—	5	2	—	4	—	—	3	22
Anaesthetics	—	1	—	12	—	—	—	—	44	57

PART V.

TABLE S.43.

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	A. No. newly assessed as needing special educational treatment at Special Schools or in Boarding Homes		B (i). Of those included at A, No. newly placed in Special Schools or Boarding Homes during the year.		B (ii). No. assessed during previous years who were newly placed in Special Schools or Boarding Homes during the year	
	Boys	Girls	Boys	Girls	Boys	Girls
A. Blind	1	2	1	2	—	—
B. Partially sighted	3	2	2	2	2	1
C. Deaf	2	2	1	1	3	1
D. Partially hearing	—	2	—	1	—	1
E. Physically handicapped ..	3	4	1	2	3	4
F. Delicate	1	2	—	—	2	1
G. Maladjusted	10	1	6	1	5	—
H. Educationally Subnormal	24	22	13	13	18	9
I. Epileptic	1	1	—	1	—	—
J. Speech Defects	1	—	—	—	—	—
Total	46	38	24	23	33	17

TABLE S.44.—*continued.*

HANDICAPPED PUPILS.

Category of Handicap	C (i) No. requiring places in Special Day Schools on 19th January, 1967 (including those temporarily receiving home tuition)		C (ii) No. requiring places in Special Boarding Schools on 19th January, 1967 (including those temporarily receiving home tuition)	
	Boys	Girls	Boys	Girls
A. Blind	—	—	—	—
B. Partially sighted	—	—	—	—
C. Deaf	—	—	1	3
D. Partially hearing	—	—	—	1
E. Physically handicapped ..	—	—	7	3
F. Delicate	—	—	—	1
G. Maladjusted	—	—	—	—
H. Educationally subnormal ..	7	4	17	11
I. Epileptic	—	—	1	—
J. Speech Defects	—	—	1	—
Total	7	4	27	19

PART V—*continued.*

TABLE S.45.

NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944, ON 19TH JANUARY, 1967.

Category of handicap	In hospitals	At home	Total
A. Blind	—	—	—
B. Partially sighted	—	—	—
C. Deaf	—	—	—
D. Partially hearing	—	—	—
E. Physically handicapped ..	—	41	41
F. Delicate	—	6	6
G. Maladjusted	—	—	—
H. Educationally subnormal ..	—	—	—
I. Epileptic	—	1	1
J. Speech defects	—	—	—
Total	—	48	48

TABLE S.46.

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					
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
A. Blind	—	2	8	8	5	4	—	—	—	—
B. Partially sighted	1	1	18	9	3	1	—	—	—	—
C. Deaf	—	—	13	13	1	—	1	1	—	—
D. Partially hearing	—	—	8	3	5	3	—	—	—	—
E. Physically handicapped	8	7	41	25	1	7	—	—	—	—
F. Delicate	—	—	5	1	1	—	—	—	—	—
G. Maladjusted	—	—	—	—	—	—	4	—	17	—
H. Educationally subnormal	77	57	73	57	4	1	1	—	—	—
I. Epileptic	—	—	—	—	2	3	—	—	—	—
J. Speech defects	—	—	—	—	—	—	—	—	—	—
Total	86	67	166	116	22	19	6	1	17	—

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	Cyt:	Cytology
		Ver:	Verruca

Clinic address.	*Sessions held.*
ABERDARE AND MOUNTAIN ASH HEALTH DIVISION.	
Rock Grounds, Aberdare	AN Aud BC CG Ch D IW O Or S Cyt
Aberdare Road, Mountain Ash	AN Aud Ch D IW Op S
Secondary School, Penrhiwceiber	MA
Harcourt Terrace, Penrhiwceiber	AN IW Cyt Ch.
Avondale Street, Ynysboeth	AN Aud IW MA Or S Ch
Walter Street, Abercynon	AN Aud Ch D IW MA Op S
Derlwyn, Penywaun	AN IW Aud Ch S Or
Bethel Chapel Vestry, Hirwaun	AN IW
Workman's Hall, Cwmbach	AN Aud IW Or Ch
Unemployed Social Club, Godreaman	AN IW
Y.M.C.A., Aberaman	AN IW
Mount View, Perthcelyn	IW
Red Cross Hall, Cwmdare	IW
Community Centre, Llwydcoed	IW
CAERPHILLY AND GELLIGAER HEALTH DIVISION.	
Y.M.C.A., Abertridwr	AN IW
County Council Clinic, Park Road, Bargoed	AN Aud BC* Ch D IW Op S C PN
Gosen Calvinistic Methodist Church, Bedlinog ..	IW
Workman's Institute, Brithdir	IW
Maternity and Child Welfare Clinic, Denscombe Estate, Caerphilly	AN Aud Ch D IW Op Or S Cyt P
Bethel Baptist Chapel, Cefn Hengoed	IW
Former Infants' School, Mill Road, Deri	IW
Welfare Hall, Fochriw	AN BC* IW Aud PN
Old Age Pensioners' Hall, Gelligaer	IW
All Saints Church Hall, Llanbradach	AN IW
Oxford Hall, Rhydyrhelig, Nantgarw	IW
County Council Clinic, Bryncelyn, Nelson	Aud IW AN IW
New Community Hall, Glanynant, Pengam	AN IW
Church Hall, Pontlottyn	AN IW
Welfare Hall, Rudry	IW
Community Hall, Taffs Well	IW
Workman's Institute, Tirphil	IW
Penyrheol Clinic, Trecenydd, Caerphilly	AN Aud IW S
County Offices, Caerphilly Road, Ystrad Mynach ..	Aud BC Ch D Op Or Cyt PN
Trinity Baptist Church Hall, Trelewis	AN IW
Siloh Calvinistic Methodist Church, Ystrad Mynach ..	AN IW

* BC is incorporated into Post Natal Sessions.

Clinic address.	*Sessions held.*
Mid-Glamorgan Health Division.	
County Council Clinic, Quarella Road, Bridgend ..	Aud Ch D Op Or S
Greenmeadow, Coity Road, Bridgend	Aud AN BC IW
Council Offices, Glanogwr, Bridgend	IW
Community Hall, Heol Glannant, Newcastle Hill, Bridgend	IW
Parc Site Sunday School, Maesteg	IW
Calfaria Chapel, Cwmfelin, Maesteg	AN IW
The Clinic, Church Street, Maesteg	AN Aud IW S Ch D Or Op
Maternity and Child Welfare Clinic, Park Avenue, Ogmore Vale	AN Aud Ch D IW
Glanrhyd, Nantymoel	AN Aud Ch IW
Mission Hall, Blackmill	IW
Maternity and Child Welfare Clinic, South Place, Porthcawl	AN Aud Ch D IW
Hope Congregational Vestry, Porthcawl	IW
Maternity and Child Welfare Clinic, Alexandra Road, Pontycymmer	AN Aud D IW
Tabernacle Vestry, Blaengarw	IW
Welfare Hall, Bettws	IW Aud
Maternity and Child Welfare Clinic, Bryncwils, Bryncethin	AN IW Aud
New Street, Aberkenfig	AN Aud Ch IW
Maternity and Child Welfare Clinic, Duffryn Road, Caerau	Aud Ch IW
Social Service Hall, Llangynwyd	AN IW
Social Club, Llangeinor	IW
Wimbourne Road, Pencoed	AN Aud Ch IW
Social Services Hall, Heolycyw	AN IW
Community Hall, Bryntirion	IW
Church Hall, Laleston	AN IW
The Public Hall, Cefn Cribbwr	AN IW
Maternity and Child Welfare Clinic, Waunbant Road, Kenfig Hill	AN Aud Ch IW
Cynydd Cynffig Infants' School, Kenfig Hill	D
Church Hall, St. Brides Major	AN IW
The Village Hall, Wick	AN IW
Maternity and Child Welfare Clinic, Greenfield Terrace, North Cornelly	AN IW Aud Ch
The Clinic, Pantyrawel Welfare Hall, Lewistown, Blackmill	IW
Neath and District Health Division.	
The Clinic, Dyfed Road, Neath	AN Aud BC IW Ver Op Or S Cyt D Ch
Boys' Club, Aberdulais	IW
Bryncoch Church School, Bryncoch	IW
St. John's Ambulance Hall, Crynant	IW
Y.M.C.A. Hostel, Onllwyn	IW
Aberdis Chapel Vestry, Resolven	IW
Groesffordd Community Centre, Rhigos	IW
St. Catherine's Parish Hall, Neath	IW
Maternity and Child Welfare Clinic, Mary Street, Seven Sisters	AN Aud Ch D IW Op S Cyt BC
Maternity and Child Welfare Clinic, Addoldy Road, Glynneath	AN Aud Ch D IW Op S Cyt BC

Clinic address.	*Sessions held.*
NEATH AND DISTRICT HEALTH DIVISION—*continued.*	
Maternity and Child Welfare Clinic, Cefn Parc, Skewen	AN Aud Ch D IW Op Cyt
The Clinic, Hunter Street, Briton Ferry	AN Aud Ch D IW MA Op Cyt
Cimla Welfare Hall, Cimla	AN IW
Maternity and Child Welfare Clinic, Longford, Neath Abbey	AN D IW
5 London Road, Neath	CG
The Clinic, Cwmbedd, Briton Ferry	AN IW
PONTYPRIDD AND LLANTRISANT HEALTH DIVISION.	
Mount Pleasant, Beddau	Aud Ch IW Op
Central Clinic, Ynysangharad Park, Pontypridd ..	AN Aud BC Ch D IW Op Or
The Square, Talbot Green	AN Aud BC Ch D IW Op Or
School Street, Tonyrefail	AN Aud Ch D IW Op Or
Llwyn yr Eos, Church Village	Aud Ch IW
Merthyr Road, Pontshonnorton, Pontypridd	CG Ch IW
Bethania Congregational Church Vestry, Evanstown, Gilfach Goch	IW
Gelliarael Road, Gilfach Goch	AN Aud Ch IW
Old Age Pensioners' Hall, Foundry Road, Hopkinstown	IW
County Council Clinic, Ash Square, Rhydyfelin ..	AN Aud Ch D IW Op
Thompson Street, Ynysybwl	AN Aud Ch IW
Saron Chapel Vestry, Treforest	IW
Cefn Lane, Glyncoch, Pontypridd	AN Aud Ch IW
St. John's Church Vestry, Graig Street, Pontypridd ..	IW
PORT TALBOT AND GLYNCORRWG HEALTH DIVISION.	
Council Offices, Taibach, Port Talbot	AN Aud BC Ch D IW Op S
Pendarvis Terrace, Aberavon	AN Aud D IW Op Ch
Depot Road, Cwmavon	AN Aud Ch D IW Op
Ynys Street, Port Talbot	AN Aud IW Or Ch
County Council Clinic Fairwood Drive, Baglan ..	AN Aud Ch IW Op
Brynseinon Chapel Vestry, Bryn, Port Talbot	IW AN
Jerusalem Chapel Vestry, Pontrhydyfen..	IW
Tonmawr Primary School, Tonmawr	IW
Health Centre, Glyncorrwg	CH Aud
Duffryn Afan Primary School, Duffryn	IW
Welfare Hall, Abercregan, Cymmer	AN IW
The Clinic, Council Offices, Cymmer	AN Aud Ch IW Op Ch
Villiers Road, Blaengwynfi	AN Aud Ch D IW Ch
Community Centre, Margam	AN IW
Dew Road, Sandfields	AN Aud BC Ch D IW Op S
Maternity and Child Welfare Clinic, South Avenue, Croeserw	AN Aud IW D
SOUTH-EAST GLAMORGAN HEALTH DIVISION.	
Glamorgan County Council Clinic, Wyndham Street, Barry	AN Aud BC Ch IW Or D Op CG
Maternity and Child Welfare Clinic, Friars Road, Barry Island	Ch IW
Glamorgan County Council Clinic, Church Road, Cadoxton, Barry	Ch IW S

Clinic address.	*Sessions held.*
SOUTH-EAST GLAMORGAN HEALTH DIVISION—*continued.*	
Maternity and Child Welfare Clinic, Methodist Church Hall, Porthkerry Road, Barry	IW
Maternity and Child Welfare Clinic, Winston Road, Colcot, Barry	Ch IW
Beecroft Clinic, 112 Stanwell Road, Penarth	AN Aud BC Ch D IW Op Or S CG
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, Old School, Lisvane	IW Ch
Maternity and Child Welfare Clinic, Fontigary Road, Rhoose	AN Ch IW
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, Old Age Pensioners' Hall, Llanharan	Ch IW
Maternity and Child Welfare Clinic, Woodstock House, Cowbridge	AN Ch IW
Glamorgan County Council Clinic, Boverton Road, Llantwit Major	AN IW Aud Ch D Or Op
Glamorgan County Council Clinic, Elm Road, Llanharry	Ch IW
Village Hall, Pendoylan	Ch
Mobile Clinic.	
Aberthin; Brynna; Castleton; Colwinston; Creigiau; Flemingstone; Gwaelod-y-Garth; Llandough; Llandow; Llangan; Lower Penarth; Millands Caravan Site; Pancross; Pendoylan; Penlline; Peterston; Porthkerry; St. Athan; St. Fagans; St. Hilary; St. Nicholas; Sully; Tair Onen; Tylagarw; Wenvoe; Ystradowen; R.A.F. Camp, St. Athan.	
WEST GLAMORGAN HEALTH DIVISION.	
Glamorgan County Council Clinic, West Street, Gorseinon	AN Aud BC Ch D IW Or S Cyt
Methodist Chapel Hall, Gowerton	Ch IW
Welfare Hall, Gwaun-cae-Gurwen	Ch IW
Infants' School, Pontardawe	Aud Ch D Or S
Glamorgan County Council Clinic, Tirbach Road, Ystalyfera	AN Aud Ch D IW Or S
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 Aud Ch D IW Or Cyt
Chapel Vestry, Reynoldston	IW
Village Hall, Rhossilli	IW
Tabernacle Chapel Vestry, Penclawdd	AN IW
Welfare Hall, Penclawdd	Ch

Clinic address.	*Sessions held.*
WEST GLAMORGAN HEALTH DIVISION—*continued.*	
Unemployed Welfare Centre, Dunvant	IW
Village Hall, Upper Killay	IW
Ynysderw House, Pontardawe	AN BC IW Cyt
Welfare Hall, Godre'rgraig	IW
Welfare Hall, Cwmllynfell	Ch IW
Calfaria Baptist Chapel, Clydach	Ch IW
Welfare Hall, Garnswllt	IW

MOBILE DENTAL CLINIC attends undermentioned sites—
Weights and Measures Yard, Sybil Street, Clydach.
School Yard, Tre Gwyne Infants' School, Gowerton.
School Yard, Secondary Modern School, Gwaun-cae-Gurwen.
School Yard, Infants' School, Penclawdd.
School Yard, Secondary Modern School, Pontardulais.

BOROUGH OF RHONDDA.	
Welfare Centre, Ynyswen, Treorchy	AN Aud Ch D IW Op
Welfare Centre, Trafalgar Terrace, Ystrad, Rhondda	AN Aud Ch D IW Op
Court House, Court Street, Tonypandy	AN Aud CG Ch IW
Carnegie Welfare Centre, Trealaw	AN Aud BC Ch IW Op
Welfare Centre, Hendrecafn Road, Penygraig	AN Aud 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 Aud Ch D IW Op

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