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GLAMORGAN COUNTY COUNCIL

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1967

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

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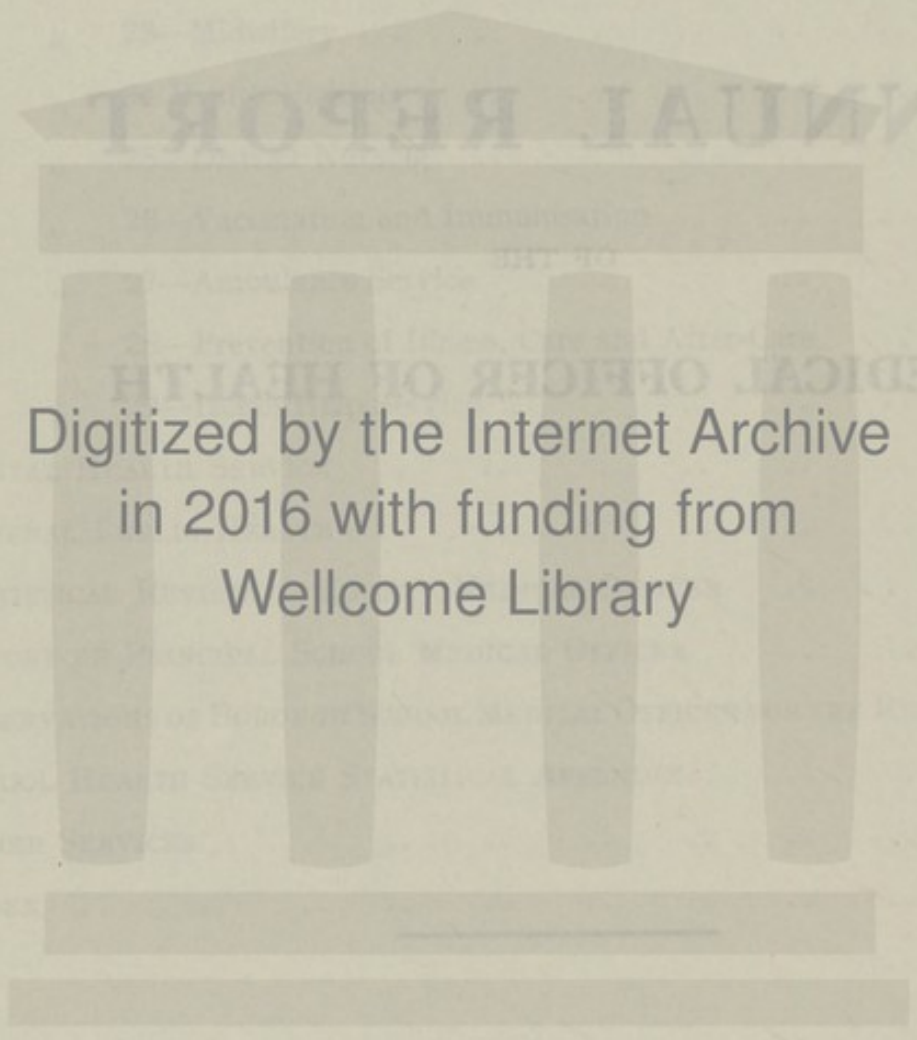
OF THE

MEDICAL OFFICER OF HEALTH



HEALTH COMMITTEE

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.
Chairman : County Alderman W. R. Francis, J.P.

General Health Services Sub-Committee.
Chairman : County Councillor Harold I. Abraham, J.P.

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 1967. 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.

In 1967 the Department became 75 years of age and a brief review of the state of health of the county since the mid-nineteenth century is included in the chapter dealing with public health administration. The scope of the Health Department's activities has widened and deepened considerably since 1892 and the whole health and welfare services are being made the subject of study at national level emphasising a need for close co-ordination at local level of the hospital and community care services and more comprehensive social services. The Seebohm report and the Green Paper of the Minister of Health which appeared in 1968 suggest new administrative structures to deal with Health and Social Services.

There has been a re-awakening of interest in health centres which allows closer co-operation at local level between general practitioners and the local health services. The Department have worked in close association with the Glamorgan Executive Council in planning health centre provision for those general practitioners who wish to work from health centres. The adaptations of a clinic at Glyncorrwg in the course of erection to include accommodation for one general practitioner resulted in the first health centre and adaptations to other clinic premises are proposed while the plans for building two purpose built centres in Gorseinon and Resolven were well advanced at the end of the year. Co-operation with the general practitioners in consultation with the Local Medical Committee resulted in all health visitors being attached to practices.

A shortage of medical officers and other staffs has made it difficult to maintain medical and ancillary services in many health divisions, but even if staff becomes available at the present time expansion will be curtailed by the pruning of estimates because of the National Economic crisis.

The estimated mid-year population was affected by boundary changes. The mid-year population was 737,620 compared with 764,000 the previous year, a loss of 26,380 due to boundary changes. There were 12,356 births and 8,761 deaths, the excess of births over deaths being 3,595. The adjusted birth rate, 16·9 showed a further decline. The adjusted death rate of 13·5 was lower than the previous year (13·9). The illegitimate birth rate continued to increase, the

figure for 1967 being 54·5. A study on p. 98 shows the relationship between illegitimacy, early marriage and divorce. The infant mortality rate declined to 19 from 21 in 1966 and the peri-natal mortality rate remained steady at 30 although the rate increased sharply in Barry and Penarth areas.

The chapter on vital statistics shows that the mortality rates of the mining valleys are well above average for England and Wales and that the Gower and Penybont rural areas approximated to the national average. An account is also given of the diseases which cause higher and lower death rates than the national average.

Tuberculosis death rates among men in Glamorgan are double those for England and Wales although lung cancer rates for Glamorgan women are half the national average. The death rate for diabetes among men is well below average, that for women is well above average. This is probably due to the fact that many Glamorgan middle-aged and older women are overweight. All heart and circulatory diseases accounted for 40 per cent of all deaths and coronary disease alone accounted for 38 per cent of deaths among men aged 35–55 years. The disease is a product of many causes but middle-aged men are strongly advised to avoid overeating, take a little more exercise and to stop smoking.

Two cases of anthrax were reported compared with three the previous year. The average number of anthrax cases notified in England and Wales is ten a year. Large quantities of animal bone from the India sub-continent are imported into the county. Vaccination against anthrax is available to those exposed to risks and the patients were an unvaccinated docker handling the cargo and a person who illegally scavenged an industrial waste tip. There was a further fall in the incidence of dysentery and food poisoning but the notified incidence of whooping cough rose. Notifications of tuberculosis fell slightly but there is no room for complacency. The figures for venereal diseases make depressing reading. Since 1964 there has been a 50 per cent increase in the number of patients being treated for syphilis and a 50 per cent increase since 1966 in the number of patients being treated for gonorrhoea. The incidence of the disease in the county is still below the national average.

A principal role of the Department is in preventing or forestalling illness and disability. The Scheme of Proposals has been amended to enable the Authority under certain circumstances to arrange for children to be cared for at its expense by child minders or at registered day nurseries. It has also been decided to provide a direct Family Planning Service for social as well as medical cases and a cervical cytology service was provided in seven health divisions in December. The scheme for the fluoridation of water supplies did not proceed during the year for technical reasons and economy measures will prevent further progress in 1968.

Considerable attention is being paid to the early detection and accurate assessment of children who are born with or who develop handicaps and to the need for keeping the parents informed of all developments and giving them the necessary support. The health visitor has been charged with the duty of supervising the welfare of these children and panels of officers at divisional level

have been set up to give expert advice on the educational and social needs of the children.

The Authority agreed to establish a training school at Bridgend for ambulance personnel which would also serve the needs of Welsh authorities, but the economic crisis has forced the postponement of this venture for a year. The efficiency of the Ambulance Service is subject to continual review and our costs per patient mile are well below average. Five per cent more patients were conveyed in 1967 than in 1966 representing in the main the increasing number of geriatric patients being conveyed to day hospitals.

Dr. C. J. Revington, my deputy, has been closely concerned with the expansion of the Mental Health Service. Much thought has been paid to the training of staff and the further appointment of senior health welfare officers, who will each be in charge of a team of health welfare officers and who will work closely with psychiatrists at their out-patient clinics, will provide an even better service for patients who are mentally ill or subnormal. A temporary adult training centre at Aberkenfig was opened in September pending the completion of a purpose-built centre. This centre will provide sheltered employment and also training for those who are potentially self-supporting.

Since comment was made of the use of sections 25 and 29 of the Mental Health Act 1959 for the compulsory admission of patients to hospital for observation, it is pleasing to note that 52 patients, compared with 37 patients the previous year, were admitted under section 25 although section 29 admissions, which are more easily effected, far outnumbered section 25 admissions, there being 329 admissions in 1967 and 387 in 1966. It is highly desirable that unnecessary admission under compulsion for observation should be avoided.

In October the routine functions of the police relating to diseases of animals were transferred to the Department.

Whitchurch and Rhiwbina and other parts of the county bordering Cardiff became part of the City of Cardiff on 1st April, 1967, as a result of the boundary changes. Health visiting, nursing and other staffs working in the area were transferred to the city. Whitchurch Clinic had served rural parishes in the vicinity and the Department were permitted to continue using the clinic for special examinations and the Glamorgan residents in the neighbourhood could also attend normal clinic sessions manned by city staffs. In return, the County Mobile Clinic continued to attend at three points and later at two points in the outlying parts of the city which had been absorbed by the boundary changes. These sensible arrangements prevented a disruption of services.

A separate report is included on the School Health Service. This report shows that the health of school children is satisfactory although the shortage of medical, dental, nursing and other auxiliary staff has prevented any major development of the service. The need for integrated child health and school health services is demonstrated and an interesting note on the survival of spina bifida children is included. Consideration is being given to the educational and pre-school needs of an increasing number of children born with hereditary

defects who survive early life. The dental health services and dental health education continued to provide an improved service under the leadership of Mr. D. R. Edwards, the Principal School Dental Officer.

Dr. D. J. Anderson, Divisional Medical Officer for the Caerphilly and Gelligaer Division, who showed such considerable interest in health education, left to become Deputy Medical Officer of Health for Cardiff and Mr. W. D. Lewis retired as Senior County Public Health Inspector but alas did not live long to enjoy his retirement.

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

My thanks are also due to County Alderman Reginald Francis, Chairman of the Health Committee 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 deep appreciation of their efforts. They have always 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, 1968.

STAFF AS AT 31st DECEMBER, 1967

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.

DIVISIONAL MEDICAL OFFICERS:

J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.
P. A. John, M.B., B.CH., B.SC., 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.

A. H. P. Davies, B.D.S.
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.
M. J. J. ap John, L.D.S., R.C.S.

MEDICAL OFFICERS.

O. A. ADELAJA, M.B., B.SC.
JAMES A. BROWN, L.R.C.P., L.R.C.S., L.R.F.A., AND S.G.
THOMAS M. DAVIES, M.R.C.S., L.R.C.P.
SHIRLEY P. FRANCIS, L.R.C.P., M.R.C.S.
ANNE E. E. HIRST, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
A. 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.
J. A. MASON, M.B., B.CH., D.P.H.
JEAN MORRIS, M.B., B.CH., D.C.H., B.SC.
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.
ANN I. STEVENSON, M.B., B.CH.
JOHN H. STUBBINS, M.B., C.HB., D.P.H.
J. E. MCKIM THOMAS, M.B., CH.B., D.R.C.O.G., D.C.H.
PAMELA W. THOMAS, M.B., B.CH., C.R.C.O.G., D.P.H.
JENNIFER S. WALSH, M.B., B.CH.
WILLIAM G. WESTALL, M.B., B.CH., D.R.C.O.G.
ARTHUR L. J. WILLIAMS, M.B., B.SC., D.P.H.

DEPUTY COUNTY PUBLIC ANALYST AND OFFICIAL AGRICULTURAL ANALYST.

MANSEL C. FINNIEAR, B.SC., F.R.I.C.

SENIOR COUNTY PUBLIC HEALTH INSPECTOR.

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

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

COUNTY ORGANISER of HOME HELPS.

NANCY O. PARRY.

CHIEF CHIROPODIST.

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

PRINCIPAL ADMINISTRATIVE ASSISTANT.

J. H. L. MABBITT.

PUBLIC HEALTH ADMINISTRATION

The report commemorates the 75th year of the founding of the Department. It is therefore appropriate that some reference should be made to the state of public health in Glamorgan since the nineteenth century and in particular since 1892.

During the nineteenth century the County was being industrialised at a breath-taking pace. In 1801 the population of the geographical county was only 70,879 but had risen to 687,218 by 1891 (Administrative County 467,954) and increased to 1,252,481 (Administrative County 814,627) in 1921. Coal which had been mined in the western part of the county for many centuries began to supersede charcoal in the smelting of iron about 1755. At the beginning of the nineteenth century coal was no longer tied to the fortunes of the iron-making industry since it was being generally used for domestic purposes in the big cities and with the greatly increased use of the steam engine for industry there grew a constant and increasing demand for coal.

About the year 1850 Glamorgan was an industrialised county; Merthyr Tydfil was a "Metropolis of iron masters", Swansea and Neath were centres of the copper smelting industry, the Aberdare Valley was the chief steam coal producing area while Rhondda which was later to supplant the Aberdare Valley as the leading steam coal area was still a remote wild area noted for its solitude and beauty.

At this time there was no strong central or local government to ensure pure water supplies, sewage disposal, standard of building practice or town planning. Water for drinking purposes was obtained from rivers and streams which were heavily polluted with sewage and cholera accounted for a large number of deaths. In geographical Glamorgan there were 3,165 cholera deaths in 1849, the epidemic being particularly severe in Merthyr Tydfil, Cardiff, Neath, and their surrounding districts. Epidemics which took place in 1854 and 1866 accounted for 768 and 1,303 deaths respectively. There were also high death rates from diarrhoea and scarlet fever.

An effective system of local administration was required and the 1848 Public Health Act empowered local boards of health to appoint a medically qualified administrator known as Officer of Health. Local boards of health were established at Cardiff and Swansea in 1848, Merthyr in 1850, Aberdare in 1854, and Maesteg in 1858. Merthyr Tydfil appointed a medical officer of health in 1852, the first town in the county to do so, and Briton Ferry in 1864 (the first town in the present administrative county). Progress was slow in appointing medical officers of health as many leading citizens were resentful about what they considered to be unnecessary interference. Aberdare which had a local board of health in 1854 did not appoint a medical officer until 1875 and did not adopt the Infectious Disease (Notification) Act 1889 until December 1897, the last authority in Glamorgan to do so.

The latter part of the nineteenth century witnessed profound social change. Compulsory education was introduced, also universal male suffrage and comprehensive environmental health measures and in 1888 there was legislation

for the setting up of county councils and county borough councils and in 1894 district councils. In 1892, Dr. William Williams, the first County Medical Officer, commenced duties and his sanitary survey of the County completed in 1895 showed that the sanitary authorities which had superseded the health boards were on the whole lax complacent bodies. His report on Cowbridge Borough indicated that "the Medical Officer of Health is not consulted by the Authority and seldom attends their meetings. In fact, he is not encouraged to do so. When his reports are presented no notice whatsoever is taken of them and notwithstanding his frequent solicitations very little has been done to ameloriate the evil and dangerous conditions existing in the town". The immense problem facing health authorities was vividly described in Dr. Williams' report on the Rhondda which in 1892 had a population exceeding 100,000. The district lacked a satisfactory water supply, the main sewer to the sea had not been completed and streams and rivers were a "huge open system of sewage". Typhoid fever was a common occurrence and medical officers feared an outbreak of cholera and the death toll which would follow in such crowded a community.

Despite the efforts of medical officers the infant mortality rate which is an index of social control rose from 150 deaths per 1,000 births in 1892 to 195 in 1901. This was to a large measure due to the rapidly increasing population and overcrowding.

The cholera epidemics in the 1840's had provided the shock which resulted in the setting up of health boards and which led to an environmental health service. The poor physique of volunteers for the Boer War, when half their numbers had to be rejected, provided another shock which led to the establishment of a personal health service. A committee of enquiry set up by the Government after the Boer War discovered that a third of the nation's children were under-fed and as a result medical inspection at schools was introduced and also a school meals' service for necessitous children. The Maternity and Child Welfare Act 1918 established maternity and child welfare and health visiting services and by 1920 the County Council were also responsible for the treatment of venereal disease and through the King Edward VII Welsh National Memorial Association the treatment of tuberculosis.

During the twentieth century there developed an entirely new approach to the problem of preventing illness, a departure from the commonsense "soap and water" methods of the nineteenth century to the acquisition of more accurate medical knowledge which exposed the limitations of the purely environmental approach. Problems of health education, poverty and unemployment were to be seen clearly in relation to one another, hence the interest in nutrition, infant welfare and the school health service.

The repeal of the Poor Law Act in 1929 paved the way for a more sensible system of health administration. Hospital treatment at Poor Law hospitals had been regarded as medical relief for the destitute and from the 1930's the hospitals became available for others who needed treatment, but on payment. This principle was further developed under the National Health Service Act 1946 which provided hospital treatment free for all who needed attention.

The Health Department has shared in many spectacular achievements in romoting the health of the people. The most notable achievements are the eduction of infant deaths from 195 deaths per 1,000 births in 1901 to 21 in 1967 nd reducing the maternal mortality rates from 80 deaths per 10,000 births in 934 to 1·6 in 1967. Infectious diseases have almost been eradicated. There as been no death from diphtheria since 1956 although the average was 75 a year uring the 1930's. Tuberculosis stubbornly resists eradication but is no longer threat to young people.

Since 1948 with the operation of the National Health Service Act 1946 ne Department has become a large complex organisation devoted to the romotion of health and well-being of all inhabitants of the County.

The mile-stones in the history of the Department are as follows :—

1892 .. First County Medical Officer appointed.

1895 .. Survey of sanitary circumstances of the County completed.

1899 ~~1889~~ .. County laboratory established.

1903 .. County responsible for supervision of midwives.

1908 .. School Health Service established.

1918 .. Maternity and Child Welfare Act provides for maternity and child welfare clinics and health visiting service.

1920 .. First County V.D. clinic opened.

1922 .. Welfare of the Blind Service established.

1930 .. County responsible for "Poor Law" hospitals and vaccination service.

1937 .. Direct County Midwifery Service established.

1946 .. School Health Service covers whole of Administrative County.

1948 .. National Health Service created. Hospitals and V.D. clinics transferred to hospital service.
Welfare of Blind transferred to Welfare Services Department.
County became a Local Health Authority for the whole Administrative County and new health services include ambulance, home help, home nursing, and mental health.
Services decentralised under a divisional health scheme.

1959 .. Mental Health Act. Emphasis now being placed on importance of community care.

1962 .. Development plans formulated for dove-tailing local authority and hospital long-term proposals.

1967 .. Closer co-operation with general practitioners.
First health centre opened at Glyncorrwg.
Health visitors generally attached to family doctor practices.

Divisional Administration

The day-to-day administration of local health functions under the National Health Service Act 1946, with the exception of the Ambulance Service (section 27) and the Mental Health Service 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	Percy A. John, M.B., B.CH., B.SC., D.P.H.	Caerphilly Road, Ystrad Mynach. (Hengoed 2731)
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 2551).

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

Area affected.	*Division in which situate.*	*Division to which. responsibility transferred.*
embroke Street, Thomastown	South-East Glamorgan..	Pontypridd and Llantrisant.
cotch Row, Gilfach Goch	Rhondda M.B. ..	do.
nysmaerdy ..	South-East Glamorgan..	do.
dmundstown ..	Rhondda M.B.	do.
enrhiwfer	Pontypridd and Llantrisant	Rhondda M.B.
. Mary Hill ..	Mid-Glamorgan ..	South-East Glamorgan.

SECTION 21—HEALTH CENTRES

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

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

Since 1966 considerable activity has taken place with family doctors, th Executive Council and officials of the Welsh Board of Health concerning th provision of health centres which will be built over a period of years.

Glyncorrwg Clinic which was in the course of erection was adapted to provi accommodation for a general practitioner and was commissioned as a heal centre on 1st May, 1967. Talbot Green clinic was adapted as a health cent during 1967 and was opened as such on 1st January, 1968.

During 1968 contracts were entered into for the building of health centr at Gorseinon, which will accommodate seven general practitioners and Resolv which will accommodate three family doctors. The aim is to provide heal centres that will enable local health authority staffs and family doctors to wo closely together.

ECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

NTE-NATAL CARE.

The object of ante-natal care is to ensure that the health of every expectant nother is safeguarded during her pregnancy which should result in the safe and ormal delivery of a healthy baby. All medical officers and midwives should im at following accepted principles of the best current practice which will rther enhance the already high level of safety in childbirth.

Their good intentions however can be undone unless the expectant mother eks ante-natal care early. Early booking enables the family or clinic doctor detect and treat abnormalities in sufficient time to get the expectant mother as t as possible for her delivery. A booking may be regarded as being late if woman attends after the 16th week of pregnancy. The 1958 British Peri-atal Mortality Survey showed that 50 per cent of women attended for ante-atal care after the 16th week. Women who tend to book late are the nmarried, women in employment expecting their first child, and women who ave several small children which makes it difficult for them to visit the clinic surgery. Women expecting their second child usually book early.

The importance of an effective system for following up those who fail to turn to clinics has been impressed on medical staffs. More women visit neral practitioners for ante-natal care but it is important that suitable rangements be made for them to attend classes in health and mothercraft struction.

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
1967	62	28	3,420	6,898	31,462
1966	61	28	3,931	7,649	36,206
1957	42	45	3,600	11,510	51,420

The number of women attending ante-natal clinics has been declining ce 1959 because more family doctors wish to provide ante-natal care for their tients. In January 1967, forty-nine practices were holding their own special te-natal surgeries with a county midwife in attendance and nine practices d accepted the offer of holding their ante-natal surgery, free of charge, at unty Council clinics.

The number of half-day sessions held in 1967 fell by 511 because divisional dical officers were asked to amalgamate certain clinics which were held more quently than once a week in the same premises. General practitioners re engaged by the Authority at 683 sessions and midwives were in sole charge 42 sessions.

2,790 expectant mothers attended ante-natal classes and 92 husbands and wives attended an evening session. The value of health and mothercraft instruction cannot be overstressed. Most mothers who attended were expecting their first baby. Instruction is given in mothercraft, physiology of pregnancy and labour, breast feeding and care of the breasts, relaxation classes, the use of analgesic apparatus and information about the maternity and child welfare service. Family doctors are asked to advise their patients to attend classes.

FAMILY PLANNING SERVICES.

The National Health Service (Family Planning) Act 1967 which was introduced as a Private Member's Bill, came into force during the year. The Act extended the existing powers of local health authorities in order to enable them to provide (or arrange for the Family Planning Association to provide) advice on contraception and supplies for any persons who need them on social grounds and not as hitherto only in medical cases, that is, for women likely to suffer detriment to their health as a result of pregnancy.

The County Council agreed to provide a direct family planning service but allowed the Family Planning Association to continue holding clinics free of charge in the Authority's premises. Women therefore have a choice; a free advisory service from the County Council or a fee-paying advisory service from the Family Planning Association. Contraceptive substances and appliances will continue to be provided free of charge at County Council clinics to women where pregnancy would be detrimental to health, but a charge would be made where these are supplied to others.

The County Council decided on providing a direct service because unlike many authorities they had been providing since the thirties a direct birth control service for women where pregnancy would be detrimental to health. In 1967 there were eighteen such clinics compared with eight clinics held by the Family Planning Association for women who were healthy. The County Council clinics served a restricted clientele, were evenly distributed throughout the County, although most clinics being held at monthly intervals, whereas the Family Planning clinics were not so evenly distributed but served much larger numbers of women and were held at weekly or fortnightly intervals. The pattern of County Council and Family Planning Association clinics available in the County at the end of 1967 is given in the table on page 9 :—

TABLE 2

FAMILY PLANNING SERVICE

DISTRIBUTION OF FAMILY PLANNING CLINICS

Division	*County Council clinics*	*F.P.A. clinics*
Aberdare and Mountain Ash	One monthly clinic at Rock Grounds	Nil.
Caerphilly and Gelligaer ..	Three monthly clinics at Bargoed, Caerphilly, and Fochriw	One fortnightly clinic at Ystrad Mynach
	One fortnightly clinic at Ystrad Mynach	One fortnightly clinic at Caerphilly
Mid-Glamorgan	One monthly clinic at Bridgend	Clinic proposed for Cornelly area
Neath and District ..	Three monthly clinics, Neath, Seven Sisters, Glynneath	One weekly clinic at Neath
Pontypridd and Llantrisant	One monthly clinic at Pontypridd	One weekly clinic at Pontypridd
	One fortnightly clinic at Talbot Green	
Port Talbot and Glyncorrwg	Two monthly clinics, Dew Road and Taibach	One fortnightly clinic at Cymmer
		One weekly clinic at Port Talbot
South-East Glamorgan ..	One monthly clinic at Penarth	One weekly clinic at Barry
	One fortnightly clinic at Barry	
West Glamorgan	Two monthly clinics, Pontardawe, Gorseinon	Nil.
Rhondda	One fortnightly clinic at Trealaw	One weekly clinic and one fortnightly clinic at Ystrad

The County Council will also provide a service for healthy women at their clinics as from April 1968. The County Health Committee also agreed to advice and treatment being given to the unmarried at their clinics and at Family Planning Association clinics held on County Council premises. It is envisaged that this advice would be given to engaged couples and to the minority of women who have families but live in an unmarried state. Other young people who come forward for advice may require counselling.

Relationships between the County Council and the Family Planning Association are excellent. The standards of the Family Planning Association are undoubtedly high and it is proposed that medical and nursing staff of the County Council will receive post-graduate training in family planning work from the Association.

During the year discussions took place with the agreement of the two branches of the Association in the County, representatives of the Welsh Hospital Board and with the Local Medical Committee concerning the planning of the family planning service in the County.

Although many health services are being curtailed because of the need for economy, a decision was made to expand the Authority's Family Planning Service because it is considered to be an essential part of family welfare and will help to relieve the burden placed on other local authority services by the physical ill-health and mental distress to parents arising from lack of knowledge and anxiety and the harm that can arise from unwanted children.

Care of the Unmarried Mother

In 1967, 687 babies born to Glamorgan mothers were illegitimate. However, only thirty-eight "unmarried" mothers were admitted to mother and baby homes, the Health Committee accepting responsibility for that part of the cost not covered from other sources. One mother was divorced and another separated from her husband. Fifty-three unmarried mothers entered homes at the County Council's expense in 1966.

The girls were admitted to the following mother and baby homes :—

"Northlands", Cardiff	16
Church Home, Ely, Cardiff	4
"The Shelter", Newport	5
"Cwmdonkin", Swansea	5
"St. Anne's", Chepstow	3
"Mount Hope", Bristol	2
"St. Raphael's", Bristol	1
"St. Faith's", Coventry	1
"St. Michael's and All Angels", London	1

The Prevention of Prematurity and the Care of Premature Infants

A premature infant is one who weighs 5½ lbs. or less at birth irrespective of the period of gestation. About one-third of all babies classed as premature are born at or near full term and are undergrown.

In Glamorgan prematurity is responsible for over half the number of stillbirths and about half of the premature children die under four weeks. One child in twelve is born premature or is of low birth weight. If the problem of prematurity can be solved, it will be possible to reduce the high wastage of life arising from children born dead or not surviving the first month of life and since babies of low birth weight who survive have a higher risk of having a disability or an infection, it would also be possible to prevent many children from being needlessly handicapped so that they may enjoy life to the full.

There is however inadequate knowledge of the causes of premature birth so that the possibilities of prevention are limited. It is known that the health of expectant mothers has a direct bearing on the survival of the infant and this points to the need for ante-natal care of a high standard.

The percentage of births which are premature is higher in Glamorgan than in England and Wales and is higher in the health divisions which are wholly situated in mining valleys or in heavy industrial areas.

Principal Statistics relating to 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	803
(*b*) At home or in a nursing home ..	84
Total	887

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

(*a*) In hospital	134
(*b*) At home or in a nursing home ..	6
Total	140

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	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 lb. 3 oz. or less	27	17	9	—	1	—	—	—	1	—	—	1	34	2
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	59	12	8	2	4	2	—	—	3	1	—	—	33	1
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	142	9	9	2	4	—	2	—	8	—	—	—	35	2
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	191	7	4	—	7	—	—	—	8	—	—	—	15	1
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	384	1	1	2	45	—	—	—	3	—	1	—	17	—
Total	803	46	31	6	61	2	2	—	23	1	1	1	134	6

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

TABLE 4

PERCENTAGE OF BIRTHS WHICH WERE PREMATURE

	England and Wales	Glamorgan			
	1966	1964	1965	1966	1967
Percentage of all notified births which were premature	6·5	8·5	7·8	8·2	8·2
Percentage of live births which were premature	5·7	7·5	6·8	7·1	7·2
Percentage of stillbirths which were premature	58·9	68·2	62·0	69·0	59·6

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

TABLE 5

PREMATURE LIVE AND STILLBIRTHS WHICH TOOK PLACE IN HOSPITAL

	England and Wales	Glamorgan							
	1966	1964		1965		1966		1967	
	%	No.	%	No.	%	No.	%	No.	%
Premature live births which took place in hospital ..	86·2	871	86·2	777	87·3	804	88·4	803	90·5
Premature stillbirths which took place in hospital ..	92·8	123	82·0	137	91·3	141	87·6	134	95·7

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

TABLE 6

	Glamorgan							
	1964		1965		1966		1967	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Number of live premature births born at home or in a nursing home and transferred to hospital before the twenty-eighth day	45	32·4	30	26·5	24	22·6	23	27·4

The rate of survival of infants is directly proportional to the birth weight and the first day of life is fraught with danger, particularly to the baby of low weight. The larger prematurely born baby with a birth weight exceeding 4 lb. 6 oz. has a very good chance of survival and of 638 babies born alive in this

group, 622 (97·5 per cent) survived the first 28 days of life. Seventy-two per cent of live premature babies fell in this group. It is the 249 babies who weighed under 4 lb. 6 oz. who are at greatest risk as the undermentioned table indicates :—

TABLE 7

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
2 lb. 3 oz. or less	29	27	931
Over 2 lb. 3 oz.—3 lb. 4 oz.	66	25	379
Over 3 lb. 4 oz.—4 lb. 6 oz.	154	22	143
Over 4 lb. 6 oz.—4 lb. 15 oz.	206	11	54
4 lb. 15 oz.—5 lb. 8 oz. ..	432	5	12
All births	887	90	101

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 knowledge of the causes of prematurity is incomplete, the possibilities of prevention are limited. The expectant mother's health is all important and at our ante-natal clinics she receives a full medical examination, including haemoglobulin estimation and other recognised blood tests very early in pregancy and regular and thorough ante-natal supervision. There is careful selection of cases for hospital confinement. Most premature births take place in hospital and it is important that there should be an adequate number of ante-natal beds available for hospital treatment even at the expense of lying-in beds.

It is important that medical and nursing staff should keep in mind factors which are known to cause premature births, such as early toxaemia, ante-partum haemorrhage and multiple pregnancies, and the Authority have agreed that expectant mothers who suffer from these conditions and are therefore required to rest on medical grounds may receive a home help service free of charge.

Health visitors have been asked to pay attention to the need for adequate nutrition of mothers during pregnancy since healthy mothers have an easier and safer pregnancy.

Congenital Malformations

The Registrar-General is supplied with details of babies in whom hereditary defects are detected at birth. The object of the scheme is to compile statistical information from which factors of signficance may emerge in time which may lead to a reduction in the incidence of congenital malformations.

The names of these children are added to observation registers so that their progress medically, educationally and socially may be carefully watched. Children known to be suffering from a single disability may also be suffering from multiple handicaps, and these should be detected as early as possible so that treatment required is not delayed.

Defects of the central nervous system and spina bifida are rather high in South Wales. The following table gives details of the incidence of spina bifida in the county during the past four years. Of the 191 children born alive suffering from this disability, over a period of four years 68 (57 per cent) have died. A study is being made concerning the special facilities which will be required for the education of the surviving children.

Table 8

Statistics Relating to Prematurity by Division. 1967

Division	Percentage of births which were premature			Premature live and still births which took place in hospital				No. of live premature births born at home or in a nursing home and transferred to hospital before the 28th day	
	Percentage of all notified births which were premature	Percentage of live births which were premature	Percentage of still births which were premature	Premature live births which took place in hospital		Premature still births which took place in hospital			
Aberdare and Mountain Ash	8·9	8·0	90·9	77	95·1	10	100·0	—	—
Caerphilly and Gelligaer	8·3	7·8	43·5	100	82·6	8	80·0	6	28·6
Mid-Glamorgan	6·9	6·1	50·0	113	91·1	18	94·7	4	36·4
Neath and District	7·8	6·6	53·8	62	93·9	13	92·9	3	75·0
Pontypridd and Llantrisant	8·6	7·5	84·2	85	86·7	15	93·8	2	15·4
Port Talbot and Glyncorrwg	9·0	8·0	50·0	72	87·8	13	50·0	3	30·0
South-East Glamorgan..	7·3	6·3	60·5	117	95·6	23	60·5	1	20·0
West Glamorgan	8·4	7·5	76·9	74	96·1	10	100·0	1	33·3
Rhondda..	9·6	8·1	61·0	103	88·8	24	96·0	34	23·1
Total	8·2	7·2	59·6	803	90·5	134	95·7	23	27·4

TABLE 9

NUMBER OF INFANTS (LIVE AND STILLBORN) WITH CONGENITAL MALFORMATION DETECTED AT BIRTH, BY DIVISION, 1967

Division	Total Births (live and still)	No. of infants with malformations		Rate per 1,000 total births
		Live	Still	
Aberdare and Mountain Ash ..	1,025	11	2	12·7
Caerphilly and Gelligaer	1,580	31	2	20·9
Mid-Glamorgan	2,078	22	10	15·4
Neath and District	1,029	18	4	21·4
Pontypridd and Llantrisant	1,327	8	4	9·0
Port Talbot and Glyncorrwg	1,051	12	2	13·3
South-East Glamorgan	1,986	48	9	28·7
West Glamorgan	1,041	4	1	4·8
Rhondda Borough	1,467	18	11	19·8
Total	12,584	172	45	17·2
Total for 1966	13,028	166	72	18·3

TABLE 10

NUMBER OF INFANTS (LIVE AND STILLBORN) WITH CONGENTIAL MALFORMATIONS DETECTED AT BIRTH—BY—MONTH OF YEAR, 1967

Month	Number of infants with malformations		Rate per 1,000 births
	Live	Still	
January ..	12	5	1·4
February ..	9	1	0·8
March	15	4	1·5
April	21	1	1·7
May	19	5	1·9
June	8	4	0·9
July	16	3	1·5
August ..	12	3	1·2
September ..	19	1	1·6
October ..	10	5	1·2
November ..	16	9	2·0
December ..	15	4	1·5
Total ..	172	45	17·2

1966

TABLE 11

CONGENITAL MALFORMATIONS NOTIFIED 1967

	Number	%
Babies with :		
One malformation ..	188	86·6
Two malformations ..	23	10·6
Three malformations ..	6	2·8
Four malformations ..	—	—
Five + malformations ..	—	—

TABLE 12

SOME SPECIFIC MALFORMATIONS, 1967

Malformation	No.	Rate per 10,000 total births
All defects C.N.S.	74	58·8
Anencephalus	21	16·7
Encephalocele	7	5·6
Hydrocephalus Spina Bifida ..	43	34·1
Cleft Lip, Cleft Palate	14	11·1
Defects of Heart and G. Vessels	5	4·0
Hypospadias Epospadias ..	10	7·9
Talipes	51	40·5
Examphalus Omphalocele ..	2	1·6
Mongolism	8	6·4
All malformed babies	217	172·3

INFANT WELFARE CENTRES

At the end of the year there were 152 child welfare clinics of which seventy-three were owned by the County Council, fifty-three being purpose-built. A mobile clinic also operates in the South-East Glamorgan Health Division. Seventy-nine clinics were held in rented premises such as village halls. Much good work was done at these premises although conditions were often far from ideal. It was intended to build over the next 10 years forty clinics to replace many clinics held in hired premises, but quite rightly the Ministry of Health has decided that the clinic building programme should be superseded by health centres which provide accommodation for general practitioners as well.

During the year a new clinic at Cwmbedd, Briton Ferry, was opened on 22nd May, 1967, and the Senghenydd, Clydach, and Pontardulais clinics under construction in 1967 and which were opened in 1968 will be the last clinics to be built under the clinic building programme. The provision of health centres in a locality is dependent upon whether or not the general practitioners in that locality wish to work from them rather than in their present surgery premises. Where health centre provision is not required, consideration will be given to the provision of clinics, if needed, where the locality has a population exceeding 7,000.

Child welfare clinics are usually staffed by a medical officer, health visitor and a clinic nurse. Advice is much appreciated by the mothers who are anxious to have an assurance that all is well and to obtain expert opinion on how to care for and bring up their infants. Medical Officers at clinics examine thoroughly young babies and keep a careful watch for disabilities which are likely to interfere with normal growth development and capacity to learn. Some handicapping conditions are recognisable at birth and others must be deliberately looked for.

During the year the registers of children at risk of handicapping conditions ere reviewed by divisional medical officers and the number of children under ecial observation was reduced from 9,048 to 1,087.

At an average clinic about 40 per cent of the babies attending are seen y the doctor either for special examination, for vaccination and immunisation · because the mother is in need of advice. Health visitors see the mothers of ne remaining children in a consultative capacity.

Health visitors also pay regular visits to nursing mothers in their own omes and a nursing mother during a child's first year receives an average of even to ten visits, depending on the health visiting strength in the division. n order to make better use of health visiting time it has been decided that ealth visitors should pay only four routine visits where the baby is under ne year, an initial visit when the child is ten to fourteen days' old, a visit at x weeks when a nappy test for phenylketonuria would be made, a further isit at eight months to test a child's hearing and a second test for phenylke-onuria and at twelve months another visit to assess developmental progress. dditional visits would be required particularly where the mother was very young · had difficulties in bringing up children and where the child was handicapped. articular attention is being paid to those mothers who rarely, if ever, attend hild health centres. These are the mothers and children at greatest risk.

TTENDANCES AT INFANT WELFARE CENTRES.

TABLE 13

ATTENDANCES AT INFANT WELFARE CENTRES

	No. of sessions	No. of children attended	No. of attendances
1967 ..	7,180	34,385	252,490
1966 ..	7,271	36,631	254,381
1965 ..	7,124	35,452	253,968

TABLE 14

PERCENTAGE OF CHILDREN, IN AGE GROUPS, WHO ATTENDED INFANT WELFARE CENTRES IN 1967

	Children born 1967		Children born 1966		Children born 1962–65	
	No.	%	No.	%	No.	%
Attended in 1967	10,906	88·3	10,951	85·6	12,528	23·9 %
Attended in 1966	11,979	93·6	11,388	87·5	13,264	25·4

Table 15.

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		1967	1966	1962-65	
Aberdare and Mountain Ash ..	127	887	–	11	10	–	481	129	2,091	146	13	931	840	946	21,935
Caerphilly and Gelligaer	474	1,083	3	20	11	3	1,087	235	6,130	235	21	1,436	1,407	1,756	32,097
Mid-Glamorgan	556	1,484	2	36	17	–	494	36	1,764	43	29	1,829	1,961	2,502	52,869
Neath and District	211	792	5	21	8	–	1,074	277	5,077	306	14	972	958	1,123	23,709
Pontypridd and Llantrisant	231	1,077	1	18	8	7	574	78	2,878	85	14	1,131	1,301	1,630	29,040
Port Talbot and Glyncorrwg ..	168	857	—	26	11	—	1,060	111	4,502	120	16	901	904	1,329	25,825
South-East Glamorgan	244	1,704	1	37	5	–	1,033	128	3,044	419	17	1,710	1,751	1,948	34,568
West Glamorgan	64	964	–	13	6	–	304	112	2,045	116	19	854	875	701	18,546
Rhondda	313	1,113	5	36	7	–	791	193	3,931	193	8	1,142	954	593	13,901
Totals	2,388	9,961	17	218	83	10	6,898	1,299	31,462	1,663	151	10,906	10,951	12,528	252,490

Distribution of Welfare Foods

There has been a steady decline in the amount of welfare foods sold under the Government scheme but this was offset by the increase in sales of proprietory foods. Sales of proprietary foods fell in 1966 due to the declining birth rate and the practice of supermarkets to sell certain baby foods at reasonable prices and continued to fall in 1967 due to the loss of Whitchurch to the City of Cardiff.

Table 16

Sale of Welfare Foods

	Tins of National dried milk	Bottles of cod liver oil	Bottles of orange juice	Packets of vitamin A and D tablets	Value of sales of proprietary foods
					£
1960..	83,820	40,447	310,102	26,969	40,403
1964..	50,978	13,168	177,138	12,269	86,878
1965..	43,110	13,245	202,436	10,880	90,058
1966..	30,091	13,039	207,348	9,907	77,042
1967..	20,202	12,123	206,552	7,652	73,814

Dental Care

The dental service provided by the Authority for nursing and expectant mothers and for children under five appears now to have fallen into a set pattern.

The figures for treatment provided show slight variations from year to year. On average each nursing or expectant mother when attending for treatment will require two or more fillings and two or more extractions; and one in three will receive a full or partial denture. For the children under five treated each child required one or more fillings and one or more extractions.

There was another slight fall in the number of mothers attending our clinics, the figure of 382, compared with 463 patients who attended the previous year, indicating again that the general dental service practitioners are treating a larger proportion of these cases since the Health Service charges were removed.

The figures of 830 teeth filled, and 816 teeth extracted, are similar to those of 1966, although more emergency visits were necessary and there was also an increase in the number of X-rays taken.

1,041 children under five attended for treatment, when 1,241 teeth were filled and 1,354 teeth extracted. This shows an increase in the number of teeth filled, compared with 831 the previous year. A significant point is that of the ,384 children inspected, 1,124 were found to require treatment. The Sheldon Report has drawn attention to the need for children to receive regular dental inspection from the age of three onwards. It cannot be stressed too strongly that regular visits to the dentist from the age of three years, when the eruption of the first dentition is completed, will result in dental decay being detected in its earliest stages. This is far more easily treated in the young child and will make them far more amenable to dental treatment in the future because of the absence of any laborious and, possibly, traumatic procedures.

The health visitor at ante-natal classes, and the dental auxiliary in talks to nursery classes, continue to stress the importance of good oral hygiene from an early age.

It is only when mothers really understand that dental decay can be largely prevented by the right diet, and the restriction of refined carbohydrates between meals that the figures shown in the tables will alter appreciably. If this can be combined with fluoridation of the water supplies, we may well see dental decay cut by half for the pre-school child.

Protection of Persons Against Radiation

In 1966 the Authority adopted a Code of Practice for protection of persons against radiation. The Authority have sixteen X-ray units in dental clinics and with a view to protecting the staff, arrangements are made for them to wear a badge which contains a photographic film which measures the degree of exposure to external radiation.

The Medical Research Council's Radiological Protection Service who examine the results of these tests have advised that the overall rate of radiation exposure at dental clinics is low and does not justify the designation of staff as radiation workers. Further continuous monitoring for external radiation was discontinued on the advice of the Medical Research Council but individual four-weekly film tests are made every six months to ensure that operating conditions remain satisfactory.

TABLE 17

DENTAL SERVICES 1967

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 ..	79	143	222	—	84	79	66	25	36	5	2	—	—
Caerphilly ..	80	125	205	—	116	105	183	64	6	–	6	5	18
Mid-Glamorgan	149	199	348	17	212	169	113	43	20	4	69	43	98
Neath	95	51	146	2	69	60	185	74	98	—	1	1	30
Pontypridd ..	106	78	184	5	59	49	201	65	16	1	9	159	83
Port Talbot ..	89	68	157	—	104	89	124	54	18	—	9	2	61
South-East Glamorgan ..	101	108	209	11	289	232	84	29	13	—	19	17	77
West Glamorgan	97	176	273	1	147	133	103	44	47	1	73	—	47
Total ..	796	948	1,744	36	1,080	916	1,059	398	254	11	188	227	414
Rhondda	245	161	406	20	403	325	295	130	22	7	9	140	172
GRAND TOTAL ..	1,041	1,109	2,150	56	1,483	1,241	1,354	528	276	18	197	367	586

Table 18

Dental Services 1967

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 ..	51	300	351	5	163	133	93	11	3	—	3	–	–	–	5
Caerphilly ..	53	171	224	–	164	157	107	9	6	8	22	4	–	–	17
Mid-Glamorgan	37	104	141	2	56	44	66	16	5	1	26	–	–	–	27
Neath ..	36	76	112	–	37	34	101	5	25	1	2	–	–	–	15
Pontypridd ..	36	114	150	2	84	75	148	11	3	–	12	–	–	–	23
Port Talbot ..	64	136	200	3	60	57	117	23	12	2	21	–	–	–	26
South-East Glamorgan	44	137	181	4	159	147	71	23	3	8	18	1	–	–	22
West Glamorgan	22	106	128	–	57	54	51	3	32	1	28	–	–	–	12
Total ..	343	1,144	1,487	16	780	701	754	101	89	21	132	5	–	–	147
Rhondda ..	39	92	131	3	150	129	62	3	6	16	10	8	–	1	8
Grand Total ..	382	1,236	1,618	19	930	830	816	104	95	37	142	13	–	1	155

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 inspection	Patients requiring treatment	Patients offered treatment	First inspections	Patients requiring treatment	Patients offered treatment	For treatment	For health education
Aberdare ..	4	5	9	–	89	85	85	54	51	51	61	–
Caerphilly	2	5	11	–	142	115	112	74	70	70	70	4
Mid-Glamorgan	4	4	8	6	285	153	150	62	43	41	60	–
Neath	10	23	33	–	123	98	97	43	36	36	30	–
Pontypridd ..	2	–	3	–	113	106	106	36	36	36	–	–
Port Talbot ..	8	4	21	–	114	89	89	67	65	64	50	–
South-East Glamorgan ..	7	13	24	–	128	106	101	50	48	44	71	–
West Glamorgan	2	3	9	—	127	112	112	32	27	27	40	—
Total ..	39	57	118	6	1,121	864	852	418	376	369	382	4
Rhondda ..	5	2	10	24	263	260	260	41	41	40	90	–
Grand Total ..	44	59	128	30	1,384	1,124	1,112	459	417	409	472	4

NURSERIES AND CHILD MINDERS REGULATION ACT 1948.

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.

During the past few years there has been a considerable demand among parents in the residential areas for nursery provision for which they are prepared to pay. In spite of the loss of Whitchurch to Cardiff in April 1966, where there were five nurseries and five child minders, the number of nurseries and child minders registered at December 1967 represented an increase of 44 per cent over the number registered in the previous year.

As the undermentioned table shows over half of the nurseries and child minders are situated in the South-East Glamorgan Health Division.

Twelve of the forty nurseries are not run for gain and are managed by local voluntary committees. Ten are Welsh language nurseries, one is for mentally handicapped children and the other for socially deprived children. Only one nursery receives children all day although a few nurseries receive different children during mornings and afternoons. This indicates that parents place children in nurseries so that they may mix with children of their own age, rather than to enable mothers to be gainfully employed. During the year the Authority's regulations were reviewed with a view to raising standards. These regulations provide that the persons in charge of nurseries to be registered in future must be a trained nursery nurse, or a qualified nurse or teacher or possess such experience as would satisfy the County Medical Officer.

Health visitors make informal weekly visits to day nurseries and child minders so that they may, in addition to giving advice to those in charge, advise the mothers about the special needs of their children. Formal inspection is made at less frequent intervals by the divisional nursing officer, who may be accompanied by a medical officer. A brief handbook has been prepared for the guidance of those wishing to open a day nursery (or play group) or to become a child minder. The persons in charge are advised to read such publications as *Play with Purpose* and *Not yet Five*, obtainable from H.M.S.O. or the B.B.C. publication *How to form a Playgroup*.

The Authority advise child minders and those in charge of nurseries and playgroups, to register if they receive children during the day for a period of two hours or more since this is regarded as "a substantial part of the day" for a child. A Bill was introduced in Parliament in 1967 defining "a substantial part of the day" as meaning a period of two hours in a day.

TABLE 20

NURSERIES AND CHILD MINDERS, AS AT 31ST DECEMBER, 1967

Division	No. of Minders	Day Nurseries
Aberdare and Mountain Ash ..	1 (10)	1 (19)
Caerphilly and Gelligaer ..	3 (42)	4 (93)
Mid-Glamorgan	3 (24)	7 (173)
Neath and District	1 (12)	3 (60)
Pontypridd and Llantrisant ..	2 (16)	3 (60)
Port Talbot and Glyncorrwg ..	3 (19)	1 (20)
South-East Glamorgan	24 (264)	17 (407)
West Glamorgan	1 (13)	3 (54)
Rhondda	—	1 (15)
Totals 1967	38 (400)	40 (901)
1966	30 (355)	31 (741)
1965	20 (288)	20 (487)

Maximum number of children cared for given in brackets

PHENYLKETONURIA

Phenylketonuria is a rare disease which affects mental development. The liver of a phenylketonuria baby lacks a certain enzyme so that he cannot metabolise a substance present in proteins known as phenylalanine. If the baby is fed on milk or milk products this substance is accumulated in the blood and "poisons" his brain. Mental deficiency is the likely result but if this condition is discovered early and the baby put on a special diet there will be no marked mental retardation.

Phenylketonuria may be searched for by testing the urine of young babies (the Phenistix test) or the blood of the new-born (Guthrie and Scriver tests). The Guthrie and Scriver tests depend on laboratory diagnosis and facilities are not available locally in the hospital service for dealing with 12,000 Glamorgan babies a year. The Guthrie type test is regarded as being more reliable than the Phenistix test although it is believed that the incidence of phenylketonuria in Glamorgan is below average.

13,852 Phenistix tests on babies were made by health visitors during 1967 and no case of phenylketonuria was discovered or reported.

Day Care of Children of Deaf Parents

Arrangements were made during the year for two hearing children of deaf parents being cared for at the Authority's expense at a private day nursery in Whitchurch so that they could have greater opportunities to converse normally and develop speech.

The "Battered Baby"

The "battered baby syndrome" is a name given to a collection of symptoms and signs occurring in children who have suffered repeated injuries at the hands of their parents and others. Usually the children are under 2 years and examples of the injuries are fractures of limbs or ribs and multiple injuries, often ascribed to "falling down stairs". Two such cases were drawn to the attention of divisional medical officers and the Children's Officer during 1967.

The majority of accidents to small children are accidental but if deliberate injury is suspected the doctor must take steps to ensure that it is not repeated. Deliberate injury to a child is often a symptom of underlying disturbance in the family and a purely punitive attitude to the person inflicting the injury is usually ill-advised and may be disastrous for the future of the child. Occasions when the battered baby syndrome comes to light are rare and the families "at risk" are known to the various social agencies, for example, health visitors, health welfare and child care officers, so that preventive work can be pursued.

ECTION 23—MIDWIFERY SERVICE

The number of domiciliary confinements has fallen considerably in recent ears as a result of a reduction in the birth rate and an increased demand for ospital confinement. In 1962 home births accounted for 39 per cent of all rths (5,157 births) but in 1967 this had fallen to 19 per cent (2,405 births). his decrease has meant that the case loads of midwives are much smaller and ey were in danger of losing their skills.

The following table indicates the number of confinements attended by idwives and nurse midwives throughout the year but excludes midwives who ere not engaged for a full year or who may have had lengthy periods of ckness.

TABLE 21

DOMICILIARY MIDWIVES—CASE LOADS 1967

Division	Case Loads						
	0–4	5–9	10–19	20–29	30–39	40–59	60–79
berdare and Mountain Ash	–	2	2	1	2	–	–
erphilly and Gelligaer ..	–	–	1	4	4	5	–
id-Glamorgan	1	6	5	1	2	–	–
eath and District	–	–	6	4	1	–	–
ontypridd and Llantrisant	–	1	4	3	1	1	–
ort Talbot and Glyncorrwg	3	–	3	5	–	–	–
outh-East Glamorgan ..	1	3	4	4	3	–	–
est Glamorgan	4	–	3	–	–	–	–
hondda	–	1	6	7	1	–	–
dministrative County ..	9	13	34	29	14	6	–

ARLY DISCHARGES

The proportion of mothers discharged from hospital before the tenth day ter confinement rose from 54·5 per cent in 1966 to 56·8 per cent in 1967. ne nursing of these mothers and their babies is continued by County midwives. leven per cent of the mothers were discharged from hospital within 48 hours their confinement.

The ratio of patients discharged early varied widely among the health visions according to the availability of beds and the local problems associated ith the implementation of an early discharge scheme. In the Neath and istrict Health Division 92 per cent of patients were discharged before the nth day compared with 23·8 per cent in the Mid-Glamorgan Division, although th divisions are within the area of the Mid-Glamorgan Hospital Management mmittee. In the summer of 1967 the staffing position improved in the idgend Hospital Maternity Department and, after full consultation with the ivisional Medical Officer, the Consultant Obstetricians, and the midwifery staff

of the hospital and local authority, and with the co-operation of the genera practitioners it was decided that the introduction of an early discharge schem would allow all patients who for medical and social reasons needed to be confine in hospital, and also those who wished this, to be accommodated. This schem was introduced in October and has proved very successful. It is interestin to note that this scheme has benefited from the experience gained in earlie schemes in that there have been few "teething troubles" and the clos co-operation between all branches of the maternity services has been maintaine

TABLE 22

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 1967 as Percentages of all Discharges from Hospitals							
			within 48 hours	%	Between 2–5 days	%	Between 5–10 days	%	Total	%
Aberdare ..	887	87·5	87	9·8	211	23·8	385	43·4	683	77·0
Caerphilly ..	1,083	69·6	448	41·4	107	9·9	113	10·4	668	61·7
Mid-Glamorgan	1,484	72·7	147	9·9	128	8·6	78	5·3	353	23·8
Neath ..	792	79·0	14	1·8	213	26·9	499	63·0	726	91·7
Pontypridd ..	1,077	82·3	148	13·7	390	36·2	91	8·4	629	58·4
Port Talbot	857	83·6	20	2·3	274	32·0	370	43·2	664	77·5
South-East Glamorgan	1,704	87·5	10	0·6	262	15·4	220	12·9	492	28·9
West Glamorgan	964	93·8	11	1·1	164	17·0	551	57·2	726	75·3
Total ..	8,848	81·0	885	10·0	1,749	19·8	2,307	26·1	4,941	55·8
Rhondda ..	1,113	78·1	216	19·4	530	47·6	147	13·2	893	80·2
Grand Total ..	9,961	80·7	1,101	11·1	2,279	22·9	2,454	24·6	5,834	58·6

In addition to attending at confinements and undertaking the nursing car of post-natal patients, midwives attend at ante-natal clinics and specia ante-natal surgeries of general practitioners, and they also assess th suitability of patients' homes for home confinement. Midwives replace healt visitors at all ante-natal clinics in two health divisions and at some ante-nata clinics in other divisions.

STAFFING.

When a vacancy occurs in the midwifery service a thorough review is made of the staffing arrangements within the health division concerned to see whether the post needs to be filled. At the end of the year there were 89 whole-time midwives, 9 nurse-midwives, and 10 whole-time and part-time maternity nurses, a decrease of 14 midwives and one nurse-midwife compared with 1966. Divisional medical officers have stated that when some midwives are on leave they find it difficult to maintain satisfactory midwifery coverage for their areas. The current trends in domiciliary midwifery practice, the fall in the number of confinements attended and the nursing of cases discharged early from hospital have led to the view that the maternity services need to be completely integrated.

Supervision of Midwives

The County Council is a local supervisory authority of midwives. The number of midwives who during the period 1st February, 1967 to 31st January, 1968, notified their intention to practice in the Administrative County was as follows :—

Institutional	.. ..	150
Domiciliary	.. ..	103
Supervisory	.. ..	9
Total	..	262

The County Council became a supervisory authority as a result of the Midwives Act 1902 and in 1904, 751 midwives were on roll in the County.

Before the transfer of the Poor Law hospitals to the County Council in 1930 women who were confined in hospital tended to be the unmarried who had no visible means of support and for this reason institutional care was not sought by married women. Hospital confinements of married women gradually developed during the thirties and gathered momentum after the Second World War.

Training of Pupil Midwives.

Llwynypia Hospital was approved as a Part II training school during the year, in addition to Barry and Bridgend. Because of the shortage of domiciliary midwifery cases which are suitable for pupil midwives, the Central Midwives Board agreed to approved schemes which provide for only six cases to be delivered in patients' homes by each pupil ; the other four cases to be delivered at the training school. A scheme of this nature has been submitted to the Board by the Barry Maternity Hospital since so few domiciliary confinements take place in Barry. For this reason it has been necessary to extend the areas in which pupil midwives are trained and some pupils from Barry Maternity Hospital receive their district training in the Caerphilly and Gelligaer division.

Refresher Courses

Midwives are required to attend approved refresher courses every five years. An approved refresher course was held by the Authority during the 9th–14th July at Aberdare Hall, Cardiff. The course was attended by fifty-seven midwives

from the domiciliary and hospital services in England and Wales, of whom fifteen midwives were employed by the Authority.

This is the first course held by the Authority to which other local authorities have been invited to send midwives, and midwives from other authorities as far as Kent and Lancashire attended. The course was most successful and much enjoyed by all who attended. The value of a residential course lies in the opportunity it gives for discussion of the varying pattern of the midwifery services in different parts of the country, and the different problems that midwives meet in their work.

Two midwifery nursing officers attended a postgraduate course at Birmingham and three nursing officers attended a study course in Management in Sussex.

Selection of Mothers for Hospital Confinements

Statistics relating to births taking place in the Administrative County by age and parity of mother and place of occurrence during 1964, 1965, and 1966 are given in the following table :—

Table 23

Live and Stillbirths (Legitimate)

	1964		1965		1966	
	Inst. %	Dom. %	Inst. %	Dom. %	Inst. %	Dom. %
Mothers under 20 years—Parity 0 ..	76·9	23·1	83·6	16·4	89·1	10·9
Mothers 30 and over—Parity 0 ..	96·0	4·0	98·0	2·0	97·6	2·4
Mothers of all ages—Parity 4 and over	69·2	30·8	76·4	23·6	84·2	15·8
Mothers regardless of parity 30 years and over	72·5	27·5	76·8	23·2	80·7	19·3

These figures show that there is a better selection of patients for hospital confinement. Mothers of parity 4 and over and aged 30 years and over regardless of parity are often reluctant to enter hospital for confinement because they wish to be at home to care for their children. Eighty-four per cent of mothers of all ages (parity 4 and over) were confined in hospital in 1966 compared with about 57 per cent in 1963.

This may reflect the work done by the Maternity Liaison Committee in suggesting criteria for hospital booking and the value of early discharge schemes in releasing more hospital beds. Health visitors and midwives have played their part in educating mothers of parity 4 and over in the benefit of hospital confinement.

SECTION 24—HEALTH VISITING SERVICE

At the end of the year there were 121 whole-time health visitor/school nurses and thirteen part-time health visitors, an equivalent whole-time of 129·3 health visitor/school nurses. There were twelve vacancies. The staffing situation was an improvement on 1966 but two large health divisions were very much under strength because of recruitment difficulties. Nine student health visitors were being trained during the year, eight at the Welsh National School of Medicine and one at Cheltenham. A number of health visitors act as fieldwork instructors and assist with the practical training of the students. Past experience suggests that most of the students when qualified fill posts which become vacant as a result of retirement or resignation.

During October the health visiting service was re-organised so that most health visitors were attached to practices of general medical practitioners. This was a considerable undertaking. Divisional medical officers took considerable pains to explain to general practitioners and health visitors the benefits which would result from health visitors dealing with patients on a practice list instead of all patients within a defined territorial area. Some difficulties still need to be resolved. This is particularly the case where family doctors have main surgeries in the area of another authority but have patients in the Administrative County. The areas around Swansea and Cardiff are principally affected and the health visitors concerned liaise closely with the Swansea and Cardiff doctors.

Many doctors had only a hazy idea of the duties of a health visitor and the following statement was issued to them in a newsletter which was inaugurated in 1968 :—

The Functions of the Health Visitor

"The health visitor is a State Registered Nurse with some midwifery experience who has taken a further nine months' full-time theoretical and practical course in studies of the normal development of the individual, both as a person and as a member of the community ; social legislation and social agencies ; psychology and sociology.

She has two main functions :—

(1) To help in the prevention of physical, mental and social ill-health by—

(i) education ;
(ii) advice and counselling ;
(iii) help with, or carrying out of screening procedures ;
(iv) help with immunisation programmes.

(2) If such ill-health does occur, to help in treatment or amelioration of the conditions giving rise to the illness by—

(i) early recognition ;
(ii) referral for treatment if appropriate } in consultation with the
(iii) referral to specialist agencies ; } general practitioner.
(iv) continued support of individual or family while the crisis lasts

Although the health visitor is a State Registered Nurse, she does not dissipate her health visiting skills by carrying out practical nursing procedures; she is well able to assess the help needed and refer to the appropriate local authority services.

The two functions of the health visitor cover all age groups in the population; up to the present her statutory duties have been such that she has dealt mainly with the baby and young child, the school child and the elderly and handicapped. As a result of schemes for the attachment of the health visitor to general practitioner practices, she meets more people in other age groups and is able to extend her advice and help to them.

Some duties associated with her preventive role are carried out in baby clinics and in schools as a responsibility of the local authority and these duties are complementary to her general practice work.

The functions of the health visitor bring her into close touch with very many of the people in a neighbourhood and she has a wide background knowledge of social and kinship networks which can be of great value to the practitioner.

Table 24

Visits made by Health Visitors, 1967

	Children born during 1967		Children born during 1966		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	1,007	5,356	1,093	5,242	2,700	7,350	351	363	1,349	2,707	6	16	17	44	7	6	135	17	369	310	193	54	1,875	1,651
Caerphilly and Gelligaer ..	1,727	4,563	1,688	5,177	2,598	6,770	202	589	183	904	11	28	24	159	11	37	21	50	49	171	24	119	542	1,257
Mid-Glamorgan	2,094	3,948	1,956	2,291	3,590	2,647	655	844	663	758	—	—	—	—	17	11	15	1	245	96	—	—	2,042	1,591
Neath and District ..	1,003	3,938	1,044	5,003	3,302	4,613	809	1,474	565	1,212	60	86	24	35	119	48	21	17	269	236	262	413	797	685
Pontypridd and Llantrisant	1,258	4,828	1,492	3,823	2,670	3,198	180	328	343	755	5	12	21	45	1	3	26	34	224	211	3	2	812	996
Port Talbot and Glyncorrwg	987	4,269	1,441	4,954	2,652	5,753	393	656	332	896	47	144	36	139	60	47	29	44	228	389	21	94	912	1,062
South-East Glamorgan ..	1,935	8,707	2,450	7,277	4,811	7,847	396	828	434	1,091	41	85	28	69	50	31	12	24	238	328	11	2	607	720
West Glamorgan	1,006	3,756	996	4,682	3,122	7,928	240	355	1,093	3,025	6	7	30	14	92	108	93	99	153	191	4	1	884	657
Rhondda Borough	1,434	6,420	1,747	5,185	3,053	5,087	267	796	2,386	3,588	—	—	—	—	4	—	5	7	451	439	—	—	810	744
Totals	12,451	45,785	13,907	43,634	28,498	51,193	3,493	6,233	7,348	14,936	176	378	180	505	361	291	357	293	2,226	2,371	518	685	9,281	9,363

Although health visitors are attached to practices they continue to be school nurses and undertake formal health education and attend many clinics. Considerable attention has been paid to ways of relieving the health visitor of duties which can be done by other staff such as clinic nurses so that they may undertake more home visits and formal health education duties. It has been agreed that clinic nurses should be allowed to undertake the following duties formerly undertaken by health visitors :—

School Health Service.

Skin testing (B.C.G.)
Hearing and vision screening.
Cleanliness inspections.
Assisting at medical inspections.

Cervical Cytology and Family Planning Clinics.
Family Planning and Vaccination Clinics.

Clinic nurses could replace health visitors at these clinics.

Infant Welfare Clinics.

The maximum use of clinic nurses should be made so that the health visitors would be engaged in a consultative capacity.

Ante-natal Clinics.

Health visitors should be withdrawn and replaced by midwives and clinic nurses.

Health visitors have been advised that mothers of babies should receive only four routine visits while the child is under twelve months, viz :—

(*a*) the initial visit when the child is ten to fourteen days old ;

(*b*) the second visit at six weeks' old when the first test for phenylketonuria would be made ;

(*c*) the third visit to be made when the child is eight months' old when a test be made for hearing and a second test made for phenylketonuria ;

(*d*) the fourth visit to be made at twelve months for an assessment of development progress.

It may only be necessary to pay an annual visit after this. Families with problems and teenage mothers will need more than these basic visits and this will be left to the discretion of the health visitor.

The health visitor of course, will work with the family doctor and will be part of his team. She will be available to make visits to elderly and infirm to patients who live alone, so as to alert the doctor of impending breakdown in health, and to give advice on diet work, etc., after coronary episodes, support to the bereaved, particularly the elderly on the death of a partner. She will also be able to give advice to other patients where the family doctor thinks this is required.

Dr. David Coulter of Bridgend, who heads a large practice, reported on health visiting attachment to his group practice during July and August 1967. He stated that the attachment which was then in an experimental stage, was found very useful by all the partners and the health visitor was looked upon

as the person from whom advice should be sought regarding any problem which fell within the province of the community service of the area and indeed very often she herself took over the problem completely and successfully.

POSTGRADUATE AND REFRESHER COURSES: HEALTH VISITORS.

Refresher courses during the year were arranged as follows: —

Nursing Officers

Course in Administration, Cheltenham ..	2 nursing officers.
Refresher course, Liverpool	3 nursing officers.

Health Visitors

Course in Geriatric Nursing Care, Cardiff ..	4 health visitors.
National Childbirth Trust Seminar, Penarth	4 health visitors.
Autumn School, Liverpool	3 health visitors.
Course on Attachement to Group Medical Practice, Cardiff	9 health visitors.
Winter School, London	3 health visitors.
Refresher Course, Dyffryn House	35 health visitors.

SECTION 25—DISTRICT NURSING SERVICE

The object of the district nursing service is to assist the family doctor by providing skilled nursing care in the homes of patients. The doctors decide which patients are in need of this service and prescribe the treatment required.

15,045 patients received nursing attention, representing 202 patients per 10,000 population compared with 14,381 patients the previous year, or 188 per 10,000 population. The increase in the number of patients was the result of more aged being nursed, 761 elderly persons per 10,000 aged persons compared with a rate of 649 the previous year.

Sixty-seven per cent of the visits were paid to aged patients who comprised 44·5 per cent of all patients. This is because most elderly patients suffer from chronic ailments and require nursing care over a long period.

Figures for 1967 and previous years are as follows :—

TABLE 25

DISTRICT NURSING SERVICES—CASES AND VISITS

CASES

Year	Total cases	65 and over		Under 5	
		No.	%	No.	%
1967 ..	15,045	6,688	44·5	353	2·3
1966 ..	14,381	5,717	39·5	302	2·1
1965 ..	13,892	5,352	38·3	327	2·3
1964 ..	14,395	5,223	36·3	323	2·2
1963 ..	14,170	4,919	34·7	496	3·5

VISITS

Year	Visits Total	65 and Over		Under 5	
		No.	%	No.	%
1967 ..	535,457	357,842	66·8	3,524	0·7
1966 ..	533,863	346,779	65·0	3,776	0·7
1965 ..	541,497	340,405	62·9	5,487	1·0
1964 ..	539,962	334,967	62·0	4,943	0·9
1963 ..	535,442	328,254	61·3	5,336	1·0

The number of patients being nursed is increasing but is not as high as in 1955 when 17,851 patients received 365,911 visits.

From a survey of the Glamorgan Home Nursing Service undertaken in November 1965 the nature of treatments given to patients was as follows :—

TABLE 26

NATURE OF TREATMENT

General nursing care	26%
Dressings, poultices	17%
Injections	42%
Washes, douches	3%
Blanket baths	6%
Other treatments	6%

A detailed analysis of cases who completed treatment in 1965 showed that the most prevalent diseases treated were :—

TABLE 27

DISEASES TREATED

Anaemia	17·8%
Heart and circulatory system	9·7%
Disease of digestive system	6·1%
Cancer	6·1%
Senility	5·7%
Cerebral haemorrhage thrombosis	5·5

Although nurses work under the general direction of family doctors there is often a lack of opportunity for consultation. The usual method of securing the services of a district nurse is for the family doctor to write a note which a relative of the patient delivers to the nurse. Since the nurse works a territorial area and may also work with other doctors the doctor does not know whether she is under- or over-worked. He may assume that she is underworked when she is not and patients who need her services go without or he may overload a busy nurse with cases that may not require skilled attention. Patients who receive injections, for example, anaemia, may receive home visits when they may be well enough to call at the surgery. There have been occasions when a busy nurse has made fruitless visits in a day to a patient who is not at home because of shopping expeditions. An attachment of home nurses to general practice would enable ambulant patients to be treated at surgeries and for closer co-operation between nurse and doctor.

DISTRICT NURSE TRAINING

During the year one nursing officer and nine district nurses undertook district nurse training courses.

The nursing officer is a health visitor superintendent who, at her own request, was seconded for district training in order to prepare herself for the re-organisation of administration which is taking place in the nursing services, whereby the supervision of both the health visiting and district nursing services will be undertaken by one nursing officer. These two services are complementary and the close co-operation which now exists between the general practitioner services and the public health nursing services has highlighted the advantages to the community of close co-operation between the health visiting and district nursing service, particularly in regard to the welfare of the elderly.

The district nurses have been trained in practical techniques and work organisation within the county. Lectures are taken at the lecture centre organised by the City of Cardiff. All nursing officers take part in the training by holding tutorials and making teaching visits with the nurses in training. The Deputy Principal Nursing Officer is responsible for the organisation of the practical training and spends a considerable amount of time with the students.

The demand from the staff for the opportunity to take the training reflects the stimulation which the district nurses get from taking the course and the realisation of the advantages which accrue to their patients and to their own work.

At present only full-time staff are seconded for training, but many requests have been received from part-time staff for the opportunity to train, and it is hoped that consideration can be given to a modified in-service training for them at a later date.

Bi-Annual Refresher Courses for District Nurses

Two-day refresher courses attended by 100 district nurses were held by the Authority at Neath General and East Glamorgan Hospitals on 25th and 26th October, 1st and 2nd November, 7th and 8th November, and 14th and 15th November.

It is a pleasure to acknowledge the co-operation we received from the hospitals in planning the refresher courses and their generous hospitality. The district nurses appreciated the opportunity of having lectures from consultants working in the hospitals in the areas in which they work. One of the aims of the courses was to underline the close liaison which should exist between the hospitals, the local authority staff, and the general practitioners.

SUMMARY OF THE HOME NURSES' WORK IN DIVISIONS DURING 1967 AND A COMPARISON MADE WITH STATISTICS FOR 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	802	57·6	25	1·8	1,392	59,858	1,561	40,338	65·7	169	0·3	99·4	4,387
Caerphilly and Gelligaer ..	622	35·6	75	4·3	1,749	58,623	220	35,831	60·9	534	0·9	99·9	3,362
Mid-Glamorgan	1,007	53·5	15	0·8	1,883	60,403	1,611	40,668	65·6	748	1·2	92·9	3,058
Neath and District ..	840	52·0	14	0·9	1,615	53,638	1,430	35,772	65·0	171	0·3	105·9	3,611
Pontypridd and Llantrisant	780	63·6	66	5·4	1,227	42,189	310	28,737	67·7	342	0·8	90·9	3,148
Port Talbot and Glyncorrwg	412	33·3	32	2·6	1,238	36,193	1,408	24,274	64·6	349	0·9	103·2	3,133
South-East Glamorgan ..	508	24·7	22	1·1	2,057	75,842	415	56,698	74·4	306	0·4	110·0	4,078
West Glamorgan	612	33·9	58	3·2	1,803	68,123	518	47,699	69·5	538	0·8	125·6	4,780
Rhondda Borough ..	1,105	53·1	46	2·2	2,081	72,519	596	47,825	65·4	367	0·5	94·6	3,323
Totals, 1967 ..	6,688	44·5	353	2·3	15,045	527,388	8,069	357,842	66·8	3,524	0·7	102·1	3,635
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

Table 29.

Number Vaccinated and Immunised in 1967.

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 ..	376	1	854	1,453	806	1,706	676
Caerphilly and Gelligaer	423	15	1,085	919	1,894	1,331	688
Mid-Glamorgan	480	54	1,948	2,651	2,765	1,819	1,302
Neath and District	255	16	1,124	1,357	1,628	900	718
Pontypridd and Llantrisant ..	186	17	1,082	1,161	1,621	1,198	635
Port Talbot and Glyncorrwg ..	269	20	914	1,750	1,852	1,031	585
South-East Glamorgan	614	189	1,757	2,852	2,770	1,702	1,489
West Glamorgan	431	133	993	859	1,795	899	653
Rhondda Borough	132	27	1,030	1,935	1,022	1,058	1,019
Totals	3,166	472	10,787	14,937	16,153	11,644	7,765

SECTION 26—VACCINATION AND IMMUNISATION

Protection in early life is now provided by active immunisation against a wide range of infectious diseases. Considerable thought has been given to devising a procedure for each disease which 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 which will involve the smallest risk of harmful reaction and complication, and which will avoid excessive use of injections. The success of vaccination has its disadvantage since the public become complacent and apathetic.

For routine purposes the range of infectious diseases for which immunisation is freely available in early life are :—

poliomyelitis
diphtheria
whooping cough
tetanus, and
smallpox.

Diphtheria has ceased to be the scourge it once was. During the decade 1931–40 before vaccination was introduced, notifications in the County averaged 1,557 a year and deaths averaged seventy-five a year. During recent years no notifications have been received and there has been no death. The vaccine against whooping cough has not been so successful and 396 cases of whooping cough were notified during the year but deaths are now rare from this disease. It is believed that a new strain of the causal organism has emerged in recent years which is not affected by the present vaccine. In addition it is difficult to give protection to new-born babies ; the present vaccine gives immunity when administered at the age of six months or later and the best course is to maintain a high immunity amongst the older babies, thus reducing the pool of infection. Children are liable to minor injuries and vaccination against tetanus is a routine provision. To save babies from becoming human pin cushions the vaccines against diphtheria, whooping cough, and tetanus are combined and the poliomyelitis vaccine is usually administered by mouth on a cube of sugar.

About 25 per cent of children under two years have not completed the routine programme of immunisation against diphtheria, whooping cough, tetanus and poliomyelitis or have not been vaccinated at all and steps are being taken to improve the acceptance rate for immunisation. Only 12 per cent of children under 2 years were vaccinated against smallpox. Vaccination against smallpox can cause severe reactions to a minority of persons, although this risk is low in young children. The large number of immigrants in England from India and Pakistan, where the disease is still widespread, is a reminder that the disease must not be regarded as being rare in this country and one cannot forget the outbreak of 1962.

Vaccine against measles has been available since 1966 and the Government propose to introduce measles vaccination as a routine measure to infant school children during 1968. Measles has ceased to be one of the major causes of death in childhood and tends to run a milder course than it did. Studies have shown, however, 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, ear trouble, and there can also be neurological complications. Expert opinion has been divided as to the necessity for measles vaccination because of the reactions which occur but the Government is now satisfied that these are small compared with the risk of severe complications to children who suffer from measles.

Within the next two years it is possible that an effective vaccine will be produced against German measles or Rubella. German measles is a relatively mild disease but its danger lies in the now well recognised fact that if it affects a woman during the first three months of pregnancy there is a considerable risk of her giving birth to a congenitally deformed child.

Table 30

Children Born in 1964 Vaccinated by 31st December 1967, by divisional area

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis	
		No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,082	849	78·5	858	79·3	824	76·2
Caerphilly and Gelligaer	1,456	1,065	73·1	1,093	75·1	948	65·1
Mid-Glamorgan	2,136	1,327	62·1	1,372	64·2	1,722	80·6
Neath and District	1,123	879	78·3	886	78·9	847	75·4
Pontypridd and Llantrisant	1,250	819	65·5	823	65·8	913	73·0
Port Talbot and Glyncorrwg	1,249	995	79·7	1,017	81·4	826	66·1
South-East Glamorgan	2,399	1,627	67·8	1,659	69·2	1,769	73·7
Vest Glamorgan	1,125	876	77·9	880	78·2	820	72·9
Rhondda	1,605	1,140	71·0	1,148	71·5	1,213	75·6
Totals	13,425	9,577	71·3	9,736	72·5	9,882	73·6

Table 31

Children Born in 1965 Vaccinated by 31st December, 1967 by divisional area

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis	
		No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,042	831	79·8	831	79·8	840	80·6
Caerphilly and Gelligaer	1,451	1,042	71·8	1,055	72·7	960	66·2
Mid-Glamorgan	2,051	1,467	71·5	1,498	73·0	1,449	70·6
Neath and District	1,091	849	77·8	851	78·0	841	77·1
Pontypridd and Llantrisant	1,277	864	67·7	868	68·0	900	70·5
Port Talbot and Glyncorrwg	1,100	1,025	93·2	1,027	93·4	795	72·3
South-East Glamorgan	2,368	1,518	64·1	1,541	65·1	1,866	78·8
Vest Glamorgan	1,062	782	73·6	785	73·9	739	69·6
Rhondda	1,569	1,119	71·3	1,124	71·6	1,069	68·1
Total	13,011	9,497	73·0	9,580	73·6	9,459	72·7

Table 32

Children Born in 1966 Vaccinated by 31st December, 1967

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis	
		No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,042	681	65·4	681	65·4	724	69·5
Caerphilly and Gelligaer	1,495	989	66·2	992	66·4	947	63·3
Mid-Glamorgan	2,081	1,582	76·0	1,609	77·3	1,320	63·4
Neath and District	1,063	861	81·0	861	81·0	762	71·7
Pontypridd and Llantrisant	1,246	764	61·3	768	61·6	820	65·8
Port Talbot and Glyncorrwg	1,030	778	75·5	789	76·6	766	74·4
South-East Glamorgan	2,338	1,506	64·4	1,561	66·8	1,484	63·5
West Glamorgan..	1,064	820	77·1	824	77·4	725	68·1
Rhondda	1,437	952	66·2	955	66·5	736	51·2
Totals	12,796	8,933	69·8	9,040	70·6	8,284	64·7

Table 33

Children Vaccinated against Smallpox, 1966 and 1967

BY DIVISIONAL AREA

Division	Live Births 1966	No. vaccinated under 2	Live births 1967	No. vaccinated under 2	% 1966	% 1967
Aberdare and Mountain Ash	1,042	187	1,014	129	17·9	12·7
Caerphilly and Gelligaer ..	1,495	365	1,557	311	24·4	20·0
Mid-Glamorgan	2,081	143	2,040	105	6·9	5·1
Neath and District ..	1,063	114	1,003	106	10·7	10·6
Pontypridd and Llantrisant	1,246	85	1,308	84	6·8	6·4
Port Talbot and Glyncorrwg	1,030	144	1,025	83	14·0	8·1
South-East Glamorgan ..	2,338	484	1,948	357	20·7	18·3
West Glamorgan	1,064	192	1,028	274	18·0	26·7
Rhondda	1,437	78	1,426	46	5·4	3·2
Total	12,796	1,792	12,349	1,495	14·0	12·1

SECTION 27—AMBULANCE SERVICE

With the introduction of the National Health Service Act 1946, on th July, 1948, local health authorities found themselves with a responsibility o provide a comprehensive ambulance service. This was done by the taking ver of the few local authority ambulances existing at that time, the making of rrangements with those voluntary associations which provided a service sually for payment, and the purchase of new vehicles which had to be manned, n the main, by personnel selected for their knowledge of First Aid and driving bility.

Ministry of Health circulars issued in 1951 laid down some guidance on he training of ambulance staff, but it was recognised that further training, in ddition to the usual voluntary aid societies, certificates, was essential for naximum efficiency but, although several authorities established courses, ttle was done in organised training. Evidence from various sources showed need for an improvement both in training and equipment.

This led to the setting up of the Working Party on Training and Equipment nder the Chairmanship of Dr. E. L. M. Millar.

Part I of the Working Party Report on Training was published in March 966 and Part II on Equipment was published in August 1967.

During 1967 consideration was given to the establishment of a training chool in Glamorgan and in order to obtain first-hand experience of the rrangements and organisation of training, the Committee authorised the County Ambulance Officer and Mr. J. Hull to visit two of the existing schools when the first of their experimental courses were being held.

Following a report from these two officers and indications from many of the Welsh authorities of their support, the Committee approved the setting up of a training school at Bridgend. However, due to the present financial situation hese plans have had to be postponed for a year.

Demands on the Service

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 384,627 patients conveyed during 1967 only 24,036 or 6·3 per cent were emergency cases and it is interesting to note that when a comparison s made with the number of emergency cases conveyed during 1952 there was an increase of only five patients.

The routine transport continues to increase year by year and 5·1 per cent more patients were conveyed during 1967 than in 1966, although the total attendances at out-patient departments, accident and emergency departments, and day hospitals increased by only 1·03 per cent.

TABLE 34

COMPARISON BETWEEN HOSPITAL ATTENDANCES, AND THE NUMBER OF PATIENTS CONVEYED BY AMBULANCE

Year	Attendances at out-patient departments, accident and emergency departments, and day hospitals	Total number of patients conveyed by ambulance	Approximate* percentage of hospital cases who are conveyed by ambulance	Emergency cases conveyed	
				Number	Percentage of total
1952 ..	885,945	262,533	14·8	24,031	9·2
1953 ..	968,523	284,305	14·7	24,743	8·6
1954 ..	973,259	286,847	14·7	25,011	8·7
1955 ..	1,023,408	283,622	13·9	27,094	9·6
1956 ..	1,061,273	287,299	13·5	24,085	8·4
1957 ..	1,095,398	286,476	13·1	25,552	8·9
1958 ..	1,109,791	304,389	13·7	27,570	9·1
1959 ..	1,126,239	317,342	14·1	27,226	8·6
1960 ..	1,140,463	338,952	14·9	22,685	6·7
1961 ..	1,125,394	347,823	15·5	20,033	5·8
1962 ..	1,130,378	341,743	15·1	20,511	6·0
1963 ..	1,173,236	344,383	14·7	23,264	6·8
1964 ..	1,224,100	366,469	15·0	23,943	6·5
1965 ..	1,259,219	365,574	14·5	23,133	6·5
1966 ..	1,276,213	366,125	14·3	23,159	6·3
1967 ..	1,289,472	384,627	14·9	24,036	6·3

(*Based on the fact that most cases are conveyed to and from the out-patient and accident and emergency departments and the geriatric day hospitals but has not taken into account the fact that a small percentage of cases conveyed are on admission to or discharge from hospital.)

The increase in the number of patients conveyed is accounted for in the main by the larger number of patients transported to day hospitals. The number of attendances at day hospitals serving this County has risen from 3,857 in 1960 when the first day hospital was opened, to 67,442 in 1967. This is likely to increase still further with the opening of the day centres at the Dewi Sant Hospital, Pontypridd and St. Mary's Hospital, Penarth.

TABLE 35

SUMMARY OF WORK DONE BY CONTROL AREAS

1966–67

	1966			1967		
	Journeys	Patients	Mileage	Journeys	Patients	Mileage
Totals for Western Control Area ..	25,078	123,910	732,594	25,335	125,546	734,473
Totals for Eastern Control Area ..	40,720	242,215	1,231,118	42,554	259,081	1,275,296
Totals for County ..	65,798	366,125	1,963,712	67,889	384,627	2,009,769

It is the policy of the Ministry of Health that accident and emergency services should be rationalised throughout the country. While such rationalisation may be necessary to ensure adequate staffing and facilities for these departments, it has brought and will continue to bring problems to the Ambulance Service. It will result in an increase in the mileage travelled by ambulance vehicles and a consequent delay in the availability of vehicles for further cases. In 1967 the vehicles exceeded two million miles for the first time, having travelled a total of 2,009,769 miles.

CONVEYANCE OF PATIENTS BY TRAIN.

The growing use of open compartment trains and other rolling stock unsuitable for stretchers have made it increasingly difficult, and sometimes impossible, to arrange the transport of patients to distant hospitals by train. Consequently the number of patients conveyed by train during 1967 showed a decrease on previous years.

TABLE 36

CONVEYANCE OF PATIENTS BY TRAIN, 1958–67

Year	Recumbent	Sitting up	Total
1958 ..	36	152	188
1959 ..	33	142	175
1960 ..	42	121	163
1961 ..	31	171	202
1962 ..	27	158	185
1963 ..	26	155	181
1964 ..	38	192	240
1965 ..	22	208	230
1966 ..	35	174	209
1967 ..	22	158	180

National Health Service (Amendment) Act, 1957

Fewer requests were received from organisers of horse, motor car, and cycle race meetings during 1967 where ambulances were in attendance at twenty-six such meeting, representing an income of £340.

Ambulance service vehicles continued to be made available to the National Coal Board for the conveyance of injured mineworkers, but it is noticeable that the contraction in the industry is reflected in the decrease in the number of requests received for ambulance transport.During 1967, 1,972 injured mine-workers were conveyed a distance of 32,954 miles, while in 1957, 4,454 were carried 58,757 miles.

Vehicles

Difficulties in the maintenance of vehicles continued in the early part of the year. However, the replacement programme had the effect of lowering the average age of the fleet which, together with the use of local garages for minor repairs and maintenance, improved the situation towards the end of the year.

All the difficulties and delays have not been eliminated however, and it is apparent that the ultimate solution to this problem would be an Ambulance Service mobile workshop which would give special attention to ambulance vehicles.

Ambulance Services in War

At the commencement of the year the Government decided that the Civil Defence Corps should be reduced in size and have a modified role. As a consequence the Civil Defence (Casualty Services) Regulations, 1967, were laid before Parliament and came into operation on the 1st September, 1967. These regulations provided for the augmenting of the peace-time ambulance service in war, by the employment of volunteer drivers who were to be recruited in peace-time to a body to be known as the "Ambulance Reserve".

Approximately 400 volunteers were recruited to the Reserve by the end of the year.

In January 1968, the Government decided to place Home Defence on a "care and maintenance" basis and consequently recruitment to the Ambulance Reserve was suspended and training was not proceeded with.

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

Section 28 of the National Health Service Act gives the authority wide but undefined powers for the prevention of illness and the care and after-care of those suffering from illness. The arrangements provided by the County Council are made in accordance with schemes approved by the Minister of Health.

Measures for the prevention of tuberculosis and the care and after-care of those who nevertheless contract the disease are well established arrangements. Other 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. Recent trends in the provision of these services are :—

(*a*) More positive attention given to the prevention of illness.

(*b*) The provision of services to enable people, particularly old people to retain their independence, thus avoiding admission to hospital or enabling earlier discharge.

(*c*) The provision of help to families in real difficulty.

A three-pronged attack is made against illness ; viz., educating the public on how to keep fit, screening tests to discover whether a person has a disease before the symptoms develop and vaccination and immunisation provided in accordance with section 26 to protect a person from disease.

In the field of community care, the services provided include chiropody, medical comforts, extra nourishment for T.B. patients, convalescence, night sitter service, social work in relation to problem families, and those suffering from venereal disease and tuberculosis, and the provision of hostel accommodation for the mentally disordered. Details of these services, with the exception of hostel accommodation, which are stated elsewhere, are given in the following pages.

Health Education

The problem of how best to persuade people to avoid ill health is a difficult one because many people object to any suggested measures on the grounds that they interfere with the liberty of the individual. Human beings are complex in their attitudes. The popularity of the National Health Service is due in the main to the fact that pain and illness can be relieved and cured without cost to the individual but it is surely better that good habits should be learned from childhood, thereby avoiding sickness and resulting suffering later in life with attendant cost to the State. Although citizens have a right to free treatment under the National Health Service Act, in turn this implies a responsibility to avoid illness and disability. Since good habits are learned from childhood one of the most effective forms of health education is that provided by health visitors to nursing mothers on how to rear their children and that provided to children at school.

During 1967 a dental health campaign was conducted in the South-East Glamorgan and Caerphilly and Gelligaer Divisions to bring to the notice of the public the sad state of children's teeth and the need for good dental habits. This campaign coincided with a visit to schools by "Pierre The Clown" who was sponsored by Apple Producers.

A planned poster campaign is conducted at clinics, the posters being changed at monthly intervals.

The greater majority of the talks on the general health education programme are concerned with talks on ante-natal care and mothercraft. Talks at schools are mainly concerned with hygiene but a substantial number of discussions took place with school leavers on preparation for parenthood.

The film "The Black Sheep" produced by Dr. Donald Anderson which gives an account of the formation of a non-smoking club at Bargoed Secondary School, has been highly praised and is in great demand for showing thoughout the United Kingdom, the distributors being the Cancer Information Centre at Cardiff.

Statistics prepared by the Tobacco Research Council show that in 1965 of youths aged 16 to 19, 49 per cent were non-smokers compared with 38 per cent non-smokers in 1961. In 1966 however, non-smokers among youths fell to 43 per cent and there is evidence that the smoking habit is again on the increase.

There is no evidence of drug addiction by young people in the County although there have been isolated incidents.

Details of the health education talks in division are given below. The scale of health education varies in divisions since those under-staffed with health visitors find it difficult to plan programmes. In the Pontypridd and Llantrisant Division a part-time health visitor deals solely with health education. Details of the talks given are as follows :—

TABLE 37

GENERAL HEALTH EDUCATION PROGRAMME (OTHER THAN TO SCHOOLS)

January to December 1967 ..	Talks on ante-natal care and mothercraft ..	2,889
	General Hygiene	89
	Home Safety	53
	Health Services	26
	Care of the aged and handicapped	35
	Smoking and health	25
	Growing up, including sex education, menstruation	9
	First aid and staff training	117
	Cervical Cytology	17
	Others	105

TABLE 38.

SCHOOL HEALTH EDUCATION PROGRAMME.

January to December 1967 ..	Dental hygiene	651
	General hygiene	539
	Preparation for parenthood including talks on menstruation and V.D.	288
	Prevention of accidents	112
	Smoking and health	106
	Feet and posture	97
	Others	253

Talks were given by the following staff :—

TABLE 39

STAFF GIVING HEALTH EDUCATION TALKS

	General programme	School programme	Total
Medical officers	22	31	53
Health visitors	3,282	1,669	2,642
Midwives	8	—	8
Dental auxiliaries ..	—	325	325
Orthopaedic nurses ..	—	9	9
Administrative staff ..	3	—	3
Dentists	10	16	26
Nursing officers ..	78	—	78

CERVICAL CYTOLOGY

During 1965 a limited cervical cytology service was introduced in the Caerphilly and Gelligaer and West Glamorgan Health Divisions. Welsh Board of Health Circular 18/66 (Wales) announced that it was the Minister's policy to make cytological screening for cervical cancer available to all women at risk.

Facilities for cytological screening depend on whether the hospital pathology service have sufficient trained staff and accommodation for the purpose and by December 1967 no facilities whatsoever were available in the Pontypridd and Rhondda Hospital Management Committee area and at Bridgend Hospital. It is hoped to provide a service in all divisional areas during 1968. Cytological screening is also done at the Authority's birth control clinics before prescribing oral contraceptives.

3,748 patients were screened during 1967 and 107 were referred for further investigation by consultants and twelve women were found to be suffering from cancer of the cervix of whom three were under 35 years. 514 women were referred for further investigation by the family doctor for gynaecological conditions.

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 declined to agree to the fluoridation of their water supplies the treatment of supplies outside Cardiff could be uneconomic and a decision was made to treat in the first instance water supplies in the Mid-Glamorgan Water Board area.

Provision was made in the estimates for the year 1967–68 to treat 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.

Unfortunately it was not possible for technical reasons to introduce fluoridation in 1967 but the Board were in a position to do so in 1968. The economic crisis, however, was such that the estimates for 1968–69 had to be cut by £98,000 and fluoridation of water supplies fell a victim to these cuts.

Tuberculosis

The advances made since the Second World War in the control of this disease continued. Forty years ago, in 1927, 816 Glamorgan people died from respiratory tuberculosis and 172 died from other tuberculous diseases, that is, meningitis, peritonitis and involvement of bones and joints, a total of 988 deaths. In 1967 there were only 46 deaths from respiratory or pulmonary tuberculosis and 8 deaths from non-pulmonary tuberculosis, a total of 54 deaths. In 1927, 259 persons under 25 years died from pulmonary tuberculosis but there were no such deaths in this age range in 1967. These are remarkable advances and are due to a better standard of living, the provision of safe milk, and the eradication of bovine tuberculosis, vaccination of school children, the use of chemo-therapy in treatment and measures for detecting the disease (mass X-ray) and for preventing its spread.

It is necessary, however, to guard against complacency since the death rate in Glamorgan is about 50 per cent higher than the national rate. This higher death rate is because chemo-therapy is of little benefit to the older miners with damaged lungs who suffer from tuberculosis. There is a danger that these ex-miners may infect others.

Details of the scheme for vaccinating school children and contacts against tuberculosis are given in the following tables :—

Table 40

Cervical Cytology Service 1967

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 and Mountain Ash	400	195	386	191	12	12	48	23	—	—
Caerphilly and Gelligaer ..	342	525	285	445	7	4	50	76	—	—
Mid-Glamorgan	7	—	7	—	—	—	—	—	—	—
Neath and District ..	309	406	281	369	28	31	43	50	2	2
Pontypridd and Llantrisant	—	—	—	—	—	—	—	—	—	—
Port Talbot and Glyncorrwg	17	9	17	9	—	—	—	—	—	—
South-East Glamorgan ..	234	105	232	103	3	2	28	8	1	1
West Glamorgan	782	417	774	417	8	—	140	48	6	—
Rhondda Borough.. ..	—	—	—	—	—	—	—	—	—	—
Total	2,091	1,657	1,982	1,534	58	49	309	205	9	3
Total, 1966 ..	659	489	651	489	19	3	88	42	6	—

Table 41

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	527	72	455	455
Caerphilly and Gelligaer	776	44	732	732
Mid-Glamorgan	1,272	197	1,075	1,075
Neath and District	725	121	590	583
Pontypridd and Llantrisant	918	213	599	577
Port Talbot and Glyncorrwg	817	142	675	675
South-East Glamorgan	1,580	264	1,275	1,275
West Glamorgan	574	35	525	523
Rhondda Borough	282	53	229	226
Totals	7,471	1,141	6,155	6,121
Totals, 1966	6,418	1,008	4,932	4,716

Table 42

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)	118	53	65	61
Dr. R. G. Prosser-Evans (Neath and Port Talbot)	259	82	167	114
Dr. A. G. Chappell (Bridgend)	396	100	288	290
Dr. L. Erin (Merthyr and Aberdare)	402	160	242	124
Dr. J. Y. Williams (Pontypridd and Rhondda)	857	54	803	903
Prof. F. Heaf (Caerphilly)	51	6	43	42
Dr. S. H. Graham (Cardiff)	331	65	266	344
Divisional Medical Officers	121	2	119	117
Totals	2,535	522	1,993	1,995
Totals, 1966	2,734	1,164	1,584	1,471

Venereal Diseases

The incidence of venereal disease in Glamorgan is lower than that for England and Wales. There is however, no room for complacency. As shown in Table 43 there has been a 50 per cent increase in the number of patients receiving treatment from syphilis since 1964 and a 50 per cent increase in the number of patients receiving treatment from gonorrhoea since 1966. Six men and five women died from syphilitic disease.

One of the most promising methods of tackling venereal diseases is to improve methods of tracing the contacts of known patients. The 1948 regulations about confidentiality hinder the development of contact tracing since the staffs of veneral disease clinics are apparently precluded from passing information about contacts to staff of other venereal diseases clinics or to local health authority workers who can help trace contacts.

The statutory requirement fortifying normal medical confidentiality as regards venereal diseases was introduced in order to overcome the reluctance of persons to attend a clinic through fear of disclosure of his or her condition. The purpose of the regulations was to make it easier for a person to attend for treatment and not to give an inherent right of keeping an infectious disease a secret.

It is understood that the Minister will introduce amended regulations in 1968 which although retaining the principle of confidentiality will enable contacts to be traced as quickly as possible.

Talks by Health Department staffs on preparation for parenthood amounted to 288 of which fifty were devoted to venereal disease. It is not considered that talks which are devoted to venereal diseases in isolation from talks on the responsibilities of parenthood is an ideal arrangement.

Table 43

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

Disease	1960	1961	1962	1963	1964	1965	1966	1967
Syphilis	19	32	17	18	17	18	25	26
Gonorrhoea ..	92	124	107	140	123	107	87	133
Total ..	111	156	124	158	140	125	112	159
Other conditions ..	973	984	772	771	665	745	754	721

Problem Families

Since 1951 a co-ordinating committee has met on alternate months in each divisional area and in the Rhondda under the chairmanship of the divisional medical officer. The convenor is the Children's Officer. Members of the committees 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 N.S.P.C.C.

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

The role of the committee is to prevent if possible, the break-up of families with consequent risk to the mental or physical health of the children. In many cases little improvement is achieved although further deterioration may be prevented. The Children and Young Persons Act, 1963, gives the Children's Authority power to give assistance in order to diminish the need for children to be received into or kept in care.

The National Health Service (Family Planning) Act, 1967, enables the County Council to provide advice on family planning and requisites to persons for social as well as medical reasons. Mothers of problem families tend to have many children and take no steps to space births or complete their families. Some children therefore seem to be unwanted or cannot be cared for suitably. As conventional birth control appliances are unsuited for these women, an arrangement has been made for medical officers to refer this small minority of women to Family Planning Association clinics so that they may be fitted with intra-uterine devices (the loop) if they so wish, at the Authority's expense.

Care of the Aged

According to the 1966 Sample Census, 59 per cent of householders of pensionable age lived alone either singly or as couples. About 2,620 men aged 65 and over, and about 15,890 women aged 60 and over, lived entirely alone.

TABLE 44

One- and Two-Person Households Containing Persons of Pensionable Age

Area	Total one and two person households	One person households		Two person households		Number	Percentage of all persons of pensionable age
		Male 65 and over	Female 60 and over	One pensionable	Both pensionable		
Administrative County	50,150	2,620	15,890	14,960	16,680	66,830	58·8
Municipal Boroughs and Urban Districts	36,180	1,890	11,830	10,680	11,780	47,960	59·6
Port Talbot Municipal Borough	2,770	170	810	870	920	3,690	58·0
Rhondda Municipal Borough	7,100	350	2,370	2,220	2,160	9,260	58·9
Rural Districts	13,970	730	4,060	4,280	4,900	18,870	56·8

Old people who live alone make great demands on services such as Home Help, Home Nursing, and Health Visiting.

The principal services provided for the elderly in 1966 and 1967 were as follows :—

TABLE 45

Name of Service	No. of aged patients provided with service		Percentage of aged population	
	1967	1966	1967	1966
			87,930 aged	88,110 aged
Health Visting ..	10,841	9,844	12·3	11·2
Home Nursing ..	6,688	5,717	7·6	6·5
Chiropody	12,035	10,838	13·7	12·3
Home Help	5,609	5,182	6·4	6·0
	householders estimate 7,000 persons	householders estimate 6,480 persons		

CHIROPODY SERVICE

The Authority began their chiropody service in September 1960. The service is provided free of charge to the elderly, expectant mothers, and registered handicapped persons. Difficulty has been experienced in recruiting staff since newly-qualified chiropodists are attracted to private practice. On the 31st December, 1967, the service consisted of one chief chiropodist, nine senior chiropodists, eighteen sessional chiropodists, whole-time equivalent 14·6 chiropodists. Whole-time equivalent in December 1966 was 17·1 chiropodists.

The number of patients who received treatment in 1967 was 12,942 compared with 11,314 in 1966.

TABLE 46

NUMBER OF PERSONS TREATED DURING YEAR ENDING 31ST DECEMBER, 1967

Persons aged 65 and over	12,035
Expectant mothers	30
Children under 5	11
Others (women 60–65 + handicapped)	866
	12,942

Treatments given during the year were :—

In clinics	27,276
In patients' homes	12,584
In old people's homes	359
Total	40,219

The average interval between treatments was fourteen weeks.

Details of work undertaken in Divisions is as follows :—

TABLE 47

CHIROPODY WORK UNDERTAKEN BY DIVISIONS

Division	No. of patients treated	No. of treatments given
Aberdare and Mountain Ash ..	1,219	3,078
Caerphilly and Gelligaer	1,096	5,179
Mid-Glamorgan	1,389	5,591
Neath and District	1,241	3,261
Pontypridd and Llantrisant ..	1,205	3,913
Port Talbot and Glyncorrwg ..	1,032	4,563
Suoth-East Glamorgan	1,939	4,067
West Glamorgan	1,346	4,416
Rhondda	2,475	6,151

The Authority have no arrangement whereby voluntary organisations undertake chiropody treatment.

PROVISION OF CONVALESCENCE

The Authority provide convalescent treatment at "The Rest" Convalescent Home, Porthcawl, and reserved 379 bed weeks during the year of which 371 were taken up.

The majority of patients sponsored by the Authority are elderly people who need "a change of air" and are not patients recovering from a serious illness. A few district councils have exercised powers given them under section 31 of the National Assistance Act, 1948, as amended by the 1962 Amendment Act which enables authorities to provide meals and recreation for old people. Penybont Rural District Council send forty old people a year to "The Rest" and with the decline in the number and activities of Miners' Lodges, which formerly sent retired miners and their widows to "The Rest" for a holiday, similar action by other councils would enable old people who are not recovering from an illness to enjoy a holiday by the sea which would be of great benefit to them.

ISSUE OF MEDICAL COMFORTS

Medical comforts have been issued by the Authority free of charge since 1950 when they took over the role previously performed by the St. John Ambulance depots. A variety of nursing aids are provided including lifting hoists for paraplegics and other severely disabled persons. Folding wheel chairs are in popular demand during the summer months. Absorbent pads are also issued to incontinent bed patients.

Night Sitter-In Service

This service tends to the needs of critically ill patients in the terminal stages of illness where no near relatives or neighbours are available and able to provide this care and also provides relief to relatives to attend to the patient's needs at other times.

Co-operation With General Practitioners

This was dealt with at length in the report for 1966. Co-operation between the authority and general practitioners is close and there is mutual understanding of one another's problems. Some of the mining valleys tend to be under-doctored and difficulty has been experienced in finding replacements. These difficulties have been accentuated by the shortage of medical officers in the mining valley divisions, notably Rhondda and Aberdare and Mountain Ash, so that experimental advisory health clinics for the elderly have had to be abandoned, many infant welfare clinics are unmanned by doctors, and routine school medical inspections have been deferred.

Co-operation with family doctors follows two main approaches :—

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

(*b*) Attaching health visitors to the practices of general practitioners and providing them with the services of nursing staffs and health welfare officers (mental health) so that more effective medical care may be given in patients' homes.

Health visitors were attached to practices in October 1967. Full attachment exists where doctors have surgeries in the Administrative County and there are close liaison arrangements with doctors whose main surgeries are outside the Administrative County.

The areas of health visitors have been re-organised so that they only visit patients who are on the practice lists. They visit the general practitioners daily or at other regular intervals to seek advice, or to refer to their medical colleagues patients who require medical care or to have cases referred to them in order that they make visits to give an advisory service on health education and social matters. The health visitor is a member of the practice team.

The attachment of home nurses to practices at present appears not to be a practical proposition. The nurses give valuable help to doctors in treating patients at home but most doctors' practices vary in size and cover a scattered area so that full attachment could present difficulties.

Mental health workers also liaise closely with general practitioners.

Co-operation with the Hospital Service

Co-operation with the hospital service concerning in particular maternity, mental, chest, and geriatric cases has always been good. There has also been an exchange of views with the Hospital Board on an informal basis on the development plans for the hospital and community care services.

With the importance placed on the development of community care it is desirable that the local health authority should be consulted early in the planning stages. This has been done in another area, in the development of district general hospitals with considerable success.

Co-operation with Voluntary Bodies.

Extensive use is not made of the service of voluntary bodies because organised voluntary work is principally 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 and other industrial areas have a long tradition of neighbourliness and there is considerable voluntary work on an informal basis.

The Authority however, have been pleased to work with, and receive help from, members of the Red Cross Society who act as escorts for children returning home or attending residential schools for the handicapped and members of the Royal Women's Voluntary Services sell foods at sales centres and act as helpers at clinics.

The Marie Curie Memorial Foundation have given grants to provide extra nursing comforts, additional nourishment 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 work closely with inspectors of the National Society for the Prevention of Cruelty to Children and the Moral Welfare Associations of the Church in Wales do valuable work with unmarried mothers. The Old People's Welfare Association co-ordinate the work of the old-age pensioner organisations and have undertaken useful surveys.

The organised voluntary bodies have a great desire to be of assistance, but they do not appear to have the resources to deal with those areas of activities where their help would be useful, for example, helping old people to get ready so that they may attend day hospitals, etc.

SECTION 29—HOME HELP SERVICE

The establishment on 31st December, 1967, was the equivalent of 498 whole-time home helps.

6,751 householders were assisted during the year which is more than double the number assisted in 1957 and an increase of 11 per cent on 1966 when 6,341 householders were helped. The increase would have been greater were it not for the transfer of a population of about 30,000 in the Parish of Whitchurch to the City of Cardiff.

Ninety-four per cent of the cases came within the category of aged and chronic sick. The number of maternity cases in 1967 was reduced to half the number helped in the previous year and reflects the demand from maternity cases in Whitchurch and Rhiwbina, now the responsibility of the City of Cardiff. The average number of hours' help given to householders during 1967 is given below :—

TABLE 48

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	4,509	20,241·5	4·49	4,643	21,035·5	4·53
A week in June	4,335	18,421	4·25	4,450	19,045·5	4·28
A week in Sept.	4,231	17,361	4·1	4,354	17,977	4·13
A week in Dec. . .	4,749	18,416	3·88	4,895	19,179	3·92

The service is being affected by the need to slow down the growth of local government services so that it does not exceed the growth in the economy of about 3 per cent. An 11 per cent yearly increase in the number of householders seeking help therefore poses difficult problems. Home help organisers have been asked to scrutinise applications more closely so that only persons in real need and where there are no able-bodied relatives living within reasonable distance should be helped. More frequent visits will be paid to householders by the organisers so that help may be withdrawn or varied according to changing circumstances. The amount of assistance provided varies according to the degree of incapacity of the householder and the age and design of the house; thus an old person living in a flat may receive help for a session of 1½ hours whereas another who lives in an old terraced house without modern amenities may require help for a session of 3 hours a week.

TABLE 49

TYPE OF CASES WHERE HOME HELP WAS PROVIDED, 1967

Health Division	Aged 65 or over	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total
Aberdare and Mountain Ash ..	617	96	1	11	27	752
Caerphilly and Gelligaer ..	563	39	3	11	21	637
Mid-Glamorgan	793	106	—	9	72	980
Neath and District	503	52	—	17	34	606
Pontypridd and Llantrisant ..	542	118	—	11	15	686
Port Talbot and Glyncorrwg ..	579	65	1	8	15	668
South-East Glamorgan	627	62	—	28	22	739
West Glamorgan	421	63	4	6	30	524
Rhondda Borough	964	162	4	7	22	1,159
Totals	5,609	763	13	108	258	6,751

A small minority of householders assisted are in the helpless category who require personal care, such as being fed, washed and put to bed. They need to be visited daily including weekends. The present method of providing a conventional home help for such people is not satisfactory: she attends officially at set times and not during evenings and attendance on Sundays is expensive because of double payment. During 1968 a Special Help Service will be formed to replace the home helps attending the patients who require daily care. The special helps who will live near their patients, will receive a weekly wage and will attend frequently during the day as and when necessary including weekends. The Special Helps will form part of the Home Help Service.

Home Help Survey—Borough of Port Talbot

A sample survey of 10 per cent of the householders receiving home help in the Borough of Port Talbot was undertaken by Mrs. N. O. Parry, the County Home Help Organiser. The study was made in order that advice could be given to divisional home help organisers on the standard criteria for assessing needs of applicants for the service so that a uniform practice could be achieved wherever possible.

Factors which determine need and the allocation of hours' home help are :—

(*a*) The degree of incapacity of the applicant.

(*b*) Whether there are relatives living at the home or near who are able to help.

(*c*) The physical characteristics of the home, for example, a nineteenth-century terraced house with no labour-saving devices or a modern self-contained flat.

The degree of incapacity of householders is assessed according to whether householders can undertake without aid the following tasks with or without difficulty or not at all :—

Light housework (wash up, dust).

Heavy housework (clean floors, windows).

Make a cup of tea or coffee.

Prepare a hot meal.

A householder who cannot do heavy housework requires help only once a week but if he or she cannot prepare a hot meal or even a cup of tea, daily or even frequent visits a day might be necessary.

Thirty-nine households formed part of the sample but one householder died and another was not seen because at the time of the visits he was attending a day hospital. Thirty-seven households were therefore investigated.

The ages of the householders were as follows.

TABLE 50

PATIENTS LIVING ENTIRELY ALONE (SINGLE HOUSEHOLDS)

Age range	Male	Female	Total
45–50 ..	–	1	1 chronic sick
55–60 ..	–	1	1 chronic sick
65–70 ..	–	2	2
71–75 ..	2	8	10
76–80 ..	–	5	5
81–85 ..	–	1	1
86+ ..	–	1	1
Total ..	2	19	21

TABLE 51

PEOPLE LIVING ALONE AS HUSBAND AND WIFE

Age range*	No.
60–65	1
65–70	2
71–75	5
76–80	3
Total ..	11

*Age range of husbands as heads of households

TABLE 52

OTHER HOUSEHOLDS IN SURVEY

1. Chronic sick man, under 65, living with sister aged 87.
2. 63 year old chronic sick female whose daughter had moved in to live with her—help now withdrawn.
3. 76 year old widow with neurotic daughter.
4. 83 year old widow ; daughter working ; unhelpful.
5. 77 year old single woman with 70 year old housekeeper.

The personal incapacity of thirty-seven householders, eleven wives of ouseholders, and an aged sister of a chronic sick householder, a total of rty-nine people is shown below.

Table 53

Personal Incapacity

Personal incapacity	Yes	With difficulty	Not at all
Can :	%	%	%
walk out of doors	14 (28·6)	22 (44·9)	13 (26·5)
walk indoors	34 (69·4)	15 (30·6)	—
negotiate stairs	22 (44·9)	18 (36·7)	9 (18·4)
wash and bath	32 (65·3)	15 (30·6)	2 (4·1)
dress	41 (83·7)	8 (16·3)	—
attend lavatory	45 (91·8)	4 (8·2)	—
Can :			
do light housework	33 (67·3)	12 (24·5)	4 (8·2)
do heavy housework	—	2 (4·1)	47 (95·9)
make cup of tea	42 (85·7)	4 (8·2)	3 (6·1)
prepare hot meal	24 (48·9)	18 (36·7)	7 (14·3)

The hours' help required by the thirty-seven households varied from 6 to 1½ hours a week with help withdrawn in one household as daughter had moved in to live with widowed mother.

Table 54

Hours Help Given

Number of hours' help given a week	No. of households receiving this help
6	4
5	7
4½	1
4	6
3	12
2	5
1½	1
Help withdrawn following visit	1
Total	37

The sample survey illustrates that the householders who receive domestic elp are incapacitated to varying degrees and that help on one or two occasions week, or in the case of the least incapacitated, once a fortnight is usually fficient. In the sample survey the severely incapacitated who could not repare meals did not live in single households.

The following report has been contributed by Mrs. N. O. Parry, County rganiser of Home Helps :—

"Since 1955 we have gradually been building up a team of Home Help Organisers and this year our total of nine divisional organisers—one per division—has been reached. Much credit is due to divisional nursing officers—many now retired—the pioneers of this service, who were instrumental in solving most of the initial difficulties associated with the formation of a new public service. Our organisers of today certainly have their problems—mainly of increasing demand, but those officers in the early 1950's had, apart from their many nursing duties, to cope with domestic problems that have now become almost a memory. Today, in addition to modern housing we have adequate laundry allowances, meals-on-wheels, and day hospitals to name but a few of the auxiliary aids, all of which give our organiser support hitherto unknown.

MENTAL HEALTH SERVICE

In the years which have elapsed since the inception of the Mental Health Act in 1959 considerable strides have been made by the Authority in the provision of an integrated community service. Many of the developments which have taken place are apparent in the paragraphs which follow.

Notably amongst these has been the great increase in provisions for the subnormal child and adult in the form of hostels, junior, and adult training centres and, more recently, the first of the planned special care units.

The advances outlined above have resulted from considerable capital outlay and relate to the field of subnormality only ; in respect of the mentally ill similar progress has not yet been achieved, although a start has been made upon the provision of group homes for small numbers of ex-hospital patients. This small start needs to be developed and supported by other schemes, such as the establishment of purpose-built and supervised hostels for the psychiatric patient outside hospital who needs more support than can be given in a domiciliary setting.

In other respects, however, attention to the mentally ill patient has been steadily increasing, as is evidenced by the number of patients receiving community care from mental welfare officers.

The recruitment of suitable staff to work in this field has not always been easy, but has been helped considerably by the Authority's attitude to training schemes and by the considerable assistance that has been rendered by the Physician Superintendent and staff of Morgannwg Hospital in providing prolonged courses of instruction for newly-joined recruits.

When the mental health department was established after the Act, many of the initial staff members were ex-psychiatric nursing staff, who in the years following were seconded for varying periods for social work training which, when combined with their psychiatric training, provided a good foundation for the department.

Since that time two other methods of recruitment have been adopted : firstly the assimilation into the department of staff with social work training but without specific psychiatric nursing knowledge and, secondly, by the establishment of a "training" scheme, whereby young persons are appointed for a specific period, involving a year's work in the mental health section, including both administrative work and supervised field studies, two years' secondment on a Younghusband Course, and followed by a further year's supervised field work.

That the Authority takes an enlighted view of such training schemes is of vital importance to the ultimate quality of the service to be provided, and the appointment of a student training officer and supervisor, with a psychiatric social work background, has proved invaluable in developing instruction of various kinds for all grades of staff.

The ultimate success of the mental health service under present administrative arrangements depends, to a very large extent, upon the degree of co-operation which exists between the local authority, the family doctor, and members of the hospital psychiatric service.

Mental health officers have, of recent years, been encouraged to have regular and structured contact with family doctors, particularly those working in group practices, and in some parts of the county this has developed to a high degree, notably in the Barry area, and resulted in a marked improvement in the quality of the work. Equivalently, the co-operation which has developed between the mental health staff and the Morgannwg Group of hospitals has been particularly rewarding.

The establishment of regular case conferences at Morgannwg, and the ready interest shown by the consultant staff in the work of the community care services, has enabled us to move towards the ultimate aim of providing a "team" of mental health officers working to each individual consultant, the need for which will be reinforced by the ultimate establishment of acute psychiatric units in this area.

However, there remain some members of hospital staffs who do not appear, as yet, fully to understand the benefits which can accrue from a close association of this kind.

In general, within the area of the county, considerable integration of the services, as outlined above, has taken place and it would be fair to say that at field work level satisfactory progress in this respect has been made.

For a completely effective service to be run, co-operation in the field is not sufficient, there remains a need for an integration of planning at policy-making level and, although there are difficulties inherent in the existing administrative structure, it is in this field that services are falling short of the ideal, although the existing liaison committees help to some degree.

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 M. E. Grey.
Penllergaer	Mrs. D. L. Overton.
Talbot Green	Miss D. Garland.
Trealaw	Mr. D. T. James.
Ystrad Mynach	Miss D. M. John.

(*c*) A temporary adult training centre with places for thirty trainees was opened at the Welfare Hall, Aberkenfig, in September with Mr. R. W. Haines as Manager.

(*d*) Hostels for children attending junior training centres have been established at Aberkenfig and Barry and there are hostels for young adults, who are in employment or who are considered suitable for employment at Bridgend and Pontypridd. 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 (to 30th June, 1967).
	Mrs. G. Lambert (from 4th July, 1967).
Pontypridd	Mr. K. J. Johnson.

(*e*) *Senior Health Welfare Officers.* Provision has been made in the Authority's ten-year plan for the appointment of six senior health welfare officers. At present there are three senior officers, Mr. T. W. J. Anstee, Mrs. W. E. Morris, and Miss A. M. B. Thomas, who 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 also act as social workers to the residents at the Authority's hostels for young adults at Pontypridd and Bridgend and visit patients awaiting urgent admission to subnormality hospitals.

Senior health welfare officers will play an increasingly important part in co-ordinating the work of the health welfare officers with other social work departments. They attend the divisional co-ordinating committees and the mental health/geriatric liaison committees.

Health Welfare Officers

(*f*) On 31st December, there were twenty-two health welfare officers on the staff and there was one vacancy. Three officers completed a one-year Younghusband Course and one officer completed a two-year course. One female social worker who had previously been employed in the department as a Career Grade Officer, returned to the department after attending a two-year course. It was also possible to recruit another male officer. During this year two officers are attending a one-year course and four officers are attending two-year courses. Of the total staff of twenty-eight health welfare officers, nine hold the Certificate in Social Work and four have been granted the Letter of Recognition.

ADMISSIONS OF SUBNORMAL PATIENTS TO HOSPITAL.

During 1967 118 patients spent periods of up to two months in hospital whilst sixty-nine patients resided at the Authority's hostels under short-term care arrangement. This facility has now become an essential part of the community care service and during the year I have again received the whole-hearted co-operation of the medical superintendents and staff at Hensol Castle and Ely Hospitals. The demand for short-term care is greatest during the summer months when the families of patients can enjoy well-earned holidays. Applications for short-term care during the months of July and August are often received as early as January so that families can plan their annual holidays.

The permanent admission to hospital of many severely subnormal patients has been delayed because of these "breaks" which can be offered to the families. Health Welfare Officers too, play a vital part in supporting the families of these patients and the timing of the request for temporary admission has often prevented the demand for informal admission.

TABLE 55

NUMBER OF SUBNORMAL PATIENTS ADMITTED SINCE 1956 TO HOSPITALS

	Under Order	On an informal	As places of safety	For short-term stay
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
1967 ..	5	37	—	118

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

(*a*) Patients urgently requiring admission 19

(*b*) Patients who would accept admission if a bed was available but whose admission is not considered urgent 23

(*c*) Patients who would not be prepared to accept admission at present but who, it is anticipated, will require admission in the future.. 196

Quite often, a subnormal patient is left with no one to look after him and his admission to hospital becomes a matter of extreme urgency. By arrangement with the medical superintendents of the subnormality hospitals it has been possible to admit these patients to hospital under an emergency short-term care arrangement. During this period, every possible means of keeping the patient in the community is explored and only in the case of complete failure is the patient admitted informally.

Close liaison is also maintained with the subnormality hospitals so that those patients considered suitable for discharge can be found accommodation. During 1967 three patients took up residence at the Authority's hostels for working adults. These patients soon settled down in their new surroundings and were quickly placed in suitable employment.

In three cases the families of the patients in hospital were able to take the patients home and in each case arrangements were made for the patients to commence at a training centre immediately on discharge. As the Authority's

TABLE 56.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS, 1957–67.

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.	
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
1967 ..	–	–	–	–	–	–	–	–	20	32	6	7	146	183	3	2	212	283	894

dult training programme develops, it is hoped that the number of patients ble to leave hospital will increase.

An important feature of the community care service for subnormal patients s the out-patient clinic. Such clinics are now held as follows :—

Hospital.	*Consultant.*
St. David's, Cardiff ..	Dr. D. C. Wynn Jenkins.
Bridgend General	Dr. Margaret Morgan.
East Glamorgan	Dr. Margaret Morgan.

These clinics give the consultants an opportunity of seeing some of the nore difficult cases being cared for in the community enables them to discuss he care of the patient with the parents and the health welfare officer. Examinations at out-patient clinics, too, are sometimes followed up with the atient's admission to hospital for observation.

The revision of the catchment areas for hospitals for subnormal patients as resulted in a closer liaison between the staff at the hospitals covering the dministrative county and I look forward to a continuation of this close o-operation which is aimed at the well-being of those patients in the hospitals ho may be considered for return home as well as those living in the community ho may require admission to hospital.

Catchment Areas

The catchment areas of hospitals for the mentally disordered have been rranged by the Welsh Hospital Board as follows :—

Mental Illness Hospital.	*Catchment Area.*
Pen-y-Val, Abergavenny	Monmouth County (except Caerleon Urban District, Magor and St. Melons Rural District) and Brynmawr Urban District.
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).
Morgannwg, Bridgend ..	Glamorgan County (except Cardiff Rural District East, Gower Rural 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.

Hospitals for the Mentally Subnormal

Hospital.	*Catchment Area.*
Ely	Gellıgaer Urban Dıstrict, Caeıphilly Urba District, Barry Borough, Penarth Urba District, Cardiff Rural District (those part adjacent to Cardiff), Cardiff County Borough and Meıthyr County Borough.
Hensol Castle	Glamorgan County (less those districts include in Ely area), Swansea County Borough Carmarthen County, Pembroke County.

COMMUNITY CARE

The Administrative County has been divided into three areas wit a senior health welfare officer and a team of health welfare officers visitin all the mentally ill patients referred for community care and all the subnorma patients requiring supervisory visits in each area. These areas are too larg for the senior officers to provide support and guidance to all the health welfar officers but they represent a step towards the plan for six senior health welfar officers leading teams of health welfare officers working to consultan psychiatrists. This plan will be completed when economic restrictions permit The appointment of senior officers also marks the end of health welfare officer working in isolation.

The total number of mentally ill patients, pre-care and after-care receiving home visits was 2,965 and, in addition, 1,876 subnormal patients ar visited. Health welfare officers are able to discuss problems regarding mentall ill patients with consultant psychiatrists at monthly conferences held a Morgannwg Hospital. Meetings with consultants are also arranged at Cefn Coed, Whitchurch, and Pen-y-Val Hospitals.

Health welfare officers also have increasing opportunities of discussin cases with their senior colleagues.

Although the social supervision of the mentally ill and the subnorma patient is claiming the largest portion of a health welfare officer's time, h has a statutory duty regarding the admission of patients to hospital. Durin the yeaı, health welfare officers assisted in the admission of 894 patients, th same number as in 1966. The number of informal admission increased by eight to 495 but greater use was made of sections 25 and 26 of the Mental Health Act, 65 admissions in 1967 compared with 44 in 1966.

During the year, some 16,962 reports were completed by health welfare officers and these reports were distributed to the consultant psychiatrists at the various hospitals, as well as those general practitioners who have asked for copies of these reports. It is gratifying to note the increasing interest and co-operation of many general practitioners.

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

Social Clubs

Two social clubs for after-care and pre-care patients are held weekly as follows :—

Day	*Centre*	*Number of members who attended*
Tuesday ..	.. Dew Road Clinic ..	8–12
Thursday	.. Y.M.C.A., Bridgend ..	15–20

These clubs are attended by the local health welfare officers who encourage a wide range of activities, which include discussion groups, music appreciation, cards, darts, etc., and, inevitably, when numbers permit, bingo.

Training Centres

Table 57

Training Centre Provision for Pupils at Different Ages

Centre	Accom-modation	Numbers in attendance on 31st December, 1967								
		Age 5–9		Age 10–15		Age 16 and over		Total		Total
		M.	F.	M.	F.	M.	F.	M.	F.	
Aberaman	55	10	3	3	5	16	10	29	18	47
Aberkenfig	100	8	10	21	16	16	17	45	43	88
Barry	100	6	14	13	9	17	24	36	47	83
Briton Ferry ..	75	11	3	10	5	23	20	44	28	72
Penllergaer	60	5	4	6	7	23	12	34	23	57
Talbot Green ..	75	5	2	9	6	22	21	36	29	65
Trealaw	75	6	3	9	9	25	13	40	25	65
Ystrad Mynach ..	75	5	8	6	7	30	23	41	38	79
Swansea	—	—	—	—	—	3	—	3	—	3
Total ..	615	56	47	77	63	175	140	308	251	559

The work of many years at the training centres showed more tangible results during this year when a temporary adult training centre was opened at Aberkenfig and the older trainees at most centres undertook contract work. The work included making plastic bags, metal wall ties, assembling plastic toys, etc. Trainees employed on this contract work receive payment of up to £1 per week.

The social training of pupils continued and, as part of their training, a number of educational visits were made to museums, local factories, and places of historical importance. Visits were also arranged to art exhibitions, Windsor Castle, Hampton Court, and the Blackpool illuminations.

"Open" days were held at all the centres during Mental Health Week and the Supervisor of Briton Ferry Training Centre arranged for parents and other interested people to attend a swimming display given at the local baths by pupils from the centre. The pupils from the centre make regular weekly visits to the baths and their progress has been most encouraging. There was further success for the artists. Two pupils from Talbot Green Training Centre had their paintings shown at exhibitions arranged by the National Society for Mentally Handicapped Children in London and Australia.

The usual festivities were held at all centres at Christmas with carol services, nativity plays and parties. The pupils at Barry Training Centre presented a delightfully entertaining performance of the pantomime "Alladin".

The combined annual outings to Porthcawl took place on 14th and 28th June. These excursions of large numbers of mentally handicapped people to the seaside created a problem of accommodation in the event of inclement weather and it has become increasingly difficult to find suitable premises where the party can be entertained if the outing is held on a wet day. It was also felt that too much attention was drawn to these handicapped people when a large number congregate in one place. The Health Committee decided that the outings held in 1967 would be the last but that supervisors of training centres be allowed to arrange outings from their own centres, if they so wished.

Conveyance of Pupils

Most of the pupils attending the training centres travel by special transport provided by the Authority. The training centres are served by twenty-seven bus routes and every effort is made to restrict the travelling time to a maximum of one hour per journey. Taxis and ambulances are used when buses are not practicable.

Hostels Attached to Junior Training Centres

During the year 86 children resided at the hostels attached to junior training centres for varying periods—46 spending 5,374 residential days at Aberkenfig and 40 children spending 4,105 residential days at Barry.

These hostels are now accepted as an invaluable and practically indispensable part of the community care service for the young subnormal and severely subnormal patients. The wardens and staff at these hostels have maintained the homely atmosphere. Those children who spend the weekends with their parents look forward to five days in the hostels. There is no doubt that many children would have been admitted to hospital if the hostels were not available.

Apart from the weekly boarders, the hostel is used extensively for short-term care and during the past two years the demand for short periods at the hostel has been so great that it has been necessary to keep both hostels open throughout the summer. The arrangement whereby the hostels close for alternate bank holidays continues.

The staff position continues to improve and fewer changes of housemothers have been necessary. However, consideration must now be given to the training of this section of the staff and it is hoped that it may be possible to make a start on this matter in the not-too-distant future.

Adult Training

The older pupils attending the junior training centres spend a part of their day, usually the afternoon, undertaking light contract work which is provided from firms in the area. This venture has been successful and the contract work has been done to the satisfaction of the firms concerned.

Shortly after the Aberkenfig Junior Centre was opened in October 1963, all the places were filled and there was a waiting list for admission. The position remained thus until last year when it was decided to take over some suitable rooms in a nearby welfare hall for use as a temporary adult training centre. A manager and two instructors were appointed and thirty trainees were admitted to the centre on 4th September, 1967. By the end of the year, there were 38 trainees on the register. The temporary centre has functioned very smoothly and the average daily attendance has been considerably higher than at the junior centres.

The manager has been successful in obtaining a good variety of contract work and the unit has been established as one which can be relied upon to carry out any contract it may undertake.

Most of the trainees were transferred from the Aberkenfig Junior Centre but some of the new entrants had not previously attended a training centre. All the girls resident at "Maesglas" who were not in employment also attended the centre.

These trainees will form the nucleus of the trainees to be admitted to the purpose-built adult centre which will be opened in Bridgend late in 1968.

About half the trainees' time is spent in the classroom where the accent is on social adaptability and the skills of living. For their efforts in the workroom, they received, on average, about 7s. 6d. per week.

"Maesglas" Hostel (*Warden*: *Mrs. A. Day until 30th June*, 1967.
Mrs. G. Lambert from 1st July, 1967).

During the year, twenty-eight girls resided at "Maesglas" for varying periods, ten being resident for the whole year. Of the eighteen girls living in the hostel on 31st December, eleven were in employment and those not working attended the temporary adult training centre in Aberkenfig.

Throughout the year, close liaison has been maintained with the local managers of the Ministries of Labour and Social Security who show a continued and whole-hearted interest in the welfare of the girls at the hostel.

The general employment situation in the Bridgend area was not good and the staff and the Disablement Rehabilitation Officer can be complimented on maintaining a good employment record throughout the year, as far as the girls at the hostel were concerned.

Meetings of selection panels were held during the year. It is, however, becoming increasingly difficult to find suitable girls for the hostel. There are very few high-grade subnormal girls in hospitals who are capable of holding down a job, and there is a danger that "Maesglas" could become a long-stay home for subnormal girls who are not able to maintain themselves in employment. It is hoped that some of the long-stay residents will be placed in suitable lodgings with their earnings supplemented, when necessary, under the Boarding-Out scheme.

All the girls are encouraged to take up, and keep, their interests outsi the hostel. Some of them attend youth clubs, most attend religious servic regularly and all continue to attend the weekly cookery classes. Three gir attend classes in basic skills and progress is being made in reading and writin

In September, the Warden and staff took all the girls for a week's holida in Torquay.

I would like to record my appreciation of the service rendered by Mrs. An Day, Warden of "Maesglas" since September 1962. Mrs. Day left the servi in June 1967. The initial success of the hostel is due to her untiring effor and in particular she succeeded in making the hostel acceptable to membe of the local community.

Mrs. Day encouraged the girls to dress well and it is remarkable how quickl she got new entrants to care for their appearance.

She was more than a warden of a hostel, she was a friend and adviser to a the girls and I was very sorry to lose her valuable services. I am sure tha her successor, Mrs. G. Lambert, who worked for some time with Mrs. Day a a Deputy Warden, will continue the good work.

PONTYPRIDD HOSTEL (*Mr. K. J. Johnson*).

At the beginning of the year there were nineteen boys living at the hoste fifteen of whom were in full-time employment. At the end of the year, ther were fourteen boys at the hostel, thirteen working. Throughout the yea thirty boys resided at the hostel for varying periods, including eight admitte for periods of short-term care.

The warden was successful in placing nine boys in employment, all of whon kept their jobs until the end of the year. The weekly wage of the boys i employment again averaged more than £10.

Selection panels similar to those held at "Maesglas" Hostel were hel during the year. The local managers of the Ministry of Labour and Socia Security continued to take an interest in the hostel and show a goo understanding of the Warden's problems. The employment situation in th area throughout the year was better than was feared early in the year an a higher rate of employment was maintained.

Several of the youths have held the same jobs since they were admitte to the hostel and they should, in fact, be discharged. Unfortunately, the reside in areas of high unemployment and it is unlikely that they would fin work in their home towns. The Health Committee has agreed to supplemen the income of these boys if suitable lodgings can be found for them.

BOARDING-OUT OF SUBNORMAL PATIENTS.

The Health Committee has approved a scheme of shelters being introduce to enable residents at hostels and patients at hospitals to spend a transitiona period of residence outside the hostels and hospitals.

The main provisions of the scheme are as follows :—

(*a*) Only patients resident in the administrative area of the count will be eligible to participate.

(*b*) All classes of mentally disordered persons will be considered but the mentally ill (including those recovered or relieved) will only be accepted if their applications are supported by the written recommendation of a consultant psychiatrist. This condition will not apply to persons already well-known to the Authority.

(*c*) Lodgings coming under the scheme will be regularly inspected and appropriate records kept of conditions prevailing.

(*d*) Financial assistance will be available in the form of "boarding-out" allowances to supplement the contributions of persons unable to meet the full charge.

In the first instance, the scheme will apply only to residents at the Maesglas" and Pontypridd Hostels who are in full-time employment and it will e extended at a later date to include persons resident in hostels for the entally ill and subnormal patients from hospitals. The payment of financial ssistance in the form of "boarding-out" allowances will be paid subject to he appropriate officers being satisfied that full advantage was being taken of he allowances available from the Ministry of Social Security.

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

"1967 was the third full year in which the Department had a Training fficer. It was a year, mainly, of consolidation of what had been developed n 1965 and 1966 ; but also of further innovation. The functions of the Training fficer were becoming clearer and more accepted. His responsibility lies both owards the social work students placed in the department by a variety of raining courses, and increasingly towards the staff of the mental health service. t became evident, too, that the training needs of staff other than Health Velfare Officers and trainees would have to be recognised sooner or later. The Villiams Report pointed out the need for the staff of residential establishment o be given a training similar to, if not identical with, that already available to ocial workers. It will be a while before full-time courses are set up, but there s not reason why the Department should not provide its residential staff with elp much sooner, and it is hoped that a regular staff development group, on he lines of the groups already in existence for the social workers, will be started n 1968.

rainees

As in 1966, two trainees were accepted on the two-year Certificate in ocial Work Course (Younghusband) in Cardiff, and another two were appointed mmediately in their place. The Department's first trainee returned from the ourse in July, having obtained her qualification. The Department is thus eginning to feel the benefit of its trainee policy.

Once again, one of the trainees was under the day-to-day supervision of senior Health Welfare Officer, while the Training Officer supervised the other nd had overall responsibility for the wider aspects of the trainees' programme. n the future, it should be possible, with three seniors now in post, for each rainee to be part of an area team, under the senior's supervision, with the

Training Officer arranging the general parts of their programme and ensuring th the whole experience offers the trainees as good a preparation as possible f professional training.

Following suggestions from the trainees who began their full-time trainin in September, the trainee programme has been altered in form: instead scattering the observational elements of the programme over the whole yea these have now been concentrated into the first three months which the trainee spend in the Department. This new pattern has the double advantage that th trainees have a knowledge of the resources available inside and outside th Department, before they begin working with clients, and that once they hav built up a selected case-load they can give undivided attention to their wor with clients.

Health Welfare Officers

In 1967 four Health Welfare Officers were seconded onto the one- an two-year Certificate in Social Work Courses at the Cardiff College of Commerc and four others returned to their posts having successfully completed th courses. Several staff members attended a variety of conferences and seminar dealing with topics such as drug addiction, the Williams Report on the staffin of residential establishments, and student supervision. Two Health Welfar Officers attended the day-release course for unqualified social workers, whic extends over two terms at the Cardiff College of Commerce. Also, for th first time, Health Welfare Officers had their own Departmental Study Day It was held at Dyffryn House on 16th September and the speakers were Mr. A. Austin, Superintendent, Mental Health Services, Bath; Mr. K Wycherley, Principal Mental Welfare Officer, Monmouthshire; Miss B. Hole Boarding-out Officer, Croydon Health Department. It is hoped the Stud Day will now become an established part of the staff development programm as an annual event.

Arrangements have been made with Dr. Marshall Annear, Medica Superintendent of Morgannwg Hospital, for a short series of lectures o psychiatric topics to be provided for Health Welfare Officers early in 1968

The monthly meetings of fieldworkers at Cardiff and Aberkenfig hav followed the pattern that was established in 1966: a mixture of cas discussions, talks, films, and visits of observation. Talks were given b Dr. C. J. Revington, Deputy County Medical Officer, Mr. J. Mabbitt, Principa Administrative Officer, and others; films dealing with psychiatric social club and the residential care of subnormal children were shown and discussed visits were made to Rhoose Camp, South Wales Reception and Rehabilitatio Centre (Stormy Down), Port Talbot Industrial Rehabilitation Unit, an Brynydon Approved School. The staff have learned to use these group meeting to good advantage; it has been most gratifying to see the interest they hav shown in developing their ability to provide a better service to their clients an to witness the increasingly disciplined and purposeful use they have made of th meetings. However, as the mental health service becomes larger and mor complex in its organisation, the functions of the group meetings and the way i which they are organised will need to be reviewed periodically.

Short induction programmes were arranged for newly-appointed Health Welfare Officers.

Clerical and Administrative Officers

It has been agreed in principle that next year the Training Officer will arrange a programme for the above officers of the mental health service, which will aim to give them a clearer picture of the work of the professional staff, i.e. social workers, teachers and residential workers. It is hoped that improved co-operation between the professional and administrative staff will result from this.

Students

The department has been used as a field-work placement by the Cardiff College of Commerce for eight students from its Certificate in Social Work Courses (One- and Two-Year) and for one from its Social Work in the Child Care Service Course; by Cardiff University College for one of its Applied Social Studies students and two of its Social Science students; and by Swansea University College for four of its Social Administration students.

The Training Officer supervised seven of the professional students and arranged programmes of observation for four of the pre-professional students.

Health Welfare Officers were responsible for five students, three professional and two pre-professional. This shows an increased involvement of field-work staff in the training of students. A trained officer who has the ability to help students acquire the professional skills which he himself possesses, not only makes a contribution to the supply of qualified social workers, but also benefits professionally from being stimulated to look afresh at his own practice.

As usual, the Training Officer assisted in the selection of students for the Certificate in Social Work Courses at Cardiff College of Commerce, and also over the year interviewed seven people who had asked for advice on a career in social work and the possibilities of training. At a national level the Social Work Advisory Service now exists to provide information on careers and training, but as yet it has no representative in South Wales to whom people can be referred for personal advice.

Library

The mental health library was set up in October 1964, and has steadily progressed both in size and the use made of it. The number of books and pamphlets has increased from 10 to 74, while the total number of borrowings has grown from 37 in 1965 to 139 in 1967. The social work staff and students make the greatest use of the library, but a significant number of borrowings are also made by other staff. During the latter part of the year the Chief Officers of the Health, Welfare, and Children's Departments decided that books in the possession of each Department should be available to the staff and students of the other two; this resulted in a small number of borrowings before the end of the year.

Training of Supervisors and Assistant Supervisors.

A shortened course for assistant supervisors of training centres was arranged by the Department. The classes which were held twice weekly commenced on 18th April and ended on 6th July. The written examinations were held on 11th and 13th July and the practical and oral examinations on 18th and 20th July.

Of the eleven students enrolled for the course, nine sat the examinations and all the Glamorgan students were successful.

The usual residential in-service refresher course for supervisors and assistant supervisors of training centres was held at Dyffryn House, St. Nicholas, on 15th, 16th, and 17th September, 1967. This year, as reported by my Training Officer, the staff at training centres was joined by the health welfare officers on Saturday and formed a combined class during the afternoon session to hear a talk on the Croydon Boarding-Out Scheme given by Miss B. D. Hole, Boarding-Out Officer. This talk was followed by group discussions.

Miss H. B. Brown, County Organiser for Junior Training Centres, acted as course warden and the lecturers were as follows :—

Dr. C. J. Revington, Deputy County Medical Officer.

Mrs. M. M. Murphy, Assistant Supervisor.

Mr. J. I. Howell, Teacher, Treforest Secondary Modern School.

Miss B. D. Hole, Boarding-Out Officer, Public Health Department, London Borough of Croydon.

Mr. T. W. Pascoe, Course Tutor, Diploma Course, Cardiff College of Commerce.

Mr. K. Wycherley, Principal Mental Welfare Officer, Monmouthshire County Council.

Mr. A. Austin, Superintendent Mental Health Service, Bath County Borough Council.

Fifty-one supervisors and assistant supervisors and twenty-two health welfare officers attended.

Public Health Laboratory

The laboratory was established in 1899 by the County Council but very soon afterwards it came under the joint control of the County Council and the City of Cardiff with the Medical Officers of Health of the two Authorities acting as Directors of the laboratory. In April 1954 the laboratory reverted to a County Council establishment, the City having provided themselves with their own laboratory.

The early laboratory dealt with chemical and bacteriological examinations but in October 1948 bacteriological examinations became the responsibility of the Regional Public Health Laboratory Service administered by the Medical Research Council.

During the year the considerable renovations and adaptations to the laboratory were completed and the laboratory is now one of the most modern in the country.

The laboratory, under the County Analyst, Dr. L. E. Coles, undertakes work for the County Council, the County Borough of Merthyr Tydfil, all the county districts including the six county districts which are Food and Drugs Authorities, and tests samples of milk for the Public Health Laboratory Service.

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

During the year a total of 8,786 analyses and tests have been carried out, and are classified in the following table :—

Table 58

Total Samples Examined

For County Council :		
Food and Drugs Act	2,488	
Fertilisers and Feeding Stuffs Act	93	
Waters—potable	1	
Waters—swimming baths	30	
Milk for antibiotics	205	
Private purchasers' complaints	54	
Other miscellaneous samples	38	
Pesticide residue survey	12	
	——	2,921
For the County Districts and the County Borough of Merthyr Tydfil :		
Food and Drugs Act	1,773	
Waters—potable	292	
Waters—swimming baths	222	
Waters—fluoride content	2	
Effluents	86	
Ice-cream (for preservatives)	166	
Atmospheric pollution analyses	117	
Private purchaser's complaints	44	
Milks for antibiotics	39	
Radioactivity estimations	12	
Fertilisers and Feeding Stuffs Act	29	
Other miscellaneous samples	6	
Pesticide residue survey	26	
	——	2,814

For the Medical Research Council :		
(Public Health Laboratory Service)		
(*a*) Milk samples—Phosphatase and Methylene Blue Tests	1,966	
(*b*) Milk samples—Turbidity Tests	130	
	——	2,096
Samples from all other sources :		
Waters—potable	328	
Waters—swimming baths	130	
Effluents	95	
Ice-cream (for preservatives)	167	
Atmospheric pollution analyses	159	
Radioactivity estimations	37	
Weights and Measures Department	12	
Other miscellaneous samples	27	
	——	955
Total number examined		8,786

The work of the laboratory directly concerned with the County Council amounted to 33 per cent of the total, that for the seven Food and Drug Authorities including the County Borough of Merthyr Tydfil, amounted to 32 per cent and other work for the district sanitary authorities in the Administrative County and Merthyr Tydfil amounted to 35 per cent.

Dr. Coles states that much new legislation directly affecting the work of the laboratory was introduced during the year. The basis for the new legislation is to protect the consumer against inferior products, to provide food that is safe, and to give value for money.

During the year for the first time regulations were implemented to prevent toys being made of highly inflammable cellulose nitrate and being coated with paint containing excessive lead. These are preventive measures to reduce, as far as possible, potential sources of danger to children.

Modernisation of the laboratory has now been completed and Dr. Coles is confident that the facilities now available are sufficient to solve most of the problems which inevitably arise in providing an efficient analytical service.

Brucellosis

Welsh Board of Health Circular 17/66 drew attention to the law in relation to brucellosis and suggested that County and District Medical Officers of Health should co-ordinate their respective sampling programme 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 take at monthly intervals and be examined by the milk ring test.

(*b*) That if the test proved to be positive a test would be made by cultural methods and if necessary action taken under the Milk and Dairies (General) Regulations 1959.

(*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 1967 County inspectors arranged for 205 samples to be taken, which were examined for antibiotics and tuberculosis as well as for brucella abortus. No cases of brucellosis were detected on farms during the year.

THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963.

No egg pasteurisation plant has been established in the Administrative County.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944–65.

The under-mentioned 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 :—

Caerphilly Urban District Council

Caerphilly Mountain proposed water supply scheme.

Cardiff County Borough Council

Ruperra, Llanfedw water supply scheme.

Cardiff Rural District Council.

Sewer extension, Station Road, Peterston-super-Ely.

Cowbridge Rural District Council.

New Barn, Flemingston, proposed sewerage scheme.

Gower Rural District Council.

Sewerage and sewage disposal scheme, Bishopston.

Llantrisant and Llantwit Fardre Rural District Council.

Proposed sewer extension scheme, Coedcae Lane, Pontyclun.

Pontardawe Rural District Council.

Felindre sewerage and sewage disposal scheme.

DISEASES OF ANIMALS ACT, 1950.

Following a request from the Chief Constable that the police be relieved of certain administrative tasks connected with the Diseases of Animals Act 1950 it was decided that overall responsibility for the County Council's duties should be discharged by the County Medical Officer under the direction of the Health Committee. The transfer of duties from the police took place on 1st October, 1967, and two civilian inspectors were appointed and the two public health inspectors were also designated diseases of animals' inspectors.

The tasks transferred from the police included the supervision of animal and poultry marts,

the issue of licences for the movement of animals from marts and their follow up ;

inspection of boiling plants ;

arranging disposal of carcases of diseased animals other than those slaughtered by the Ministry of Agriculture.

The Chief Constable agreed to deal with any outbreak of foot-and-mouth disease which occurred and to assist with a widespread outbreak of swine fever.

He and his staff have been most helpful in arranging a smooth transition of functions.

Foot-and-Mouth Disease

On 25th October, 1967, foot-and-mouth disease was confirmed at a farm near Oswestry, Shropshire, and later spread to the surrounding areas and the counties of Denbigh, Flint, and Montgomery. The disease assumed epidemic proportions and a single case at Llangybi Fawr Farm, Monmouthshire, on 23rd November, 1967, gave rise to fears that the disease would spread to Glamorgan and other counties in South Wales. On 25th November, following a recommendation made by the animal health inspector of the Ministry of Agriculture arrangements were made for straw pads impregnated with disinfectant to be laid on thirteen roads leading into the County from the east and the north. This operation was carried out under the direction of the County Surveyor at a cost of approximately £2,700. The pads were withdrawn on 7th December when the Llangybi Fawr Farm was considered to be free from infection.

The whole of England, Wales, and Scotland was declared a controlled area on 18th November, 1967. Animals could not be moved without licences from the Ministry, local authorities, or the police. Store markets could not be held but markets for fatstock for slaughter could be licensed by the local authority if considered advisable. Movement licences for farm animals were issued by the police except from markets and at farm sales where they were issued by the Diseases of Animals' inspectors. I am grateful to the Chief Constable and his officers, the County Surveyor, and also the divisional animal health inspectors of the Ministry for the considerable assistance they gave me.

Restrictions were relaxed on 22nd January, 1968, when it became possible to hold markets for the sale of animals for store and breeding purposes under certain conditions.

During the emergency the diseases of animals' inspectors suspended routine visits to farms and increased supervision of pig keepers licensed to boil swill since unboiled waste can be a source of foot-and-mouth disease. A special survey was made of the users of waste food for animal feeding and a check was made with cafes, canteens, and hospitals in the County to ensure that the swill which was being collected by pig keepers was being boiled and that animals were being kept away from raw swill. As a result of these enquiries two pig keepers who collected swill from hospitals were found not to have licences as boiling plant operators and because the condition of their premises was unsatisfactory the hospital management committee terminated their contracts to collect swill and the pig keepers were instructed to stop feeding their pigs with waste food.

Preparatory planning measures were taken in the event of foot-and-mouth disease breaking out in the County but fortunately the County escaped the disease although there were isolated false alarms.

HOUSING

Local authorities completed 2,935 houses during the year and 3,056 were privately built.

About two-thirds of the dwellings in the Administrative County were built before 1914. Many of these houses were built in great haste, are of uniform appearance set in long terraces, in narrow streets. These early houses have no

ndoor lavatories, no damp courses, and suffer from rising damp and although a high proportion were strongly built they complied with the minimum requirements for health, comfort, and convenience at the time of building to meet the needs of miners, steel workers, and dockers. Many of these houses are unfit by modern standards. Surveys undertaken within the last five years showed that of the tenanted houses 6,844, or 37 per cent, were unfit in Rhondda and in Glyncorrwg 702, representing 27 per cent of all houses were unfit. Similar figures are to be expected in many other mining areas.

According to the 1966 Sample Census only 61 per cent of the population lived in premises which had a combination of exclusive use of fixed bath, hot water, and indoor toilet and in Rhondda this was as low as 34 per cent. Twenty-one per cent of the population lived in dwellings rented by private landlords and it is believed that the greater majority of these homes do not have standard amenities.

Among the urban areas with a population exceeding 15,000 Rhondda has the highest percentage of owner-occupied houses—67 per cent, and the lowest percentage of Council houses—11 per cent. By contrast Port Talbot has 57 per cent of its dwellings owner-occupied and 46 per cent Council owned.

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. During 1967, 2,038 dwellings were improved with the help of grants provided by local authorities compared with 1,633 dwellings in 1966.

The greater majority of these dwellings were owner-occupied so that there remains the problem of tenanted terraced houses falling gradually into decay and unless the landlord is willing to approach the council for improvement grants there is a danger that many dwellings, mostly rented, will deteriorate into a state of unfitness. If these houses are not improved or kept in good repair, the community will be faced with the heavy expense of re-housing in the near future.

Slum Clearance

As the following table shows the pace of slum clearance was maintained during 1967 :—

Table 59

	1956–66	1967
Number of houses demolished or closed as a result of :		
(*a*) Compulsory purchase and clearance orders	2,147	256
(*b*) Individual demolition and closing orders	3,901	362
Number of people re-housed as a result of :		
(*a*) Compulsory purchase and clearance orders	5,529	549
(*b*) Individual demolition and closing orders	9,130	927

Housing for the Elderly

The number of houses and flatlets built for old people in 1967 was 380, compared with 372 in 1966.

I am indebted to the Chief Officers of district authorities for the following table showing the housing construction figures for the respective districts in 1967. For purposes of comparison the totals for 1966 have been inserted to show the increase in house building.

TABLE 60

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 1967
	Completed and occupied during the year 1967	Total completed and occupied since 1918	
	(1)	(2)	(3)
Aberdare Urban ..	236	2,886	88
Barry Borough	20	3,298	138
Bridgend Urban ..	158	2,067	44
Caerphilly Urban ..	320	3,742	470
Cowbridge Borough ..	—	62	23
Gelligaer Urban	176	2,385	20
Glyncorrwg Urban ..	134	1,177	—
Llwchwr Urban	36	2,042	111
Maesteg Urban	161	1,053	36
Mountain Ash Urban ..	138	1,340	45
Neath Borough	10	2,785	96
Ogmore and Garw Urban	206	1,725	6
Penarth Urban	30	1,544	192
Pontypridd Urban ..	147	2,776	48
Porthcawl Urban ..	52	441	104
Port Talbot Borough ..	176	7,316	68
Rhondda Borough ..	92	3,334	41
Cardiff Rural	—	1,400	354
Cowbridge Rural ..	77	1,873	215
Gower Rural	—	460	129
Llantrisant and Llantwit Fardre Rural ..	370	3,833	226
Neath Rural	124	2,819	215
Penybont Rural ..	232	5,127	355
Pontardawe Rural ..	40	2,897	32
Totals 1967 ..	2,935	58,382	3,056
Totals 1966 ..	2,806	57,851	2,802

GLAMORGAN (RHOOSE AIRPORT).

The Department is responsible for the administration of the Public Health Airport Regulations, 1966, 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 Davis and J. Clarke.

TABLE 61

MEDICAL EXAMINATION OF ALIENS AND COMMONWEALTH IMMIGRANTS

(*a*) *Aliens*

Number of arriving aircraft carrying aliens	373
Total number of arriving aliens (excluding crews)	1,685
Total number of aliens medically examined	—
Reports and certificates for aliens medically examined	—

(*b*) *Commonwealth Immigrants*

Total number of arriving Commonwealth citizens subject to control under the Commonwealth Immigrants Act, 1962	97
Total number of Commonwealth citizens medically examined	—
Reports and certificates for Commonwealth citizens medically examined	—

NOISE

Noise has been defined as any sound regarded as a nuisance. The degree of annoyance need not be directly related to the intensity of sound since it may be influenced by personal attitudes and familiarity. Weak sounds such as a dripping tap can be as distracting and as annoying as the roar of a motor cycle.

During July 1967 supersonic boom experiments took place over Cardiff and Bristol and other cities in England to test reactions of the population before the flight of the Concorde supersonic airliner. The booms were made by lightning fighter planes at a height of 8 miles and at 1,000 m.p.h. The booms recorded 120 decibells which is noisier than a pneumatic drill but equivalent to the noise made by a "pop group". The booms appeared to arouse curiosity in most people but only one letter of protest was received in the Department. Unnecessary noises are usually intolerable even when below 120 decibells, the threshold of pain. Noises which can annoy include ice-cream chimes, illegal in Glamorgan (Glamorgan County Council Act 1952), and motor-cycles and sports cars driven noisily for the sake of noise. As from 1970 it is the intention of the Ministry of Transport to put into effect regulations which will require manufacturers to develop quieter vehicles.

Oil Pollution

On 16th March the 61,000 ton tanker *Torrey Canyon* went aground on the Seven Stones rocks, Scilly Isles. Oil extended over 100 square miles. Fortunately the oil slicks did not proceed up the Bristol Channel to pollute the beaches and threaten the cockle industry at Penclawdd. The County Council made preparations for dealing with the emergency. On 28th March the wreck was bombed and set on fire.

Metal Fume Fever

In July 1967 workmen at a small factory at Penarth complained that fumes from two chimney stacks of an adjoining factory made them ill, symptoms being frontal headache, irritation in the throat, nausea and vomiting and intense thirst. One workman was away from work for two days.

Dr. D. Trevor Thomas, the Medical Officer of Health, was of the opinion that the men suffered from metal fume fever, or "the smothers". It appeared that at the adjoining factory two furnaces were in use in smelting old copper cables but the chimney stacks were too short. In the process of melting copper, a mist of hydrochloric acid was formed in the atmosphere.

The furnaces were closed on the instructions of the Factory Inspectorate.

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 setting out previous illnesses and a medical examination is arranged where this thought necessary. All new entrants to the Authority's teaching service are required to undergo chest X-ray examinations.

During the year 2,321 new entrants to the County service completed a medical questionnaire and of these 305 were referred for medical examination and 1,210 for chest X-ray examinations. These figures included 435 new entrants to the teaching service of whom forty-four were referred for medical examination and 391 for chest X-ray examination. In accordance with the regulations of the Department of Education and Science all new entrants to the teaching profession must undergo a medical examination and forty-seven examinations were carried out including eight on behalf of other authorities. In addition 745 candidates were medically examined before admission to colleges of education.

666 miscellaneous medical examinations were carried out. These included police, fire servicemen, temporary staff, pensioners, staff absent due to sickness.

Medical Inspection of Children in the Care of the County Council

The examination of boarded-out children is undertaken for the Children's Committee either through the School Health Service or direct with the general practitioners concerned where the children are over school age.

TABLE 62

MEDICAL INSPECTION OF CHILDREN IN CARE OF COUNTY COUNCIL

	Initial examination	Re-examination	Referred for treatment
Boarded-out children ..	87	271	20
Children in Children's Homes	30	258	43
Children in Family Homes ..	29	271	35

Medical examination of boys and girls at remand homes, at the Glamorgan Farm School, and at nurseries established at "Cartrefle", Bridgend, and "Maesycoed", Pontypridd, are also undertaken. Close contact is maintained between the Health and Children's Departments and a senior medical officer attends each week the "Glenside" Reception Centre of the Children's Department to help with the assessment of children who have been brought into care.

ADOPTION

Advice is given to the Children's Officer concerning the medical fitness of children for adoption and also prospective adopters. During 1967 advice was sought concerning eighty babies and their prospective adopters.

BLIND PERSONS

During the year 1,163 examinations of blind and partially-sighted persons were undertaken for the County Director of Welfare Services, 570 being first examinations.

In the western part of the County examinations are carried out by consultants at their private consulting rooms, or at local hospitals or where the patient is unable to travel, domiciliary visits are made. Dr. Gwladys Evans, the former senior medical officer continued to carry out on a sessional basis the examination and re-examination of patients in the eastern part of the County, and in the Borough of Rhondda, details of the work undertaken is given in the following table :—

TABLE 63

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS

	Cause of disability			Total
	Cataract	Glaucoma	Others	
(1) Number of examinations during 1967	—	—	—	1,163
(2) Number of persons registered as blind or partially sighted during 1967 ..	155	49	366	570
(3) Number of persons at (2) recommended for :				
(*a*) No treatment	57	10	214	281
(*b*) Treatment (medical, surgical or optical)	98	39	152	289
(4) Number of persons at (3) (*b*) who, on follow-up action, have received treatment	26	20	33	79

Senile cataract is still the principal cause of blindness. At the end of the year there were on the Register of the Blind Persons for the County and Rhondda Delegate Authority 2,219 blind persons and 1,071 partially-sighted persons.

ROAD TRAFFIC ACT 1960

Under the provisions of the Road Traffic Act 1960, the local taxation authority may refuse or cancel a driving licence in cases when on enquiry it is satisfied that the applicant for driving licence or the holder of a licence is suffering from disease or physical disability likely to cause the driving by him of a motor vehicle to be a source of danger to the public. During the year six persons were referred for an opinion as to their medical fitness to hold driving licences. Enquiries and investigations were made and three persons were considered fit to drive and were granted licenses and three licenses were refused.

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 so that in the event of a nuclear attack the home nursing services may be reinforced and also families may be enabled to take care of themselves and their neighbours until such time as help could be provided from the organised services.

During the year six courses were held by the Authority and one course by a voluntary society and seventy-seven persons completed a course of training.

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

REGISTERED NURSING HOMES.

The Conduct of Nursing Home Regulations 1963.

The Regulations make provision for governing the conduct of nursing homes and require the manager to provide accommodation, care, and staff, of a satisfactory standard and to limit the number of persons who may be received into the homes. The Bryn Nursing Home, Swansea, which was formerly used as a maternity home became a geriatric and convalescent home during the year.

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	14	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	Geriatric and convalescence.
Pwllypant House, Pwllypant, Caerphilly	12	Severely mentally handicapped children.

STATISTICAL REVIEW 1967.

Vital Statistics.

Physical Features and General Character of the County.

The geographical county of Glamorgan is situated in the south-east corner of Wales and is bounded on the north by Breconshire, on the east by Monmouthshire, on the south by the Bristol Channel, and on the west by Carmarthenshire. Its greatest length from east to west is 53 miles and is 27 miles in its widest part from north to south. The acreage of the geographical county is 516,966 and that of the Administrative County 464,113 from April 1967.

The river Rhymney forms the boundary with Monmouthshire and the river Lougher with Carmarthenshire. The chief rivers are Taff, Nedd and Tawe. All rivers flow into the Bristol Channel.

The county which can be described as a county of contrasts can be roughly divided into three areas: the deeply cut narrow mining valleys of the north (Y Blaenau, the highest point being Craig y Llyn 1,969 ft.), 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 during the past hundred years is derived almost entirely from coal, iron and steel. Since the economic depression of the 1930's and the second world war general manufacturing industries have been established at three large industrial estates and at 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 is expected in future in the Llantrisant area which is situated south of the Rhondda Valleys.

The Vale and the Gower contain good farmland and a strong agricultural interest has been maintained. The hills of the mining districts are cold, wet, and infertile and afforestation is being carried out on a wide scale.

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

Sample Census 1966

The 1966 Census was the first to be held after an interval of only 5 years. In the past the normal gap has been ten years. Ten per cent of the households were asked to complete a form for the census.

The sample census did not give details about the following areas because the population was below 15,000 :—

Cowbridge Municipal Borough
Glyncorrwg Urban District.
Porthcawl Urban District.

The sample census estimated the population of the Administrative County as 755,630 ; 369,420 men and 386,210 women. 32·6 per cent of the population were under 21 and 15 per cent were of pensionable age, that is, men aged 65 and over and women aged 60 and over.

The Registrar-General's estimated population was 764,000. The sample census figure for England and Wales was thus below the Registrar-General's estimate and it has been suggested that the list of addresses from which the sample was selected was only about 99 per cent complete. The Glamorgan figures are probably understated and in any case are liable to error of about 2 per cent.

196,030 women (65·4 per cent) were married. 700 married men and 2,580 married women were teenagers. The figures for 1961 were 405 married boys and 1,991 married girls. 11,380 men and 45,080 women were widowed and 1,890 men and 2,690 women were divorced. 90,080 men and women (11·9 per cent) were aged 65 and over. Aberdare Urban District had the highest percentage of aged with 14 per cent. Discounting Cowbridge rural, whose whose low percentage of aged, 7·5 per cent is due to the large young population at the R.A.F. Station, St. Athan, the area with the lowest ratio of aged is Port Talbot Borough, 9·6 per cent.

2,620 men aged 65 and over and 15,890 women aged 60 and over lived entirely alone. This represented 7·1 per cent of aged men and 20·7 per cent of aged women. 58·8 per cent of the aged, singly or as couples lived alone compared with 66·9 per cent for England and Wales. 55 per cent of all households were owner-occupied, 23 per cent of the households were council-owned and 22 per cent by private landlords.

Although a higher proportion of Glamorgan houses are owner-occupied than in England and Wales or Wales, many of these houses are older and without modern amenities.

The average number of persons per household was 3·12. In 11·5 per cent of the households there lived one person only but in Penarth the figure was 15·1 per cent.

The possession of cars might be an index of prosperity. 87,870 (37·6 per cent) of households had one car and 11,800 (5·1 per cent) had two or more cars.

Population

Estimates of the Registrar-General give the population of the Administrative County as 737,120 in 1967. As there had been a change of boundary during the year to allow calculation of valid birth and death rates, the Registrar-General has given a weighted average of the mid-year population of the County of 745,200. This later population figure will be used in connection with birth and death rates only and is necessary because the boundary changes took place on 1st April.

Table 64

Population of the Administrative County since 1801

Year	Population	Source
1801*	70,879	Census.
1831*	120,073	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).
1967	737,620	Registrar-General (estimate).

*Geographical County.

Cardiff was made a County Borough in 1889. A major extension in 1922 added Llandaff, Llanishen, and Gabalfa. A further extension in 1967 added Whitchurch and Rhiwbina.

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

Merthyr Tydfil was created a County Borough in 1908.

Table 65

Sample Census 1966

Population According to Age Structure and Marital Status

Age last birthday	Persons	Administrative County					
		Males			Females		
		Total	Single	Married	Total	Single	Married
Total . .	755,630	369,420	162,630	193,530	386,210	142,410	196,030
Widowed . .	56,460	11,380	—	—	45,080	—	—
Divorced . .	4,580	1,890	—	—	2,690	—	—
0–4	63,880	32,810	32,810	—	31,070	31,070	—
5–9	59,420	30,240	30,240	—	29,180	29,180	—
10–14 . .	53,730	27,650	27,650	—	26,080	26,080	—
15–19 . .	59,920	31,020	30,310	700	28,900	26,320	2,580
20–24 . .	47,430	24,360	15,170	9,170	23,070	7,650	15,300
25–29 . .	43,980	21,900	5,170	16,540	22,080	2,280	19,540
30–34 . .	44,790	22,510	3,420	18,820	22,280	1,730	20,200
35–39 . .	46,660	23,560	3,080	20,180	23,100	1,410	21,060
40–44 . .	53,960	26,660	3,080	23,180	27,300	2,030	24,160
45–49 . .	49,520	24,450	2,430	21,420	25,070	2,190	21,070
50–54 . .	49,970	24,100	2,120	21,240	25,870	2,100	20,770
55–59 . .	47,990	22,680	2,250	19,200	25,310	2,410	18,360
60–64 . .	44,300	20,670	1,890	17,160	23,630	2,490	14,330
65–69 . .	36,470	16,360	1,510	12,680	20,110	2,080	10,010
70–74 . .	25,620	10,560	770	7,770	15,060	1,600	5,610
75 and over	27,990	9,890	730	5,460	18,100	1,790	3,040

Births

Table 66 compares the number of births and birth rate in 1967 with figures for previous years. A comparison is also made with national rates. The rise in birthrates that occurred in the past ten years reached its peak in 1964. Since then the birth rate has declined but the illegitimate birth rate has risen.

Table 66

Births and Birth Rates

	1945	1946	1951	1956	1961	1964	1965	1966	1967
Live Births :									
Glamorgan	12,643	13,799	11,946	11,629	12,668	13,468	13,178	12,804	12,356
Birth Rate :									
Glamorgan—adjusted	18·1	19·4	16·3	15·8	16·7	18·2	17·7	17·1	16·9
England and Wales	16·1	19·1	15·5	15·7	17·4	18·4	18·1	17·1	17·2
Illigitimate birth rate :									
Glamorgan	67	43	32	28	32	46	48	51	55
England and Wales	92	65	47	46	60	72	77	79	84

There are probably many reasons for the increase in birth rate in the early sixties and for the subsequent decline. Women in the County and in the country generally are marrying at an earlier age so that the ratio of married women in the community is increasing. In addition the "birth bulge" of the period 1942–48 when the birth rate averaged 19·0 with a peak of 20·8 in 1947 means that there are now in the community an above-average number of girls eligible for marriage. Women who marry young tend also to have bigger families.

The process of marrying earlier cannot continue indefinitely in order to produce an accelerated number of births. This fact, together with the effects of the birth pill, estimated to be used by ten per cent of women using contraceptives and fewer women in their late teens and early twenties because of a falling birth rate two decades ago will mean that the birth rate in the foreseeable future will continue to decline.

Illegitimacy

In 1967, 687 babies born to Glamorgan mothers were illegitimate, that is, one for every eighteen babies. The illegitimacy rate in England is higher, one for every twelve babies. The unmarried mothers come from every social group, intelligence level and background. What is common to most unmarried mothers, however, is that they belong to incomplete or unstable homes, to families burdened by ill-health or the absence or inadequacy of a father's influence.

Pre-marital love making is widespread and is not confined to a tiny proportion of fallen women. In 1964, in England and Wales, 19·7 unmarried teenage girls per 1,000 had an illegitimate baby but 29·3 unmarried women aged 25–30 per 1,000 had an illegitimate child. It is therefore wrong to assume that

Illegitimacy is a teenage problem. However about one in two of all legitimate live births to teenage mothers in England and Wales is conceived before marriage.

The probable reasons for today's greater sexual freedom are :—

(*a*) Lack of parental discipline.
(*b*) Decline of church influence.
(*c*) Early physical development.
(*d*) Antagonism towards adult standards.

The illegitimate birth rate in Glamorgan is traditionally lower than the national average (see Table 66). Women in Glamorgan however, tend to marry at an early age, the ratio of teenage brides in the County is higher than the national ratio. Since about half of the married women under 20 years conceived before marriage it is possible that many Glamorgan girls who are pregnant, marry rather than bear an illegitimate child.

The proportion of women *ever* married per 1,000 women (that is, including divorced and widowed) is as follows :—

TABLE 67

PROPORTION OF WOMEN EVER MARRIED PER 1,000 WOMEN BY AGE GROUPS

	Year	Age					
		Under 20	20–24	25–29	30–34	35–39	40–44
Glamorgan	1961	77	626	892	913	920	915
England and Wales	1961	66	579	855	890	902	903
Glamorgan	1966	89	669	897	922	939	939
England and Wales	1966	79	587	866	911	916	917

The Registrar-General's Statistical Review of England and Wales for 1964 shows clearly that there is a higher rate of divorce and anulment for marriages where the wife was under 20 at marriage. In general, divorce rates for those married under 20 are almost treble for those marriages where the wife was 25 and over at marriage. Since Glamorgan have a higher proportion of teenage brides there is a risk of marriage breakdown later in life.

The proportion of divorced women in the population is lower in Glamorgan than in England and Wales, 7 per 1,000 women ever married compared with 8 per 1,000 in England and Wales. In Glamorgan there has been a tradition of applying for separation rather than petition for a divorce. Legal aid now makes it easier to seek divorce.

The sample census report for Glamorgan does not differentiate between divorced women and widows according to age group but a comparison of figures from the 1961 Census and 1966 Sample Census reports suggests that among young women there are now more divorced and widows and common sense points to there being an increase in the number of divorced women rather than young widows.

TABLE 68

PROPORTION OF WIDOWED AND DIVORCED WOMEN PER 1,000 POPULATION

GLAMORGAN

Year	Under 20	20–24	25–29	30–34	35–39	40–44
1961	0	2	8	15	27	46
1966	0	6	13	16	28	42

It would appear therefore that the lower illegitimacy rate in Glamorgan is due to "shotgun marriages" and that these and other early marriages are at greater risk of breakdown, leading to divorce and involving children.

There seems to be a need for older adolescent school children to receive guidance on preparation for parenthood and for health visitors to make special visits to teenage mothers.

DEATH RATES

Death rates in Glamorgan tend to be higher than those for England and Wales as a whole.

The position in the past ten years was as follows :—

TABLE 69

DEATH RATES

Year	Glamorgan		Rate England and Wales	Ratio of local adjusted death rate to national rate
	Crude death rate	Adjusted rate		
1956 ..	12·8	14·0	11·7	1·20
1957 ..	12·3	14·0	11·5	1·22
1958 ..	11·9	13·7	11·7	1·17
1959 ..	12·0	13·9	11·6	1·19
1960 ..	12·2	14·0	11·5	1·22
1961 ..	12·4	14·4	12·0	1·20
1962 ..	12·3	14·4	11·9	1·21
1963 ..	12·65	14·6	12·2	1·20
1964 ..	12·0	13·8	11·3	1·22
1965 ..	12·0	13·6	11·5	1·18
1966 ..	12·3	13·9	11·7	1·19
1967 ..	11·8	13·5	11·2	1·20

The death rates have been "adjusted" to take account of the sex and age structure of the population.

Above average mortality rates occur in the mining valleys, viz :—

TABLE 70

RATIO OF LOCAL ADJUSTED MORTALITY RATE TO NATIONAL RATE

District	Ratio	
	1966	1967
Aberdare	1·31	1·33
Rhondda	1·31	1·35
Ogmore and Garw ..	1·31	1·24
Gelligaer	1·31	1·28
Port Talbot	1·31	1·26
Glyncorrwg	1·42	1·20
Neath Rural	1·21	1·30
Pontardawe Rural ..	1·21	1·40
Districts where the death rate was lower than or approximated the national average were :		
Gower	0·93	0·97
Porthcawl	0·98	1·05
Bridgend	1·13	0·92
Penybont	1·05	1·00

The mortality rates are a rough and ready index of the state of health in the community.

There are a variety of reasons for the higher death rate in Glamorgan among them the high proportion of workers engaged in heavy industry and mining and as a corollary the lower proportion of middle class and professional people in the population who tend to live longer, climatic conditions and the state of housing.

The Registrar-General's Decennial Supplement on area mortality tables gives detailed information about some principal causes of death. For ease of comparing death rates in Glamorgan with those of England and Wales the standard mortality ratios have been adopted which express the actual number of deaths at all ages in a geographical area as a percentage of the expected number of deaths, viz., the number that would have occurred in the area if the death rate for each sex/age group had been the same for England and Wales.

The standard mortality ratio from certain causes of death in Glamorgan (1959–63) was as follows. S.M.R. for England and Wales was 100 for each cause of death.

TABLE 71

STANDARD MORTALITY RATIOS FOR CERTAIN CAUSES OF DEATH

Disease	Male	Female
High Standard Mortality Ratio		
T.B. respiratory	194	145
Malignant stomach	127	138
Malignant uterus	—	102
Diabetes	see below	151
Vascular lesions of central nervous system	115	118
Coronary, arteriosclerotic heart	118	116
Bronchitis	139	101
Complications of pregnancy	—	140
Accidents	112	103
Low Standard Mortality Ratio		
Malignant lung	77	56
Malignant cervix	—	85
Lukaemia, alukaemia	94	86
Diabetes	84	see above
Pneumonia	81	85
Ulcer stomach	79	67
Suicide	82	69

Diseases which cause a high percentage of the total deaths are heart and circulatory diseases, the cancers, respiratory diseases (bronchitis, T.B.), and vascular lesions of the nervous system, many of which are prevalent in Glamorgan.

The Glamorgan S.M.R. for some diseases differs markedly according to sex, for example :—

	Male	*Female*
T.B. respiratory	194	145
Diabetes	84	151
Bronchitis	139	101

This is due to the occupation of the males since mining, quarrying, and heavy industry make men prone to respiratory diseases of this kind. What is of interest is that Glamorgan men are less prone to diabetes than men in England and Wales as a whole although Glamorgan women are very susceptible. Many middle-aged women, particularly those living in the mining valleys are over-weight and this may be a contributing factor.

Table 72

Principal Causes of Death

	1967		1957		1947	
	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	3,476	39·7	3,228	35·5	2,642	28·4
Cancer	1,462	16·7	1,419	15·6	1,139	12·2
Respiratory diseases (bronchitis, pneumonia, influenza, other) ..	1,215	13·9	1,393	15·3	1,879	29·2
Vascular lesions of nervous system	1,269	14·5	1,284	14·1	1,026	11·0
Violence (accidents, suicide)	331	3·8	365	4·0	371	4·0

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

Table 73

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
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
1967 ..	8,761	234	31	44	385	2,221	2,578	3,268

Deaths from Disease of the Heart.

One death in every three middle-aged men is due to coronary disease and heart and circulatory diseases accounted for 40 per cent of all deaths.

The disease is a product of many causes but no precise agent or group of factors has been isolated as the major determinant so that hope of early detection of the disease leading to successful preventive treatment has 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.

Men of middle age and even those in their thirties should take care not to put on weight, take a little more exercise, cut out smoking and worry less.

TABLE 74

DEATHS FROM DISEASES OF THE HEART

GLAMORGAN

Cause of death	1952			1967		
	Male	Female	Total	Male	Female	Total
Coronary	662	305	967	1,324	808	2,132
Hypertension (with heart disease) ..	72	64	136	75	81	156
Other heart disease	684	753	1,437	325	470	795
Other circulatory disease	181	162	343	177	216	393
All cardio vascular diseases	1,599	1,284	2,883	1,901	1,575	3,476

DEATHS ATTRIBUTABLE TO CANCER

The following table gives details of death attributable to cancer during the years 1962–67 :—

TABLE 75

DEATHS DUE TO CANCER

Site	Year											
	1962		1963		1964		1965		1966		1967	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stomach ..	175	118	133	123	171	93	137	117	153	94	132	111
Breast ..	2	131	—	126	—	131	1	149	2	133	2	130
Uterus ..	—	64	—	78	—	77	—	76	—	55	—	67
Lung ..	270	25	244	26	289	28	282	41	324	35	286	29
Other	409	313	407	297	402	371	397	371	438	350	400	305
Total cancer deaths ..	856	651	784	650	862	700	817	754	917	667	820	642

Maternal Mortality

The risk of death from pregnancy is now small. Two deaths occurred in 1967. The causes of death were :—

Patient aged 27 years	..	Acute pulmonary Oedema.
Patient aged 23 years	..	(1) Pulmonary infarction.
		(2) Phlebothrombosis.

Maternal mortality has declined phenomenally during the past twenty years.

Table 76

Glamorgan Maternal Mortality Rates

Year	Number of deaths	Rate per 1,000 total births
1934 ..	100	8·08
1937 ..	53	4·84
1947 ..	28	1·84
1957 ..	9	0·47
1965 ..	5	0·37
1966 ..	0	—
1967 ..	2	0·16

The maternal mortality rate ranged from 5 to 8 deaths per 1,000 total births between 1911 and 1938 and was higher in the thirties than in the previous two decades. The thirties was a difficult period because of the great economic depression when mothers in industrial areas saw to it that their husbands and children were fed first with disastrous results for themselves if pregnant. During the darkest periods of the depression, 1926 and 1931, the maternal mortality rates were at their very lowest and not, as would be expected at their highest. This was because of the opening of soup kitchens which saw to it that the mothers were fed.

This phenomenon was noted by the National Birthday Trust Fund who under the leadership of the late Lady Juliet Rhys-Williams of Miskin, during the mid-thirties introduced a scheme in some areas for providing supplementary foods containing vitamins and mineral salts to necessitous mothers during the first three months of pregnancy to see if this would bring about a reduction in the high rate of maternal mortality which prevailed in the depressed areas. In 1937 the Government introduced a more liberal policy in regard to milk for necessitous mothers and it is therefore no coincidence that the lowest maternal mortality rates between 1911 and 1938 took place during those years when the nutritional policy for necessitous expectant mothers was vigorously pursued.

TABLE 77

LOW MATERNAL DEATH RATES 1911–38

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

In the late thirties there were other developments which were to accelerate the fall in maternal deaths, viz., the development of the sulphonomide drugs, the opening of new maternity clinics built with grants from the Special Areas Commissioners and the inauguration from 1937 of the County Midwifery Service, which in time brought higher standards of midwifery.

Every effort is made to eradicate maternal deaths. High risk mothers should be admitted to specialist obstetric units. Every maternal death is investigated to see if there are avoidable factors and during the year a well produced pamphlet setting out these in simple terms was produced by the Ministry and a copy sent to every general practitioner, midwife, and members of the hospital medical staffs.

INFANT MORTALITY

In 1901, 3,575 children died under one year: by 1967 the number had fallen to 234.

Infant deaths in 1901 accounted for 195 deaths and in 1967 twenty-three deaths per 1,000 live births. This is a truly remarkable improvement and much of the credit is due to the Maternity and Child Welfare Service.

TABLE 78

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
1892	150	148	1941	67	59
1901	195	151	1951	37	30
1911	144	130	1961	23	21
1921	93	83	1966	21	19
1931	77	66	1967	19	18

The rate of infant death increased during the last decade of the nineteenth century because the provision of pure water supplies and sewerage systems were then totally inadequate to meet the needs of a rapidly growing industrial community. Another factor was the ignorance of mothers in bringing up children. In his report for the year 1902 the Rhondda Medical Officer of Health stated that a large proportion of the 883 Rhondda children who died under the age of one did so because of the improper unhygienic feeding of infants and because of the careless and fatalistic manner of the mothers in treating as trivial the so-called "children's complaints".

The high infant death rate throughout the country alarmed the Government and in 1918 the Maternity and Child Welfare Act was passed which enabled local authorities to establish maternity and child welfare clinics and employ health visitors. In 1931, 996 children died under one year (a rate of seventy-seven per 1,000 births), the improvement being due in the main to a very substantial reduction in deaths from diarrhoea and enteritis which was caused by unhygienic feeding. Since the second World War there was a further sharp improvement, there being only 441 deaths under one year in 1951. Apart from a general improvement in the standard of living the reasons for this improvement were better nourishment of mothers and babies as a result of the Welfare Foods Scheme, a reduction in deaths from diphtheria and other infectious diseases as a result of immunisation, and a decline in tuberculosis. Since 1951 there has been a further steady decline in 1967 there being only 234 deaths of which 160 took place under four weeks.

The causes of infant deaths in 1967 were :—

TABLE 79

CAUSES OF INFANT DEATHS, 1967

	Under 4 weeks	*4 weeks 1 year*	*Total*
Congenital malformations	39	24	63
Pneumonia	2	19	21
Bronchitis	—	2	2
Other diseases of the respiratory system	1	4	5
T.B. (non-respiratory)	—	1	1
Other infective and parasitic diseases ..	—	—	—
Gastritis, enteritis, and diarrhoea ..	—	1	1
Ulcer of stomach and duodenum ..	1	—	1
Accidents	1	9	10
Other defined and ill-defined diseases ..	116	12	128
Total	160	74	234

In 1911 when 3,476 children died under one year (death rate 144) some principal causes of death were :—

TABLE 80

CAUSES OF INFANT DEATHS, 1911

	Under 4 weeks	*4 weeks to 1 year*	*Total*
Diarrhoea	46	689	~~785~~ 735
Enteritis	36	316	352
Premature birth	358	34	382
Atrophy, debility, and marusmurs	296	276	572
Gastritis	5	87	92
Bronchitis	7	148	155
Pneumonia	6	239	245
Congenital malformations	54	23	77
Diphtheria	—	11	11
Whooping Cough	3	64	67
Measles	—	82	82
Syphillis	—	8	8
T.B. all forms	4	86	90
All causes	1,040	2,436	3,476

These figures show the tremendous strides which have taken place in the past 50 years and also the distressing waste of infant life that took place during the beginning of the century.

In 1967 only one-third of the infant deaths took place after one month and this means that the opportunities for preventing avoidable death is limited since the work of health visitors and the infant welfare clinic begins with children who are two- to four-weeks old.

According to studies made by the Registrar-General's Office (Regional and Social Factors in Infant Mortality, H.M.S.O. 1966), Wales showed the greatest reduction (36 per cent) during the period 1949 to 1964 in the neo-natal death rates, that is, deaths under the age of four weeks and in stillbirths (32 per cent), than any region in England. The effects of social class on death rates and also rates of death due to birth injuries and infections of the new-born were highest in Wales. The standardised mortality ratios for Wales were :—

Stillbirths	116
Neo-natal	114
Post neo-natal (deaths over four weeks) under one year	108

The standard mortality ratios are higher in industrial south-east Wales and higher again in the mining valleys.

There is still room for improvement : a life saved in infancy is a lifetime saved. Perhaps a more fruitful way of reducing infant mortality is in seeking to lower the peri-natal mortality rate, that is, stillbirths and deaths in the first week of life.

PERI-NATAL MORTALITY

Perinatal mortality represents stillbirths and infant deaths under one week. The rate is calculated per 1,000 total births and may be regarded as an index of the quality of ante-natal care. The rate has remained at thirty in

Glamorgan for the past three years after falling steadily from as high a rate as forty-nine as recently as 1955. Efforts are being made to achieve a lower peri-natal mortality rate.

There is considerable divisional variation. The mining valleys and industrial towns tend to have higher perinatal mortality rates than the truly rural areas. Fluctuations in the rates can be expected from year to year in the districts because the number of deaths is small.

Districts with the highest and lowest peri-natal mortality rates for 1967 are given below together with the rates averaged over a period of five years.

TABLE 81

PERI-NATAL MORTALITY RATES IN CERTAIN DISTRICTS

	1967	*Average rate* (1963–67)
High :		
Barry Municipal Borough	46	32
Glyncorrwg Urban District	44	54
Ogmore and Garw Urban District ..	42	36
Rhondda Municipal Borough	40	38
Administrative County	30	32
Low :		
Gower Rural	4	20
Cardiff Rural	11	19
Porthcawl Urban District	18	23
Bridgend Urban District	20	26·5

Table 82 compares the peri-natal mortality rates for Glamorgan with England and Wales.

TABLE 82

PERI-NATAL MORTALITY RATES : GLAMORGAN AND ENGLAND AND WALES

Year	Number of stillbirths	Number of deaths under one week	Rates per 1,000 all births	
			Glamorgan	England and Wales
1955	351	214	49·2	37·4
1956	329	200	44·2	36·7
1957	308	213	42·1	36·2
1958	359	209	45·1	35·0
1959	360	212	45·8	34·2
1960	313	209	41·7	32·9
1961	293	169	35·7	32·2
1962	316	169	36·7	30·8
1963	276	219	36·6	29·3
1964	248	210	33·4	28·2
1965	248	154	29·9	26·9
1966	231	165	30·4	26·3
1967	239	141	30·3	25·4

There were marked improvements in the peri-natal mortality rates during 1967 in certain districts which tradititionally have above average rates, viz :—

Aberdare Urban District	.. 28
Mountain Ash Urban District	.. 22
Caerphilly Urban District	.. 27
Gelligaer Urban District ..	.. 25

There were also districts which usually enjoy lower rates but in 1967 experienced a substantial rise, viz :—

Barry	.. 46
Penarth	.. 34

This may be the result of statistical fluctuations which are to be expected when the number of stillbirths and infant deaths are low.

As indicated in my report for the year 1964, peri-natal mortality is influenced by many factors, for example, the mother's health, her age, the number of children she has borne, and social class, although not all causes of stillbirths and infant deaths are fully known. The standard of care during pregnancy is important, whether she was gainfully employed, whether she listened to medical advice particularly in regard to rest, diet and admission to hospital for confinement where this was indicated. The state of a woman's health is often determined by her medical history since a child although sensible ante-natal care such as visiting the clinic or family doctor early in pregnancy, attending ante-natal classes and carrying out the advice given will help ensure a safe and normal delivery of a healthy baby.

Morbidity

The Ministry of Social Security returns of sickness benefit claims for the years 1966 and 1967 are given below :—

Table 83

Sickness Benefit Claims Received by Ministry of Social Security

	Jan.–Feb.–Mar.	April–May–June	July–Aug.–Sept.	Oct.–Nov.–Dec.	Total
1966	73,870	50,067	47,220	57,388	228,545
1967	58,203	52,884	46,354	61,675	219,116

During late December there was an outbreak of influenza, of relatively short duration which was identified as type A2 and was very similar to that which caused the world-wide Asian influenza pandemic in 1957. The close similarity is the reason why it is thought most people had built up an immunity to infection.

Infectious Diseases

The boundary changes from 1st April, 1967, resulted in a loss of about 30,000 population, a little less than 4 per cent of the total population. This fact needs to be taken into account when comparing the number of notifications of infectious disease with those of previous years.

Anthrax

Two cases of anthrax were notified in the Pontypridd Urban District. In the first case anthrax was suspected but not bacteriologically confirmed. The patient had been admitted to East Glamorgan Hospital and had been treated with large doses of penicillin before anthrax was suspected. The patient had been given a sack of bonemeal by a friend who had found it on the mountainside. The sack had been removed without permission from a private industrial waste tip and samples of the sack and its contents contained anthrax bacilli.

The second case was that of a 20-year old docker residing in Pontypridd who had contracted anthrax whilst unloading bones from a ship carrying a consignment from India. The cargo was being consigned to a factory in Pontypridd, which is one of the largest producers of bonemeal and gelatine in the United Kingdom and whose waste product had infected the first case.

The docker had declined the offer of vaccination.

Dysentery

The fall in the number of cases of dysentery gave satisfaction. Only fifty-eight cases were notified compared with 414 in 1966 and 1,109 in 1965.

The dysentery notification rate of eight per 100,000 population was well below the national average.

Paratyphoid

There were three cases of paratyphoid in two families. All three cases were infected while on holidays in West Wales.

Scarlet Fever

The notified incidence of scarlet fever declined to 263 from 359 in the previous year. This represents a rate of thirty-five per 1,000.

Scarlet fever has ceased to be a problem disease. In 1903 it was responsible for 159 deaths although the attack was considered to be mild by the County Medical Officer at that time, since there were 4,833 reported cases of illness and only a small proportion proved fatal. The considerable progress which has since been made is believed to be due to a modification of the nature of the disease, due largely to variation in the virulence of the haemolytic streptococcus. Scarlet fever gives a rough indication of the amount of streptococcal infection in the community. The infection is usually easily contained by penicillin.

Meningococcal Infection

Seven notifications were received and there was one death, a middle-aged woman.

Whooping Cough

The notified incidence of whopping cough rose to 396 from 145 in 1966 and 97 in 1965. Over 70 per cent of the children are immunised against this disease. Fluctuation in the incidence of whooping cough occurs Nationally. One possiblity is the emergence of a new strain of B. pertussis.

A better immunological response can be expected if the first dose of vaccine is delayed to six months of age instead of three months. No death from whooping cough has been reported since 1961.

Food Poisoning

There was an increase in the number of notifications of food poisoning, fifty-nine compared with thirty-three in the previous year. Twenty-two cases were notified in Barry.

TABLE 84

NOTIFICATION OF INFECTIOUS DISEASES

Disease	1951	1956	1961	1965	1966	1967
Pulmonary Tuberculosis ..	831	618	356	288	199	180
Non-Pulmonary Tuberculosis ..	179	75	49	40	34	36
Enteric or Typhoid Fever ..	1	1	—	—	—	—
Paratyphoid	10	21	2	3	4	3
Scarlet Fever	1,102	963	304	359	359	263
Whooping Cough	2,716	665	387	99	145	396
Diphtheria	10	—	7	—	—	—
Erysipelas	79	66	20	24	23	23
Ophthalmia Neonatorum ..	8	3	5	2	1	—
Dysentery	105	464	207	1,109	414	53
Measles	8,030	1,423	13,052	4,860	6,315	5,289
Poliomyelitis, Paralytic ..	8	12	15	—	—	—
Poliomyelitis, Non-Paralytic ..	16	14	1	—	—	—
Acute Pneumonia	926	484	286	108	164	97
Puerperal Pyrexia	51	143	64	31	25	34
Food Poisoning	31	113	124	56	33	59
Anthrax	—	—	1	—	3	2
Meningococcal Infection ..	36	32	10	8	7	5

TABLE 85

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1967

	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria (includes Mem. Croup)	Dysentery	Meningo-coccal 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	263	396	–	–	5,289	–	58	5	97	–	–	1	–	3	23	59	180	36	34	–	2
AberdareUrban ..	6	2	–	–	83	–	1	1	7	–	–	–	–	–	1	–	11	2	2	–	–
Mountain Ash Urban ..	14	1	–	–	73	–	–	–	1	–	–	–	–	–	6	–	15	1	7	–	–
Caerphilly Urban ..	3	3	–	–	234	–	2	–	–	–	–	–	–	2	–	8	7	1	–	–	–
Gelligaer Urban ..	2	15	–	–	517	–	3	–	–	–	–	–	–	–	1	–	3	–	–	–	–
Bridgend Urban ..	5	7	–	–	114	–	–	–	–	–	–	–	–	–	–	–	4	2	1	–	–
Maesteg Urban ..	26	1	–	–	104	–	3	–	–	–	–	–	–	–	–	3	13	3	1	–	–
Ogmore and Garw Urban	16	13	–	–	312	–	1	1	10	–	–	1	–	–	2	–	6	1	1	–	–
Porthcawl Urban ..	2	1	–	–	92	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–
Penybont Rural ..	30	20	–	–	344	–	–	–	3	–	–	–	–	–	–	–	14	1	3	–	–
Neath Borough ..	8	3	–	–	46	–	4	–	2	–	–	–	–	–	–	2	5	1	–	–	–
Neath Rural	5	45	–	–	145	–	14	–	2	–	–	–	–	1	–	–	7	–	–	–	–
Llantrisant and Llantwit Fardre Rural ..	14	19	–	–	188	–	2	2	6	–	–	–	–	–	–	6	4	1	1	–	–
Pontypridd Urban ..	12	16	–	–	166	–	2	–	1	–	–	–	–	–	–	–	6	–	3	–	2
Glyncorrwg Urban ..	4	23	–	–	51	–	–	–	9	–	–	–	–	–	–	1	1	–	1	–	–
Port Talbot Borough ..	12	56	–	–	575	–	4	1	6	–	–	–	–	–	2	2	9	4	–	–	–
Barry Borough	12	22	–	–	793	–	4	–	1	–	–	–	–	–	3	22	14	3	–	–	–
Cardiff Rural	11	12	–	–	242	–	8	–	2	–	–	–	–	–	3	4	9	5	–	–	–
Cowbridge Borough ..	2	4	–	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cowbridge Rural ..	21	47	–	–	131	–	1	–	14	–	–	–	–	–	–	–	8	1	–	–	–
Penarth Urban	–	4	–	–	369	–	6	–	3	–	–	–	–	–	–	9	3	–	–	–	–
Gower Rural	4	6	–	–	49	–	–	–	–	–	–	–	–	–	–	–	2	2	5	–	–
Llwchwr Urban ..	6	8	–	–	30	–	–	–	–	–	–	–	–	–	1	–	9	2	9	–	–
Pontardawe Rural ..	3	–	–	–	76	–	–	–	–	–	–	–	–	–	–	–	8	1	–	–	–
Rhondda Borough ..	45	68	–	–	552	–	3	–	30	–	–	–	–	–	4	2	20	5	–	–	–

TABLE 86
VITAL STATISTICS, 1967

	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, 1967	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	48,390,800	427,905	404,262	832,167	17·2	—	8·4	12,528	14·8	844,695	15,267	18·3	—	—	10,436	12·5	8,947	10·8	21,447	25·4	170	0·20
ADMINISTRATIVE COUNTY	746,785	737,620	6,446	5,910	12,356	16·6	16·9	5·45	239	19·0	12,595	234	18·9	18·2	31·3	160	12·9	141	11·4	380	30·2	2	0·16
Aberdare Urban ..	39,155	38,450	313	295	608	15·8	17·2	6·6	7	11·4	615	16	26·3	22·9	75·0	12	19·7	10	16·4	17	27·6	—	—
Mountain Ash Urban ..	29,575	29,170	251	234	485	16·6	16·6	4·3	4	8·2	489	11	22·7	23·7	—	7	14·4	7	14·4	11	22·5	—	—
Caerphilly Urban ..	35,997	38,370	381	379	760	19·8	19·4	7·0	15	19·4	775	15	19·7	19·8	18·9	9	11·8	6	7·9	21	27·1	1	1·3
Gelligaer Urban ..	34,656	34,770	341	316	657	18·9	18·9	5·3	11	16·5	668	19	28·9	28·9	28·6	8	12·2	6	9·1	17	25·4	1	1·5
Bridgend Urban ..	15,174	15,110	100	94	194	12·8	13·2	7·7	2	10·2	196	3	15·5	16·8	—	2	10·3	2	10·3	4	20·4	—	—
Maesteg Urban ..	21,625	21,350	169	152	321	15·0	15·6	6·2	4	12·3	325	7	21·8	13·3	150·0	7	21·8	7	21·8	11	33·8	—	—
Ogmore and Garw Urban	20,985	20,490	163	162	325	15·9	16·4	5·4	11	32·7	336	4	12·3	13·0	—	3	9·2	3	9·2	14	41·7	—	—
Porthcawl Urban ..	11,086	12,810	110	106	216	16·9	18·9	14·6	3	13·7	219	3	13·9	10·7	33·3	2	9·3	1	4·6	4	18·3	—	—
Penybont Rural ..	42,104	47,560	550	497	1,047	22·0	21·1	4·1	19	17·8	1,066	25	23·9	24·9	—	19	18·1	17	16·2	36	33·8	—	—
Neath Borough ..	30,935	30,030	220	179	399	13·3	13·8	7·6	8	19·7	407	9	22·6	21·7	32·3	8	20·1	7	17·5	15	36·9	—	—
Neath Rural	40,870	40,920	336	279	615	15·0	15·6	5·4	18	28·4	633	12	19·5	18·9	31·3	8	13·0	7	11·4	25	39·5	—	—
Llantrisant and Llantwit Fardre Rural ..	27,109	30,920	350	306	656	21·2	20·1	4·4	8	12·0	664	10	15·2	15·9	—	6	9·1	6	9·1	14	21·1	—	—
Pontypridd Urban ..	35,494	35,000	283	275	558	15·9	16·2	4·9	11	19·3	569	6	10·8	7·5	74·1	3	5·4	3	5·4	14	24·6	—	—
Glyncorrwg Urban ..	9,368	9,490	97	80	177	18·7	18·1	6·0	6	32·8	183	4	22·6	18·1	90·9	3	16·9	2	11·3	8	43·7	—	—
Port Talbot Borough ..	51,322	51,600	426	397	823	15·9	15·7	4·9	18	21·4	841	14	17·0	16·6	25·6	10	12·2	9	10·9	27	32·1	—	—
Barry Borough	42,084	42,470	368	293	661	15·6	16·1	7·2	18	26·5	679	15	22·7	21·2	40·8	14	21·2	13	19·7	31	45·7	—	—
Cardiff Rural	49,884	33,830	326	314	640	18·9	18·0	4·8	5	7·8	645	6	9·4	9·8	—	3	4·7	2	3·1	7	10·9	—	—
Cowbridge Borough ..	1,067	1,150	14	8	22	19·1	19·3	—	1	43·5	23	—	—	—	—	—	—	—	—	1	43·5	—	—
Cowbridge Rural ..	18,756	21,900	189	205	394	18·0	19·3	5·7	7	17·5	401	7	17·8	18·9	—	4	10·2	4	10·2	11	27·4	—	—
Penarth Urban ..	20,896	22,390	192	179	371	16·6	17·9	7·1	7	18·5	378	9	24·3	26·2	—	7	18·9	6	16·2	13	34·4	—	—
Gower Rural	12,656	15,540	123	121	244	15·7	16·8	4·5	1	4·1	245	2	8·2	4·3	90·9	1	4·1	—	—	1	4·1	—	—
Llwchwr Urban ..	25,013	25,570	213	179	392	15·3	16·4	3·8	7	17·5	399	5	12·8	10·6	66·7	3	7·7	3	7·7	10	25·1	—	—
Pontardawe Rural ..	30,687	29,860	190	176	366	12·3	13·9	3·8	7	18·8	373	6	16·4	14·2	71·4	4	10·9	3	8·2	10	26·8	—	—
Rhondda Borough ..	100,287	96,450	741	684	1,425	14·8	15·2	4·2	41	28·0	1,466	26	18·2	18·3	17·2	17	11·9	17	11·9	58	39·6	—	—

TABLE 87

VITAL STATISTICS, 1967

	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 ..	277,181	265,338	542,519	11·2	—	3·7	2·3	1·6	0·6	0·7	0·4	0·5	0·04	0·005
ADMINISTRATIVE COUNTY	4,780	3,981	8,761	11·8	13·5	4·1	2·0	1·7	9·7	0·7	0·5	0·4	0·06	0·01
Aberdare Urban ..	322	238	560	14·6	14·9	5·5	2·3	2·0	1·0	0·5	0·8	0·5	0·05	–
Mountain Ash Urban ..	200	147	347	11·8	14·2	4·1	1·9	1·3	1·1	0·5	0·8	0·3	0·03	0·03
Caerphilly Urban ..	197	194	391	10·2	13·1	3·1	2·0	1·4	0·6	0·7	0·4	0·6	0·03	–
Gelligaer Urban ..	213	172	385	11·1	14·3	3·0	1·8	1·3	1·0	0·7	0·5	0·6	0·1	–
Bridgend Urban ..	75	68	143	9·5	10·4	3·4	1·9	1·5	0·4	0·8	0·4	0·3	0·1	0·1
Maesteg Urban ..	140	128	268	12·6	15·6	4·2	2·2	2·3	0·7	0·1	0·3	0·6	0·1	–
Ogmore and Garw Urban	133	104	237	11·6	13·9	4·9	1·4	1·4	0·8	0·5	0·5	0·2	0·05	–
Porthcawl Urban ..	97	73	170	13·3	11·7	4·8	2·9	2·0	0·7	0·6	0·5	0·4	–	–
Penybont Rural ..	293	259	552	11·6	11·3	4·0	1·7	1·7	0·4	1·1	0·5	0·4	0·04	–
Neath Borough ..	196	172	368	12·3	13·2	5·1	2·0	1·4	0·6	0·5	0·7	0·6	0·03	–
Neath Rural	268	220	488	11·9	14·5	4·7	1·8	1·8	0·5	0·4	0·6	0·4	0·1	0·02
Llantrisant and Llantwit Fardre Rural ..	176	147	323	10·4	13·2	3·2	2·1	1·8	0·7	0·2	0·4	0·5	0·03	–
Pontypridd Urban ..	209	222	431	12·3	12·9	4·4	2·0	2·1	0·9	0·5	0·4	0·4	–	–
Glyncorrwg Urban ..	46	42	88	9·3	13·5	2·7	2·5	0·6	0·6	0·8	0·4	0·5	0·1	–
Port Talbot Borough ..	308	227	535	10·4	14·1	3·6	1·9	1·3	0·5	0·6	0·4	0·3	0·04	–
Barry Borough	231	213	444	10·5	11·4	3·3	1·8	1·6	0·5	0·5	0·6	0·5	–	0·02
Cardiff Rural	203	164	367	10·8	11·6	3·8	1·7	1·6	0·5	0·9	0·3	0·5	0·06	0·06
Cowbridge Borough ..	2	3	5	4·3	4·1	0·9	1·7	0·9	0·9	–	–	–	–	–
Cowbridge Rural ..	92	63	155	7·1	11·6	2·6	1·5	0·7	0·3	0·1	0·4	0·5	0·09	0·05
Penarth Urban	152	138	290	13·0	12·1	4·2	2·9	1·4	0·4	1·1	0·8	0·4	0·04	–
Gower Rural	88	71	159	10·2	10·9	3·5	1·8	1·8	0·6	0·5	0·7	0·1	0·06	–
Llwchwr Urban ..	178	123	301	11·8	13·0	4·5	2·1	1·5	0·7	0·4	0·7	0·4	0·08	–
Pontardawe Rural ..	253	210	463	15·5	15·7	5·5	2·1	2·7	1·2	0·3	0·7	0·6	0·03	–
Rhondda Borough ..	708	583	1,291	13·4	15·1	4·8	2·0	2·2	1·0	0·4	0·4	0·3	0·1	0·01

TABLE 88

VITAL STATISTICS, 1967

	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't 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	46	8	11	1	–	1	15	243	315	132	67	705	50	64	1,269	2,132	156	795	393	12	402	531	224	46	26	52	32	2	88	612	97	171	63	1	8,761
Aberdare Urban ..	2	–	1	–	–	–	–	13	20	9	5	41	2	1	77	121	8	82	30	–	21	39	15	–	1	4	2	–	7	38	7	12	2	–	569
Mountain Ash Urban ..	1	1	–	–	–	–	–	9	12	6	2	28	3	2	39	90	8	22	22	1	16	33	10	1	2	2	1	–	5	24	2	6	2	–	347
Caerphilly Urban ..	1	–	1	–	–	–	–	8	8	10	8	43	3	3	52	84	5	31	14	–	25	24	3	2	–	2	–	1	2	37	3	17	4	–	391
Gelligaer Urban ..	4	–	–	–	–	–	1	11	8	4	2	36	2	4	44	76	4	26	18	1	25	36	20	1	4	3	2	1	4	28	7	11	2	–	385
Bridgend Urban ..	1	1	1	–	–	–	–	6	5	–	–	16	–	–	22	37	–	15	6	–	12	6	1	–	–	–	1	–	1	8	–	1	3	–	143
Maesteg Urban ..	3	–	–	–	–	–	–	9	13	3	1	21	1	3	49	51	1	38	7	–	3	14	9	2	–	3	1	–	2	22	6	5	1	–	268
Ogmore and Garw Urban	1	–	–	–	–	–	–	7	5	5	1	11	2	4	29	63	2	35	11	–	11	17	10	–	–	1	1	–	2	15	–	3	1	–	237
Porthcawl Urban ..	–	–	–	–	–	–	–	6	7	6	–	18	1	2	26	47	3	10	6	–	8	9	2	1	–	2	1	–	1	7	4	1	–	–	170
Penybont Rural ..	2	–	1	–	–	–	1	9	22	9	2	40	6	4	80	128	10	52	26	1	52	20	7	1	–	5	–	–	8	45	4	12	5	–	552
Neath Borough ..	1	–	–	–	–	–	–	11	16	1	–	31	3	2	41	104	1	47	22	–	14	18	4	1	1	2	1	–	4	24	4	14	1	–	368
Neath Rural	4	1	1	–	–	–	3	18	15	7	3	30	2	4	75	134	9	49	24	–	15	21	14	3	1	4	2	–	5	26	9	8	1	–	488
Llantrisant and Llantwit Fardre Rural ..	1	–	–	–	–	–	–	7	14	7	4	33	1	2	55	63	11	26	13	3	5	22	10	1	–	2	3	–	4	21	4	7	4	–	323
Pontypridd Urban ..	–	–	1	–	–	–	2	14	12	3	9	32	3	2	75	112	4	39	14	–	19	30	16	2	2	1	2	–	1	21	4	8	3	–	431
Glyncorrwg Urban ..	1	–	–	–	–	–	–	5	3	4	3	9	–	–	6	23	–	3	4	–	8	6	2	–	–	–	1	–	1	4	2	3	–	–	88
Port Talbot Borough ..	2	–	1	–	–	–	2	21	25	6	1	47	4	1	67	131	22	34	23	–	31	27	3	5	–	2	4	–	4	56	5	7	4	–	535
Barry Borough	–	1	–	–	–	–	1	10	18	10	3	36	3	5	68	111	5	24	25	–	23	21	3	–	1	3	1	–	9	40	11	8	4	–	444
Cardiff Rural	2	2	–	–	–	–	2	8	17	5	3	23	2	2	53	89	9	32	10	1	29	16	3	2	1	2	2	–	4	30	2	11	5	–	367
Cowbridge Borough ..	–	–	–	–	–	–	–	–	1	–	–	1	–	–	1	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	3
Cowbridge Rural ..	2	1	–	–	–	–	–	7	6	3	3	14	1	–	16	44	1	12	9	–	3	7	3	1	1	–	1	–	6	5	3	3	1	–	155
Penarth Urban	1	–	1	–	–	–	–	7	18	6	1	34	1	2	32	73	10	12	17	2	24	9	2	4	2	–	–	–	2	20	2	4	4	–	290
Gower Rural	1	–	1	–	–	–	1	1	7	2	4	14	1	–	28	33	3	19	11	–	7	9	1	1	1	–	1	–	2	9	–	1	1	–	159
Llwchwr Urban ..	2	–	–	–	–	–	–	9	12	5	2	26	2	–	39	83	2	31	18	–	9	18	7	4	–	2	1	–	4	16	2	6	1	–	301
Pontardawe Rural ..	1	–	–	–	–	–	1	8	13	2	4	37	–	6	82	108	12	43	21	1	8	36	23	2	1	4	–	–	1	31	5	8	5	–	463
Rhondda Borough ..	13	1	2	1	–	1	1	39	38	19	6	87	7	15	213	326	24	113	42	2	34	92	56	12	8	8	4	–	9	85	9	15	8	1	1,291

TABLE 89

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1967

	Under 4 weeks		4 weeks and under 1 year		Age in Years																		Total all ages	
					1—		5—		15—		25—		35—		45—		55—		65—		75 and over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—Respiratory	–	–	–	–	–	–	–	–	–	–	–	1	1	–	2	4	15	4	5	2	11	1	34	12
Tuberculosis—Other	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	1	1	–	1	1	1	1	4	4
Syphilitic Disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	2	1	3	2	6	5
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Whooping Cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningococcal Infections	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1
Acute Poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Other Infective and Parasitic Diseases	–	–	1	1	–	1	–	–	–	–	–	1	–	1	1	2	–	2	3	–	1	1	6	9
Malignant Neoplasm—Stomach	–	–	–	–	–	–	–	–	–	–	–	–	2	1	8	9	33	18	54	44	35	39	132	111
Malignant Neoplasm—Lung Bronchus	–	–	–	–	–	–	–	–	–	–	1	–	3	1	28	7	111	5	110	12	33	4	286	29
Malignant Neoplasm—Breast	–	–	–	–	–	–	–	–	–	–	–	1	1	18	–	17	1	37	–	31	–	26	2	130
Malignant Neoplasm—Uterus	–	–	–	–	–	–	–	–	–	–	–	–	–	7	–	15	–	18	–	18	–	9	–	67
Other Malignant and Lymphatic Neoplasms	–	–	–	–	1	–	2	2	4	5	8	3	11	11	45	31	98	73	138	93	93	87	400	305
Leukaemia—Aleukaemia	–	–	–	–	3	1	3	3	–	–	–	2	2	1	–	4	5	5	9	4	3	5	25	25
Diabetes	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	4	8	5	18	6	19	17	47
Vascular Lesions of Nervous System	–	–	–	–	1	–	–	1	–	1	2	5	6	6	18	21	90	86	175	183	232	442	524	745
Coronary Disease—Angina	–	–	–	–	–	–	–	–	–	–	10	1	50	6	134	30	387	125	439	294	304	352	1,324	808
Hypertension with Heart Disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	1	23	7	26	33	21	40	75	81
Other Heart Disease	–	–	–	–	–	–	–	2	1	1	–	7	11	6	13	23	37	51	77	93	186	287	325	470
Other Circulatory Disease	–	–	–	–	–	–	–	–	–	1	1	1	1	2	12	5	27	14	52	58	84	135	177	216
Influenza	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	4	1	2	3	7	5
Pneumonia	–	2	9	10	2	5	2	–	1	2	1	–	1	2	5	10	20	14	45	41	87	143	173	229
Bronchitis	–	–	2	–	–	1	2	–	–	–	1	–	5	–	17	7	116	7	177	29	124	43	444	87
Other Diseases of Respiratory System	–	1	2	2	–	–	–	–	–	–	–	–	–	1	9	–	57	2	83	5	50	12	201	23
Ulcer of Stomach and Duodenum	1	–	–	–	–	–	–	–	–	–	–	–	2	–	2	1	6	3	10	4	7	10	28	18
Gastritis, Enteritis, and Diarrhoea	–	–	–	1	–	–	–	–	–	–	1	1	–	–	1	–	3	4	2	4	1	8	8	18
Nephritis and Nephrosis	–	–	–	–	–	–	1	1	1	–	2	1	2	2	5	3	9	4	3	3	5	10	28	24
Hyperplasia of Prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	13	–	18	–	32	–
Pregnancy, Childbirth, Abortion	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	2
Congenital Malformations	20	19	11	13	2	5	1	1	3	2	1	1	2	–	1	1	–	–	4	1	–	–	45	43
Other defined and ill-defined diseases	69	47	9	3	–	1	9	2	9	4	5	3	11	5	16	26	27	43	57	61	82	123	294	318
Motor Vehicle Accidents	–	–	–	–	1	3	–	5	29	4	7	1	6	1	4	3	8	3	8	7	4	3	67	30
All other Accidents	1	–	4	5	2	1	4	2	9	1	7	1	7	4	14	5	8	7	7	16	14	52	77	94
Suicide	–	–	–	–	–	–	–	–	4	2	5	1	7	7	6	5	7	2	6	6	3	1	38	24
Homicide and Operations of War	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–
All causes	91	69	39	35	12	19	24	20	61	24	53	32	133	82	347	234	1,095	545	1,515	1,063	1,410	1,858	4,780	3,981

GLAMORGAN COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

GENERAL STATISTICS

Population of the Administrative County 737,6

Numbers of schools and numbers of pupils on the registers, January, 1968 :—

Type of school	*Number of schools*	*Number of pupils on the register*
Nursery	11	495
Primary	442	80,503
Secondary Technical	1	106
Secondary Modern	61	20,812
Secondary Grammar	24	13,238
Grammar Technical	5	2,866
Comprehensive	10	12,484
Special Schools	7	559
	561	131,063

Staff employed in the School Health Service on 31st December, 1967 :—

Designation	*Numbers in terms of Whole-time Officers*
Medical Officers	17
Dental Officers	17
Dental Auxiliaries	3
School Nurses	26

SCHOOL MEDICAL INSPECTION

Most Glamorgan school children enjoy satisfactory health. Of 26,001 children seen at routine examination only 14 (0·05 per cent) were of unsatisfactory physical condition. This compared with 903 (4 per cent) in 1947.

The assessment of satisfactory health is subjective and the improvement in the past 20 years is only significant if standards remain unchanged. It is however, reasonable to conclude that the favourable trend is a true representation.

Children are on the average taller and are maturing earlier. The improvement in the health of school children is due to the more vigorous practice of immunisation, general advances in medicine, better care provided by the maternity and child welfare and school health service, and improvements in diet and hygiene resulting from a rise in the standard of living.

8,160 Glamorgan children received free school meals, representing 6·8 per cent of the total school population and 11·4 per cent of those partaking of meals in school.

The general improvements in the health of school children have enabled the school health service to give more attention to handicapped children and to the social problems of normal children.

It may be that the time has come to remove the artificial, if invisible, barrier that exists between the pre-school child and the school attender. This barrier is the result of two separate health services for children, the Infant Welfare Service and the School Health Service, which are the ultimate responsibility of two Ministries who have different objectives. Attention has been focused in the past few years on the need for early assessment of handicapping conditions and it would seem an appropriate time to review the socio/medical services involved throughout a child's life and the record thereby obtained. It is worthy of consideration that any child's history should be cumulative and recorded on one form which could trace his development from infancy and through school life, but this has particular relevance for the handicapped child, if not feasible for all. There is a tendency for a constructive approach to a child's educational or socio/medical problems only to begin at or around the age of five, when in fact the time for maximum effort and family support is considerably earlier than this. There is an increasing interest on the part of medical officers in local authorities in developmental paediatrics and together with members of the expanding School Psychological Service there could emerge an integrated and well structured service for the pre-school child whose influence would carry on into later years. Such a service would be available to dovetail with the projected child assessment centres in District General and base hospitals as envisaged by the Sheldon Committee.

In any event, whatever form the future structure of services to children may take, there is a great need for more intensive training in this kind of work. It is no longer enough to assume that because a man possesses a basic medical qualification he is therefore suitable to handle some of the complex diagnostic problems which are arising more and more frequently. Nor can such problems

be left entirely to the hospital service. Local authorities must invest in training and the acquirement of skills in the developmental aspects of child care in the same way as they have in the past in the D.P.H. training.

The regular medical examination of school children conducted when they are school entrants or at the junior school or when they are about to leave school was essential during the first forty or fifty years of the School Health Service, when there was so much sickness and ill-health among children due to the effects of infectious diseases, such as tuberculosis, rheumatic fever, diphtheria, and to minor ailments such as otorrhoea, impetigo and scabies. Largely due to the medical and social services, most children are nowadays healthy and with a shortage of medical staff it is necessary to question whether a superficial inspection of large numbers of normal children makes the best use of doctors' skills. It is, however, essential to detect at an early stage in infancy, children who may have disabilities or difficulties of development. In Glamorgan the Child Welfare and School Health Services are unified under the direction of the divisional medical officers and medical officers co-operate closely with teachers so that attention may be concentrated on children who are handicapped, "at risk", or who have emotional and learning problems.

During the past 20 years there has been a change in the pattern of diseases affecting children of school age. In 1967 there were forty-four deaths among children aged 5–15; twelve were due to accidents and ten to cancer and leukaemia. In 1947 there were ninety-three deaths in this age group, twenty were due to accidents, five due to cancer, five due to diphtheria, and fifteen due to tuberculosis. No deaths were due to diphtheria and tuberculosis in 1967 and measles is now the only serious infectious disease which attacks young children on a wide scale. There was one death from measles in 1967 and also in 1947. During 1968 measles vaccination is being offered to children under 15 years of age who have not had an attack.

Milk and Meals in School

8,160 children or 6·8 per cent of the school population receive free meals. This is an indication of the level of poverty in the County. Meals for these children are essential in ensuring that they are provided with enough protein and calcium in their diet.

During the period 18th September to 6th December, 1967, a dispute between the teaching profession and the authority unfortunately resulted in the withdrawal of teacher supervision during mid-day meals in the Neath and District Health Division and the Rhondda Excepted District. Children receiving mid-day meals in these areas were :—

Neath and District ..	64·7 per cent
Rhondda	33·7 per cent

The percentage of the school population receiving free meals were 6·6 per cent in Neath and District and 9·8 per cent in Rhondda.

Table S.1

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
1967 ..	119,534	71,423	59·75

TABLE S.2

SUMMARY OF RETURN MADE TO THE DEPARTMENT OF EDUCATION AND SCIENCE, 30th SEPTEMBER, 1967

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 ..	10,292	5,427	8,576	58	—
Caerphilly and Gelligaer ..	13,119	9,634	11,288	63	—
Mid-Glamorgan	18,436	13,591	14,382	81	—
Neath and District	9,865	6,384	7,707	51	—
Pontypridd and Llantrisant ..	12,611	7,017	10,806	53	2
Port Talbot and Glyncorrwg ..	11,707	5,647	8,100	43	—
South-East Glamorgan	17,389	10,409	13,224	74	—
West Glamorgan	10,105	8,042	7,669	60	—
Rhondda	15,345	5,165	12,753	84	2
Special Schools and Ogmore School Camp	565	565	558	7	—
Totals	119,434	76,881	95,063	574	4

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 1957–67

	1957	1962	1966	1967
A. MEDICAL INSPECTION				
(i) Routine examinations ..	31,400	24,584	23,942	26,001
(ii) Special examinations	6,029	12,922	5,010	5,142
(iii) Re-examinations	19,903	12,066	9,919	9,725
Totals	57,332	49,572	38,871	40,868
B. DENTAL INSPECTION				
(i) No. of children inspected by school dentists	23,175	22,560	25,890	40,745
C. TREATMENT				
(i) No. of treatment centres ..	57	61	77	76
(ii) Attendances at school clinics :				
(*a*) Dental	47,493	42,930	43,499	47,653
(*b*) Refraction	12,001	8,943	10,125	8,349
(*c*) Orthopaedic	13,736	12,260	10,193	7,604
(*d*) Minor ailments ..	5,342	3,756	1,979	494
(*e*) Speech therapy	10,940	8,325	7,112	7,798
Totals	89,512	76,214	72,908	71,898
(iii) Treatment :				
(*a*) No. of teeth extracted ..	28,292	20,522	16,624	18,186
(*b*) No. of fillings	12,387	12,511	30,581	39,208
(*c*) No. of teeth filled ..	—	11,369	26,251	32,558
(*d*) No. of other operations	9,977	8,338	10,053	11,044
D. SCHOOL NURSES				
(i) No. of examinations of children at school for uncleanliness	286,463	206,596	212,523	183,763
(ii) No. or re-examinations ..	13,767	7,543	19,783	8,396
(iii) No. of visits paid to homes ..	12,341	7,382	7,470	7,723

HANDICAPPED PUPILS

The statutory categories of handicap requiring special education in accordance with age, ability, and aptitude are : blind, partially-sighted, deaf, partially hearing, educationally subnormal, epileptic, maladjusted, phsycially handicapped, delicate, and speech defects.

The categories do not reflect the wide range and complexities of handicaps and their causes. This is because the regulations dealing with handicapped pupils are concerned only with those who require special educational treatment. In consequence, many local education authorities are not in a position to know the true incidence of a wide range of conditions, e.g. the medical officers of health will know of epileptic children who require special educational treatment but may not be aware of the actual incidence of epilepsy in the school population.

Since the special education services are now so widely recognised it is desirable to redirect ascertainment procedures for children who are handicapped or who have defects to establish a clinical basis rather than one solely related to education.

As mentioned in the introductory paragraph, the development of health services for school children has continued steadily over the years and is in most cases of a high order. Such weaknesses as exist occur in the ascertainment of children with handicaps at the earliest possible age as this should have been done before the child enters school and in ascertaining defects at school leaving age.

During the year, divisional medical officers put into effect the decisions of the County Council in implementing 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, which were referred to in the Annual Report for 1966.

Miss Jennet Davies, Deputy Principal Nursing Officer continued to act as liaison officer at Erw'r Delyn School, acting as the link between home and school and helping to solve children's problems that arise out of school.

A special assistant in the Youth Employment Service, Mr. A. Curry, helps to obtain employment for the handicapped school leaver, working closely with Divisional Youth Employment Officers.

Table S.4

Children in Special Schools and Classes.

Category	Glamorgan Number		1967 Rate per Thousand	
	1966	1967	Glamorgan	England and Wales
Blind and Partially Sighted:				
At Special Schools—				
(*a*) Day pupils	4	~~0·09~~ 4	0·03	0·14
(*b*) Boarding pupils	56	55	0·042	0·27
Deaf and Partially Hearing:				
(1) At Special Schools—				
(*a*) Day pupils	—	—	—	0·30
(*b*) Boarding pupils	48	45	0·34	0·38
(2) At Special Classes	152	138	1·05	—
Educationally Subnormal:				
At Special Schools—				
(*a*) Day pupils	148	134	1·13	4·76
(*b*) Boarding pupils	136	133	1·02	1·25
Maladjusted:				
(*a*) Special schools	4	8	0·06	0·74
(*b*) Hostels	17	18	0·14	0·09
Physically Handicapped and Delicate:				
At Special Schools:				
(*a*) Day pupils	15	17	0·13	1·39
(*b*) Boarding pupils	81	79	0·60	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 :—

"The year closed with 100 pupils in the school. Overall figures for the last few years are as follows :—

Table S.5

Numbers on Roll at Ysgol Penybont

1964	113
1965	109
1966	102
1967	101
1968	Estimated 85–90

Intake figures for the same period were :—

Table S.6

New Entrants to Ysgol Penybont

1964	14 new entrants
1965	14 new entrants
1967	12 new entrants
1968	9 new entrants

Of the 100 children in the school at the end of 1967, forty-five pupils were from the Glamorgan County Area and fifty-five other authorities. All pupils were resident with the exception of four whose parents reside within the Bridgend area.

The school continues to make educational provision for its pupils through either of the two media, print and braille. In 1967 there were fifty-two print users and forty-eight braille users. There were three cases in 1967 of pupils whose vision deteriorated and caused them to be transferred from print to Braille. One print user was deemed fit to return to a "normal" school.

A survey of eye defects among the pupils in 1967 revealed the result outlined in the following table :—

TABLE S.7

EYE DEFECTS OF PUPILS AT YSGOL PENYBONT

Disease	*Boys*	*Girls*	*Total*
Congenital cataracts (associated with nystagmus)	8	3	11
Congenital caratact	13	4	17
Nystagmus (with albinism, myopia and optic atrophy) ..	4	4	8
Glaucoma	3	1	4
Retinitis pigmentosa	5	0	5
Retinoblastoma	2	5	7
Optic atrophy	1	6	7
Retrolental fibroplasia	10	9	19
Detached retina	1	0	1
Developmental (various)	4	2	6
Retinal aplasia	2	2	4
Myopia	–	2	2
Macular degeneration	–	2	2
Other	1	5	6

Of the pupils in school in 1967, 10 per cent suffered from some degree of epilepsy. All these were quite well controlled by drugs. Only 3 per cent of the pupils were daily Enuretics. Significant deafness was present in the case of six pupils. Fourteen of the pupils were wearing artificial eyes. One pupil benefitted from contact lenses.

During the year ten pupils left. Of the partially sighted pupils, one was returned to a "normal" school, one took up an apprenticeship with a building firm ; two obtained temporary employment ; one was transferred to a school for E.S.N. pupils. Of the "blind" leavers, three proceeded to the Birmingham Adolescent Training Unit ; one went to the Worcester College for the Blind ; one returned to his home to be employed by his father on the family farm. When considering employment for future leavers, the school will be aided by the new specialist Youth Employment Officer, who will be specifically concerned with leavers from schools for the handicapped.

It is hoped that the new Social Worker for Handicapped Pupils in Mid-Glamorgan will be effective in giving more guidance to parents of visually handicapped pupils attending or due to attend the school, and help in making firmer links between parents and the school staff.

The general activities of the school followed the pattern of recent years. A very firm and pleasant contact exists between the school and the local Y.M.C.A. A group of older pupils will attempt C.S.E. examination this year. Two overseas students attached to the school were successful in obtaining the Overseas Diploma of the College of Teachers of the Blind.

Towards the end of 1967 the pupils were able to make use of the new swimming bath provided for the school. This new facility is likely to prove invaluable.

A large proportion of the staff have served the school for very many years. Three of the teaching staff have, between them, completed 107 years of service."

(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 rountine 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 medical officers :—

Dr. J. A. Brown, *Medical Officer, Mid-Glamorgan Health Division.*

Hearing Assessment Clinics.

"During the last year the hearing assessment clinics have continued to be very busy. The work in these clinics has evolved and developed but has not increased in volume. It is probably true to say that the quantity of work per year has become stabilised and that now every opportunity can be taken to raise the quality of work wherever this is possible.

The two partial hearing classes at Brynmenyn Junior School and the partial hearing centre at Ynysawdre Comprehensive School continue to prosper, thanks to the enthusiasm of the teachers of the deaf and to the interest and co-operation of the Headmaster of the schools to which these classes are attached. These classes are reviewed each term by the School Medical Officer specialising in this audiological work and the teacher of the deaf. Some lack of continuity was apparent in these term reviews due to changes in teachers but it is hoped that teaching staff will soon be stabilised and then term reviews should prove more satisfactory and of greater value.

Hearing assessment clinics continue to be held at several suitable clinics in the Mid-Glamorgan Division but the more difficult problems are seen at the central clinic in Bridgend where it is hoped that some sound damping treatment to a suitable room will be available in the future. It is also hoped that further simple equipment can be concentrated at this central clinic.

There has been two main developments during the last year. The first was the firm establishment of a Joint Audiology Session at the central clinic in Bridgend. Here the area teacher of the deaf and I meet once per fortnight to see children and their parents and here also a representative of the School Psychological Service is regularly present. This closer contact between teacher of the deaf, medical officer and educational psychologist is proving of great value in closer co-operation which is of benefit to the children concerned. The second development was the closer link between the local Ear, Nose and Throat Consultant and the medical officer. Selected cases are now seen once per month at the local hospital with the medical officer in attendance.

It is anticipated that during the next year the school audiological service and hearing assessment clinics will continue to develop along the lines already laid down. The increasing demands on these services will mean that sound treatment of central premises will need to be considered and further provision of simple equipment will ultimately prove necessary.

Co-operation with Mr. Davies, Organising Teacher of the Deaf, and his staff has again been excellent. Full co-operation from teachers, doctors, and parents is essential if these children are to obtain the help they need. This essential co-operation has been earnestly pursued during the last year."
Dr. D. W. FOSTER, *Divisional Medical Officer, Pontypridd and Llantrisant Health Division.*

"Hearing Assessment and Auditory Training.

TABLE S.8

Hearing Assessment

Number of sessions held	67*
Number of children assessed	347
Number of attendances at sessions	407

*Including 5 sessions attended by both the Medical Officer and Teacher of the Deaf.

TABLE S.9

Auditory Training

Number of sessions held	97
Number of children given auditory training	12
Number of attendances at sessions	170

Of the 347 children whose hearing was assessed, seventy-three were referred to an Otologist, two were referred to a speech therapist, and one child was recommended for admission to Whitchurch residential nursery.

The number of children which it was felt should be kept under observation (137) represented 39·48 of the total.

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

1. Routine hearing tests administered by H.Vs at home, at I.W. clinics
2. Hearing surveys in schools.
3. Children found to be educationally backward by the Educational Psycholgist's survey.
4. Children classified as educationally subnormal or examined for this purpose by medical officers.
5. School medical inspections.
6. General practitioners.

The very good liaison established with the Teacher of the Deaf for the area continued to flourish and no special difficulties were encountered in assessing and placing children of school age.

Glamorgan Nursery School for Deaf Children.

I have pleasure in reproducing the report of Mrs. C. E. Jones, Head Teacher of the Glamorgan Nursery for the Deaf :—

TABLE S.10

CHILDREN ATTENDING OR REFERRED DURING THE YEAR 1966

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

TABLE S.11

DEAF CHILDREN WITH ADDITIONAL HANDICAPS

Handicap	Boys	Girls
Rubella deaf /partially sighted	1	1
Brain damaged/cerebral palsied	2	1
Aphasic	1	1
Hearing difficulties/maladjusted subnormal	7	2
Mongoloid	1	–
Total	12	5

TABLE S.12

ADMISSIONS AND TRANSFERS DURING 1967

FULL AND PART-TIME PUPILS)

Year of birth	Boys	Girls
Admissions:		
1961 ..	2	–
1962 ..	3	–
1963 ..	1	–
1964 ..	2	4
1965 ..	–	1
Total ..	8	5
Transfers:		
1960 ..	3	3
1961 ..	1	1
1962 ..	2	–
Total ..	6	4

In September 1967 the first partially-sighted/partially-deaf, brain-damaged rubella child was admitted. It is anticipated that a special class will be created to cater for the needs of rubella children where the teacher in charge will undertake diagnostic work and training. In addition, three other children were admitted for short-term assessment. Each child had been assessed as having a hearing loss with subsequent lack of language development, but additional handicaps (such as hyperactivity, cerebral palsy, mongolism, etc.) were also present. These additional problems had prevented the carrying out of a rapid and accurate assessment within the field of language and hearing. In such cases the children attended for half or full-day sessions, and were usually referred for further diagnosis, for example, to the Department of Audiology at Manchester, before a final decision was reached regarding developmental level, language and hearing, and suitable educational treatment.

In July 1967, eight children were transferred. Three were considered suitable for placement in partially hearing units, and the remaining five were transferred to Llandrindod Wells. A further transfer took place in October, when one boy, diagnosed as being primarily aphasic, was transferred to Moor House School, Oxted.

The number of children referred to the school as being suitable for education as deaf children remains at thirty or slightly above this figure. There is still a demand for places greater than the number of vacancies available. The problem is accentuated by the number of dually or multiple handicapped children requiring provision at the school, and the necessity for catering for them within very small specialized classes.

We have continued to provide a pre-school guidance service for the parents of children under 3 years of age, and this, we feel, is of major value in helping the parents to accept and understand the child's handicap, while also preparing the child for admission to school as a full-time pupil.

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 head teachers 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.

Observation Units

There are ten observation units in the Administrative County where the markedly backward children are observed and diagnosed. Panel meetings are held quarterly, if possible, when the headmaster, teachers, educational psychologist, divisional education officer, and medical officers are present to discuss the progress of each child and his future placement.

I have pleasure in reproducing the reports of Mr. W. P. Bourne, headmaster Ysgol Hendre-Brycoch and Miss E. I. Sharkey, headmistress of Ysgol Cefn as, residential schools for educationally subnormal children :—

Ysgol Hendre-Bryncoch. Report of Headmaster, Mr. W. P. Bourne :—

Hendre Residential School, Monmouth, closed down in July 1967. The school first opened with eighteen boys in February 1954 and by the end of that year there were fifty-one boys on the roll. By 1958 accommodation for another twenty boys was provided and eventually seventy-nine boys could be on roll. The total number of boys admitted to the school was 254, the majority of whom remained at the school until the leaving date after their sixteenth birthdays.

Altogether there was not much illness and few injuries at Hendre, Monmouth, and the general health and fitness of the boys was good. There were very few occasions when a boy needed either medical or surgical treatment in hospital, all for a variety of minor ailments. Usually any infectious illness was confined to no more than a few boys, but in February 1967 there was a tonsillitis epidemic which affected about two-thirds. All boys and staff had throat swabs taken and forty-five boys and two staff had positive streptococci infection. The same term there was just one case each of german mealses, chicken-pox, scarlet fever, and mild rheumatic fever.

Throughout the years that the school was open medical care was provided locally by Dr. G. Griffiths, Monmouth. From time to time Monmouth General Hospital, Royal Gwent Hospital, Newport, Hereford County Hospital and St. Lawrence Hospital, Chepstow, provided particular care for certain boys as required. Routine dental care was provided by a Monmouthshire County Council mobile dental clinic and emergencies referred to private dentists, and optical care by a local optician. Invariably our boys were given a pleasant reception and the utmost care and attention at all times and in all circumstances.

Hendre-Bryncoch School opened in September 1967 in new purpose-built premises. There is residential accommodation for seventy boys and day-time provision for thirty day boys. When the school opened there were fifty-seven resident and three day boys who had been pupils at Hendre, Monmouth. In September there were twelve new admissions, six resident and six day, and in November a further six resident pupils were admitted. The total number on roll was sixty-nine resident and nine day pupils.

At Neath the Divisional Medical Officer has made available the services of the various school clinics and Dr. Bromham provides G.P. services.

sgol Cefn Glas. Report of Headmistress, Miss E. I. Sharkey.

TABLE S.13

Number on roll.. ..	85
Age range	8–16 years
I.Q. range	50–80

TABLE S.14

AREAS FROM WHICH CHILDREN ARE DRAWN

Glamorgan :	
Caerphilly and Gelligaer Division	2
Mid-Glamorgan Division	24
Port Talbot and Glyncorrwg Division	3
Pontypridd Division	4
Neath Division	6
South-East Division	10
West Division	1
Rhondda Excepted District	7
Monmouthshire	28
Total	85

TABLE S.15

PLACEMENT OF SCHOOL LEAVERS

Sixteen girls reached school leaving age during the year.

Open employment	8
Health Department training centres	5
At home	2
Residential home	1

The County Youth Employment Service makes great efforts to place our leavers and the special officer in charge of handicapped school leavers now makes fortnightly visits to Cefn Glas. He co-operates with the teachers of the older pupils, preparing them for the world of work.

New Admissions

The children who are proposed for admission, visit Cefn Glas with their parents and are interviewed by the Selection Panel at the school. During 1967, we admitted nineteen pupils. One of these girls was considered rather old to be starting in a residential school but she has settled down well and is profiting by her stay. It is of course, much more beneficial to a pupil if she is admitted around the age of eight. In cases where we admit children whose behaviour is disturbed, we have the constant support of the Child Guidance Service.

Links with home

We have had two open days this year, one on 15th July and one on 18th November. We had a good attendance of parents on each occasion. Since we opened, the number of children who go home at weekends has risen steadily. In the early days about ten went home each weekend, and now over twenty do so. This is a trend we do out best to encourage. We arrange visits and other outings for those children whose parents cannot manage to have them.

Out-of-Door Activities

We are specially fortunate to be so near the sea and the pattern for fine summer weekends is now established. After lunch, sandwiches and drinks are prepared and children and housemothers are off to Newton or Porthcawl until supper time. This routine, combined with their visits to the open-air baths at Bridgend, pays dividends in health.

Educational Journeys

On 11th March, a group of seniors visited the Ideal Home Exhibition in London. On 18th May, all the pupils went to Gower and on 13th July, the seniors visited Bath.

Other visits

On 20th February the girls attended a St. Valentine's dance at Weycock Cross Youth Club. On 15th October another party of girls visited Hilston Park School and enjoyed a party with the boys.

On 9th February the pupils attended the matinee performance of the pantomime in Cardiff and on 18th February the film "The Ten Commandments", in Bridgend. On 7th November and 14th December parties of seniors visited Cardiff for Christmas shopping.

Once more we were entertained by the "Noson Lawen" group from Maesteg, and we attended local concerts and recitals. During the Christmas festivities our own choir sang carols to the old people at Trem y Mor, Bettws and to others who have been friends of Cefn Glas.

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 :—

272 pupils have been admitted to the school since it opened.

Table S.16

Admissions to Ysgol Erw'r Delyn

	Boys	*Girls*	*Total*
Present pupils	84	48	132
Past pupils—under 16 years	22	11	33
16 years and over	64	43	107
Total	170	102	272

Table S.17

Present placings of former pupils of Ysgol Erw'r Delyn.

Pupils under 16 years	*Boys*	*Girls*	*Total*
In ordinary schools	5	2	7
Other special schools and classes	6	4	10
Home tuition	1	1	2
Health Department junior training centres (subnormal)	3	3	6
Deceased	7	1	8
Total	22	11	33

Pupils 16 years and over	*Boys*	*Girls*	*Total*
In employment	22	9	31
At home	26	13	39
Training courses	2	11	13
Health Department training centres (subnormal)	8	8	16
Deceased	6	2	8
Total	64	43	107

Table S.18

Physical handicaps suffered by the children admitted to Ysgol Erw'r Delyn.

Handicap	*Boys*	*Girls*	*Total*	*Remarks*
Cerebral palsy	63	50	113	Includes one girl admitted in 1968
Sina bifida	19	16	35	Includes one girl admitted in 1968
Muscular dystrophy	25	3	28	No child admitted in 1967.
Poliomyelitis	13	10	23	No child admitted after 1964
Heart conditions	2	6	8	No child admitted after 1962
Congenital deformity	12	5	17	No child admitted during 1962
Asthma	11	1	12	No child admitted during 1960–62
Other handicaps	25	11	36	
Total	170	102	272	Includes two girls admitted 1968

Table S.19

Class Organisation of Ysgol Erw'r Delyn

Teacher	*Class*	*Age range*	*Boys*	*Girls*	*Total*
Miss Ainley	Infants	5–7	7	9	16
Miss Jenkins	Junior I	7–9	8	10	18
Mrs. Jones	Junior II	9–11	13	4	17
Mrs. Vibert	Senior I	11–12	8	7	15
Mr. Samuel	Senior IIA	11–13	10	–	10
Mr. Bevan	Senior IIB	12–14	11	3	14
Mr. Howells	Senior IIC	12–15	6	4	10
Mr. Owen	Senior III	13–15	10	6	16
Mr. Berrell	Senior IVB	16–17	7	–	7
Mrs. Sherriff	Senior IVG	16–17	–	5	5
Secondary School for Boys		13–17	4	–	–
	Total		84	48	132

TABLE S.20

HILDREN AT YSGOL ERW'R DELYN FROM OTHER CONTRIBUTING AUTHORITIES

Glamorgan ..	76	Merthyr Tydfil ..	3	Brecon	5
Monmouth ..	24	Newport	4	Carmarthen ..	5
Cardiff	7	Swansea	1	Pembroke ..	4
Radnor ..	1	Cardigan ..	1	West Riding ..	1

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 physio-therapists, 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.

Waiting List

At the time of making this report there are twenty-five children awaiting admission and it is likely that this number will increase because of the large incidence of spina bifida in the area. It may be necessary for consideration to be given to the provision of a day school for physically handicapped children to cope with these increasing numbers, by one of the larger authorities.

MALADJUSTED PUPILS

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

I am grateful to Dr. K. W. Aron, Consultant Child Psychiatrist, for a most teresting report on the work of the Child Guidance Service in Glamorgan, hich 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 consideration 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 1967. Discussions were in progress during the period under review concerning the availability to the Child Guidance Service of other rooms in the Neath Clinic likely to become vacant. The problem of the small size and general unsuitablity of the rooms already used by us has been alluded to previously as well as has the lack of an inter-communicating door between the dry and wet play-rooms which is necessary in terms of the therapeutic needs of the children. The latter problem has not so far been solved but a decision was made concerning the use of a larger room on the ground floor for diagnostic purposes instead of the existing one on the first floor which is far too small for this purpose ; at the time of writing, however, this has not so far been implemented.

The worst situation with regard to accommodation continues to prevail in Aberdare where only an ordinary medical examination room is available which is unsuitable on account of lack of space, the presence of medical instruments (which one generally tries to keep out of sight in Child Guidance work) and the very limited facilities for storing toy materials, which have to be locked away in a small part of a cupboard as there is no play-room available.

Re-decorating of the Pontypridd Clinic was carried out during the period under review. There continues to be a considerable problem of access to this Clinic as the road leading down to it from Merthyr Road is not properly made-up and constitutes a serious hazard to the increasing number of users—not only to the children (some of them of very young age) attending this Clinic but also to parents accompanying them, as well as to the children regularly attending the Adjustment Class held in this building and also the increasing number of staff.

In addition to this there is also the actual accommodation problem in this Clinic due to the small size and cramped conditions of the building (pre-fabricated one-storey type). There is no separate interviewing room available for the use of the Social Workers as the room originally allocated for this purpose has had to be converted into a combined dining room–cum classroom for the Adjustment Class. The existence of the latter has naturally involved a certain amount of restriction in the space and facilities available for Child Guidance Clinic purposes although with a good deal of improvisation we have continued to squeeze in this class somehow. It would be quite impossible, however, to provide facilities for a second Adjustment Class and the attempt to do so would disrupt the Child Guidance work there to such an extent that it could no longer be carried on, particularly if this involved the use of the Play Therapy Room for any other than its proper purpose.

As regards *staff*, Dr. T. T. Jones, who had been with us since 1965 as Registrar to the Child Guidance Service, unfortunately left in May. Dr. Jones' departure meant that I was without any junior staff for the remainder of the period under review.

As regards *psychologists*, the appointment of a further one in the Pontypridd area relieved Mr. P. H. Cox of his responsibility there and allowed him to concentrate solely on the Caerphilly Division. Co-ordinated team-work is the essence of the modern approach to Child Guidance and the view that the individual worker in this field can operate successfully on his own has long ago been discarded in all responsible circles. It is this idea of co-ordinated team-work which underlies the principle of clinics jointly organised between hospital boards and local authorities and which, in the case of Glamorgan, has been specifically laid down in the agreement between these Authorities.

This means *inter alia* early referral by Educational Psychologists of those cases which they come across in their work in the School Psychological Service which present more than simple educational problems and are in

need of the help of the integrated Child Guidance team. In this connection it is of interest that the number of referrals from this source showed a marked increase (from 38 to 83). This represents the continuation of a general trend of developments to which reference was already made in last year's report.

Until this year we had had 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 had been evident from the beginning that in terms of the staffing needs of the area one Social Worker was quite insufficient. The situation was eased somewhat during the present year by the appointment of two more Social Workers—Miss J. Bulley and Miss E. A. Workman.

Mr. D. H. Lewis continued to work with us as Play Therapist throughout the period under review. Unfortunately since the close of the present period Mr. Lewis has been appointed Senior Clinical Psychologist at Cefn Coed Hospital and at the time of writing his post has not yet been filled.

The rate of referrals to the Clinics has remained very high (as will be seen from the accompanying statistical tables) ; this makes the problem of an increase in staff, particularly in medical personnel, an urgent priority, as well as a reduction in the size of the area which one Consultant psychiatrist and his team can be expected to cover. Reference has already been made on several previous occasions 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. This is to be welcomed but the original hope that the decision would be implemented during 1967 did not materialise. 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. Just how serious the situation is, and how necessary immediate and urgent action, will be evident not only from these considerations but also when the fact is borne in mind that the area in Glamorgan thus inadequately served in terms of proper child psychiatry facilities contains almost one-third of the population of Wales.

Table S.21

Number of Cases Referred during 1967

Clinic	Boys	Girls	Total
Tynygarn	54	24	78
Neath	56	32	88
Rhondda	19	13	32
Aberdare	13	6	19
Pontypridd	48	10	58
Total ..	190	85	275

Table S.22

Number of Cases Discharged during 1967

Clinic	Boys	Girls	Total
Tynygarn	18	6	24
Neath	21	16	37
Rhondda	11	5	16
Aberdare	5	3	8
Pontypridd	17	3	20
Total ..	72	33	105

Table S.23

Causes of Referral

Aggressiveness	20	Nightmares	4
Attention-seeking behaviour ..	7	Night terrors	5
Abortion	1	Nail biting	19
Apparent hallucinations ..	1	Non-communicative	1
Backwardness	10	Other psychosomatic symptoms	8
Brain damage	1	Other habit disorders	24
Breaking and entering and other offences against property except stealing	13	General shyness and timidity ..	12
		Rocking	1
		Running away	14
Compulsive rituals	2	Wandering	1
Cruelty to animals	1	Stammering and stuttering ..	10
Destructiveness	3	Other speech defects	1
Disregard of danger	1	Stealing and pilfering	58
Disobedience	7	Sexual difficulties	16
Enuresis (wetting)	28	School phobia	13
Encopresis (soiling)	13	Other fear and phobias	20
Firesetting	3	Thumbsucking	2
Fits	1	Temper tantrums	13
Generally difficult behaviour ..	62	Truancy	29
Hyperactivity	1	Sleep walking	1
Jealousy and resentment of other children	13	Generalised anxiety	11
		Migraine	1
Lack of concentration	4	Depression	12
Lying and romancing	16	Attempted suicide..	1

Table S.24
Sources of Referral

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
General practitioners ..	30	23	12	3	9	77
Divisional medical officers	15	25	6	7	10	63
Paediatricians and other medical sources ..	3	6	2	1	5	17
Schools (via Educational Psychologists)	12	25	10	7	29	83
Juvenile courts and probation officers	6	7	2	—	4	19
Children's Department ..	8	1	—	1	—	10
Others	4	1	—	—	1	6
Totals	78	88	32	19	58	275

Table S.25
Age Distribution of Children Referred

Clinic	1–5 years	5–10 years	10–15 years	Over 15 years	Boys	Girls	Total
Tynygarn ..	8	26	37	7	54	24	78
Neath	6	35	39	8	56	32	88
Rhondda ..	1	13	16	2	19	13	32
Aberdare ..	5	2	12	–	13	6	19
Pontypridd ..	3	23	29	3	48	10	58
Total ..	23	99	133	20	190	85	275

Table S.26
Psychiatrist's Interviews with Children

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
Diagnostic	57	69	39	16	44	224
Therapeutic ..	234	428	94	82	328	1,066
Totals ..	291	497	133	98	372	1,290

Table S.27
Psychologists' Interviews with Children

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
61	41	24	18	56	200

TABLE S.28

INTERVIEWS WITH PARENTS

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
497	451	148	224	402	1,722

TABLE S.29

PLAY THERAPIST'S INTERVIEWS WITH CHILDREN

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
260	253	72	147	145	877

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 :—

Provision

The unit was open for fifty weeks in this year, the average number of children in residence during term time was 19·7, and during the holiday periods 5·4.

TABLE S.30

REFERRALS, ADMISSIONS AND DISCHARGES

Referrals		*Admissions*	
Glamorgan Child Guidance Service, Dr. K. W. Aron	13	Glamorgan ..	17
Glamorgan Children's Department	4	Swansea ..	1
Other agencies	2	Merthyr Tydfil	1
Total	19	Total	19

Discharges	
To their parents	7
Employment	3
Special schools	3
Children's Department ..	3
Total	16

It is the practice to arrange for the referring Child Guidance Clinic to provide a "follow up" service for those children returning to their parents. The Children's Department provides a similar service.

Length of Stay

The average length of stay in the unit has decreased from eighteen months to fifteen months. Many of the children who were "long term" cases were from the Children's Department.

The increasing availability of special educational treatment on a daily basis throughout the County has meant that some children can be discharged earlier than in the past, whilst others may no longer even require admission.

Referring Symptoms

The following are the main presenting symptoms of children on admission.

TABLE S.31

SYMPTOMS OF CHILDREN ON ADMISSION

Psychological symptoms of anxiety ..	12
Physical symptoms of anxiety	7
Psychotic behaviour	0
Total	19

The Adjustment Classes

There are now two classes attached to the unit for the purpose of

(*a*) Investigation of the children's attainments and intelligence,

(*b*) Following a programme of work consisting of making contact, increasing the child's appetite for experience, and modifying his negative expectations within the learning situation.

Average attendance 15·7 children

Highest number on roll 19 children.

Lowest number on roll, 13 children.

Number of children who attended the class in the year, 27.

Glamorgan L.E.A. 24, Cardiff L.E.A. 2, Merthyr Tydfil 1. Total 27.

Due to the development of the School's Psychological Service and the establishment of adjustment classes in each Division, many of the children admitted to the unit will have had special educational treatment before. In order to maintain a continuum of educational experience in cases of this kind it may be necessary to retain more children in the classes in the "Lindens" than has been usual in the past, with a resulting decline in the numbers attending local schools.

Clinics

Clinic provision has been increased from one afternoon to two afternoons per week. Mondays are reserved for the Case Conference with emphasis on discussion between the various agencies dealing with the child and his family. Close liaison is maintained with Dr. K. W. Aron, Consultant Child Psychiatrist, through his staff of social workers who visit the homes of the children and the unit and are in a position to advise during treatment and continue such treatment when the child is discharged.

Liaison with the Children's Department has been improved by the appointment of Mr. John Harper as a member of the team, case conferences are shared with the Department in the area in which the child is placed. Educational psychologists also attend the conference to discuss children in whom they are interested.

The Thursday Clinic is used by the psychiatrist, clinical and educational psychologists for

(*a*) Psychotherapy with individual children and groups.
(*b*) Play therapy.
(*c*) Family therapy, when mother and child are seen together.

Dr. Peter Gray continues to see such children as the team requests.

Courses

Students attend the unit for block placements of observation and practice from the university courses in psychology, special education, and social work. Selected parties of students from other courses attend for day lectures and discussions.

General

Due to the improvements in family/clinic relations already described, more of our children are able to spend holidays and weekends at home. There remains a consistent core of boys for whom the home situation remains unchanged. It is this group which causes the most concern to the panel and for whom education at a residential school might be more advantageous.

Children with Defects

Although children are in good health, 2,895 were referred for treatment, not being dental treatment from the 26,001 children medically inspected. The most prevalent defects requiring treatment were eyes, 1,096 children (42 per 1,000) ; orthopaedic, 885 (34 per 1,000) ; nose and throat, 348 (13 per 1,000), and ears, 317 (12 per 1,000). The number of children requiring observation for these conditions were : eyes, 1,293 children (50 per 1,000) ; orthopaedic, 1,509 (58 per 1,000) ; nose and throat, 2,086 (80 per 1,000), and ears, 1,223 (47 per 1,000).

1,159 (45 per 1,000) required observation for lymphatic glands.

Impaired Vision

The number of medical staff who are able to deal with ophthalmic work is very limited, viz., one sessional ophthalmic medical practitioner and six medical officers.

At the periodic medical inspections 1,096 children were found to require treatment for defective vision excluding squints, compared with 780 pupils in 1966. 6,358 children were seen at eye clinics and 2,350 spectacles were prescribed by the Authority's doctors.

The alternative is for parents to take their children to ophthalmic opticians. Representations have been made to the Department of Education and Science for the amendment of the National Health Service (Supplementary Opthhalmic Services) Regulations 1948 so that authorities may engage ophthalmic opticians to examine school children. The possession of normal vision is closely linked to a child's ability to learn and an in-adequate refraction service is a matter for concern.

TABLE S.32

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	417	440	790	363	599	494	781	179	—	4,063
Number colour vision defective ..	18	16	22	22	33	22	31	3	—	167
Percentage colour vision defective ..	4·32	3·64	0·03	6·06	5·51	4·45	3·96	1·68	—	4·11

Skin Diseases

167 children were known to have been treated for skin conditions, of which ninety-seven suffered from scabies compared with 157 cases of scabies in the previous year.

Scabies

In 1966 an outbreak of scabies occurred in a mining village in the Neath and District Health Division. The scale of the outbreak was as follows :—

TABLE S.33

OUTBREAK OF SCABIES IN NEATH AND DISTRICT DIVISION

Number of children affected ..	91
Number of adults affected ..	8
Number of re-infections	13
Number of child contacts treated	130
Number of adult contacts treated ..	179
Total number of contacts treated	309
Total cases and contacts treated ..	408

At the junior school the only hot water was in the kitchen and as the supply of towels was inadequate for the frequent washing advised, the Divisional Medical Officer recommended that the Education Authority provide disposable paper towels at the school during the epidemic.

Verruca

Verruca is a problem in the Port Talbot and Glyncorrwg, Neath and District, and West Glamorgan Health Divisions. Its prevention is hindered by the communal use of gymnasium shoes or where children do exercises in bare feet. The following is an account by Dr. A. G. Alexander of the Verruca Clinic now held fortnightly at Dyfed Road Clinic :—

Clinic commenced	May 1963
Total attendance to-date	1,397
Average visits per case	Between five and six
Attending clinic at present	33
Total number of children app. ..	1,239
Total number of sessions held ..	250 approximately.

The Neath Borough Swimming Pool was opened at Dyfed Road on 30th September, 1961, but isolated cases of verruca had occured locally before this time, but the numbers increased later. Vanodine is used on flooring in some of the schools and to disinfect gym shoes occasionally. It is also used in the swimming pool and Eusol is used in the footbaths.

A survey of children's feet was carried out at the Gnoll Schools, Infants, Junior, and Secondary.

The results are shown below.

TABLE S.34

SURVEY OF CHILDREN'S FEET AT GNOLL SCHOOLS

School population	900
Number with verruca ..	30 (3·5 per cent)
Number with timea pedis ..	10 (1·1 per cent)
Number with corns	9 (1 per cent)
Number with flat feet ..	38 (4·2 per cent)

It is proposed to repeat this later.

The treatment given includes the extensive use of liquid nitrogen which we have to collect from the British Oxygen Co. factory in Margam on the morning of each clinic.

This is carried in a vacuum flask contained in a specially made wooden box.
Tinc. Benzoin Co. is used to protect the skin around the lesions from the effects of the ointments used. These are made up as follows :—

(i) Acid Salicyl, 2 oz.
Chloral hydrate, gr. 175.
Oint wood alcohol, up to 4 oz.

(ii) Dihydrostreptomycin, 5000 units.
Isonicotine Acid Hydrazide, 50 mg.
Hydrocortisone Acetate, 10 mg.
Adeps. Lan. Hydros. B.P., ad 1 G.

Up to fifty or more children can be attended to in one session although this puts a strain on the Medical Officer and nurse involved. It seems that there is always a certain amount of this condition in the school population and we are never short of pupils needing appointments, although treatment could be given by the general practitioners.

I feel that the communal use of gym shoes spreads the condition because these shoes are not adequately disinfected. School activities in bare feet and the use of the swimming bath and school showers also probably have a bearing on the incidence.

Spina Bifida

Greater skill in surgery and the control of infection has enabled children born with severe physical disabilities to survive. A unit for the treatment of spina bifida children, provided by "Tenovus" was opened at Cardiff Royal Infirmary on 4th November, 1967. It is important that spina bifida children should be admitted to the unit as soon as possible after birth, since infants need to be operated upon within 24 hours for some conditions which affect the use of their limbs. Midwives have been given instruction in assisting family doctors in the care of babies to be sent to the unit. Similar arrangements exist in the west of the County which is served by Morriston Hospital.

Since a high proportion of these children will survive into school age and beyond, special provision is required for their education and for their vocational training in later years.

The position in Glamorgan is as follows :—

Table S.35

Children Born Alive with Spina Bifida

Year	Born with Spina Bifida		Total
	Alone	Including hydrocephalus or encephalocele	
1965 ..	25	7	32
1966 ..	21	8	29
1967 ..	16	8	24
Totals	62	23	85
Survivors			
1965 ..	15	2	17
1966 ..	9	2	11
1967 ..	8	2	10
Totals	32	6	38

Table S.36

Preliminary Educational Assessment of Children Born with Spina Bifida

Year born	Spina bifida alone			Spina bifida including hydrocephalus or encephalocele		
	Ordinary school	Special school	Not assessed	Ordinary school	Special school	Not assessed
1965 ..	6	5	4	–	1	1
1966 ..	4	–	5	–	1	1
1967 ..	–	2	6	–	1	1

It will be noted that over 40 per cent of the children born with spina bifida ave survived. On this basis it will be necessary to make provision for the ducation of approximately an additional ten spina bifida children a year.

PEECH THERAPY

There is a national shortage of speech therapists and the Authority's work . dealing with children suffering from speech defects has been considerably mpered. At the end of the year there were four speech therapists, the thorised establishment being only five. The transfer of the Parish of Whitchurch to the City of Cardiff enabled the therapist attending the Whitchurch Speech Therapy Clinic to undertake work in the Pontypridd Clinic.

A restricted service became available in the Pontypridd and Llantrisant ealth Division in April but Rhondda has had no service since 1960. During 968 a speech therapy service will operate in every divisional area.

Dr. G. E. Donovan, Divisional Medical Officer of the West Glamorgan ivision continued his research work on stammering with the Professor of sychology at University College, Swansea.

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

TABLE S.37

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Total number of individual cases seen ..	1,368	1,339	955	767	1,023	1,001	1,052	849	967	1,074
Number of cases treated ..	1,149	1,176	879	712	835	926	994	799	479	925
Total number of attendances	12,514	11,628	7,024	6,522	8,325	8,573	8,057	6,644	7,112	7,798

Table S.38

Analysis of Work by Speech Therapists during 1967

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	163	101	180	183	49	135	103	160	—	1,074
Total number of attendances	1,185	575	16,46	1,069	317	997	883	1,126	—	7,798
Number of current cases at 31st December, 1967	31	29	65	66	14	47	51	35	—	338
Total number of cases remaining on waiting list at 31st December, 1967	10	—	61	32	24	30	27	20	—	204
Number of cases under observation (immediate treatment not necessary)	37	52	36	—	27	1	38	—	—	191
Analysis of discharged cases:										
(*a*) Non-treatment cases—										
(i) Treatment not considered necessary	18	3	6	29	28	9	2	18	—	113
(ii) Failed to attend after diagnosis	6	2	—	5	2	—	—	9	—	24
(iii) Travelling difficulties and loss of school work	3	—	—	2	—	—	—	—	—	5
(iv) Unsuitable for treatment	1	2	—	1	2	1	—	—	—	7
Total	28	7	6	37	32	10	2	27	—	149
(*b*) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health	—	—	—	—	—	—	—	1	—	1
(ii) Lack of parental co-operation	—	—	1	5	—	—	1	5	—	12
(iii) Poor attendance or non-attendance	17	23	11	1	—	8	6	4	—	70
(iv) Pressure of school work	—	—	—	—	—	—	—	—	—	—
(v) Left district	—	2	4	4	—	1	2	4	—	17
(vi) Left school	—	3	3	4	—	—	—	2	—	12
2. Discharged—speech improved	31	16	12	2	—	2	14	—	—	77
3. Discharged—speech normal (cured)	47	15	44	3	3	25	16	12	—	168
4. Temporarily discharged	9	6	34	61	—	43	11	70	—	234
Total	104	65	109	80	3	79	50	98	—	588

TABLE S.38—*cont.*

SPEECH THERAPY—*cont.*

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	11	14	21	18	5	7	21	17	—	114
Satisfactory	16	7	27	18	6	18	18	9	—	119
Little improvement	4	8	17	30	3	21	12	9	—	104
Total	31	29	65	66	14	46	51	35	—	337
Table of symptoms of cases treated at clinics:										
Stammering	29	24	48	26	4	26	8	33	—	198
Dyslalia	39	47	75	56	10	50	62	59	—	398
Cleft palate	3	2	11	4	1	2	5	2	—	30
Deafness	1	3	—	6	—	—	—	1	—	11
Lateral "s"	5	6	8	3	1	7	8	3	—	41
Interdental "s"	1	2	7	6	—	10	11	10	—	57
Rhinolalia (nasality)	14	—	1	5	—	—	—	4	—	24
Dysarthria	—	—	2	2	—	1	—	1	—	6
Dysphonia	—	—	—	2	—	2	—	1	—	5
Low I.Q.	15	4	1	23	1	1	2	2	—	49
Retarded speech	16	5	20	11	—	25	4	17	—	98
Asphasia	2	1	1	2	—	1	1	—	—	8
Cerebral Palsy	—	—	—	—	—	—	—	—	—	—
Total	135	94	174	146	17	125	101	133	—	925

School Dental Service

Mr. D. R. Edwards, the Principal School Dental Officer, has contributed the following report :—

The dental service in 1967 gave cause for a certain degree of optimism for the future due mainly to an increase of full-time dental staff, a higher output of work per treatment session, and the first mobile dental clinic in the County became operative in the West Glamorgan Division.

Staff

An encouraging feature during the year was the appointment of three full-time dental officers, which together with the two new dental officers in the Rhondda Excepted District, made an appreciable increase in the total for the whole County.

A continuation of recruitment of dental officers at this rate for the next four years would almost complete our ideal establishment. This is no longer a faint possibility but may now become a definite trend, helped to a great extent by the new salary awards introduced at the end of the year, and the possibility that graduates of the Cardiff Dental School may enter the School Dental Service.

Mr. A. H. Pittard Davies was appointed as Area Dental Officer in the Pontypridd and Llantrisant Division in July. Mr. Guy Thompson was appointed as Senior Dental Officer in the West Glamorgan Division in May, and commenced his duties in the new mobile dental clinic. Mrs. J. H. Coates joined as dental officer in May, sharing her duties between the Port Talbot and Mid-Glamorgan Divisions. Unfortunately Mrs. Coates terminated her appointed in November, and we also lost the services of three of our sessional dental officers when Mr. M. C. Nicholls, Mr. W. R. Turner, and Mr. J. Musson resigned. Mrs. D. M. Minors was appointed as a sessional dental officer in the Caerphilly and Gelligaer Division. The dental auxiliary staff was reduced to three when Miss M. Friell left the Port Talbot and Neath Divisions in March.

At 31st December the dental staff consisted of :—

13 Whole-time Officers,
11 Sessional Officers,
3 Dental Auxiliaries.

For the school population of 131,000 this gave a ratio of whole-time officers to children of 1 : 10,000, and a whole-time equivalent ratio of 1 : 8,000 school children, which was a slight improvement on the 1966 figures

Premises and Equipment

The provision of modern facilities with high-speed drills and replacement of all old equipment was almost completed during 1967. An extension of X-ray units to peripheral clinics is now the main need. The highlight of the year was the introduction of the Authority's first self-propelled mobile dental clinic in the West Glamorgan Division. This provided treatment on school premises in Gwaun-cae-Gurwen, Clydach, Gowerton, Penclawdd, and Pontardulais areas in place of fixed clinics in converted premises which were no longer suited to our purpose.

The co-operation of the various departments involved in providing working facilities for the vehicle at each school centre, together with the help of the school staff, was a great asset in the smooth introduction of a comparatively new dental service in the County. The attendance figures of over 90 per cent for the children attending the mobile clinic augur well for this new unit, and I trust that this vehicle will eventually be supplemented by others in different parts of the County.

The clinic at Maesteg which had been held in Plas Newydd School for many years was transferred during 1967 to the more modern and substantial Maternity and Child Welfare building. This transfer provided the opportunity to instal a completely new surgery with X-ray facilities, and also to make provision for a dual surgery to accommodate a dental auxiliary as and when the occasion arose. There are now thirty single clinics in the County ten dual surgeries, and one mobile dental clinic. Of the fifty fixed clinics, forty are in use, and ten are unused because of staffing difficulties.

Inspection and Treatment

During 1967 19,448 children were first inspections at school, and 16,270 children were first inspections at clinics, a total of 35,718 children, representing 26·8 per cent of the school population. This figure is still far too low and it is intended to substantially increase dental inspections from 1968 onwards. The output of work per treatment session was higher than in 1966 and slightly exceeded the national average. In 7,791 treatment sessions 29,858 fillings were completed in 24,611 permanent teeth, and 9,350 fillings in 7,947 deciduous teeth. 5,080 permanent, and 13,906 deciduous teeth were extracted. This continues the improved trend of the ratio of permanent teeth filled to the number extracted. The total number of visits to our clinics of 47,653 was higher than the previous year. There was also a considerable increase in the figures for pupils X-rayed, teeth root filled, and inlays. A study of the figures in the Tables provided show the considerable efforts of the whole dental staff during the year to provide dental treatment for as many children as our present establishment will allow.

Orthodontics

The figures for orthodontics were similar to those of 1966 except that more pupils were referred to the Hospital Consultant than previously.

Following the completion of an orthodontic course at Cardiff Dental School for two of our area dental officers, Mrs. R. Phillips, Area Dental Officers for the Caerphilly and Gelligaer Division, commenced a more compehensive course of four sessions weekly at the orthodontic clinic of Mr. W. A. B. Brown, Senior Lecturer in Orthodontics at the School. These courses will enable our officers to provide a more comprehensive orthodontic service in their divisions. It is unfortunate that the extension of the course to four half-day sessions prevents area dental officers travelling from the west of the County because the distance involved would mean a complete day's absence from their clinics on each occasion.

Dental Health

Pierre the Clown, a professional entertainer, sponsored by the Fruit Producers' Association, and the General Dental Council to promote dental health education, was the focal point of a campaign where dental health displays car stickers, free apples and badges all played their part in a successful week which added to our usual efforts of the health visitors' and dental auxiliaries' talks in the schools.

Two divisions of the County were visited by Pierre during the week commencing 24th April. To coincide with his visit a concentrated campaign of Dental Health Education was instigated in the Caerphilly and Gelligaer Division by the Divisional Medical Officer, Dr. Anderson, with the assistance of the Area Dental Officer, the dental auxiliary, and the dental and clerical staff. At the same time Central Office organised a similar campaign in the Barry and Penarth areas, with the assistance of Mr. D. McKendrick, the Area Dental Officer. Circular letters were sent to parents, members of the professions, and tradespeople in the areas. Pierre's appearance at the schools gained television coverage and very good reports in the local and national daily papers. During this period over 6,000 children were instructed in a novel and amusing way in the rudiments of good oral hygiene with particular emphasis on the correct use of the toothbrush, and the right diet.

During the latter part of 1967 this Authority was visited by Dr. Wynne, a Dental Officer of the Department of Education and Science. The report from the Department which has since been received, was most encouraging, with some helpful comments which have been implemented and proved beneficial. The comment of the Department that the staffing shortage remains the principal weakness of the Authority's service will unfortunately be true for some years, and emphasises the importance of preventive dentistry to reduce the demand on the limited dental services available. One of the most important measures of preventive dentistry on a community basis is of course, fluoridation of the water supplies, a measure which is safe, certain, and effective in reducing dental decay. It is therefore of increasing concern that the policy of fluoridation, which was accepted in principle by the Authority in 1965 has still not been implemented.

In conclusion may I express my appreciation of the efforts of all those connected with the dental service for their work during the year, and the liaison between the members of the various departments for their help and assistance.

INFESTATION AND UNCLEANLINESS

192,159 children were examined by school nurses and 4,330 children were found to have nits in their hair. 1·4 per cent of the boys and 2·6 per cent of the girls were infested. 7,723 visits were made by nurses to the houses of parents to give advice on personal cleanliness.

The ratio of boys and girls with infested hair is increasing due to the prevailing fashion to wear long hair.

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

TABLE S.39

CLEANLINESS

	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
1967 ..	1·4	2·6	0·3	0·2

REFRESHER COURSES FOR MEDICAL AND DENTAL OFFICERS

A residential refresher course at Dyffryn House, St. Nicholas, was held for medical officers during the weekend 27th–29th October, 1967, and a day course at Dyffryn House was held for dental officers on 28th October.

Details of the refresher courses are as follows :—

Medical Officers

Introductory talk	County Medical Officer.
Epidemiology in poisoning	Dr. R. A. N. Hitchens.
	Dr. J. D. P. Graham.
The Management of Handicapped Children	Professor A. G. Watkins.
Fluoridation of Water Supplies	Professor J. Millar.

Dental Officers

Fluoridation of Water Supplies	Professor J. Millar.
Child Dental Health	Mr. J. N. Swallow.

NEW SCHOOL OR EXTENSIONS TO SCHOOLS, 1967

The following information has been supplied by the County Architect :—

Porthcawl County Primary School.
Gwauncelyn County Primary School.
Croesty County Primary School.
Bryncoch Special School for Educationally Subnormal Boys.
Bryn County Primary School.
Corneli County Junior School—extension.
Heol-y-Celyn County Primary School.
Lansbury Park County Infants' School.
Lisvane County Primary School.

Glamorgan College of Technology—hostel block.
Glamorgan College of Technology—Chemical Engineering Laboratory.
Pennard County Primary School.
Aberdare County Grammar School for Boys—extension.
Aberdare County Grammar School for Girls—extension.
Ystrad Mynach Psychological Centre.
Glamorgan School for the Blind—swimming pool.
Hendreforgan County Infants' School—classroom block.
Barry County Comprehensive School for Boys—extension.
Ysgol Uwchradd, Rhydfelen—extension.
School Psychological Centre, "Ty Morfa", Bridgend.
School Psychological Centre, Margam House, Port Talbot.
Pontypridd College of Further Educatior—extension.

Health Education in Schools

Academic success is of reduced value unless achieved by children healthy in body and mind. The physical well-being of children should, therefore, be the constant concern not only of medical officers and health visitors but teachers as well. The aim of health education in schools is to enable children to develop physically, mentally, and socially to their fullest potential so as to allow them to benefit from the kind of education which is most suited to their needs and to prepare them to meet the challenge of life on leaving school. In the past, health education in schools has been largely concerned with matters of personal hygiene but a concept of health education based on such a limited view is not good enough. There must be a positive and broad treatment of the subject which aims at a state of complete well being. Education of this kind is only an extension of the normal educational concept in that it is preparing the child for life as a whole. In other words to prepare pupils for maternity, parenthood, and the responsibilities which go with it.

The youth of today are maturing physically at an earlier age than in the past. They are allowed much more freedom of expression and this is a development which is to be encouraged since it gives opportunities for the young to make up their own minds and learn to solve their own problems and overcome their difficulties, but they must have help to achieve this and unfortunately they are often exposed to commercial exploitation with its emphasis on the pleasures of life without relating them to the responsibilities which must go with freedom. All too often intelligent young persons have difficulty in recognising the nature of man's responsibility to man and have confused and muddled ideas on the biological facts of life.

As indicated in my report as County Medical Officer, out of every 1,000 women between the ages of 15 and 19 are married in Glamorgan and since in general divorce rates for those married under 20 are about four times higher than those occurring in marriages where the wife was 25 or over, this presents a considerable social problem. These facts, together with the problem of unmarried mothers, outline the need for a positive health education policy in schools aimed at preparing young people for the responsibilities of life.

There appears to be a lack of organised and methodical health education in school. There are real difficulties here since head teachers tend not to accept health education as a subject which has a place in the syllabus and few teachers

have the knowledge to enable them to effectively undertake the necessary teaching. Medical officers and health visitors have played an important part in health education in schools but it would be a mistake to regard this function as being their sole concern. Staff limitations mean that they can reach only a minority of children.

It is considered that the primary responsibility for health education in schools is that of head teachers and their staffs with the role of the Health Department being the provision of information sufficient to give teachers a firm grasp of priorities. Health Department staffs should be regarded as part of the team dealing with health education in that they would act as guest speakers giving talks on subjects forming part of a syllabus. Technical subjects such as sex education, lectures on venereal disease, etc., should not be given in isolation but only as part of a structured programme of learning so that they do not achieve an undue degree of emphasis.

In addition medical officers and health visitors could also act as counsellors to help older children with their personal problems, particularly in those schools where teaching staffs may feel that they were not equipped for this role. Discussions on these lines took place between myself and the Director of Education during the year.

TABLE S.40

SCHOOL HEALTH EDUCATION PROGRAMME

January to December 1967 ..	Dental hygiene	651
	General hygiene	539
	Preparation for parenthood including talks on menstruation and V.D.	288
	Prevention of accidents	112
	Smoking and health	106
	Feet and posture	97
	Others	253

Talks were given by the following staff :—

TABLE S.41

STAFF GIVING HEALTH EDUCATION TALKS

	General programme	School programme	Total
Medical officers	22	31	53
Health visitors	3,282	1,669	2,642
Midwives	8	—	8
Dental auxiliaries ..	—	325	325
Orthopaedic nurses ..	—	9	9
Administrative staff ..	3	—	3
Dentists	10	16	26
Nursing officers ..	78	—	78

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION

OBSERVATIONS OF THE BOROUGH SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1967

---

1. Establishment of Medical Officers

The following medical officers were available for work within the school medical service during 1967 :—

(1) Dr. J. Morris.

(2) Dr. O. A. Adelaja (part year).

(3) Dr. J. Williams (sessional).

(4) Dr. N. C. Osborn (sessional).

(5) Dr. R. K. Majumdar (sessional).

The type of work carried out by session and individual doctor is shown in Table SR.1.

Table SR.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, Dental Clinics, Specials, etc.
(1) Dr. J. Morris ..	36	12	32	320	29
(2) Dr. O. A. Adelaja ..	38	—	11	115	—
(3) Dr. J. Williams ..	2	—	4	118	86
(4) Dr. N. C. Osborn ..	44	—	37	176	3
(5) Dr. R. K. Majumdar	33	—	3	1	1

ROUTINE MEDICAL INSPECTION

During 1967, this type of examination was again restricted to entrants and any pupils at primary schools who had not been previously examined. Table II shows the number of pupils examined by year of birth.

TABLE 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.
1963 and later ..	725	725	—
1962	507	507	—
1961	253	253	—
1960	13	13	—
Total ..	1,498	1,498	—

3. DEFECTIVE VISION

During 1967, 1,756 children were examined at local authority refraction clinics compared with 1,831 in the previous year and 642 prescriptions for glasses were issued.

109 children were referred for further investigation by the Consultant Opthalmologist at Llwynypia Hospital.

4. INFECTIOUS DISEASE.

Table SR.3 shows numbers of notifications of various diseases amongst children during the year :—

TABLE SR3

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1967 (UNDER 15 YEARS)

Notifiable disease	*Total*
Scarlet fever	43
Whooping cough	68
Acute poliomyelitis, paralytic	—
Acute Poliomyelitis, non-paralytic	—
Measles	550
Diphtheria	—
Dysentery	2
Meningococcal infection	—
Ophthalmia Neonatorum	—
Acute pneumonia, primary	12
Acute pneumonia, influenzal	1
Smallpox	—
Acute encephalitis, post-infectious	—
Acute encephalitis, infective	—
Enteric or Typhoid fevers	—
Erysipelas	—
Food poisoning	—
Puerperal pyrexia	—

5. Prevention of Tuberculosis

The annual visit to schools for the skin testing and B.C.G. vaccination of school children aged 13 years and over was commenced during the Autumn term but was not completed until early in 1968. The following table shows the work done during 1967.

Table SR4

Table Giving Details of B.C.G. Vaccination in Children Aged 13 Years and Over

School or Further Education Establishments	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		No.	%	No. Tested	No. Negative	% Negative	
Ferndale Grammar	164	145	88·4	95	81	85·3	80
Pentre Grammar	152	137	90·1	105	81	77·1	79
Porth County Boys	144	98	68·1	82	67	81·7	67
Totals ..	460	380	82·6	282	229	81·2	226

6. Child Guidance

During 1967, eighty-eight children were seen by Dr. K. W. Aron, Consultant Child Psychiatrist for Glamorgan, at his regular clinics in Rhondda, now held at Carnegie Welfare Centre, Trealaw.

Close co-operation continues to be maintained with Mr. Brian Tew, Educational Psychologist, who became established during the year at his new centre at Penygraig.

7. Hospitalised Accidents in Childhood.

As from 1st July, 1961, reports of hospitalised accidents in childhood have been made the subject of detailed follow-up. This enables the Health visitors to re-emphasise the continued need for vigilance in the prevention of accidents at this age. Some of the data obtained has been tabulated in the following three tables with comparative data for 1966 and the five previous years.

Table SR.5

Table Showing Age and Sex Distribtuion of Hospitalised Accidents

Age group years	Male			Female			Total		
	1961–65	1966	1967	1961–65	1966	1967	1961–65	1966	1967
0—	9	1	—	6	1	—	15	2	—
1—	149	10	6	89	9	9	238	19	15
5—	117	1	8	61	—	2	178	1	10
10—15	77	—	—	40	2	3	117	2	3
All ages ..	352	12	14	196	12	14	548	24	28

Table SR6

Table Showing Distribution of Accidents by Day of Occurence

Day of week	No. of Accidents		
	1961–65	1966	1967
Monday	73	5	5
Tuesday	87	—	3
Wednesday ..	66	5	4
Thursday ..	82	6	4
Friday	80	3	4
Saturday.. ..	89	4	4
Sunday ..	71	1	4
Total ..	548	24	28

Table SR.7

Table Showing Distribution of Hospitalised Accidents by Place of Occurrence

A. *Accidents at home*—21.

(1) *Inside*

(*a*) basement .. —
(*b*) ground floor .. 15
(*c*) upper floor .. 4

(2) *Outside (garden, etc.)*

(*a*) rear 1
(*b*) front 1

The injuries sustained fall into the following groups :—

(*a*) Falls 6
(*b*) Burns and scalds 1
(*c*) Others 14

B. *Accidents outside home*—7.

(1) *In the roadway*—3, all of which were due to falls.

(2) *Vehicular injuries*—4, of these, the association vehicle is shown below :—

(*a*) Pedal cycle .. —
(*b*) Motor cycle .. —
(*c*) Car 2
(*d*) Bus 1
(*e*) Goods vehicle.. 1

(3) *Playground injuries*—the nature of injury is shown below with comparative data for 1961–65 and 1966 :—

Table SR.8

Nature of injury	Number affected		
	1961–65	1966	1967
Concussion	4	1	3
Fracture	147	1	1
Dislocation and sprain ..	62	—	—
Internal injury	43	—	—
Wounds and lacerations ..	270	2	10
Foreign bodies	22	20	14
Total	548	24	28

STATISTICAL APPENDIX TO BOROUGH SCHOOL MEDICAL OFFICER'S OBSERVATIONS

TABLE SR9

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS

Number of inspections in the prescribed groups :—

Entrants	1,498
Second age group	—
Third age group	—
Total	1,498
Number of other periodic inspections	—
Grand total	1,498

B. OTHER INSPECTIONS

Number of special inspections	541
Number of re-inspections	105
Total	646

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	For Defective Vision (excluding (squint	For any of the other conditions recorded in Table SR3	Total Individual Pupils
(1)	(2)	(3)	(4)
Entrants	9	128	131
Second age group	—	—	—
Third age group	—	—	—
Total	9	128	131
Additional periodic inspection	—	—	—
Grand total	9	128	131

Table SR9 (*cont.*)

C. Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table SR2

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	1,498	1,498	100·0	—	—
Second age group	—	—	—	—	—
Third age group	—	—	—	—	—
Total	1,498	1,498	100·0	—	—

Table SR.10

Infestation With Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	26,959
(ii) Total number of individual pupils found to be infested	520
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	2
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

Table SR.11

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	2	77	1	—
Eyes				
(*a*) Vision	9	10	—	—
(*b*) Squint	13	23	—	—
(*c*) Other	1	19	—	—
Ears				
(*a*) Hearing	4	13	—	16
(*b*) Otitis media ..	12	17	—	—
(*c*) Other	1	37	—	—
Nose or throat	80	387	12	3
Speech	4	38	—	—
Lymphatic glands ..	2	221	—	—
Heart	—	28	—	—
Lungs	3	21	—	—
Development				
(*a*) Hernia	—	6	—	—
(*b*) Other	—	14	—	—
Orthopaedic				
(*a*) Posture	1	13	—	—
(*b*) Feet	22	146	—	—
(*c*) Other	1	52	—	—
Nervous system				
(*a*) Epilepsy	1	4	—	—
(*b*) Other	—	9	—	2
Psychological				
(*a*) Development ..	—	7	—	—
(*b*) Stability	—	9	—	—
Abdomen	—	—	—	—
Other	1	55	—	2

Table SR.12

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) ..	1,756
Total	1,756
Number of pupils for whom spectacles were prescribed	642

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 tonsilitis ..	17
(*c*) for other nose and throat conditions ..	—
Received other forms of treatment	39
Total	56

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	64

Group 4—Child Guidance Treatment and Speech Therapy

	No. of cases known to have been treated
Pupils treated :	
(*a*) Under child guidance arrangements ..	88
(*b*) Under speech therapy arrangements ..	—
Total	88

GROUP 5—OTHER TREATMENT GIVEN

	No. of cases known to have been treated
Miscellaneous minor ailments	—
Other :	
(*a*) Genito-urinary system	119
(*b*) Digestive system	55
(*c*) Infectious	72
(*d*) Epilepsy	16
(*e*) Other medical conditions	60
(*f*) Accidents	19
(*g*) Minor surgical conditions	7
Total	348

TABLE SR.13

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY AUTHORITY

A. ATTENDANCES AND TREATMENT	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First visit	1,110	717	103	1,930
Subsequent visits	1,385	1,571	272	3,228
Total visits	2,495	2,288	375	5,158
Additional courses of treatment commenced	94	48	8	150
Fillings in permanent teeth	1,583	3,026	693	5,302
Fillings in deciduous teeth	1,922	270	—	2,192
Permanent teeth filled	1,115	2,418	599	4,132
Deciduous teeth filled	1,608	217	—	1,825
Permanent teeth extracted	170	381	62	613
Deciduous teeth extracted	1,006	184	—	1,190
General anaesthetics	471	174	13	658
Emergencies	86	43	11	140
Number of pupils X-rayed				331
Prophylaxis				366
Teeth otherwise conserved				872
Number of teeth root filled				177
Inlays				—
Crowns				15
Courses of treatment completed				1,131
B. ORTHODONTICS				
Cases remaining from previous year				44
New cases commenced during year				56
Cases completed during year				27
Cases discontinued during year				15
Number of removable appliances fitted				77
Number of fixed appliances fitted				—
Pupils referred to hospital consultant				6

C. 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	3	4
Number of dentures supplied	—	2	3	5

D. ANAESTHETICS

General anaesthetics administered by—	(i) dental officers	56
	(ii) medical officers	602

E. INSPECTIONS

(*a*) First inspection at school. Number of pupils	986
(*b*) First inspection at clinic. Number of pupils	1,432
Number of (*a*) plus (*b*) found to require treatment	2,228
Number of (*a*) plus (*b*) offered treatment	2,000
(*c*) Pupils re-inspected at school clinic	567
Number of (*c*) found to require treatment	533

F. SESSIONS

Sessions devoted to treatment	845
Sessions devoted to inspection	48
Sessions devoted to dental health education	10

TABLE SR.14

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 1968	No. awaiting places at Special Schools or Boarding Homes
A. Blind	—	—	4	—
B. Partially sighted	—	—	9	—
C. Deaf	—	1	4	—
D. Partially hearing	3	1	2	2
E. Physically handicapped	2	1	12	1
F. Delicate	1	—	—	1
G. Maladjusted	5	5	8	1
H. Educationally subnormal	5	3	20	2
I. Epileptic	—	—	1	—
J. Speech defects	—	—	—	—
Total	16	11	60	7

STATISTICAL APPENDIX TO REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE S.42

PERIODIC MEDICAL INSPECTIONS

(1) SUMMARY IN AGE GROUPS

Age groups inspected (by years of birth) (1)	No. of pupils inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED	
		Satisfactory	Unsatisfactory
		No. (3)	No. (4)
1963 and later	3,173	3,173	—
1962	7,196	7,188	8
1961	3,697	3,693	4
1960	911	911	—
1959	419	418	1
1958	949	949	—
1957	439	439	—
1956	199	199	—
1955	263	263	—
1954	599	599	—
1953	3,945	3,944	1
1952 and earlier	4,211	4,211	—
Total	26,001	25,987	14

Column 3 total as percentage of column 2. Total = 99·83

Column 4 total as percentage of column 2. Total = 0·54

TABLE S.42—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 ..	2,827	2,827	—
Caerphilly and Gelligaer ..	2,415	2,415	—
Mid-Glamorgan	4,540	4,540	—
Neath and District	1,752	1,752	—
Pontypridd and Llantrisant ..	2,926	2,915	11
Port Talbot and Glyncorrwg ..	3,412	3,411	1
South-East Glamorgan	3,998	3,997	1
West Glamorgan	2,633	2,632	1
Rhondda	1,498	1,498	—
Total	26,001	25,987	14

TABLE S.43—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)
1963 and later	30	302	292
1962	168	803	904
1961	122	415	497
1960	25	103	119
1959	13	48	59
1958	63	53	110
1957	24	25	48
1956	6	17	22
1955	8	15	20
1954	16	34	47
1953	173	215	368
1952 and earlier	209	223	409
Total	857	2,253	2,895

TABLE S.43—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	72	331	330
Caerphilly and Gelligaer	148	275	412
Mid-Glamorgan	82	253	327
Neath and District	42	114	156
Pontypridd and Llantrisant	140	360	423
Port Talbot and Glyncorrwg	199	184	368
South-East Glamorgan	102	356	448
West Glamorgan	63	252	300
Rhondda	9	128	131
Total	857	2,253	2,895

PART I—*continued*

TABLE S.44

OTHER INSPECTIONS

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash	562	547	1,109
Caerphilly and Gelligaer	329	2,908	3,237
Mid-Glamorgan	1,478	1,317	2,795
Neath and District	116	469	585
Pontypridd and Llantrisant	184	582	766
Port Talbot and Glyncorrwg	622	2,023	2,645
South-East Glamorgan	850	1,201	2,051
West Glamorgan	460	573	1,033
Rhondda	541	105	646
Total	5,142	9,725	14,867

PART I—*continued*

TABLE S.45

(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 ..	24,043	18,238	21,367	19,332	18,936	18,093	16,969	28,221	26,960	192,159
(ii) Total number of individual pupils found to be infested	360	421	1,077	139	438	631	401	227	520	4,214
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—	—	—	—	—	—	2	2
(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 ..	588	717	1,195	224	582	597	717	1,098	2,005	7,723

PART II

TABLE S.46

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

PERIODIC INSPECTIONS (ENTRANTS)

(1) NUMBER OF DEFECTS REQUIRING TREATMENT

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	13	4	5	2	9	7	12	5	2	59
Eyes	55	116	13	19	103	70	69	61	23	529
Ears	29	44	29	24	8	5	16	11	17	183
Nose and Throat	44	14	18	14	21	9	59	23	80	282
Speech	14	12	8	7	9	15	32	17	4	118
Lymphatic Glands	19	3	1	1	—	1	15	2	2	44
Heart	15	9	30	3	9	—	4	3	—	73
Lungs	9	2	4	7	4	—	4	2	3	35
Developmental	25	7	12	2	11	—	6	6	—	69
Orthopaedic	52	102	54	35	154	26	123	89	24	659
Nervous System	7	4	3	—	1	—	—	—	1	16
Psychological	5	—	—	6	1	—	2	2	—	16
Abdomen	2	1	1	1	1	2	5	—	—	13
Other	1	2	1	9	2	2	4	1	1	23

TABLE S.46—*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	59	50	93	60	20	68	34	55	77	516
Eyes	38	164	33	55	45	178	65	96	52	726
Ears	23	177	77	119	157	88	217	43	67	968
Nose and Throat	95	204	331	129	148	181	171	134	387	1,780
Speech	20	36	39	23	51	63	69	23	38	362
Lymphatic Glands	49	104	404	74	12	81	35	46	221	1,026
Heart	39	56	153	33	55	46	78	37	28	525
Lungs	41	81	158	58	47	28	62	61	21	557
Developmental	74	79	67	11	56	9	49	59	20	424
Orthopaedic	89	90	241	113	82	70	92	127	211	1,115
Nervous System	13	13	15	7	34	17	29	32	13	173
Psychological	23	15	8	25	34	6	72	17	16	216
Abdomen	17	16	13	15	13	17	8	13	—	112
Other	2	19	23	10	49	22	7	10	55	197

PART II—*continued*

TABLE S.46—*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	1	—	12	1	5	6	21	4	—	50
Eyes	51	34	71	6	79	68	75	27	—	411
Ears	12	18	16	9	8	14	1	1	—	79
Nose and Throat	3	6	8	2	3	3	5	8	—	38
Speech	1	2	—	1	2	3	2	2	—	13
Lymphatic Glands	1	—	—	—	—	—	1	—	—	2
Heart	4	1	11	—	7	3	1	1	—	28
Lungs	2	—	3	4	1	2	2	—	—	14
Developmental	7	2	6	2	9	3	1	1	—	31
Orthopaedic	20	25	21	12	42	8	13	10	—	151
Nervous System	5	—	—	—	1	—	—	—	—	6
Psychological	—	—	—	2	1	—	—	—	—	3
Abdomen	—	—	1	3	2	—	—	—	—	6
Other	1	1	—	5	1	1	—	1	—	10

TABLE S.46—*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	7	25	31	22	2	38	5	36	—	166
Eyes	62	104	9	53	2	71	22	91	—	414
Ears	20	26	8	14	16	40	16	5	—	145
Nose and Throat	11	31	35	8	3	47	12	33	—	180
Speech	2	2	8	6	—	1	—	4	—	23
Lymphatic Glands	4	3	76	2	—	2	2	13	—	102
Heart	11	16	40	7	14	28	17	24	—	157
Lungs	13	12	27	22	5	16	5	24	—	124
Developmental	32	10	22	3	1	4	8	10	—	90
Orthopaedic	35	42	90	27	8	44	10	68	—	324
Nervous System	4	9	6	5	8	3	4	3	—	42
Psychological	1	2	2	4	3	5	2	1	—	20
Abdomen	1	16	—	4	3	12	1	3	—	40
Other	—	7	3	18	16	5	2	45	—	96

PART II—*continued*

TABLE S.46—*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	—	—	3	—	1	—	3	—	8
Eyes	—	5	9	32	1	91	8	10	—	156
Ears	—	5	1	10	—	39	—	—	—	55
Nose and Throat	—	1	3	8	1	4	3	8	—	28
Speech	1	—	2	3	—	1	—	2	—	9
Lymphatic Glands	—	—	—	—	—	—	1	1	—	2
Heart	—	—	—	4	—	—	—	1	—	5
Lungs	—	—	—	4	—	1	2	1	—	8
Developmental	—	1	—	9	—	—	1	—	—	11
Orthopaedic	1	5	9	11	3	2	9	35	—	75
Nervous System	—	—	—	1	—	—	—	—	—	1
Psychological	—	—	—	3	—	1	1	1	—	6
Abdomen	—	—	1	1	—	—	1	1	—	3
Other	—	—	—	12	1	—	—	1	—	14

PART II—*continued*

TABLE S.46—*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	1	—	4	15	—	6	—	17	—	43
Eyes	4	—	7	14	—	84	3	41	—	153
Ears	—	—	3	33	—	61	—	13	—	110
Nose and Throat	—	—	11	61	—	20	2	32	—	126
Speech	1	—	2	9	—	6	—	6	—	24
Lymphatic Glands	—	—	9	10	—	3	—	9	—	31
Heart	3	—	5	19	—	9	1	34	—	71
Lungs	1	—	4	28	—	15	—	21	—	69
Developmental	1	—	1	5	—	—	—	20	—	27
Orthopaedic	1	—	12	15	—	9	1	32	—	70
Nervous System	—	—	2	15	—	5	—	15	—	37
Psychological	1	—	1	22	—	4	—	3	—	31
Abdomen	—	—	—	7	—	5	—	6	—	18
Other	—	—	—	20	—	10	—	25	—	55

PART II—*continued*

TABLE S.46—*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	15	4	17	6	14	14	33	12	2	117
Eyes	106	155	93	57	183	229	152	98	23	1,096
Ears	41	67	46	43	16	58	17	12	17	317
Nose and Throat	47	21	29	24	25	16	67	39	80	348
Speech	16	14	10	11	11	19	34	21	4	140
Lymphatic Glands	20	3	1	1	—	1	17	3	2	48
Heart	19	10	41	7	16	3	5	5	—	106
Lungs	11	2	7	15	5	3	8	3	3	57
Developmental	32	10	18	13	20	3	8	7	—	111
Orthopaedic	73	132	84	58	199	36	145	134	24	885
Nervous System	12	4	3	1	2	—	—	—	1	23
Psychological	5	—	—	11	2	1	3	3	—	25
Abdomen	2	1	3	5	3	2	6	—	—	22
Other	2	3	1	26	4	3	4	3	1	47

PART II—*continued*

TABLE S.46—*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	67	75	128	97	22	112	39	108	77	725
Eyes	104	268	49	122	47	333	90	228	52	1,293
Ears	43	203	88	166	173	189	233	61	67	1,223
Nose and Throat	106	235	377	198	151	248	185	199	387	2,086
Speech	23	38	49	38	51	70	69	33	38	409
Lymphatic Glands	53	107	489	86	12	86	37	68	221	1,159
Heart	53	72	198	59	69	83	96	95	28	753
Lungs	55	93	189	108	52	59	67	106	21	750
Developmental	107	89	90	19	57	13	57	89	20	541
Orthopaedic	125	132	343	155	90	123	103	227	211	1,509
Nervous System	17	22	23	27	42	25	33	50	13	252
Psychological	25	17	11	51	37	15	74	21	16	267
Abdomen	18	32	13	26	16	34	9	22	—	170
Other	2	26	26	48	65	37	9	80	55	348

PART II—*continued*

TABLE S.47

SPECIAL INSPECTIONS

(1) Number of Defects Requiring Treatment

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	5	6	5	2	—	—	4	2	1	25
Eyes	9	8	29	1	6	21	26	22	—	122
Ears	89	3	66	8	1	47	56	16	—	286
Nose and Throat	59	16	38	6	6	38	47	23	12	245
Speech	8	5	11	1	3	18	37	24	—	107
Lymphatic Glands	22	1	2	—	—	—	—	—	—	25
Heart	1	1	15	—	1	8	19	1	—	46
Lungs	4	—	15	3	2	3	6	—	—	33
Developmental	16	6	5	2	2	4	24	6	—	65
Orthopaedic	8	4	53	6	8	3	32	19	—	133
Nervous System	7	1	26	1	—	1	21	3	—	60
Psychological	21	13	13	6	5	1	104	3	—	166
Abdomen	1	3	9	1	—	5	—	2	—	21
Other	1	8	10	6	—	4	35	—	—	64

TABLE S.47

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	3	4	23	4	1	6	2	18	—	61
Eyes	9	16	27	3	6	27	5	53	—	146
Ears	247	11	247	4	10	148	14	139	16	836
Nose and Throat	56	23	68	10	5	29	19	62	3	275
Speech	18	3	25	6	3	18	4	14	—	91
Lymphatic Glands	12	8	22	4	—	—	—	5	—	51
Heart	6	11	27	1	4	12	12	72	—	145
Lungs	7	11	34	3	7	14	8	77	—	161
Developmental	20	9	21	3	2	5	5	146	—	211
Orthopaedic	8	12	36	3	20	11	10	79	—	179
Nervous System	8	—	14	5	3	7	1	86	2	126
Psychological	7	14	15	8	37	9	16	35	—	141
Abdomen	1	7	2	1	1	5	—	20	—	37
Other	1	1	2	5	4	27	10	43	—	93

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE S.48

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	8	3	—	8	—	10	5	—	—	34
Errors of refraction (including squint)	316	536	819	192	788	905	987	25	1,756	6,324
Total	324	539	819	200	788	915	992	25	1,756	6,358
Number of pupils for whom spectacles prescribed	183	237	257	155	260	250	366	—	642	2,350

TABLE S.49

DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT

	Number of cases known to have been dealt with									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment:										
(*a*) For diseases of the ear	2	29	19	51	—	38	49	3	—	191
(*b*) For adenoids and chronic tonsillitis	76	313	173	120	29	97	210	7	17	1,042
(*c*) For other nose and throat conditions	3	22	35	16	—	24	64	—	—	164
Received other forms of treatment	11	11	23	—	19	10	11	—	39	124
Total	92	375	250	187	48	169	334	10	56	1,521
Total number of pupils in schools who are known to have been provided with hearing aids:										
(*a*) in 1966	—	4	3	—	2	3	8	2	4	26
(*b*) in previous years	12	4	20	—	17	12	24	12	10	111

PART III—*continued*

TABLE S.50

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	404	656	415	394	347	177	391	454	64	3,302
(*b*) No. of pupils known to have been treated at school for postural defects	112	—	—	—	—	—	—	—	—	112
Total	516	656	415	394	347	177	391	454	64	3,414

PART III—*continued*

TABLE S.51

DISEASES OF THE SKIN

(excluding Uncleanliness, for which see Table D of Part I)

Disease or defect	Number of cases known to have been treated									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm—(*a*) Scalp	—	—	—	—	—	—	—	1	—	1
(*b*) Body	—	—	—	—	—	—	—	2	—	2
Scabies	7	28	4	7	—	38	13	—	—	97
Impetigo	—	—	—	—	4	—	—	3	—	7
Other skin diseases	14	—	28	—	—	2	—	13	3	60
Total	21	28	32	7	4	40	13	19	3	167

TABLE S.52

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	37	15	241	161	12	124	8	4	88	690

TABLE S.53.

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	135	94	174	146	17	125	101	133	—	925

PART III—*continued*

TABLE S.54

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	131	—	—	—	—	—	—	8	—	139
Infective and parasitic diseases ..	2	—	—	—	—	—	—	—	72	74
Diseases of the nervous system and sense organs (including epilepsy) ..	3	—	6	—	—	—	—	15	—	24
Diseases of the circulatory system ..	5	7	16	—	5	—	—	6	—	39
Diseases of the respiratory system ..	16	11	11	—	19	1	17	9	—	84
Diseases of the digestive system ..	6	1	3	—	13	—	22	—	—	45
Diseases of the genito-urinary system	5	—	—	—	19	1	10	—	119	154
Accidents and injuries	25	—	—	—	16	2	6	4	19	72
Others	—	—	—	—	10	17	—	—	60	87
Minor surgical conditions	—	—	—	—	—	—	—	—	7	7
Appendix	—	—	—	—	14	—	—	—	—	14
Diseases of musculatory system ..	—	—	—	—	—	—	—	—	—	—
Allergic Endocrine System	3	—	—	—	—	—	—	—	—	3
Total	196	19	36	—	96	21	55	42	277	742

PART IV

TABLE S.55

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	814	1,552	2,930	1,754	1,776	2,099	1,845	1,401	1,930	16,101
Subsequent visits	2,866	3,924	4,053	2,295	2,979	4,099	3,741	4,367	3,228	31,552
Total visits	3,680	5,476	6,983	4,049	4,755	6,198	5,586	5,768	5,158	47,653
(2) Additional courses of treatment commenced	10	56	288	230	85	80	211	46	150	1,156
Fillings in permanent teeth ..	2,312	3,498	3,538	2,140	1,947	4,283	4,070	2,768	5,302	29,858
Fillings in deciduous teeth ..	216	868	925	652	472	921	1,079	2,025	2,192	9,350
Permanent teeth filled	1,856	3,159	2,672	1,979	1,592	3,582	3,237	2,402	4,132	24,611
Deciduous teeth filled	195	785	717	629	427	830	871	1,668	1,825	7,947
Permanent teeth extracted ..	565	407	700	768	564	408	702	353	613	5,080
Deciduous teeth extracted	663	1,623	2,282	1,583	1,956	1,339	1,150	1,320	1,190	13,106
(3) General anaesthetics	370	467	811	685	603	595	569	541	658	5,299
Emergencies	209	109	295	858	218	301	276	495	140	2,901

TABLE S.55—*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)	3	—	8	7	—	—	1	—	1	20
Pupils supplied with other dentures (first time)	7	9	17	21	12	15	11	10	4	105
Number of dentures supplied ..	10	10	30	30	14	15	12	12	5	138
(5) (*a*) First inspection at school—number of pupils	2,591	604	480	876	1,724	5,884	3,440	2,863	986	19,448
(*b*) First inspection at clinic—number of pupils	680	1,785	3,385	1,993	2,242	1,706	1,835	1,212	1,432	16,270
Number of (*a*) and (*b*) found to to require treatment	2,566	2,041	2,996	1,708	2,009	5,619	3,830	2,993	2,228	25,990
Number of (*a*) and (*b*) offered treatment	2,169	1,562	2,975	1,801	2,009	5,511	3,796	2,991	2,000	24,814
(*c*) Pupils re-inspected at clinic ..	277	306	1,873	510	159	209	732	394	567	5,027
Number of (*c*) found to require treatment	151	214	1,552	279	104	151	337	146	533	3,467
(6) (i) Sessions devoted to treatment	867	722	830	613	712	1,170	1,093	939	845	7,791
(ii) Sessions devoted to inspection	31	35	3	6	7	59	32	72	48	293
(iii) Sessions devoted to dental health education	47	31	65	13	—	29	8	28	10	231

PART IV—*continued*

TABLE S.55—*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 ..	19	104	14	76	117	29	100	30	331	820
(ii) Prophylaxis	139	600	1,207	50	308	740	564	1,352	366	5,326
(iii) Teeth otherwise conserved ..	14	23	199	45	1,924	19	88	17	872	2,201
(iv) Number of teeth roots filled ..	1	138	8	7	9	1	47	14	177	402
(v) Inlays	—	2	10	3	2	3	3	—	—	23
(vi) Crowns	—	1	5	3	8	6	19	2	15	59
(vii) Courses of treatment completed	263	902	1,581	1,497	1,403	1,616	1,361	1,208	1,131	10,962
(8) (i) Cases remaining from previous year	17	5	35	53	32	7	64	110	44	367
(ii) New cases commenced during year	7	7	6	25	26	16	25	22	56	190
(iii) Cases completed during year ..	7	8	3	35	12	8	25	2	27	127
(iv) Cases discontinued during year	5	—	5	—	1	4	4	1	15	35
(v) Number of removable appliances fitted	—	7	14	14	44	16	62	21	77	255
(vi) Number of fixed appliances fitted	—	—	2	5	4	—	3	—	—	14
(vii) Pupils referred to hospital consultant	22	8	21	7	—	20	6	—	6	90
Anaesthetics	—	—	—	—	—	—	—	—	56	56

PART V

TABLE S.56

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	—	1	—	—
B. Partially sighted	3	—	1	—	1	—
C. Deaf	4	1	2	1	1	1
D. Partially hearing	1	2	—	1	1	—
E. Physically handicapped ..	11	3	7	1	2	2
F. Delicate	8	1	4	—	—	1
G. Maladjusted	12	1	10	1	1	—
H. Educationally Subnormal	38	28	27	23	9	3
I. Epileptic	1	1	1	1	—	—
J. Speech Defects	—	—	—	—	—	—
Total	78	38	52	29	15	7

4.12.6

PART V—*continued*

TABLE S.57—*continued*

HANDICAPPED PUPILS

Category of Handicap	C (i) No. requiring places in Special Day Schools on 18th January, 1968 (including those temporarily receiving home tuition)		C (ii) No. requiring places in Special Boarding Schools on 18th January, 1968 (including those temporarily receiving home tuition)	
	Boys	Girls	Boys	Girls
A. Blind	—	—	—	—
B. Partially sighted	—	—	2	—
C. Deaf	—	—	—	—
D. Partially hearing	—	—	1	1
E. Physically handicapped ..	—	—	7	3
F. Delicate	—	—	5	—
G. Maladjusted	—	—	3	—
H. Educationally subnormal ..	2	2	19	12
I. Epileptic	—	—	—	—
J. Speech Defects	—	—	—	—
Total	2	2	37	16

TABLE S.58

NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944, ON 18TH JANUARY, 1968

Category of handicap	In hospitals	At home	Total
A. Blind	—	—	—
B. Partially sighted	—	—	—
C. Deaf	—	—	—
D. Partially hearing	—	—	—
E. Physically handicapped ..	—	36	12
F. Delicate	—	6	5
G. Maladjusted	—	—	—
H. Educationally subnormal ..	—	—	—
I. Epileptic	—	—	—
J. Speech defects	—	—	—
Total	—	42	17

PART V—*continued*

TABLE S.59

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	—	1	7	9	4	4	—	—	—	—
B. Partially sighted	2	1	17	8	5	1	—	—	—	—
C. Deaf	—	—	12	17	2	—	—	—	—	—
D. Partially hearing	—	—	6	2	4	3	—	—	—	—
E. Physically handicapped	9	8	40	21	1	7	—	—	—	—
F. Delicate	—	—	9	—	—	—	—	—	—	—
G. Maladjusted	—	—	1	—	1	1	5	—	18	1
H. Educationally subnormal	90	58	64	62	4	2	1	—	—	—
I. Epileptic	—	—	—	—	3	4	—	—	—	—
J. Speech defects	—	—	—	—	—	—	—	—	—	—
Total	101	68	156	119	24	22	6	—	18	1

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 Op Or Cyt
Aberdare Road, Mountain Ash	AN Ch D IW Op
Harcourt Terrace, Penrhiwceiber	AN IW Cyt Ch
Avondale Street, Ynysboeth	Aud IW Or
Walter Street, Abercynon	AN Ch IW Op
Derlwyn, Penywaun	AN IW Aud Ch Or
Bethel Chapel Vestry, Hirwaun	IW
Workman's Hall, Cwmbach	AN Aud IW Or Ch
Unemployed Social Club, Godreaman	AN IW
Y.M.C.A., Aberaman	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 BC Ch D IW Op S Cyt
Gosen Calvinistic Methodist Church, Bedlinog	IW
Workman's Institute, Brithdir	IW
Maternity and Child Welfare Clinic, Denscombe Estate, Caerphilly	AN Ch D IW Op Or S Cyt
Bethel Baptist Chapel, Cefn Hengoed	IW
Former Infants' School, Mill Road, Deri	IW
County Council Clinic, Plantation Terrace, Fochriw	AN BC IW
Old Age Pensioners' Hall, Gelligaer	IW
All Saints Church Hall, Llanbradach	AN IW
Oxford Hall, Rhydyrhelig, Nantgarw	IW
County Council Clinic, Bryncelyn, Nelson	IW AN
New Community Hall, Glanynant, Pengam	AN IW
Church Hall, Pontlottyn	AN IW
Welfare Hall, Rudry	IW
County Council Clinic, Gwern Avenue, Senghenydd	AN IW
Community Hall, Taffs Well	IW
Workman's Institute, Tirphil	IW
Penyrheol Clinic, Trecenydd, Caerphilly	AN IW S
County Offices, Caerphilly Road, Ystrad Mynach	BC Ch D Op Or Cyt
Trinity Baptist Church Hall, Trelewis	AN IW
Siloh Calvinistic Methodist Church, Ystrad Mynach	AN IW

Clinic address.	*Sessions held.*
Mid-Glamorgan Health Division	
County Council Clinic, Quarella Road, Bridgend ..	Ch D Op Or S
Greenmeadow, Coity Road, Bridgend	AN IW
Council Offices, Glanogwr, Bridgend	IW
Community Hall, Heol Glannant, Newcastle Hill, Bridgend	IW
Maesteg Park Social Club	IW
Calfaria Chapel, Cwmfelin, Maesteg	AN IW
The Clinic, Church Street, Maesteg	AN IW S Ch D Or Op
Maternity and Child Welfare Clinic, Park Avenue, Ogmore Vale	AN Ch D IW
Glanrhyd, Nantymoel	AN Ch IW
Mission Hall, Blackmill	IW
Maternity and Child Welfare Clinic, South Place, Porthcawl	AN Ch IW
Hope Congregational Vestry, Porthcawl	IW
Maternity and Child Welfare Clinic, Alexandra Road, Pontycymmer	D IW
Tabernacle Vestry, Blaengarw	IW
Maternity and Child Welfare Clinic, Westside, Bettws	IW
Maternity and Child Welfare Clinic, Bryncwils, Bryncethin	AN IW
New Street, Aberkenfig	AN Ch IW
Maternity and Child Welfare Clinic, Duffryn Road, Caerau	Ch IW
Social Service Hall, Llangynwyd	AN IW
Social Club, Llangeinor	IW
Wimbourne Road, Pencoed	AN Ch IW
Ainon Chapel, Heolycyw	AN IW
Maternity and Child Welfare Clinic, Elm Crescent, Bryntirion	IW
Church Hall, Laleston	AN IW
The Sports Pavilion, Cefn Cribbwr	AN IW
Maternity and Child Welfare Clinic, Waunbant Road, Kenfig Hill	AN Ch IW
Church Hall, St. Brides Major	AN IW
The Village Hall, Wick	AN IW
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 yCt D Ch
Bryncoch Church School, Bryncoch	IW
St. John's Ambulance Hall, Crynant	IW
Y.M.C.A. Hostel, Onllwyn	IW
Sardis Chapel Vestry, Resolven	IW
Croesffordd Community Centre, Rhigos	IW
St. Catherine's Parish Hall, Neath	IW
Maternity and Child Welfare Clinic, Mary Street, Seven Sisters	AN 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
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 Op Cyt
Cimla Welfare Hall, Cimla	AN IW

Clinic address.	*Sessions held.*
NEATH AND DISTRICT HEALTH DIVISION—*continued*	
Maternity and Child Welfare Clinic, Longford, Neath Abbey	AN D IW
The Clinic, Cwmbedd, Briton Ferry	AN IW
St. Anne's Church Hall, Tonna	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	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, Ynysbwl	AN Aud Ch IW
Saron Chapel Vestry, Treforest	IW
Cefn Lane, Glyncoch, Pontypridd	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 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	Aud Ch
Duffryn Afan Primary School, Duffryn	IW
Welfare Hall, Abercregan, Cymmer	AN IW
The Clinic, Council Offices, Cymmer	AN Aud Ch IW Op
Villiers Road, Blaengwynfi	AN Aud Ch IW
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
Maternity and Child Welfare Clinic, Friars Road, Barry Island	Ch IW
Glamorgan County Council Clinic, Church Road, Cadoxton, Barry	Ch IW S
Maternity and Child Welfare Clinic, Methodist Church Hall, Porthkerry Road, Barry	IW

Clinic address.	*Sessions held.*
SOUTH-EAST GLAMORGAN HEALTH DIVISION—*continued*	
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
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
Maternity and Child Welfare Clinic, Fontigary Road, Rhoose	AN Ch IW
Maternity and Child Welfare Clinic, Cardiff Road, Dinas Powis	Ch IW
Maternity and Child Welfare Clinic, Horeb Chapel Vestry, Pentyrch	IW
Maternity and Child Welfare Clinic, Village Hall, Tongwynlais	IW
Maternity and Child Welfare Clinic, Church Hall, Radyr	IW
Maternity and Child Welfare Clinic, Calfaria Baptist Chapel, Llanharan	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 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 ; Pendoylan ; Peterston ; Porthkerry ; St. Athan ; St. Fagans ; St. Hilary ; St. Nicholas ; Sully ; Tair Onen ; Wenvoe ; Ystradowen ; R.A.F. Camp, St. Athan.

WEST GLAMORGAN HEALTH DIVISION	
Glamorgan County Council Clinic, West Street, Gorseinon	AN BC Ch D IW Or S Cyt
Rechabite Hall, Gowerton	Ch IW
Welfare Hall, Gwaun-cae-Gurwen	Ch IW
Infants' School, Pontardawe	Ch D Or S
Glamorgan County Council Clinic, Tirbach Road, Ystalyfera	AN Ch D IW Or S
Welfare Hall, Grovesend	IW
St. David's Church Hall, Loughor	IW
Church Hall, Penllergaer	IW
County Council Clinic, Dulais Road, 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

Clinic address.	*Sessions held.*
West Glamorgan Health Division—*continued*	
Welfare Hall, Penclawdd	Ch
Unemployed Welfare Centre, Dunvant	IW
Village Hall, Upper Killay	IW
Ynisderw House, Pontardawe	AN BC IW Cyt
Welfare Hall, Godre'rgraig	IW
Welfare Hall, Cwmllynfell	Ch IW
County Council Clinic, Sybil Street, Clydach	Ch IW

Mobile Dental Clinic attends undermentioned sites—
County Council Clinic, Sybil Street, Clydach
School Yard, Tre Gwyne Infants' School, Gowerton
School Yard, Secondary Modern School, Gwaun-cae-Gurwen
School Yard, Infants' School, Penclawdd
County Council Clinic, Dulais Road, 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 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
Clydach Court, Home for the Aged	Ch
Fairfield, Home for the Aged	Ch
Ferndale House, Home for the Aged	Ch

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