[Report 1968] / Medical Officer of Health and School Medical Officer of Health, Glamorgan County Council.

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GLAMORGAN COUNTY COUNCIL

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1968

W. EVAN THOMAS, Q.H.P., 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

Corrections

Page 168	Delete asterisk and note to Table S48.
Page 171	Last sentence of second paragraph should read "A ratio of one dentist to every 3,000 children should be our aim!"

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

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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.

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EDUCATION COMMITTEE

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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 1968. Included are the reports of the Borough School Medical Officer for the Rhondda, Dr. R. B. Morley-Davies and the Principal School Dental Officer, Mr. D. R. Edwards. I am also indebted to Dr. K. W. Aron, Child Guidance Psychiatrist and the Headmaster of Erw'r Delyn residential school for physically handicapped children for their reports.

During 1968 considerable discussion took place nationally among the various administrative and professional interests on the future of the health and social services. The year was noted for the publication on the same day of the Ministry of Health green paper on "The Administrative Structure of the Medical and Related Services in England and Wales" and the report of the Committee on Local Authority and Allied Personal Social Services presided over by Mr. Frederick Seebohm. The green paper stressed the need for integrating the National Health Service and the related services under an appointed Board, while the Seebohm Report advocated the integration of the social services of the local authorities. The Report of the Royal Commission on Local Government in England, published in 1969, will be borne in mind by the Government when finally the precise form of the area authorities for the medical and social services is decided upon.

The future structure of the National Health Service and the various social services has not yet been resolved. There is however undoubtedly a need for integrating services in order to bring to bear the most effective medical and social services for those who require them. There is considerable uncertainty over the future role to be played by local health authority departments since they deal with services which are covered in the green paper and in the Seebohm report. I am of the opinion that a sharp division separating the health and social services would not be in the interests of the patient or the community at large. This division is likely to occur if the two services are to be administered separately and differently financed.

The Government have set up a new department to deal with health and social services but have withdrawn their green paper and intend to draft another, including a green paper on the medical and allied services in Wales.

The County Health Committee have embarked on a policy of providing health centres, where required, throughout the county. At the end of 1968 the Authority had provided two health centres and during the period 1969–71 they

proposed to build nine centres and to extensively adapt a clinic as a health centre. The ten health centres will provide accommodation for about forty general practitioners. In addition thirteen centres are being planned so that they would be brought into service after 1971. These buildings are designed after the closest possible consultation with the general practitioners concerned and the Glamorgan Executive Council. They are devised in such a way that the Local Health Authority services are integrated with the general practitioner service.

The economic crisis coupled with the shortage of medical officers, health visitors and other staff, made it difficult to maintain satisfactory medical and ancillary services in many health divisions. Because of these difficulties, a number of staff meetings took place with divisional medical officers on the effective use of manpower in the divisional health services, so that scarce skilled manpower could be sensibly used and properly deployed. Health visitors were relieved of duties which could be undertaken by clinic nurses or midwives. The stringent economy measures delayed (but did not run down) the expansion of a number of services for the elderly, for example, home help and chiropody, although it was possible to develop screening services for detecting handicaps in young children and provide a comprehensive family planning service. A review was made of the child health service. Half of the child welfare clinics are held in hired premises, many of which are unsuitable for the role which one would expect the clinics to play following the recommendations of the Sheldon Report. With the development of health centres the tendency will be for some of the small unsatisfactory clinics to close.

The estimated mid-year population was 742,920. This is an increase of 5,300 on the mid-year population for the previous year. There were 12,225 births and 9,285 deaths, the excess of births over deaths being 2,940. The adjusted birth rate of 17·0 was a slight improvement on the figure of 16·9 for the previous year. The adjusted death rate was 14·3 compared with 13·5 in 1967.

The ratio of the adjusted death rate to the national death rate is 1·20. The death rate in Glamorgan in common with other industrialised areas of South Wales is higher than the national average. The diseases which help to account for this high death rate are bronchitis, coronary and arterio-sclerotic heart, cerebral vascular diseases and cancer of the stomach.

The peri-natal mortality rate remained steady at thirty in spite of efforts to reduce it. The infant mortality rate increased from nineteen to twenty-one. In common with national trends, the illegitimate birth rate increased although it is well below the national figure.

Only one baby in seven was born at home in 1968. This means that the number of confinements attended by many midwives is so small that there is a danger that they will lose their skills. With the completion of new hospital maternity units in the county it should become possible for every mother to have her baby in hospital if she so wished, and almost a 100 per cent hospital confinement rate is likely to occur in the very near future. Plans will need to be made to meet the changing pattern of maternity care.

Ninety per cent of health visitors are attached to general practice although it will take a few years before the attachment scheme works satisfactorily. Where the attachment schemes are working well the family doctors and health visitors like the arrangement very much and the patients have benefited considerably.

A special home help service was introduced during the year to provide care for a small number of helpless patients who are housebound and who live alone. The 'special help' as a rule lives near the patient and works flexible hours, popping in early in the morning to help the patient get up and also in the evening to help her charge settle down for the night and in between calling to give meals, light household duties and to do the shopping.

Dr. C. J. Revington, my deputy, has been closely concerned with the expansion of the mental health service. The service has been re-organised with the appointment of senior health welfare officers working from local offices. These officers work closely with psychiatrists at their out patient clinics. An adult training centre was opened at Bridgend and provides sheltered employment and also training for those who are potentially self-supporting.

The ambulance service continues to convey more patients each year. This increase in numbers runs parallel with increased attendances at out patient departments and is also affected by the development of geriatric hospital day centres. With the development of health centres, which provide better premises, and with the attachment of nurses to general practice, it should be possible for a number of patients to be treated by family doctors after they have been discharged from hospital. This would reduce the pressure on hospitals and on the ambulance service.

A principal role of the department is the prevention of illness and disability. People are reasonably fit until they become middle aged, but after that they tend to suffer from bronchitis, heart conditions, rheumatism and gastric and mental disorders which can cause long periods of incapacity. Some of this illness is avoidable if common sense measures are adopted. Cigarette smoking is undoubtedly a factor which causes people to be unfit as well as to suffer from serious illnesses such as lung cancer. There is statistical evidence that physical activity protects against coronary heart disease. With the advent of the motor car, television, and easier working conditions there is a growing need for recreation to be energetic and occupational. A high proportion of middle aged persons, and this is particularly so of many women in the valleys, are overweight. They need to change their recreational habits as well as their diet.

During the year the school health service attained its sixtieth anniversary. Sixty years ago the standard of fitness among school children was low and the death rate from infectious diseases was high. Children are nowadays taller, heavier and fitter than at any other recorded time. Since the second world war the Authority has made a marked advance in the provision for handicapped children. The work of the department is geared to the early detection and accurate assessment of handicaps in childhood so that immediate remedial measures can be undertaken. More children with handicaps are surviving. This is particularly

so of children with congenital malformations such as spina bifida. Many lives are being saved and plans are being made to ensure that the survivors who are crippled receive the education best suited to their needs.

Although the health of children generally has improved considerably, their dental health has improved little over the sixty years. This is due to changes in diet, more sweets and sticky carbohydrates are eaten. In order to raise the standard of dental health, a sustained campaign has been inaugurated for promoting good standards of dental hygiene among very young children. It is hoped that these children will retain good dental health habits throughout life. The Authority have agreed, in principle, to the fluoridation of water supplies and have commenced negotiations with a water undertaking which serves a part of the administrative county only.

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.

September 1969.

STAFF AS AT 31st DECEMBER, 1968

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

W. Evan Thomas, Q.H.P., 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.

BOROUGH DENTAL OFFICER:

M. J. J. ap John, L.D.S., R.C.S.

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.

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.
GAYNOR HARRY, M.B., B.CH., B.SC.
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D. J. CAMP, 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., A.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.

GLAMORGAN COUNTY COUNCIL

HEALTH COMMITTEE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

ADMINISTRATION

The year 1968 marked the twentieth anniversary of the National Health Service. Every twenty years or so it is the practice of every government to make a major review of the adequacy of the important social services. The publication of such papers as the Green Paper on 'Administrative Structure of the Medical and Related Services' and the Seebohm Report on 'The Local Authority and Allied Personal Social Services' contributed to the thinking that is necessary before a government is ready to formulate new proposals.

These reports, together with that of the Royal Commission on Medical Education, were much influenced by the limits to skilled manpower and finance. It is only the intelligent use of these limited resources which will enable the health services to be continually adapted to meet human needs.

The divided structure of the National Health Service, the development of specialised skills in medicine and allied social work, together with the need to make better use of existing resources have made plain the necessity for more effective overall planning with the integration of services. But if the rationalisation of the health and allied services is to prove effective over a long period it should not be hurried.

The aims of the County Health Department have changed considerably during the past thirty years. At one time the over-riding concern was to combat infectious disease which caused untimely death among the young and to provide for the wellbeing of expectant and nursing mothers, babies and school children in order to safeguard future generations.

Since the second world war there was been a considerable advance in medical knowledge which has meant that much pain and suffering can now be avoided or alleviated. The public now expect that they be freed from pain and no longer regard suffering as a virtue to be nobly borne. In consequence a higher standard of health service is required to be available for everyone, young or old, regardless of his income or where he lives. To meet these demands with resources that are not unlimited, it is necessary to rationalise services. A distinction is now made between services that only a hospital can provide and the community care services. In the community the local health services are now closely linked with the general practitioner services since the one cannot work well without the other. This has led to the attachment of ancillary staffs to general practitioners and the development of health centres.

During the sixties local health authority services have been expanded and new services introduced, for example, chiropody, night sitter, family planning, cervical cytology. Surgical skills have meant that more children born with severe malformations survive, for example, spina bifida, and they need considerable support medically, socially and educationally.

So much needs to be done with resources that are limited that for management of such a complex service to be effective there must be :—

(*a*) clear definition of objectives ;

(*b*) adequate information about the extent to which the objectives are being achieved.

During the year a special study was made on the effective use of man power in the divisional health services so that scarce skilled man power was sensibly used and properly deployed. Health visitors were relieved of duties which could be undertaken by ancillary staff and it was agreed that many state registered district nurses could be replaced on retirement by state enrolled nurses. Clerical practices and methods in the home help service were simplified so that this growing and developing service would not require additional clerks to administer it.

The planning of future services needs to be based on exhaustive and comprehensive data and the department has a nucleus of a research and intelligence unit to provide reliable information for action.

No department can work effectively however if it does not tell its staff its objectives or if it obtains inadequate information about the extent to which these objectives are being achieved by the staff. It is also necessary to tell other branches of the tripartite services, that is, hospital and general practitioners, what the authority's policy is on matters of health and for us to know their plans since it is no longer sensible to work in isolation.

Much time and energy is spent in informing the staff on policy and on the wider knowledge and new ideas which should influence their attitude to their work and in winning acceptance of these new ideas. Regular meetings take place with divisional medical officers, area dental officers, divisional nursing officers, and officials in other fields of activity on the formulation of future policy and on day to day problems. Meetings also take place with representatives of the executive council and the general practitioners concerned about the establishment of health centres and also with representatives of the hospital and general practitioner services on many issues, for example, maternity liaison and geriatric and mental health advisory committees.

During 1968 a monthly newsletter was sent to every general practitioner in the county so that he would know the thinking of the department on many issues.

The department is much too large and complex for it to be administered directly from the centre and for this reason the day to day administration of local health functions under the National Health Service Act 1946 with the exception of the ambulance service, Section 27 of the mental health service, has been delegated to eight divisional health committees which are composed of members of the County Council within the divisions, representatives of the district councils within the divisional areas, and added members who have experience of health services and 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.

NATIONAL HEALTH SERVICE ACT 1946

HEALTH CENTRES

The provision of health centres is partly governed by the requests from general practitioners. Two clinics have been adapted as health centres, the newly built Glyncorrwg Clinic which was adapted in the final building stage and was commissioned on 1st May, 1967, and the Talbot Green clinic which was adapted as a health centre on 1st January, 1968.

Frequent discussions have taken place with general practitioners and representatives of the executive council concerning the provision of health centres. These meetings which are held in a friendly informal manner are presided over by the Chairman of the County Health Committee, Alderman W. R. Francis. At these discussions the Chairman of the Executive Council, Mr. E. K. Jones, and the Secretary, Mr. P. D. White, have been most helpful.

The health centres are designed after close consultation with the general practitioners and the executive council. The County Architect and his staff have prepared excellent plans which meet the individual requirements of the general practitioners and also serve to integrate the general practitioner and local health authority services working from the centre. Unless the design of the centres provide for this close integration, they will not be able to operate effectively. As a general rule the centres will act as the main base of the practice or practices and will provide for each doctor an examination and consulting room, and there will also be a treatment room for minor surgery, two consulting rooms for the local health authority services and a room for health education. In some large centres there will be extra local authority provision such as a dental suite and chiropody surgery. The centres will have a common room so that local doctors and the local authority staff can meet during leisure breaks.

The following centres were being built or adapted during the year and will be ready during 1969 :—

Name of town	*Number of family doctors to be accommodated*
Resolven	Three.
Gorseinon	Seven.
Kenfig Hill (adapted)	One consulting suite for a three-man practice, operating at two main surgeries.

Plans were also completed for building health centres to be ready in 1970 or 1971 :—

Name of town	*Number of family doctors to be accommodated*
Port Talbot	Eleven
Tonypandy	Six
Hirwaun	Two
Cymmer, Port Talbot	Two
Dinas Powis	Three
Radyr	One
Taffs Well	Three

Thirteen other centres are being planned for development in succeeding years.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care.

The set purpose of ante-natal care is to make certain that the health of every expectant mother is protected during her pregnancy which should result in the safe and normal delivery of a healthy baby. This intention, however, can be undone unless the expectant mother seeks pre-natal care early, and thereafter attends surgery or clinic regularly. Early booking enables the clinic or family doctor to detect and treat abnormalities in sufficient time to get the mother as fit as possible for her delivery.

The first report of the British Perinatal Mortality Survey published in 1963 showed that only half of all mothers commenced ante-natal care before the sixteenth week. Mothers who had been pregnant before tended to delay seeking ante-natal care until later when the best quality attention cannot be given. The report also shows that there is an inverse relationship between the number of ante-natal visits and the peri-natal and maternal mortality rates. The aim should be for a patient to make 20 to 24 visits or 30 visits if suffering from toxaemia. The best ante-natal care according to the report was that given at local authority ante-natal clinics and by general practitioners who had a midwife in attendance at their special surgeries. Good ante-natal care was also given to the small number of mothers who were dealt with by midwives only.

There are a number of standard investigations and tests which are known to be essential for the best possible care. These include tests for anaemia, early in pregnancy and again about the thirtieth week of pregnancy so that any deterioration can be treated. Toxaemia is a large factor in both maternal and peri-natal mortality and tests for it involve the regular weighing of the patient, the search for swelling or oedema of legs, hands, and face, testing the urine for the presence of albumen and the estimation of the patient's blood pressure. Home help free of charge is provided for ante-natal patients obliged to rest because of toxaemia or similar medical conditions. Knowledge of the patient's Rh blood type is necessary if adequate preparations are to be made to detect and treat any mother who develops rhesus isoimmunisation with consequent high risk to the foetus and the blood group must be known should the mother require blood transfusions.

Because general practitioners are under strength in the county they may refer their ante-natal patients to the ante-natal clinics for blood samples to be taken. Since many surgeries are inadequate in size to give full ante-natal care, family doctors may use clinics for this purpose free of charge. Seven doctors held ante-natal surgeries at clinics.

The local authority clinic doctor does not attend at confinements, unlike the family doctor, and for this reason ante-natal clinics are gradually being superseded by the general practitioner-obstetrician. Since 85 per cent of births in 1968 took place in hospital the general practitioner-obstetrician of the future will also have little opportunity to deliver patients at home.

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
1968	56	25	3,212	6,631	24,972
1967	62	28	3,420	6,898	31,462
1958	42	45	3,492	11,276	48,605

In five years ante-natal sessions have fallen from 3,710 to 3,212. Ninety-four sessions were held by midwives where medical officers were not available, as in the Rhondda (42 sessions), because of staff shortage.

The ante-natal clinic team usually consists of a medical officer, midwife, and clinic nurse. It is also necessary to provide expectant mothers, particularly those expecting their first baby, with formal health education talks including mothercraft and relaxation classes. This group instruction which is given by health visitors helps to diminish the fears, difficulties and discomforts which have to be faced by every woman who embarks on motherhood.

TABLE 2

ANTE-NATAL CLASSES, 1968

No. of courses arranged	No. of talks	No. of mothers attended	No. of attendances	No. of parents' evenings held	No. who attended
391	2,226	2,826	12,358	13	230

ARRANGEMENTS FOR THE CONFINEMENT

Skilled ante-natal care can be of little use if there is unwise booking for home confinement. The blame for unwise arrangements for confinement often rests on the patient herself since some women, particularly those with many children, refuse to accept advice that they should receive hospital care. In 1967 twenty-seven women aged 30 and over expecting their first child and 138 women aged 35 and over who had been pregnant on a previous occasion were confined at home instead of in hospital. Forty-eight mothers of parity 5 to 9 and two mothers of parity 10 to 14 were also confined at home. Other high risk mothers are those who suffer from an illness which impairs the general state of health or who had abnormal previous pregnancies, or those who lived in poor home conditions. Local maternity liaison committees draw up a detailed list indicating the categories of women in their area who should be admitted to hospital. The consultant obstetrician usually controls the admission of patients to hospital since he has referred to him for close follow up women of impaired health, abnormal previous pregnancies, or 'elderly' primparae, who need careful follow-up. Divisional medical officers indicate those women with adverse social conditions.

As the following table shows the selection of mothers for hospital confinement has improved over the years.

TABLE 3

LIVE AND STILLBIRTHS (LEGITIMATE)

	1964		1965		1966		1967	
	Inst. %	Dom. %	Inst. %	Dom. %	Inst. %	Dom. %	Inst. %	Dom. %
Mothers under 20 years—Parity 0	76·9	23·1	83·6	16·4	89·1	10·9	91·2	8·8
Mothers 30 and over—Parity 0	96·0	4·0	98·0	2·0	97·6	2·4	95·2	4·8
Mothers of all ages—Parity 4 and over	69·2	30·8	76·4	23·6	84·2	15·8	85·4	14·6
Mothers regardless of parity 30 years and over ..	72·5	27·5	76·8	23·2	80·7	19·3	83·7	16·3

General practitioner maternity units should not, however, be used as an alternative to consultant care for high risk mothers, and the desire of these mothers to be admitted to a nearby general practitioner unit rather than to a hospital with consultant care which is some distance away, should be resisted.

These high risk patients can get the care that their condition requires only at a consultant unit. It is mistaken kindness to accede to the wishes of a high risk patient to be cared for at home, or at a general practitioner unit.

FAMILY PLANNING SERVICE

The National Health Service (Family Planning) Act, 1967, which came into force that year extended the existing powers of local health authorities so that they could provide advice on contraception and supplies for any persons who needed them on social grounds and not as hitherto only in medical cases.

For many years the County Council had provided birth control facilities on medical grounds for women at special clinics throughout the county and this service was extended in 1968 so that the needs of healthy women who wished to space births could also be met.

The new service developed slower than was expected, only twenty-seven clinic sessions a month being held in December compared with twenty-two monthly sessions in the previous January. There were a variety of reasons for this. There is an acute shortage of medical staff trained in family planning work and some divisions were over cautious in publicising their service in case their limited resources would be overwhelmed.

The Family Planning Association hold clinics at nine centres throughout the county and have been providing this service for healthy women for many years. Family planning is concerned with the most intimate and personal matters and women who attend Family Planning Association clinics are not likely to change to County Council clinics overnight. Some women may choose to attend the

County Council clinic when their annual subscription to the Family Planning Association is due, particularly if the Family Planning Association and County Council clinic employ the same doctor. (Medical advice at County Council clinics is free.)

The marriage survey conducted by the Population Investigation Committee 1959–60, showed that among couples married in the 1950's almost three-quarters practised birth control. In Glamorgan less than 6 per cent of married women under 45 attend family planning clinics.

Maternity and child welfare medical officers, health visitors, and midwives have been advised that general education in family planning should feature in mothercraft talks and in the day to day activities of staff who make home visits. We are becoming more concerned with the quality of life since a stable happy home is the key factor in any child's development.

TABLE 4

FAMILY PLANNING

WOMEN SEEN AT COUNTY COUNCIL CLINICS

APRIL TO DECEMBER 1968

Category of patient	No. of patients	No. of visits made
Women receiving free supplies :		
Medical cases	291	
Problem families	45	1,585
Low income	171	
Women who paid for supplies :		
Married women	469	1,130
Unmarried women	19	25
Total	995	2,740

Reasons for classifying patients as medical cases :

Medical condition	*No. of patients*
General	104
Gynaecological	90
Repeated miscarriage	30
Previous difficult labour	14
Heart disease	13
Tuberculosis	11
Diabetes	3
Chronic nephritis	3
Mental disorder	3
Anaemia	1

Patients prescribed with oral contraceptives

Patients receiving free supplies ..	121
Married patients who paid for supplies	250
Unmarried patients	8

TABLE 5

FAMILY PLANNING SERVICE

DISTRIBUTION OF FAMILY PLANNING CLINICS, DECEMBER 1968

Division.	*County Council clinics*	*F.P.A. clinics*
Aberdare and Mountain Ash	Fortnightly clinic at Rock Grounds	None.
Caerphilly and Gelligaer ..	Monthly clinics at Bargoed and Fochriw Fortnightly clinics at Ystrad Mynach and Caerphilly	Fortnightly clinics at Ystrad Mynach. Fortnightly clinic at Caerphilly.
Mid-Glamorgan	Monthly clinic at Bridgend ..	Fortnightly clinic at Cornelly
Neath and District ..	Fortnightly clinics at Neath, Seven Sisters, Glynneath	Weekly clinic at Neath.
Pontypridd and Llantrisant	Monthly clinic at Pontypridd Fortnightly clinic at Talbot Green	Weekly clinic at Pontypridd
Port Talbot and Glyncorrwg	Fortnightly clinics, Dew Road and Taibach Monthly clinic, Croeserw ..	Fortnightly clinic at Cymmer. Weekly clinic at Port Talbot.
South-East Glamorgan ..	Monthly clinic at Penarth .. Fortnightly clinic at Barry ..	Weekly clinic at Barry.
West Glamorgan	Monthly clinics, Pontardawe, Gorseinon and Bishopston	None.
Rhondda	Fortnightly clinics at Trealaw and Ferndale (from January 1969)	One weekly clinic and one fortnightly clinic at Ystrad.

CARE OF UNMARRIED MOTHERS

In 1968, 739 (5·9 per cent) babies born to Glamorgan mothers were illegitimate. However, only forty-two 'unmarried' mothers were admitted to mother and baby homes, the Authority accepting responsibility for that part of the cost not covered from other sources.

The age range of the forty-two 'unmarried' girls was :—

Under 16	4	
16 to 18	14	
19 to 20	17	
21 and over	7	(includes two divorcees)

They were admitted to the following mother and baby homes :—

Church in Wales Home, Cardiff	22
"Northlands" Salvation Army Home, Cardiff ..	10
"Cwmdonkin" (Church in Wales), Swansea ..	5
"St. Anne's" (Roman Catholic), Chepstow	3
"The Shelter" (Church in Wales), Newport ..	1
"Streatham" (Methodist), London	1

Responsibility was also accepted for six other girls to be admitted to mother and baby homes but who decided later to be confined at local hospitals because their families were reconciled or because they married.

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. It is now considered that a distinction should be made between true premature infants who have a shortened gestation period and underweight babies who are born at or near full term and are undergrown.

It is estimated that about one-third of all babies classed as premature are undergrown babies.

In Glamorgan in 1968, 936 births or 7·5 per cent of all notified births were premature. 6·7 per cent of notified live births, representing 819 infants and 53 per cent of notified stillbirths, i.e., 117 stillborn infants, were premature. Although less than 7 per cent of live births were premature they accounted for 57 per cent of the children who died under four weeks. 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. It must also be remembered that babies of low birth weight who survive have a higher risk of having a disability or an infection.

There is, however, inadequate knowledge of the causes of premature birth so that the possibilities of prevention are limited. It is known, however, 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 to be of a high standard. Expectant mothers should arrange early and continuous ante-natal care and faithfully carry out advice given them by the general practitioner or clinic doctor. It is important to maintain during pregnancy good health, physical, mental and nutritional. The percentage of births which are premature is higher in Glamorgan and in the industrial areas of South Wales, the Midlands, and in the North of England. The incidence is also higher in urban areas compared with rural areas.

The rate of survival of infants is in proportion to the birth weight and the first day of life is fraught with dangers, particularly to the small baby. The larger prematurely born baby with a birth weight exceeding 4 lb. 6 ozs. has a very good chance of survival as shown in Table 8. Babies who weigh under 3 lb. 4 ozs. are at the greatest risk.

I propose to ask local maternity liaison committees to set up peri-natal mortality committees to study in all or selected areas covered by the committees, the reasons for the deaths of infants under four weeks. It is also proposed to suggest that a distinction be made between true premature infants and infants with impaired foetal growth. It is important to distinguish between these categories of low weight children since their needs differ.

TABLE 6.

PRINCIPAL STATISTICS RELATING TO PREMATURE BIRTHS.

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	756
(*b*) At home or in a nursing home ..	63
Total	819

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

(*a*) In hospital	111
(*b*) At home or in a nursing home ..	6
Total	117

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born in hospital				Born at home or in a nursing home								Born:	
					Nursed entirely at home or a nursing home				Transferred to hospital on or before twenty-eighth day					
		Died				Died				Died				
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Not weighed	1	—	1	—	—	—	—	—	—	—	—	—	—	—
2 lb. 3 oz. or less	22	11	2	—	1	—	—	—	—	—	—	—	22	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	63	24	18	—	1	—	—	—	2	2	—	—	28	1
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	131	14	9	2	3	1	1	—	8	1	—	—	22	1
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	155	2	7	—	8	—	—	—	3	—	—	—	19	2
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	384	5	3	1	31	—	—	—	6	—	—	—	17	2
Total	756	56	40	3	44	1	1	—	19	3	—	—	111	6

Frequency of Prematurity

Table 7

Percentage of Births which were Premature

	England and Wales	Glamorgan		
	1967	1966	1967	1968
Percentage of live births which were premature	6·5	7·1	7·2	6·7
Percentage of stillbirths which were premature	59·9	69·0	59·6	53·2

Table 8

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	23	13	565
Over 2 lb. 3 oz.—3 lb. 4 oz.	66	44	666
Over 3 lb. 4 oz.—4 lb. 6 oz.	142	27	190
Over 4 lb. 6 oz.—4 lb. 15 oz.	166	9	54
4 lb. 15 oz.—5 lb. 8 oz. ..	421	10	42
All births	818	103	126

Table 9

Statistics Relating to Prematurity by Division. 1968

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	8·2	8·3	42·1	73	80·6	6	75·0	1	25·0
Caerphilly and Gelligaer	7·8	7·0	60·9	94	88·7	13	65·0	5	41·7
Mid-Glamorgan	6·5	5·7	46·2	108	92·3	18	100·0	1	11·1
Neath and District	9·6	8·6	78·6	86	98·9	11	100·0	1	100·0
Pontypridd and Llantrisant	8·5	7·6	77·8	90	86·5	13	92·9	1	71·4
Port Talbot and Glyncorrwg	7·9	7·9	9·1	72	94·7	2	100·0	4	100·0
South-East Glamorgan..	5·8	4·8	50·0	86	96·6	20	100·0	3	100·0
West Glamorgan	6·0	4·7	65·2	48	94·1	15	100·0	—	—
Rhondda..	9·3	8·3	68·2	99	89·2	13	86·7	3	25·0
Total	7·5	6·7	53·2	756	92·3	111	94·9	19	30·2

Congenital Malformations

The incidence of congenital malformations in South Wales is high. In 1961 Dr. K. M. Laurence, Senior Lecturer in Paediatric Pathology at the Welsh National School of Medicine, began an investigation into as complete as possible an ascertainment of cases of anencephaly, spina bifida cystica and encephalocele and congenital hydrocephalus born between 1956 and 1962 in Glamorgan, excluding the West Glamorgan division, the Boroughs of Neath and Barry, the districts of Penarth and Whitchurch, but including the County Borough of Merthyr Tydfil. The mining valleys of Monmouthshire were also included.

During the survey period there were 102,786 total births of which 835 cases were found: 364 anancephaly, 425 spina bifida, and 46 hydrocephalus. The incidence of total central nervous system malformations of 8·1 per 1,000 births is one of the highest recorded and that for spina bifida (4·1 per 1,000 births) the highest in a total population. Local variation in the malformation rates was considerable, the lowest rate being recorded in Glamorgan South-East (5·78), an agricultural and dormitory area and the highest in East Monmouthshire. There was a west/east gradient with the lower incidence in Neath (6·16) and Port Talbot (6·66) and the highest in Caerphilly and Gelligaer (9·57) and Monmouthshire valleys (11·08 Eastern Valley). Variations for spina bifida were within narrower limits apart from East Monmouthshire which had a very high incidence.

The towns of Porthcawl, Bridgend, and Pontypridd had malformation incidences of 11·7, 10·0 and 12·8 respectively. Pontypool and a town in the Rhymney Division of Monmouthshire had incidences of 11·3 and 20·0 per 1,000 births. The rural part of Glamorgan South-East and Llantrisant and Llantwit Fardre district had a malformation incidence of 5·6 and 4·3 per 1,000 births respectively. In Port Talbot the incidence in the wards with the seaside development which did not get the prevailing winds from the steel works was 5 per 1,000 births, while that for the remaining wards of the town was 8 per 1,000 births. The narrower mining valleys tended to have a somewhat higher incidence than the wider valleys, but this was not always consistent.

The parents of 551 cases were interviewed by Miss David, the Research Social Worker, and the remaining 284 were seen by health visitors or general practitioners who completed questionnaires. It was found that many of the mothers had only scant knowledge of their infant's abnormality, which profoundly influenced interviewing techniques.

The only pregnancy factor which could perhaps have an aetiological significance was an increased incidence of influenza. Gestational link of the anencephalous and spina bifida pregnancies was similar to that usually reported, as were the sex ratios. A significant lower malformation conception rate was found for anencephaly and spina bifida combined for April, May, and June. Quarterly malformation rates using conception dates from 1956 to 1962 failed to show any consistent relationship with epidemics of influenza 'A'. A marked and significant social class effect was found for spina bifida but not for anencephaly.

It was concluded that there is a polygenically inherited predisposition to produce offspring with central nervous system malformations in certain popula-

tions interacting with environmental trigger mechanisms. Nutritional factors, such as folic acid deficiency, were thought to be a more likely reason for the high incidence of malformations rather than influenza 'A'.

In the administrative county, about 45 per cent of babies born with spina bifida survive.

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 significance may emerge in time which may lead to a reduction in the incidence of congenital malformations. The names of these children are added to observation registers kept at divisional health offices 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. Medical officers and health visitors have been asked to pay particular attention to the emotional stresses caused to parents who have a severely handicapped child.

TABLE 10

NUMBER OF INFANTS (LIVE AND STILLBORN) WITH CONGENITAL MALFORMATION DETECTED AT BIRTH, BY DIVISION, 1968

Division	Total Births (live and still)	No. of infants with malformations		Rate per 1,000 total births
		Live	Still	
Aberdare and Mountain Ash ..	1,051	12	4	15·2
Caerphilly and Gelligaer	1,543	13	5	11·7
Mid-Glamorgan	2,039	11	6	8·3
Neath and District	1,024	14	2	15·6
Pontypridd and Llantrisant	1,384	11	5	11·6
Port Talbot and Glyncorrwg	985	12	1	13·2
South-East Glamorgan	1,878	16	9	13·3
West Glamorgan	1,103	6	7	11·8
Rhondda Borough	1,357	10	5	11·0
Total	12,364	105	44	12·1
Total for 1967	12,584	172	45	17·2

TABLE 11

SOME SPECIFIC MALFORMATIONS, 1968

Malformation	No.	Rate per 10,000 total births
All defects C.N.S.	57	46·0
Anencephalus	29	23·4
Encephalocele	3	2·4
Hydrocephalus Spina Bifida ..	29	23·4
Cleft Lip, Cleft Palate	14	11·3
Defects of Heart and G. Vessels	4	3·2
Hypospadias Epospadias ..	1	0·8
Talipes	21	16·9
Examphalus Omphalocele ..	3	2·4
Mongolism	7	5·6
All malformed babies	168	135·5

CHILD HEALTH CENTRES

The child health service in the county is popular. Eighty-nine per cent (10,809) of Glamorgan children born in 1968 attended clinics ; also 90 per cent (11,138) of those born in 1967 and 23 per cent (12,218) of those born during 1963 and 1966. These children made 249,133 attendances : those under one made 92,978, those between one and two made 93,992, and others made 62,163 attendances. The ranking of divisions according to attendances was as follows :—

TABLE 12

1968

Division*	Total No. of attendances	No. of clinics	No. of clinic sessions held during 1968
(1) Mid-Glamorgan	56,715	29	1,903
(2) South-East Glamorgan ..	32,541	18+ mobile clinic	1,451
(3) Caerphilly and Gelligaer ..	32,058	21	737
(4) Pontypridd and Llantrisant	26,815	14	600
(8) Neath and District ..	24,438	15	543
(9) Port Talbot and Glyncorrwg	24,434	15	735
(7) Aberdare and Mountain Ash	20,732	13	629
(6) West Glamorgan	18,509	19	632
(5) Rhondda	12,891	8	498

*Ranking of division, according to number of live births 1968, given in brackets. Number of births given in Table 13.

The pattern of visiting clinics differs according to the division. Mid-Glamorgan with an infant population one and a half times that of Rhondda had four and a half times the number of clinic attendances. Mothers in Mid-Glamorgan bring children under 2 years to clinics twice as often as Rhondda mothers. Older Rhondda children, that is, those over two years rarely attend clinics, there being only 1,163 attendances compared with 15,770 attendances in Mid-Glamorgan by older children.

The county provide a service for a greater proportion of young children than does England and Wales. In 1966, 94 per cent of Glamorgan babies under one attended clinics compared with 78 per cent nationally. Glamorgan provide more clinics, one for every 4,800 population in 1968 compared with one for every 7,700 population in England and Wales in 1961.

In December 1968 Glamorgan had 152 static and one mobile clinic. There was also a mobile dental clinic. Fifty-four clinics were purpose-built, nineteen were in adapted premises, and seventy-nine in hired premises. The development plan to replace many hired clinics has been abandoned because the government would not sanction expenditure on newly built clinic premises where the population to be served is less than 7,000. Health centre development however, is not affected in this way. Clinics should be easily accessible to mothers with babies. Nevertheless for a larger urban county we appear to have too many clinics. As a result half our clinics are in hired premises, many of which are totally unsuitable. It is becoming the practice for general practitioners to close down branch surgeries and concentrate their activities at well-designed and equipped surgeries or health centres. This pattern is likely to be followed with child health centres since it is surely wrong for clinics to be held in unsatisfactory premises which do not permit medical officers and health visitors to provide the high standard of work that is expected nowadays. Many of these clinics provide for a small child population and are very expensive to run in terms of staff time. In the vale of Glamorgan the mobile clinic serves many country villages.

During a fortnight in May 1968 a survey was made of work undertaken at child health clinics. The survey showed that at many clinics traditional work of long standing was continued and the divisional medical officers and the staff have been asked to turn to work that is needed in the circumstances of today. Since half the clinics are held in unsuitable hired premises some of the shortcomings cannot easily be overcome. Nevertheless, the traditional work of clinics where many mothers bring their babies to be weighed, to seek reassurance, and to buy welfare and proprietary foods needs to be changed. Now that general practitioners are better equipped to treat babies for minor ailments, the main duty of the clinic doctor in future would be to identify children with defects as early as possible so that medical and educational treatment can be provided. Routine medical examinations of children presumed to be healthy will need to be done thoroughly, each examination to be as complete as possible and designed to enable the doctor to estimate the child's physical, mental and emotional development. The doctor will be hindered from conducting these routine examinations if mothers bring children to the clinic too frequently for social reasons.

It is necessary for the doctor to search for the child who has developed or is likely to develop a handicap which, if not dealt with, might hinder the child's future.

Although mothers will be encouraged to bring their babies to clinics whenever they are in need of help or reassurance, they would be asked to make a point of this at various stages during the child's life, viz. : during the first year, at 2 to 6 weeks, at 5 months, at 9 months, and on each birthday until the fourth.

Weighing children has become a ritual and during May 85 per cent of children attending clinics were weighed. Frequent weighing can be a course of needless anxiety and makes inroads into staffing time since a health visitor or clinic nurse in some clinics is engaged wholly in weighing.

Divisional medical officers have been advised to review staffing arrangements at clinics. Some were overstaffed and in others some of the work could be undertaken by a clinic nurse rather than a health visitor.

There are, however, other areas of the county where the population is rapidly expanding and clinic facilities need to keep pace with the increased child population.

Table 13.

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

Health Division	Births				Ante-natal and Post-natal Clinics				Child Health Centres				
	Live births		Still-births		Number of ante-natal clinics	Number of women who attended during the year		Total number of attend-ances	Number of Centres	Number of children who attended during the year who were born in			Total attend-ances
	Domi-ciliary	Insti-tutional	Domi-ciliary	Insti-tutional		Ante-natal	Post-natal			1968	1967	1963–1966	
Aberdare and Mountain Ash	127	905	2	17	8	165	41	1,614	13	814	932	712	20,732
Caerphilly and Gelligaer	312	1,208	3	20	6	893	216	578	21	1,365	1,453	1,744	31,968
Mid-Glamorgan	384	1,655	1	38	20	434	34	2,289	30	1,760	2,049	2,593	56,715
Neath and District	155	855	—	14	9	949	242	1,642	15	1,003	1,005	1,481	24,438
Pontypridd and Llantrisant	253	1,113	1	17	6	487	41	1,292	13	1,256	1,184	1,434	26,815
Port Talbot and Glyncorrwg	87	876	3	19	11	749	97	1,376	15	867	885	985	24,434
South-East Glamorgan..	198	1,640	3	37	6	1,062	144	1,404	17	1,715	1,762	2,033	32,541
West Glamorgan	56	1,024	1	22	8	353	109	1,255	18	936	850	677	18,509
Rhondda..	222	1,113	4	18	7	509	106	908	7	1,013	1,018	559	12,891
Totals	1,794	10,389	18	202	81	5,601	1,030	12,358	155	10,809	11,138	12,218	249,043

Mothers' Clubs

In the Neath division there has been a most interesting and worthwhile development from the ante-natal mothercraft classes. Some young mothers felt that they would like to continue to meet after their babies were born, and from this idea two flourishing mothers' clubs have developed. That they are so successful is largely due to the initiative of the two health visitors who have encouraged and helped the formation of the clubs.

The club held at Longford Clinic began in May 1967 with an average attendance of ten ; the average attendance in 1968 was fifteen. This group of mothers and children meet in the afternoons. At the club meetings, health education talks, and films are shown followed by group discussions. Friendship is promoted between new mothers to the area and those already living there and there are play facilities for children between one and five years. Opportunities for play have been of great help to the only child and has helped to prepare all children for their first days at school. The mothers organised a raffle and have bought some second-hand toys.

The group discuss aspects of the life of a toddler : growth, care of the teeth, correct clothing and footwear, bottle hygiene, protection against infection, diet ; they have talks on development, behaviour problems, 'potting', preparation for admission to hospital, and see films and film strips. In 1968, following the success of the afternoon sessions, the mothers requested a Mothers' Club which should meet in the evenings. This was commenced in November 1968 and about 10 to 15 mothers attend weekly. They have elected a chairman, secretary, treasurer, and a small committee and have organised talks and discussions, visits and talks by representatives from various firms. They have visited a large chain store, the local fire station and have organised outings to the pantomime and Bristol Zoo. They have had a Christmas party and a dinner. Films have been shown including films on family planning, venereal disease, and drugs.

Future plans include exchange visits with other mothers' clubs, a visit to the local Gas Board showrooms for a cookery demonstration, a visit to a nursery to deliver clothing collected by the mothers who have also knitted squares for blankets, talks on first aid and family planning and many other visits and talks of interest.

A similar club is held at Dyfed Road clinic and the five original members who still attend had been members of an ante-natal mothercraft class. This club meets in the afternoons at fortnightly intervals. About thirty members attend with their children. The meetings usually begin with an informal talk and group discussion follows. Subjects range from those of topical interest to discussions on television programmes and newspaper and magazine articles. The mothers find friendship at the club, enjoy discussion of their mutual problems and the children benefit from playing together. The club plans to visit other clubs, to select a special subject for study and to visit places of interest.

PHENYLKETONURIA

Phenylketonuria is a rare disease which affects mental development. It is said to occur with a frequency of the order of 1 in 10,000 live births in people of European stock. It is very low in certain groups, e.g., American negroes.

A phenylketonuria baby lacks a certain enzyme so that he cannot metabolise a substance present in proteins known as phenylalanine. Careful restriction of the amount of phenylalanine in the diet is required. Milk or milk products must be excluded.

The clinical symptoms of phenylketonuria include mental retardation in the great majority of patients, convulsions, melanin pigmentation and dermatitis. Mental retardation can usually be avoided if appropriate treatment is taken within the first six weeks of life. Improper treatment may lose this advantage. Loss of weight, elementary disorders, anaemia and even a fatal outcome may result from over treatment ; under treatment will not effectively control the abnormal phenotype. For this reason it is recommended that treatment should be carried out only in conjunction with required analysis of the concentration of phenylalinine in the blood and observation of the patient. How long dietary treatment should be continued after birth is still unknown, but it is desirable that it should be for at least the first five years of life.

Phenylketonuria can 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 yet 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 and it is hoped to introduce the former test in the Port Talbot area during the latter part of 1969.

13,513 Phenistix tests on babies were made by health visitors during 1968 and one case of phenylketonuria was discovered. A baby girl (H.P., born 29th April, 1968, Rhondda Borough) was positive to a Phenistix test given by a health visitor on 10th and 17th June, 1968. The child was seen at hospital on 25th June and 2nd July, was admitted there on 3rd July, and phenylketonuria was confirmed on 17th July. A special diet was commenced on admission to the hospital and she was discharged home on 24th October. Her progress appears to be satisfactory. At the age of 12 months she was a heavy child, regarded as being very bright and attempting to stand. She was on a mixed diet. She visits East Glamorgan Hospital at fortnightly intervals.

DISTRIBUTION OF WELFARE FOODS.

Nursing mothers may buy fresh milk or national dried milk at cheap rates. If they opt for a pint of fresh milk a day at the special rate, the full price must be paid for national dried milk. In June 1961 increased prices were imposed by the government for national dried milk, orange juice, cod liver oil, and vitamin tablets. The full price for national dried milk was raised so that it approximated

to the cost of proprietary milk foods, and as a result sales of national dried milk fell and proprietary foods rose as the following table indicates :—

TABLE 14

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
1968..	12,109	11,819	202,102	7,222	72,922

Sales of proprietary foods however, declined from 1966 due to the fall in birth rate, and because supermarkets began to sell certain baby foods at reduced prices.

Since many mothers are able to obtain a suitable range of baby foods from other sources it may not be necessary in the future to sell baby foods at every clinic session.

DENTAL CARE

I am grateful to Mr. D. R. Edwards, Principal Dental Officer, for the following report :—

The fall in the number of treatments provided for nursing mothers and young children which occurred in recent years continued in 1968, when 302 mothers attended our clinics, compared with 382 in 1967.

The numbers of teeth filled and extracted from the mothers who attended were 555 and 635 respectively, and 83 patients were also provided with dentures.

The reason for this group of patients making less demand on our services is, undoubtedly, due to treatment being provided by general dental service practitioners, either because of greater availability or of convenience because of position and bus routes.

It appears also that the pre-school child may be accompanying the parent at the same time, which would account for the fall in attendance of the children under five at our clinics.

992 children attended for treatment, compared with 1,041 in 1967, and 1,150 teeth were filled and 1,129 extracted. 260 children attended for emergency treatment and, of the 1,287 children inspected, 1,053 required treatment. This proportion of 80 per cent in 1,281 children gives an indication of the treatment likely to be uncovered when the staffing position permits a more comprehensive survey of this age group.

Health visitors and dental auxiliaries continue to give advice to mothers on a balanced diet, and the restriction of sugary foods between meals for the young child. These talks are supplemented by dental health films and poster displays, but the most important factor for prevention is the awareness on the mother's part for the child to have a regular dental inspection from the age of three onwards.

The natural resistance of the dentition to dental decay would be increased significantly for this age group by fluoridation of the water supplies, a measure which would continue to be of benefit into early adult life, and reduce considerably the demands on the dental officers for treatment.

TABLE 10

DENTAL SERVICES 1968

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 ..	41	43	84	—	26	22	100	26	9	—	5	5	6
Caerphilly ..	118	155	273	1	174	168	147	40	20	—	15	3	32
Mid-Glamorgan	86	98	184	3	82	70	70	34	14	—	28	17	61
Neath	71	29	100	2	59	49	120	50	82	—	2	3	22
Pontypridd ..	81	56	137	6	38	32	172	61	7	—	4	86	54
Port Talbot ..	58	45	103	2	59	49	62	38	17	—	4	—	36
South-East Glamorgan ..	185	115	300	14	302	260	68	35	24	1	25	8	63
West Glamorgan	124	179	303	3	227	218	51	23	58	2	87	9	50
Rhondda	228	300	528	25	328	282	339	137	29	4	22	145	207
TOTAL ..	992	1,020	2,012	56	1,295	1,150	1,129	444	260	7	192	276	531

Table 16

Dental Services 1968

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 ..	26	192	218	–	137	114	76	10	3	2	9	–	–	–	6
Caerphilly ..	48	207	255	–	108	96	149	6	13	12	19	1	–	–	17
Mid-Glamorgan	35	98	133	1	36	26	22	5	—	2	10	–	–	–	7
Neath ..	27	46	73	–	35	31	67	3	19	–	3	–	–	–	4
Pontypridd ..	25	77	102	1	37	35	58	9	1	1	8	–	–	–	15
Port Talbot ..	40	93	133	1	29	27	97	14	7	1	22	–	–	–	24
South-East Glamorgan	28	62	90	1	62	55	56	11	4	1	4	1	–	–	24
West Glamorgan	31	85	116	2	75	62	62	7	22	7	54	–	–	–	15
Rhondda ..	42	134	176	5	130	109	48	3	4	15	18	5	–	–	15
Total ..	302	994	1,296	11	649	555	635	68	73	41	147	7	–	–	127

TABLE 17

DENTAL SERVICES

PROSTHETICS, ANAESTHETICS, INSPECTIONS AND SESSIONS

Division	Prosthetics			Anaesthetics administered by dental officers	Inspections						Sessions	
					Children 0–4 (Incl)			Expectant/Nursing Mothers				
	Patients supplied with F.U. or F.L.	Patients supplied with other dentures	Number of dentures supplied		First inspections	Patients requiring treatment	Patients offered treatment	First inspections	Patients requiring treatment	Patients offered treatment	For treatment	For health education
Aberdare ..	5	7	12	—	69	56	56	27	26	26	46	–
Caerphilly	6	4	24	—	165	125	118	54	49	49	74	7
Mid-Glamorgan	12	9	26	—	112	91	87	41	40	39	63	–
Neath	4	1	5	—	109	75	73	34	30	29	28	–
Pontypridd ..	4	6	13	70	130	81	81	35	27	27	51	–
Port Talbot ..	4	7	16	—	81	61	61	46	45	45	36	–
South-East Glamorgan ..	–	1	1	—	230	190	190	29	28	28	70	–
West Glamorgan	–	5	7	—	154	139	139	41	36	36	42	–
Rhondda ..	3	5	13	2	237	235	235	42	42	42	91	–
Total ..	38	45	117	72	1,287	1,053	1,040	349	323	321	501	7

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.

On 1st November, 1968, the scope of the 1948 Act was extended by the Health Services and Public Health Act, 1968, to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day and persons who in their own homes and for reward look after one or more children under the age of five to whom they are not related for similar periods.

The need to strengthen powers under the 1948 Act became evident from the reports made in 1965 by the local health authorities to the Minister on the review of their arrangements for registration and supervision of nurseries. The previous law provided for the registration of nurseries and minders if children were looked after for a substantial part of the day. The new law provides for the registration of minders and nurseries if children are looked after for a total of two hours or more in the day, which was the length of time that the County Council considered as involving a substantial part of a day in a young child's life.

On 31st December, sixty-six nurseries had been registered of which two were in the Rhondda and there were also fifty-three registered child minders. Details are given in Table 18. Sixteen of the sixty-six nurseries were managed by voluntary bodies and were not run for gain. Thirteen were Welsh language nurseries, one nursery was for spastic children and another for mentally handicapped children. In addition a nursery in the Rhondda was for socially deprived children.

The Authority's regulations for the registration and supervision of nurseries are stringent and nursery proprietors and child minders are given a booklet of advice on the management of nurseries, on the Authority's regulations, and the provisions of the Act are summarised. During 1968 health visitors made informal weekly visits to nurseries and child minders and a formal inspection was made by divisional nursing officers once a term. The Deputy Principal Nursing Officer investigated all new applications and advises me concerning the suitability of the applicants and the premises.

Provision is made for the Chairman and Vice-Chairman to hear appeals from applicants who have been told that they or their premises do not comply with County standards. One such appeal was heard during the year and was granted when the nursery proprietor and the owner of the premises indicated that they would improve the layout of the nursery to meet the Authority's standards.

Three Welsh language nurseries lacked the funds to adapt chapel vestries or engage suitable staff to meet the Authority's requirements and could not be registered. These nurseries however open for less than two hours a day and need not therefore register.

TABLE 18

NURSERIES AND CHILD MINDERS, AS AT 31ST DECEMBER, 1968

Division	No. of premises	No. of persons
Aberdare and Mountain Ash ..	1 (19)	1 (10)
Caerphilly and Gelligaer ..	7 (153)	5 (67)
Mid-Glamorgan	11 (270)	6 (51)
Neath and District	4 (90)	3 (30)
Pontypridd and Llantrisant ..	4 (100)	3 (19)
Port Talbot and Glyncorrwg ..	3 (55)	8 (87)
South-East Glamorgan	28 (667)	20 (219)
West Glamorgan	6 (119)	7 (56)
Rhondda	2 (35)	—
Totals 1968	66 (1,508)	53 (539)
1967	38 (400)	40 (901)
1966	30 (355)	31 (741)

Figures in brackets indicate the maximum number of children that may be received.

DAY CARE OF CHILDREN OF DEAF PARENTS.

During the year four hearing children of deaf parents were being cared for at the Authority's expense at private day nurseries so that they would have greater opportunities to converse normally and develop speech. Particulars of the children are as follows :—

Name	*Date of birth*	*Nursery*	*Commenced*	*Remarks*
S.D., ... Gwaelodygarth	18th April, 1964	Masefield, .. Whitchurch	24th October, 1966	Terminated September 1968 on admission to school.
J.J., ... Tongwynlais	4th June, .. 1964	do. ..	24th October, 1966	do.
S.P., Penyfai ..	7th January, 1965	Simonstone, .. Coity	2nd January, 1968	—
R.S., Litchard ..	18th June, 1965	do. ..	10th June, .. 1968	—

MIDWIFERY SERVICE

The number of home confinements has fallen steeply in recent years. In 1968 there were 1,833 home confinements compared with 4,358 in 1964. This was due to the increase in the number of women confined in hospital, a practice that will continue with the modernisation of maternity units. In 1968 85 per cent of babies were born in hospital compared with 61 per cent in 1964.

The decrease has meant that the number of confinements attended by many midwives was so small that there is a danger that they will lose their skills.

The following table indicates the number of confinements attended by midwives and nurse midwives but excludes those who were not engaged for a full year or who may have had lengthy periods of sickness. Fifteen midwives were present at less than five confinements.

TABLE 19

DOMICILIARY MIDWIVES—CASE LOADS 1968

Division	Case Loads						
	0–4	5–9	10–19	20–29	30–39	40–59	60–79
Aberdare and Mountain Ash	–	1	1	1	1	1	–
Caerphilly and Gelligaer ..	2	–	3	7	3	–	–
Mid-Glamorgan	5	–	6	2	1	–	–
Neath and District	2	1	9	–	–	–	–
Pontypridd and Llantrisant	1	1	1	3	4	1	–
Port Talbot and Glyncorrwg	1	2	4	1	–	–	–
South-East Glamorgan ..	1	1	5	2	1	–	–
West Glamorgan	3	1	3	–	–	–	–
Rhondda	–	3	6	5	–	–	–
Administrative County ..	15	10	38	21	10	2	–

It is now generally accepted that the facilities available to meet any emergency which may arise make births, at hospital advisable in all instances where there is even the slightest element of risk. In consequence the number of domiciliary births will continue to decline.

The number of domiciliary midwives who had been practising during the year was ninety-seven and they dealt with 15 per cent of births whereas 155 hospital midwives dealt with 85 per cent of births. Since many hospital matrons hold midwifery qualifications but do not actually deliver, it would appear that a hospital midwife delivers approximately four times as many babies as the county midwife. The county midwife, however, has other tasks, attending at ante-natal clinics, ante-natal surgeries of general practitioners and caring for mothers and babies discharged early from hospital. Neverthleless the provision of an effective

domiciliary midwifery service will be a difficult task if home confinements continue to decline.

However, if the territory covered by midwives were enlarged so that they could deal with more confinements they might not be able to reach some of their patients in a reasonable time.

One must consider the possibility that all women will be confined in hospital with maternity nurses attending those discharged home early in the puerperium.

EARLY DISCHARGES.

Schemes for discharge of suitable patients within a few days of delivery have become established as a normal pattern in maternity care. They have proved popular with patients and the higher proportion of women confined at hospitals with resident consultants has resulted in the reduction of maternal mortality and peri-natal mortality rates. Every care must be taken, however, to see that the mothers and babies are not discharged early if their medical or home conditions are poor.

The advice given in a memorandum issued by the Standing Maternity and Midwifery Advisory Committee in April 1965 is relevant :—

(*a*) Mothers for early discharge should be selected by the consultant obstetrician as early as possible in pregnancy and the agreement of the mothers obtained.

(*b*) The local health authority should assess whether the patients home circumstances are suitable.

(*c*) The general practitioner should be asked if he will accept medical responsibility for the mother and baby on their discharge.

(*d*) During pregnancy the plan should be kept under review and modified, if necessary, in the light of individual circumstances.

(*e*) The responsibility for early discharge after confinement rests with the consultant obstetrician and paediatrician.

The mother and baby should be examined before discharge and should not leave unless found to be fit. The local health authority and the general practitioner should be informed of the decision. Immediate re-admission should be accepted, without question, if requested.

The proportion of mothers discharged from hospital before the tenth day was 62 per cent. The nursing care of these mothers and babies was continued by county midwives and maternity nurses.

The ratio of mothers discharged early from hospital varies widely in the county depending on the availability of hospital beds. Half of the mothers concerned left hospital between the second and fifth day of delivery. There was a high discharge ratio within 48 hours in the Caerphilly and Gelligaer (31 per cent) and Pontypridd and Llantrisant divisions (22 per cent). Relatively few mothers, however, were discharged within 48 hours in those health divisions which overall had a high ratio of women discharged early from hospital, viz. : Neath and District, Aberdare and Mountain Ash, and West Glamorgan.

TABLE 20

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 1968 as Percentages of all Discharges from Hospitals							
			within 48 hours	%	Between 2–5 days	%	Between 5–10 days	%	Total	%
Aberdare ..	905	87·7	66	7·3	280	31·0	401	44·3	747	82·5
Caerphilly ..	1,208	79·5	378	31·3	243	20·1	139	11·5	760	63·0
Mid-Glamorgan	1,655	81·2	133	8·0	322	19·5	91	5·5	546	33·0
Neath ..	855	84·7	21	2·5	639	74·7	150	17·5	810	94·7
Pontypridd ..	1,113	81·5	244	21·9	331	29·7	121	10·9	696	62·5
Port Talbot	876	91·0	15	1·7	278	31·7	324	37·0	617	70·4
South-East Glamorgan	1,640	89·2	48	2·9	317	19·3	259	15·8	624	38·0
West Glamorgan	1,024	94·8	20	2·0	215	21·0	605	59·1	840	82·0
Rhondda ..	1,113	83·4	165	14·8	577	51·8	104	9·3	846	76·0
Total ..	10,389	85·3	1,090	10·5	3,202	30·8	2,194	21·1	6,486	62·4

Section 10 of the Health Services and Public Health Act, 1968, allows the authority to arrange for home nurses or health visitors to visit women during the lying-in period to provide services other than those for which the attendance of a midwife is requisite.

ABERDARE MATERNITY UNIT.

In March work was completed on the provision of a new maternity unit of 30 beds at Aberdare General Hospital. Since the new unit provided better facilities than those at Lady Aberdare Hospital, Mountain Ash, the Lady Aberdare Hospital which provided 15 beds was closed.

In addition to the 30 beds at the new maternity unit there are 14 maternity beds at the Aberdare General Hospital. There 14 beds may be discontinued when the Gurnos District General Hospital at Merthyr Tydfil will be opened.

NEATH MATERNITY UNIT.

In November a start was made on the construction of a new maternity unit of 93 beds, a special care baby unit of 50 cots and an ante-natal clinic.

Staffing

When a vacancy occurs in the midwifery service a thorough review is made of the staffing arrangements within the nursing service concerned to see whether the post needs to be filled. At the end of the year there were 83 whole-time midwives, 11 nurse/midwives, and 12 whole-time and part-time maternity nurses.

Refresher Courses.

Midwives are required to attend approved refresher courses every 5 years. An approved refresher course was held by the Authority at Aberdare Hall, Cardiff, and was attended by fifty midwives. Four midwives attended an approved refresher course at Cheltenham and two midwives attended an approved course at Bristol.

Three nursing officers attended a course for supervisors of midwives at Wimbledon and three nursing officers attended a course at Cardiff on communications as applied to nursing services.

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	155
Domiciliary	97
Supervisory	6
Total	258

Since 1948 the non-medical supervision of midwives has been undertaken by the chief nursing officer and by a nursing officer in each of the nine health divisions who combined supervision of the district nursing service with the midwifery services. During the year arrangements were made for the eventual supervision of the midwifery service by three area nursing officers covering the whole of the county with the exception of the Rhondda delegate area. It is proposed that as nursing officers retire, to arrange for an officer covering a wider area to deal with midwifery supervision only, thus leaving the supervision of health visitors and district nurses in each division to a divisional nursing officer. On the 30th September there was one officer concerned solely with midwifery supervision who covered the Aberdare, Mountain Ash, Caerphilly and Gelligaer, and Pontypridd and Llantrisant Health Divisions. Two other officers were responsible for midwifery supervision in more than one division although each continued to have responsibility for district nursing in one of the divisions.

Survey of Midwifery Service, Mid-Glamorgan

In recent years the number of home confinements has fallen considerably and as a consequence the number of confinements per midwife. I considered it desirable that there should be a comprehensive survey of the service which

would provide information on the work done by midwives and nurse/midwives and in particular :—

(*a*) the distribution of their time as between visiting, travelling, clinic, and clerical work ;

(*b*) the kind of patient looked after ;

(*c*) the care, including ante-natal care given to patients ;

(*d*) the attitude of the midwives and nurse midwives to their work and to ascertain any particular areas of satisfaction or dissatisfaction.

A pilot survey was undertaken during a week in May 1968 in the Mid-Glamorgan Division and the results were analysed on a computer. Staff changes and the difficulty in replacing skilled staff in the computer service delayed obtaining information as to the value of such a survey assisted by the computer so that no full-scale enquiry was followed up during the year. A brief summary of information gleaned over a period of a week is given. It was intended that a full-scale enquiry should cover the whole county for a two-week period.

During 1968 county midwives in Mid-Glamorgan attended 385 home confinements and 546 babies discharged early from hospital. The midwives dealt with 19 per cent of births in their area compared with 15 per cent for the county and 33 per cent of early discharges compared with 62 per cent for the county. During the survey week, twelve midwives were on the strength of whom two-thirds were married. Ten of the midwives were state registered nurses and eight (75 per cent) were under 50 years. Midwives were organised in two groups on a rota basis for dealing with calls to confinements. As a result each midwife served more than nine general medical practices.

The average time a midwife spent on her work during the week was as follows :—

TABLE 21

THE DISTRIBUTION OF TIME BETWEEN VISITING AND TRAVELLING, ETC.

	SATURDAY		SUNDAY		WEEK DAY	
	Hrs.	Mins.	Hrs.	Mins.	Hrs.	Mins.
Travelling/car maintenance	—	56	—	33	1	11
Home visits (ante-natal, post-natal, confinement, home assessment, etc.)	1	46	1	51	3	0
Clinic duties, g.p. surgeries, mothercraft talks	—	—	—	—	—	55
Professional meetings, visits to Divisional Office	—	—	—	—	—	—
Work at home (not including survey time) ..	—	54	1	0	2	22
Clerical, telephone or discussion, cleaning bags, booking patient	19	3	17	28	13	8
On call at home, personal shopping, lunch ..	1	11	2	8	3	24
Time spent on travelling, visits, clinics, meetings, work at home	4	49	3	24	6	33

The kind of Patient Looked After.

Two hundred and eighty patients were seen by midwives during the week. Fourteen (5 per cent) were single, 263 (94 per cent) were married, and three (1 per cent) were separated or divorced. Thirty (11 per cent) were under 21, 202 (72 per cent) were between 21 and 30, thirty-one (11 per cent) were between 31 and 34, and seventeen (6 per cent) were over 34.

Of the fourteen single women, five were under 21 and nine were between 21 and 30 years. Only five of these women had not been pregnant previously. An older married woman had had four babies and a woman under 21 had had two babies. In all sixty-five women (23·2 per cent) were expecting their first baby, 100 (35·7 per cent) were expecting their second child, seventy (25 per cent) were expecting their third, twenty-four (8·6 per cent) their fourth, and fifteen, four, and two were expecting their fifth, sixth, and seventh respectively. A total of seven women under 21 were expecting their third child and two women aged 31 to 34 were expecting their first.

Table 25 gives the kind of ante-natal care received by the patient together with their social class. Eighty-eight per cent of the patients were being seen by their doctor alone or in association with other agencies and 51 per cent were being seen at hospital and other agencies and 17 per cent at clinics and other agencies. Five patients had not at that time attended a doctor for ante-natal care. Thirty-seven women (57 per cent) expecting their first child attended ante-natal classes. Thirty-two (15 per cent) women who had previously been pregnant also attended although the classes are not designed for these mothers. One hundred and fifty-eight patients (56 per cent) were booked for home confinement but since only 15 per cent of patients in the division were confined at home in 1968, many must have changed their minds later or were advised to enter hospital, or midwives may not have known of patients booked for hospital confinement. Of the 158 women for "home confinement", eleven were multi-parae (para 4+) and one a primipara, age range 31 to 34. Ninety-four of all the patients had been seen by a hospital consultant.

The midwives reported that seventeen of the patients had "complications of the current pregnancy, fifteen primary complications, one secondary, and one tertiary".

Eighty-six had had complications in previous pregnancies, sixty-nine primary, fifteen secondary, and two tertiary.

Visits

During the week midwives made the following visits :—

TABLE 22

VISITS TO PATIENTS

Type of visit	*No. of visits*
Ante-natal	111
Post-natal	147
Confinement	21
Accompanying patient to hospital	–
Home assessment	59
Clinic defaulters follow-up	2
Other visits	6
	346

Nurses' Degree of Satisfaction with Aspects of Work.

With so many women being confined at hospital rather than at home, attention must be paid to the morale of county midwives. Every one of the twelve midwives stated that her first preference was attending at confinements. As for second preferences six said they liked home visits, one ante-natal care, and five post-natal visits of domiciliary confinements.

By giving first preferences a value of 3, second preferences a value of 2, and third preferences a value of 1 the preferences of midwives were evaluated as follows :—

TABLE 23

	Total Score	Mean Score
Confinements	36	3·0
Home visits, ante-natal care	15	1·25
Post-natal care, domiciliary cases	13	1·2
County ante-natal clinics	3	0·2
General practitioner ante-natal clinics	3	0·2
Mothercraft talks	2	0·15
Post-natal care, hospital cases	—	—
Types of patient—		
Baby	26	2·1
Primipara young	25	2·1
Multiparae	16	1·3
Primparae elderly	5	0·4
Maximum	36	3·0

Midwives were asked to indicate their attitudes to their work, to their equipment, working conditions, and their relationships with the Authority, hospitals, and general practitioners. They were asked to state whether they were

Very satisfied..	Score 4
Satisfied	Score 3.
Not satisfied	Score 2.
Very dissatisfied	Score 1.

Of the twelve midwives, six were very satisfied in working with general practitioners, but one was very dissatisfied. One was very satisfied with her uniform, but two were very dissatisfied. Ten were not satisfied with the transport allowance and only five were satisfied with off-duty arrangements. The score of preferences is as follows :—

TABLE 24

ATTITUDE OF STAFF

	Total Score	Mean Score
Type of work as midwife	41	3·4
Relationships with g.p's	39	3·25
Relationship with Health Department	36	3·0
Amount of work	34	2·8
Equipment	33	2·8
Uniform	33	2·8
Relationships with hospitals ..	30	2·5
Off duty	28	2·3
Transport allowance	24	2·0
Maximum	48	4·0

On the whole midwives are satisfied with their conditions of work, the the exception being transport and off-duty arrangements.

TABLE 25

MID-GLAMORGAN SURVEY

PATIENTS BY SOCIAL CLASS AND ANTE-NATAL CARE

Type of Ante-natal Care	Social Class					Total	%
	1	2	3	4	5		
None	1	2	2	–	–	5	1·8
Clinic	1	–	12	5	2	20	7·1
General practitioner	6	19	89	16	12	142	50·7
Clinic and general practitioner ..	–	2	11	4	1	18	6·4
Hospital	–	–	–	2	1	3	1·1
Clinic and hospital	1	1	1	2	1	6	2·2
General practitioner and hospital ..	3	8	52	16	4	83	29·6
Clinic, general practitioner, and hospital	0	—	3	–	–	3	1·1
Total	12	32	170	45	21	280	
Percentage	4·3	11·4	60·7	16·1	7·5		

TABLE 26

MID-GLAMORGAN SURVEY

GENERAL DATA—PATIENTS

COMPLICATIONS OF CURRENT PREGNANCY

Complication	Primary current complication	Secondary current complication	Tertiary current complication
Toxaemia—pregnancy	4	–	–
Ectopic pregnancy	–	–	–
Pregnancy—other	6	1	1
Abortion	–	–	–
Abortion and Sepsis	–	–	–
Abortion and Toxaemia	–	–	–
Placenta praevia	–	–	–
Retained placenta	–	–	–
Prolonged labour..	1	–	–
Delivery—other	2	–	–
Sepsis—Childbirth—Puerperium	–	–	–
Puerperal Phlebitis, Thrombosis	–	–	–
Puerperal pulmonary embolism	–	–	–
Puerperal embolism	–	–	–
Other puerperal	–	–	–
Stillbirth	1	–	–
Premature birth	1	–	–
Congenital malformation	–	–	–
Twin/multiple birth	–	–	–
Total	15	1	1

Conclusion

It is not prudent to draw firm conclusions from such a sample of work undertaken. Useful information however, was obtained concerning the work and views of midwives and in conducting a large-scale survey.

TABLE 27

MID-GLAMORGAN SURVEY

GENERAL DATA—AGE

Complication	Primary Current Complication					Secondary Current Complication					Tertiary Current Complication				
	Age				Total	Age				Total	Age				Total
	Under 21	21–30	31–34	Over 35		Under 21	21–30	31–34	Over 35		Under 21	21–30	31–34	Over 35	
Pregnancy ..	1	9	–	–	10	–	1	–	–	1	–	–	1	–	1
Abortion	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Delivery	–	2	–	1	3	–	–	–	–	–	–	–	–	–	–
Puerperal ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Birth	–	2	–	–	2	–	–	–	–	–	–	–	–	–	–
Total ..	1	13	–	1	15	–	1	–	–	1	–	–	1	–	–

HEALTH VISITING SERVICE

At the end of September there were five group advisers, 120 full-time health visitors/school nurses, and fifteen part-time health visitors, an equivalent whole-time of 132·7 health visitors/school nurses. There were three vacancies. Six student health visitors were being trained during the year. There was also an equivalent whole-time of 17·3 clinic nurses. Although the staffing position improved the intake of new health visitors was not sufficient to meet retirements and resignations.

In October 1967 the health visiting service was re-organised so that by December 1968 90 per cent of health visitors were attached to general medical practitioners' practices. Attached health visitors could make available half of their time to visits for the general practitioner and most called at the surgery in connection with their work about every other day. 19 per cent visited once a day or oftener but 11 per cent made no visit at all during a survey week conducted during the year.

During an average day there were eighteen cases per 100 health visitors when the family doctor was consulted by a health visitor and there were forty-three occasions per 100 health visitors when the doctor consulted health visitors in a day.

The stage of development in the attachment scheme varies considerably. During the survey week 56 per cent of the health visitors did not consult the general practitioner to whom they were attached and 40 per cent were not consulted by him. Among 10 per cent of health visitors however, there was frequent consultation. The following table indicates the frequency health visitors visited the surgeries and had consultations during the survey week :—

TABLE 28

ATTACHED HEALTH VISITORS

A WEEK IN DECEMBER 1968

	None	One	Two	Three	Four	Five	More than five
Visits to surgery by health visitors ..	12	16	25	18	17	14	7
Times health visitor consulted general practitioner	61	21	17	4	3	2	1
Times general practitioner consulted health visitor	43	20	11	8	9	7	11
Health visitors in attendance at special surgeries	85	18	5	1	—	—	—
Health visitors who had consultations with patients at surgeries ..	68	13	7	10	1	3	7

The attachment of health visitors has therefore developed only to a limited extent and it is appreciated that it would take many years before the scheme will operate satisfactorily. Where the attachment schemes are working well the health visitor's skills have become known and are appreciated. Her work load has increased but this is compensated by the fact that her job becomes more rewarding. There is no doubt that in good attachment schemes general practitioners and the health visitors like the arrangement very much and the patients have benefited considerably.

A fifth of the health visitors work very well with the general practitioners, but about 30 per cent have very little contact with the doctors. There are many reasons for this, including the willingness of the general practitioners to be helped and the amount of time the health visitors can devote to home visits. Divisional medical officers have been asked to ensure that wherever possible more health visiting time should be given to practices and the family doctors have been told the position in the monthly newsletter.

Postgraduate and Refresher Courses

Health visitors' refresher courses during the year were arranged as follows :—

Refresher Course, Cardiff..	52 health visitors.
Autumn School, Liverpool	3 health visitors.
Course on the Spina Bifida Child, Cardiff	1 nursing officer, 3 health visitors.

TABLE 29

VISITS MADE BY HEALTH VISITORS, 1968

Division	Children born during 1968		Children born during 1967		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	984	4,226	1,011	3,992	2,555	3,922	958	858	1,072	2,490	49	29	36	76	20	11	115	17	350	240	140	43	1,486	1,725
Caerphilly and Gelligaer ..	1,647	5,268	1,344	4,662	2,206	5,557	315	1,187	170	966	25	129	14	135	13	78	12	30	40	103	12	86	603	1,895
Mid-Glamorgan	2,216	4,543	1,937	3,315	1,259	2,140	1,373	2,292	422	476	—	—	—	—	51	40	4	27	247	146	—	—	1,196	1,048
Neath and District	997	4,019	1,039	3,310	3,020	2,496	1,041	2,063	370	943	60	168	13	18	224	93	39	26	158	87	66	37	511	777
Pontypridd and Llantrisant	1,320	3,959	1,301	2,458	1,404	1,797	345	731	184	905	21	61	18	31	25	23	2	7	56	70	4	4	756	777
Port Talbot and Glyncorrwg	1,070	4,462	974	3,588	1,492	4,662	742	1,550	203	970	64	195	6	41	92	73	10	12	184	375	114	153	1,301	1,098
South-East Glamorgan ..	1,926	7,181	2,056	5,194	4,868	4,275	769	1,709	209	855	69	173	34	90	66	53	13	19	235	214	21	8	1,137	1,044
West Glamorgan	1,116	3,613	1,042	3,659	3,483	4,551	641	876	926	2,179	23	30	41	22	503	345	131	112	102	84	4	1	1,139	540
Rhondda Borough	1,372	3,526	1,350	2,584	3,147	1,598	1,604	4,046	2,051	1,899	—	—	—	—	33	16	6	3	483	238	6	—	1,354	921
Totals	12,648	40,767	12,054	32,662	23,428	30,398	7,588	18,312	5,607	11,183	311	785	157	413	1,027	732	332	251	1,855	1,557	367	332	9,483	9,825

HOME 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. 15,839 patients received nursing attention, representing 213 patients per 10,000 population compared wtih 15,045 patients the previous year, representing 202 patients per 10,000 population. 737 elderly persons per 10,000 aged persons were nursed compared with 761 the previous year. It will be seen in Table 31 that in five health divisions most of the patients are elderly. The proportion of elderly persons nursed in the other divisions varied from 23 per cent to 34 per cent and it is proposed to investigate the reasons for this.

Hospitals now tend to care for the sick more intensively than was the case in previous years. The average length of stay for patients has been substantially reduced because of strides made in medical knowledge and the fact that hospitals should no longer be regarded as hotels but places which provide treatment which only a hospital can provide. This means that patients are being discharged early and treatment is continued either by the general practitioner or at out-patient departments. This also entails a continuation of nursing care at home. With the concentration of hospital work at district general hospitals and the closure of the small cottage hospital there would be a tendency for district nurses to undertake more hospital discharges.

At least half of the case load of a district nurse is in dealing with the long term sick and they do excellent work with incurable patients in the terminal stages of their illness. This is particularly so with cancer patients, those suffering from stroke, senility and diseases of the heart.

District nurses undertake minor surgery work at health centres and at a medical centre provided by general practitioners.

Table 30

District Nursing Services—Cases and Visits

Cases

Year	Total cases	65 and over		Under 5	
		No.	%	No.	%
1968 ..	15,839	6,739	42·5	259	1·6
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

Visits

Year	Visits Total	65 and Over		Under 5	
		No.	%	No.	%
1968 ..	547,190	378,181	69·1	3,477	0·6
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

TABLE 31.

SUMMARY OF THE HOME NURSES' WORK IN DIVISIONS DURING 1968 AND A COMPARISON MADE WITH STATISTICS FOR 1967.

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	869	52·9	21	1·3	1,644	65,571	274	46,479	70·6	296	0·4	119·1	4,771
Caerphilly and Gelligaer ..	391	23·5	52	3·1	1,662	57,298	443	37,267	64·1	685	1·2	93·4	3,244
Mid-Glamorgan	1,022	57·0	12	0·6	1,795	63,244	459	43,443	68·2	382	0·6	96·5	3,425
Neath and District ..	955	53·6	25	1·4	1,782	54,446	1,421	37,584	67·3	343	0·6	116·5	3,651
Pontypridd and Llantrisant	880	56·5	61	3·9	1,558	71,911	504	56,427	77·9	342	0·5	117·1	5,445
Port Talbot and Glyncorrwg	350	20·8	10	0·6	1,685	38,002	1,055	26,241	67·2	203	0·5	140·4	3,255
South-East Glamorgan ..	394	24·4	8	0·5	1,612	49,588	193	33,033	66·4	475	1·0	104·0	3,212
West Glamorgan	680	34·1	41	2·1	1,995	70,653	690	49,892	69·9	420	0·6	160·9	5,753
Rhondda Borough ..	1,198	56·9	29	1·4	2,106	71,202	130	47,815	67·0	331	0·5	95·7	3,242
Totals, 1968 ..	6,739	42·5	259	1·6	15,839	54,2021	5,169	378,181	69·1	3,477	0·6	112·6	3,889
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

District Nurse Training

During the year one nursing officer, ten district nurses, and two health visitors undertook district nurse training. Lectures are given at a course organised by the City of Cardiff, but practice training is given by divisional nursing officers in the County. The deputy principal nursing officer is responsible for the organisation of practice training and spends a considerable amount of time with the students.

Refresher Course

The deputy principal nursing officer together with nine district nurses attended a course held in Cardiff on attachment of nurses to general practitioner groups.

VACCINATION AND IMMUNISATION

Protection in early life is provided by active immunisation against a wide range of infectious disease. In August the Ministry issued a revised procedure for each disease which would give the greatest degree of immunity at the age when the risk of exposure was at its peak. The timing and spacing of injections recommended would involve the least risk of harmful reaction and would avoid the excessive use of injections. Unfortunately the more successful vaccination is in giving protection against disease, the more complacent the public becomes.

For routine purposes the range of infectious disease for which immunisation is freely available in early life is poliomyelitis, diphtheria, whooping cough, tetanus, measles, smallpox.

Vaccine against measles was introduced in May as a routine measure for children. Measles has ceased to be one of the major causes of death in childhood. It tends to run a milder course nowadays but can still cause complications and there was one death of a young child during the year. It is estimated that eleven in every 1,000 cases required hospital treatment ; the major complications being severe bronchitis or pneumonia, ear trouble and there can also be neurological complications.

Protection against measles was offered to all children up to and including 15 who had not previously suffered from the disease but only 8,546 children were known to have been vaccinated.

Year of birth	*Number vaccinated*
1968	115
1967	1,501
1966	1,154
1965	924
1961–1964	4,507
Others under 16	345

During 1968 3,454 notifications of measles were reported. The figures for previous years were :—

1967	5,289
1966	6,315
1965	4,860

The spread of measles in the autumn of 1968 did not reach the epidemic proportions which had been feared, as there was an increased incidence in early summer, as the following table shows :—

1968

Notifications received :

Quarter ending 31st March	749
Quarter ending 30th June	1,081
Quarter ending 30th September	983
Quarter ending 31st December	641

It is possible that vaccination was responsible to some extent for the reduced rate of notifications later in the year although the proportion of susceptible children vaccinated was low.

Opinion has been divided as to the necessity for measles vaccination because of the reactions which can occur, but the Government was satisfied that these were small compared with the risk of severe complications to children who suffer from measles. During 1969 a vaccine prepared from the Beckenham 31 strain of attenuated measles virus was withdrawn because a harmful reaction was reported. Measles vaccine prepared from the Schwarz strain were safer and would continue to be used. This episode underlines the need for precaution in using new vaccines although the discomfort and dangers from having measles are much greater than any discomfort or danger that may follow vaccination.

Table 32.

Number Vaccinated and Immunised in 1968.

Health Division	Smallpox Vaccination		Diphtheria Immunisation		Whooping Cough immunisation	Poliomyelitis Vaccination		Measles Vaccination
	Number vaccinated	Number re-vaccinated	Number immunised	Number given booster injection		Number who receive primary course	Number who received reinforcing dose	Primary vaccination
Aberdare and Mountain Ash ..	189	4	760	774	733	1,091	1,047	1,310
Caerphilly and Gelligaer ..	379	33	1,298	1,105	1,284	1,417	669	722
Mid-Glamorgan	449	40	1,784	2,413	1,552	2,031	1,388	2,016
Neath and District	225	28	885	1,599	842	829	709	836
Pontypridd and Llantrisant ..	192	26	1,106	733	1,040	1,169	674	729
Port Talbot and Glyncorrwg ..	188	44	693	1,120	645	775	637	629
South-East Glamorgan	504	106	1,686	3,244	1,562	1,731	1,722	1,141
West Glamorgan	421	160	960	969	953	1,675	310	790
Rhondda Borough	62	12	551	1,008	544	783	945	373
Totals	2,609	453	9,723	12,965	9,155	11,502	8,101	8,546

Table 33

Children Born in 1965 Vaccinated by 31st December 1968

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,042	851	81·6	851	81·6	883	84·5	108	10·4
Caerphilly and Gelligaer ..	1,451	1,072	73·9	1,086	74·8	1,003	69·1	79	5·4
Mid-Glamorgan	2,051	1,479	72·1	1,524	74·3	1,493	72·8	180	8·8
Neath and District	1,091	853	78·2	862	79·0	858	78·6	114	10·4
Pontypridd and Llantrisant	1,277	897	70·2	907	71·0	949	74·3	82	6·4
Port Talbot and Glyncorrwg	1,100	1,032	93·8	1,037	94·3	812	73·8	87	7·9
South-East Glamorgan ..	2,368	1,535	64·8	1,563	66·0	1,905	80·4	150	6·3
West Glamorgan	1,062	792	74·6	795	74·9	1,026	96·6	101	9·5
Rhondda	1,569	1,133	72·2	1,139	72·6	1,099	70·0	23	1·5
Totals	13,011	9,644	74·1	9,764	75·0	10,028	77·1	924	7·1

Table 34

Children Born in 1966 Vaccinated by 31st December, 1968

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,042	709	68·0	709	68·0	794	76·2	153	14·7
Caerphilly and Gelligaer ..	1,495	1,113	74·4	1,119	74·8	1,041	69·6	130	8·7
Mid-Glamorgan	2,081	1,629	78·3	1,666	80·0	1,452	69·8	241	11·6
Neath and District	1,063	887	83·4	887	83·4	822	77·3	130	12·2
Pontypridd and Llantrisant	1,246	837	67·2	848	68·1	927	74·4	102	8·2
Port Talbot and Glyncorrwg	1,030	799	77·6	810	78·6	797	77·4	107	10·4
South-East Glamorgan ..	2,338	1,580	67·6	1,642	70·2	1,582	67·7	163	7·0
West Glamorgan	1,064	862	81·0	866	81·4	949	89·2	121	11·4
Rhondda	1,437	979	68·1	983	68·4	839	58·4	7	0·5
Total	12,796	9,395	76·5	9,530	74·5	9,203	71·9	1,154	9·01

Table 35

Children Born in 1967 Vaccinated by 31st December, 1968

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,014	725	71·5	725	71·5	721	71·1	127	12·5
Caerphilly and Gelligaer ..	1,557	1,100	70·6	1,109	71·2	1,200	77·1	189	12·1
Mid-Glamorgan	2,040	1,565	76·7	1,580	77·5	1,558	76·4	650	31·9
Neath and District	1,003	819	81·7	822	82	711	70·9	62	6·2
Pontypridd and Llantrisant	1,308	962	74	979	75·3	973	74·8	111	8·5
Port Talbot and Glyncorrwg	1,025	718	70	731	71·3	689	67·2	81	7·9
South-East Glamorgan ..	1,948	1,382	70·9	1,431	73·5	1,446	74·2	155	8·0
West Glamorgan	1,028	863	83·9	867	84·3	829	80·6	120	11·7
Rhondda	1,426	869	60·9	871	61·1	630	44·2	6	0·4
Totals	12,349	9,003	72·9	9,115	73·8	8,757	70·9	1,501	12·2

Table 36

Children Vaccinated against Smallpox, 1967 and 1968

BY DIVISIONAL AREA

Division	Live Births 1967	No. vaccinated under 2	Live births 1968	No. vaccinated under 2	% 1967	% 1968
Aberdare and Mountain Ash	1,014	129	1,032	64	12·7	6·2
Caerphilly and Gelligaer ..	1,557	311	1,520	283	20·0	18·6
Mid-Glamorgan	2,040	105	2,039	69	5·1	3·4
Neath and District ..	1,003	106	1,010	84	10·6	8·3
Pontypridd and Llantrisant	1,308	84	1,366	73	6·4	5·3
Port Talbot and Glyncorrwg	1,025	83	963	59	8·1	6·1
South-East Glamorgan ..	1,948	357	1,838	243	18·3	13·2
West Glamorgan	1,028	274	1,680	259	26·7	24·0
Rhondda	1,426	46	1,355	23	3·2	1·7
Total	12,349	1,495	12,183	1,157	12·1	9·5

AMBULANCE SERVICE

After full discussions with Trade Union representatives and ambulance staff and drivers a revised duty rota system was introduced in the early part of the year at certain stations and also a group coverage system between stations during the absence of drivers. These arrangements provided a more effective and economic service.

I am grateful to the ambulance crews for their co-operation.

Training of Personnel

Whilst the financial situation made it necessary to postpone for one year the plans for setting up a training school, preparation for the school were continued and the Civil Defence Committee has approved the use of the County Control Centre on the Bridgend Industrial Estate as an Ambulance Service Training School.

Two members of the Service were sent to Birmingham Ambulance Service Training School for periods of six weeks and they reported that they derived great benefit from the training.

Demands on the Service.

It is gratifying to note that the number of patients conveyed during 1968 increased by only 0·64 per cent over the numbers conveyed during the previous year.

Table 37

Total Number of Patients Conveyed by the County Ambulance Service

Year	Total number of patients conveyed by ambulance	Emergency cases conveyed	
		Number	Percentage of total
1952 ..	262,533	24,031	9·2
1953 ..	284,305	24,773	8·6
1954 ..	286,847	25,011	8·7
1955 ..	283,622	27,094	9·6
1956 ..	287,299	24,085	8·4
1957 ..	286,476	25,552	8·9
1958 ..	304,389	27,570	9·1
1959 ..	317,342	27,226	8·6
1960 ..	338,952	22,685	6·7
1961 ..	347,823	20,033	5·8
1962 ..	341,743	20,511	6·0
1963 ..	344,383	23,264	6·8
1964 ..	366,469	23,943	6·5
1965 ..	365,574	23,133	6·5
1966 ..	366,125	23,159	6·3
1967 ..	384,627	24,036	6·3
1968 ..	387,085	24,720	6·4

Table 38

Summary of Work Done by Control Areas

1967–68

	1967			1968		
	Journeys	Patients	Mileage	Journeys	Patients	Mileage
Totals for Western Control Area ..	25,335	125,546	734,473	25,333	123,699	749,499
Totals for Eastern Control Area ..	42,554	259,081	1,275,296	42,088	263,386	1,298,852
Totals for County ..	67,889	384,627	2,009,769	67,421	387,085	2,048,351

TABLE 39

MONTHLY TOTALS OF WORK DONE, 1968

1968	Patients	Journeys	Mileage
January	32,262	5,766	177,907
February ..	31,607	5,351	168,339
March	31,872	5,735	172,470
April	28,898	5,291	157,628
May	35,826	5,980	184,829
June	28,708	5,307	156,135
July	34,544	5,974	180,768
August	30,996	5,700	168,734
September ..	30,098	5,324	160,066
October	36,891	6,017	185,320
November.. ..	34,948	5,568	174,434
December ..	30,435	5,408	161,721
Total ..	387,085	67,421	2,048,351

During the course of the year I visited various hospital and group secretaries in company with the County Ambulance Officer in order to seek their co-operation in limiting the demands made on the Ambulance Service, it would appear from the statistics that these visits had some effect. Close liaison with the hospital authorities is being maintained.

The conveyance of geriatric patients continues to present many problems not only by the increasing numbers requiring to be conveyed but also the loading of some of these patients on and off the ambulance vehicles. By the end of 1968 an average of 114 geriatric patients were being conveyed daily to and from day centres which involved the exclusive use of eleven vehicles. The geriatric clinics held at various hospitals throughout the County presented further transport problems.

Very little advance notice has been given by the hospital authorities of the developments of the day centres in spite of the fact that in a circular issued in 1957 the Minister of Health advised that hospital authorities should consult with local health authorities when making their plans for extended out-patient and day hospital facilities.

The policy of the Ministry of Health that accident and emergency services should be rationalised throughout the county has brought and will continue to bring problems to the Ambulance Service.

In February 1968 a special committee under the chairmanship of Mr. L. W. Plewes, C.B.E., F.R.C.S., made the following recommendations relating to the casualty services at East Glamorgan and Llwynypia Hospitals :—

(*a*) That the East Glamorgan Accident Unit should be upgraded to provide the accident and emergency services for the area.

(*b*) The appointment of an additional consultant in accident and traumatic surgery to take charge of the Unit at Church Village, and the redeployment of the staff presently engaged in the Casualty Unit at Llwynypia in order to provide the staff necessary to service the new Unit at Church Village.

(*c*) That the Llwynypia Unit be completely closed.

The County Council considered these recommendations and informed the Welsh Hospital Board that they objected to the proposed closure of the Llwynypia Hospital Casualty Unit for the following reasons :—

(*a*) The population of the Rhondda area justifies the retention of the Llwynypia Casualty Unit ;

(*b*) the Unit should be retained at least until such time as an adequate number of health centres is available to enable general practitioners to perform minor surgical operations on their own premises ; and

(*c*) the proposed transfer of the Unit to the East Glamorgan Hospital would increase significantly the cost of operating the County Ambulance Service.

The centralisation of hospitals results obviously in a greater mileage with more time consumed in the ambulance journey. Furthermore, it is my experience that when long and difficult bus journeys are involved in travelling to hospital, patients who would normally travel by public transport expect to be provided with ambulance transport and the demands increase.

It is not now anticipated that this proposed centralisation will be completed before March 1971.

Conveyance of Patients by Train.

The use of open compartment trains and other rolling stock unsuitable for stretchers has made it difficult to arrange the transport of patients to distant hospitals by train. While it was possible to arrange the transport of thirty-one stretcher cases by train during 1968 I anticipate that this number will diminish during the next year and within two years it will no longer be possible to convey stretcher cases by train.

TABLE 40

CONVEYANCE OF PATIENTS BY BRITISH RAIL, 1959–68

Year	Recumbent	Sitting up	Total
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
1968 ..	31	173	204

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957

Section 44 of the above Act empowers local health authorities to make their ambulances available for use, on repayment, for the conveyance of persons suffering from illness in circumstances in which authorities have not already the duty to do so under section 27 of the National Health Service Act, 1946.

It is this section that empowers the local health authorities to provide ambulances on repayment for race meetings as well as for industrial undertakings such as the National Coal Board and small mines.

During 1968 ambulances were in attendance at twenty-three horse, motor car, or motor cycle race meetings, representing an income of £286. Ambulance Service vehicles continued to be made available to the National Coal Board for the conveyance of injured mine workers and during 1968 1,680 injured mineworkers were conveyed a distance of 24,188 miles.

AMBULANCE COSTING

The Ambulance Service cost statement for the year ended 31st March, 1968, showed a comparison of Group 1 counties (the more urbanised counties) that Glamorgan was considerably below the group averages for the cost per person carried and the cost per vehicle mile while the cost per thousand population was slightly above the group average. The fact that Glamorgan carries more patients per thousand population is undoubtedly a major factor in this higher cost.

It is difficult to understand the reason for the larger number of patients per thousand population being conveyed by Glamorgan ambulances but the higher incidence in Glamorgan of such illnesses as bronchitis, obviously has some bearing.

Ambulance Cost Statement for the Year Ended 31st March, 1968

Table 41

	Unit Costs			Persons carried per 1,000 population	Miles per person carried
	Cost per person carried	Cost per vehicle mile	Cost per 1,000 population		
	£ s. d.	s. d.	£		
Glamorgan	1 4 8	4 8	644	522	5·3
Average for Goup I counties..	1 9 8	5 2	634	428	6·5

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. Since this disease is now well under control attention is now being paid to the prevention of illness generally and to the care and after care in the community of those who become ill. People are generally fit until they are middle aged but after the age of 45 there is a tendency for many to suffer from bronchitis, heart conditions, rheumatism, gastric disorders, mental disorders, etc.

In recent years the authority have developed many services for the prevention of illness and for the care and after care of patients which are more comprehensive and more effective than hitherto, since consideration is now being given to the needs of families as a whole and, in particular, the elderly and the middle aged. 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 who are infirm, mentally or physically handicapped, or suffering from long term sickness to retain their independence, thus avoiding admission to hospital or enabling earlier discharge to their home ;

(*c*) the provision of help to families who would otherwise suffer a breakdown in health.

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, adaptation of homes for the installation of kidney machines, social work in relation to families with handicapped children, to problem families and to 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.

There is a need to look at the National Health Service as a whole so that medical and nursing skills may be deployed more effectively and humanely to the people who need them. The local health authority service can play an important part out of all proportion to the cost involved in ensuring an improved service to the patients, first by showing people how to avoid illness, secondly by giving support to the family doctor and developing community care services so that those who do not require treatment that only a hospital can provide can be treated or looked after at home.

Health Education

Prevention is better than cure is a well known phrase. All of us would prefer to remain healthy but often we are reluctant to take any positive steps to obtain that goal. Human beings are complex in their attitudes. The popularity of the National Health Service is due in the main to the fact that much pain and illness can be relieved and cured without cost to the individual, but it is surely better that good habits should be learnt from childhood thereby avoiding sickness and resulting suffering later in life with attendant heavy cost to the State. Although citizens have a right to free treatment under the National Health Service, in turn this implies 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 informally by health visitors to nursing mothers on how to rear their children and that provided to children at school.

During 1968 6,862 health education talks were given by the staff compared with 5,453 the previous year. 3,357 talks were given to adults, of which 2,455 were given at ante-natal classes and 263 on maternity care given elsewhere. 3,505 talks were delivered at schools. The greater proportion of talks at schools related to general and dental hygiene, but there were 385 talks and discussions on preparation for parenthood and 140 on smoking and health.

With the attachment of health visitors to general practice it was feared that there might be a temporary reduction in health education activity. This proved not to be so since in each division there is a group adviser or at least one health visitor who specialises in health education. The specialist health visitor is usually one who is attached to a small practice. Details of talks and discussions given are as follows :—

Table 42

General Health Education Programme (other than to schools)

	1967	1968
Talks on ante-natal care and mothercraft	2,889	2,718
General hygiene and nutrition	89	182
Home safety	53	63
Health services	26	41
Care of the aged and handicapped	35	26
Smoking and health	25	31
Growing up, including sex education, menstruation	9	59
First aid and staff training	117	50
Drug addiction	—	15
Others	122	172

School Health Education Programme

	1967	1968
Dental hygiene	651	1,195
General hygiene and nutrition	539	1,006
Preparation for parenthood including talks on menstruation and V.D.	288	385
Prevention of accidents	112	242
Smoking and health	106	140
Feet and posture	97	197
Drug addiction	—	41
Others	253	218

Talks were given by the following staff :—

TABLE 43

STAFF GIVING HEALTH EDUCATION TALKS

	General programme		School programme		Total	
	1967	1968	1967	1968	1967	1968
Medical officers	22	9	31	12	53	21
Health visitors	3,282	3,065	1,669	2,991	4,951	6,056
Midwives	8	208	—	—	8	208
Dental auxiliaries	—	—	325	468	325	468
Nurses	—	1	9	16	9	17
Administrative staff ..	3	2	—	—	3	2
Dentists	10	—	16	—	26	—
Nursing officers	78	72	—	18	78	90
Totals	3,403	3,357	2,050	3,505	5,453	6,862

With a view to children being trained in good dental habits at an early age all 5 year old children were provided with dental packs consisting of a tooth brush, a tube of tooth paste and a card displaying the simple rules of dental health. A card was also included which parents would mark showing that the child had cleaned his teeth regularly. Regular tooth brushing resulted in the reward of a small badge. The authority's scheme attracted favourable publicity in the local press.

The authority have their own library of sound films which are shown by the staff to adult and school audiences and are useful in introducing discussions.

CERVICAL CYTOLOGY

A cervical cytology service was available in all health divisions except Pontypridd and Llantrisant and Rhondda Borough. Facilities for cytological screening depend on whether the hospital service have sufficient trained staff and accommodation for the purpose and there was a shortage of technicians at hospitals in the area of the Pontypridd and Rhondda Hospital Management Committee. Cytological screening however was undertaken on a limited scale by the venereologist at his clinic at Pontypridd and facilities were made available for family doctors who wished to do so to send smears to the pathologist at Merthyr Tydfil.

7,219 patients were screened during 1968 compared with 3,748 patients the previous year. Twelve patients were found to have cancer of the cervix.

Table 44

Cervical Cytology Service 1968

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	620	445	608	437	1	1	101	30	1	—
Caerphilly and Gelligaer ..	353	476	352	473	—	—	1	3	—	—
Mid-Glamorgan	399	306	694	306	—	—	28	12	4	—
Neath and District ..	772	651	751	628	44	24	46	26	6	—
Pontypridd and Llantrisant	—	—	—	—	—	—	—	—	—	—
Port Talbot and Glyncorrwg	453	310	453	309	1	1	6	3	—	—
South-East Glamorgan ..	584	567	581	565	3	2	74	46	2	—
West Glamorgan	565	418	557	416	7	1	61	36	7	1
Rhondda Borough.. ..	—	—	—	—	—	—	—	—	—	—
Total	4,046	3,173	3,996	3,134	56	29	311	156	20	1
Total, 1967 ..	2,091	1,657	1,982	1,534	58	49	309	205	9	3

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 which 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 the 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 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 for technical reasons the Board could not introduce fluoridation in 1967 and the economic crisis was such that estimates for 1968–69 had to be cut by £98,000 and the treatment of water supplies was postponed.

Financial provision however has been made for fluoridation during the year 1969–70.

The Taf Fechan Water Board serves the north-eastern portion of the county, the whole of Merthyr Tydfil, a small part of Breconshire and the eastern portion of Monmouthshire. All these neighbouring authorities had agreed to the fluoridation of water supplies in their area and the engineer of the Taf Fechan Water Board was asked to make a preliminary report on the feasibility of treating supplies from the Taf Fechan and Neuadd reservoirs.

After the Mid-Glamorgan scheme has been completed and subject to the supply of funds, it is proposed to consult with the neighbouring local health authorities concerning the treatment of water in the Taf Fechan area.

Adaptation of Homes to install Artificial Kidney Machines.

The garage at the home of a Mid-Glamorgan housewife was adapted by the Authority at a cost of £440 so that equipment supplied through the hospital services for intermittent haemo dialysis could be installed. The patient who requires treatment for chronic renal failure had been making a twice weekly journey by ambulance to Cardiff Royal Infiirmary.

Tuberculosis

Notification of patients suffering from this disease continued to decline. There were 43 deaths from tuberculosis but of these 34 were aged 55 and over, that is, 79 per cent. Tuberculosis has ceased to be a dreaded scourge but there is no room for complacency. The rate of notifications of patients suffering from the disease in the county approximates to the national average although the rate among older men is higher. The death rate however is much higher because chemo-therapy is of less benefit to the older miner with damaged lungs who suffer from tuberculosis.

Children aged 13 years are offered protection against tuberculosis by B.C.G. vaccination and details of the scheme for vaccination, together with the vaccina-

tions undertaken by chest physicians of contacts is given in the following tables :—

TABLE 45

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	589	90	497	499
Caerphilly and Gelligaer	1,407	33	1,374	608
Mid-Glamorgan	1,390	203	1,187	1,187
Neath and District	703	72	628	605
Pontypridd and Llantrisant	682	154	466	461
Port Talbot and Glyncorrwg	841	148	693	692
South-East Glamorgan	795	88	697	692
West Glamorgan	597	36	540	539
Rhondda Borough	947	66	881	878
Totals	7,951	890	6,965	6,161
Totals, 1967	7,471	1,141	6,155	6,121

TABLE 46

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)	60	9	51	39
Dr. P. O. Lloyd (Neath and Port Talbot)	52	11	37	31
Dr. A. G. Chappell (Bridgend)	349	141	178	206
Dr. L. Erin (Merthyr and Aberdare)	235	81	154	171
Dr. J. Y. Williams (Pontypridd and Rhondda)	456	307	149	149
Dr. N. C. Norman (Caerphilly)	51	2	39	31
Dr. H. M. Foreman (Cardiff)	387	142	245	227
Divisional Medical Officers	95	1	94	94
Totals	1,685	694	947	888
Totals, 1967	2,535	522	1,993	1,995

Venereal Disease

The incidence of venereal disease in Glamorgan is lower than that for England and Wales and the venereologists state that clinics in the county deal with few patients. Most county residents who need treatment however attend clinics at Cardiff and Swansea and some may be treated by general practitioners, about which no information is known.

As shown in Table 47 the number of new patients receiving treatment for syphilis and gonorrhoea has doubled since 1965. Two men died from syphilitic disease in 1968, although six men and five women died from the disease the previous year.

One of the most promising methods of tackling venereal disease is to improve methods of tracing the contacts of known patients. The Ministry introduced amended regulations in 1968 which although retaining the principle of confidentiality enabled contacts to be traced as quickly as possible. I had discussions with the venereologists concerning the help that nursing officers could give them in tracing contacts. The venereologists were satisfied with the help at present given them.

Talks by medical officers and health visitors are given to school children on preparation for parenthood. There were 267 talks given during the year and these included talks on venereal disease.

Table 47

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

Disease	1961	1965	1966	1967	1968
Syphilis	32	18	25	26	38
Gonorrhoea	124	107	87	133	208
Total	156	125	112	159	246
Other conditions	984	745	754	721	831

Problem Families

Since 1951 a co-ordinating committee has met on alternate months in each divisional area and in the Rhondda following a suggestion made in Home Office Circular 157/50 of 31st July, 1950. Members of the committees include senior officers of the Children's Department, nursing officers, the health visitors concerned and representatives of the statutory and voluntary agencies, viz. : the

Ministry of Social Security and the N.S.P.C.C. The committees meet under the chairmanship of the divisional medical officer and the convenor is the Children's Officer. The purpose of the committees is to co-ordinate use of the statutory and voluntary services with a view to preventing the neglect or ill treatment of children in their own homes. The committees deal with a hard core of problem families, that is, families who are problems to a multiplicity of agencies as well as problems to themselves because they are unable to cope, on account of immaturity or personal difficulties, with their responsibilities. These families learn very little from experience but are few in number. In the main the problem is child neglect 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. In many cases little improvment is achieved although further deterioration may be prevented.

It may well be that with the development of the social services since 1950 that the need for these co-ordination committees is no longer required. The various social workers in the health divisions are well known to one another and it is customary for them to meet informally to discuss what assistance they can give to these families. Should an emergency arise it is better for the referring department to convene a case conference with officers of the other services which may be concerned, since waiting for the bi-monthly co-ordination committee would mean unnecessary delay. There is, however, need for the co-ordination committees to review progress made with the care of these families, but whether these committees need meet frequently needs to be studied.

Mothers of problem families may receive birth control appliances and substances from county council clinics free of charge. The health authority have no power to arrange for the husband to have a vasectomy operation, but the Children's Authority reimbursed the Family Planning Association the cost of an operation performed for a husband of a problem family.

Care of the Aged

It is estimated that during 1968 there were in the administrative county 91,500 people aged 65 and over representing 12·3 per cent of the population or one in eight persons. Since the elderly and people of advanced age make considerable demands on the medical services so it becomes necessary for the health department staffs to provide community care services and also measures to prevent breakdown in health. Health visitors made visits to 13,195 aged persons in 1968 compared with 10,841 in the previous year. With their attachment to general practitioners their work is widening to include patients of all ages and they play an imporant part in alerting the general practitioners to impending breakdown in health and in giving medical social advice to the elderly.

The home nursing service assists the general practitioner in providing nursing care for elderly patients including those in the terminal stage of their illness. The chiropody and home help services aid the aged in maintaining their independence.

TABLE 48

Name of Service	No. of aged patients provided with service		Percentage of aged population	
	1968	1967	1968	1967
			91,500 aged	87,930 aged
Health Visiting ..	13,195	10,841	14·4	12·3
Home Nursing ..	6,739	6,688	9·6	7·6
Chiropody	13,677	12,035	14·9	13·7
Home Help	6,235*	5,600*	8·5	6·4
	*householders estimate 7,800 persons	*householders estimate 7,000 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. Most of the patients are elderly and they represent 15 per cent of the total aged population.

It is very important that old people should have their feet cared for since this assists in enabling them to get about and maintain their independence.

Difficulty has been experienced in recruiting staff since many qualified chiropodists are attracted to private practice. Most of the chiropodists who are recruited are young ladies and are either lost to the service on marriage or leave the divisional area concerned to live nearer their husband's work.

On 31st December, 1968, the service consisted of :—

1 chief chiropodist.

7 senior chiropodists

18 sessional chiropodists

whole-time equivalent 14·9 chiropodists.

The development plan for 1968 provided for twenty-two chiropodists.

The whole-time equivalent in December 1967 was 14·6.

The number of patients who received treatment in 1968 was 14,352 compared with 12,942 in 1967.

TABLE 49

NUMBER OF PERSONS TREATED DURING YEAR ENDING 31ST DECEMBER, 1968

Persons aged 65 and over	13,677
Expectant mothers	31
Others (women 60–65 + handicapped)	644
	14,352

Treatments given during the year were :—

In clinics	28,718
In patients' homes	13,775
In old people's homes	309
	42,802

The average interval between treatments was sixteen weeks. The desirable interval is eight weeks but to achieve this it would be necessary to double the chiropody strength to an equivalent whole-time of thirty chiropodists. The development plan provides for forty chiropodists in 1977. Details of work undertaken in divisions is as follows :—

TABLE 50

CHIROPODY WORK UNDERTAKEN BY DIVISIONS

Division	No. of patients treated	No. of treatments given
Aberdare and Mountain Ash ..	1,268	3,883
Caerphilly and Gelligaer	1,230	3,715
Mid-Glamorgan	2,086	6,060
Neath and District	1,360	4,182
Pontypridd and Llantrisant ..	1,321	3,257
Port Talbot and Glyncorrwg ..	1,200	4,940
South-East Glamorgan	1,949	6,277
West Glamorgan	1,440	4,235
Rhondda	2,498	6,253
Total	14,352	42,802

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

PROVISION OF CONVALESCENCE

The Authority provide convalescent treatment at "The Rest", Porthcawl, and reserved 382 bed weeks during the year of which 348 were taken up.

The majority of patients sponsored by the Authority are elderly people who need a "change of air" and rest to brace them for the winter months. The majority of patients attended for a week.

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. These councils are Aberdare, Bridgend, Gelligaer, Glyncorrwg, Maesteg, Ogmore and Garw, and Penybont.

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's 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 on a substantial scale to incontinent bed patients.

Night Sitter-In Service

This service tends to the needs of the 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 the relative to attend to the patient's needs at other times.

Co-operation with General Practitioners

Co-operation between the authority and general practitioners is close. There is a mutual understanding of one another's problems and this has led to a feeling of trust.

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 practices and providing doctors with the services of nursing staffs and health welfare officers (mental health) so that more effective medical care may be given in patients' homes.

It is the policy of the authority to fully consult general practitioners concerning the provision and design of health centres. Each centre to be built is tailored to meet the wishes of the general practitioners and the authority. The centres will allow for the integration of the community health services. These measures will have in time a profound effect on the National Health Service and will undoubtedly lead to a far more effective medical service to the community and to the individual patient.

In order to help provide an effective community health service it is necessary for general practitioners who tend to be isolated from other branches of the health service to know the health problems affecting the community and the policies of the authority in dealing with them. A monthly news bulletin is sent to general practitioners on matters affecting the work of the department which may

be of interest to them. Copies of the bulletins are also sent to hospital specialists, hospital management committee secretaries, district medical officers of health and to the Chief Medical Officer for Wales.

Co-operation with the Hospital Service

Co-operation with the hospital service concerning maternity, paediatric, mental, chest and geriatric cases has always been good. The liaison committee between medical officers of health and the hospital board also permitted close links at a senior level of responsibility.

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 of hospital provision. It is essential to look at the problems of the health services in its totality. The "Green Paper" on the administration of the National Health Service has shown clearly that there is a need to integrate the plans of the hospital and community care services. An exchange of plans conceived in isolation will not be as effective as those designed with the full knowledge of the problems affecting the other services

Co-operation with Voluntary Bodies

Extensive use is not made of the services of voluntary bodies since organised voluntary work is essentially 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 Service sell foods at sales centres and act as helpers at clinics.

The Marie Curie Memorial Foundation gave grants amounting to £755 in 1968 to provide a day and night nursing service to those who suffer from cancer and also extra nursing comforts and additional nourishment to cancer patients. The Chest and Heart Association have also given help to patients who suffer from heart disease. The Spastics Society, the National Society for Mentally Handicapped Children and the Jane Hodge Holiday Home for Handicapped Children are among some of the voluntary bodies who have done sterling work with the welfare of handicapped children. 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 have done valuable work with unmarried mothers. The Old People's Welfare Association co-ordinate the work of old age pensioner organisations and have undertaken useful surveys. An organisation dealing with the welfare of old people is particularly active in Barry, visiting old people who are lonely. The Royal Women's Voluntary Service and other organisations for the elderly act as agents for many district councils in providing a "meals on wheels" service.

The St. John's Ambulance Brigade continue their good work in training members of the public in first aid and the British Red Cross Society have undertaken much welfare work.

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 most useful, for example, helping old people to get ready so that they may attend day hospitals, etc.

HOME HELP SERVICE

The establishment on 31st December, 1968, was the equivalent of 498 whole-time home helps plus an added number of eleven whole-time home helps for sick relief, a total of 509. The number of home helps per 1,000 population was 0·69. Due to the economic crisis and the need for financial stringency there was no increase in the establishment over the previous year.

7,401 householders were assisted which was an increase of 8 per cent on 1967 when 6,751 households were helped. 84 per cent of the householders were aged 65 or over.

The average number of hours' help given to householders is given below and it will be seen that during the four sample weeks it was below 4 hours per week per case.

TABLE 51

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	4,662	18,257	3·92	4,773	18,836	3·95
A week in June	4,718	18,512	3·92	4,818	18,975	3·94
A week in Sept.	4,612	17,044	3·7	4,742	17,697	3·7
A week in Dec. . .	5,006	19,111	3·8	5,142	19,753	3·8

An 8 per cent increase in the number of householders with the same establishment of home helps posed real difficulties.

Home help organisers scrutinised applications more closely so that only persons in real need were helped. More frequent visits were paid to householders so that assistance could be withdrawn or varied according to changing circumstances. This varies according to the degree of incapacity of the householder and the age and design of the house. A person living in a flat may need help for only 1½ hours a week whereas another similarly incapacitated person who lives in an old terraced house without modern amenities would require more help.

The majority of old people need the service for only one session a week. During this time the home help deals with the heavy cleaning required, thus enabling the aged householder to undertake light household duties. One of the purposes of the home help service is to help old people maintain their independence and they should be encouraged to do as much as possible for themselves. Every week about 5,000 aged and chronic sick patients receive a home help service but about 200 are so severely incapacitated that they need help for at

least 5 days a week. These householders who live alone are unable to do light housework or cook meals, thus making it necessary for the home help to make frequent visits.

Some householders are so helpless that they need almost constant care. The conventional home help service is unable to provide an effective service for these people since what they require is not help in heavy housework but personal care at frequent intervals during the day. To meet this need the Authority in September asked divisional health committees to establish a special help service in which women would be prepared to work flexible hours, popping in early in the morning to help patients get up and also in the evening to help them settle down for the night and in between calling to give meals, light household duties and to do the shopping. The special help would live near her charge and would be paid a fixed weekly wage assessed by the divisional medical officer on the recommendation of the organiser.

By the end of the year the special help scheme had been introduced in four health divisions and the divisional medical officers reported that the standard of care provided to helpless patients was much improved. The sums paid to the special helps were modest and in most cases under £2 a week, much less than what would be paid for comparable work by home helps.

Special Help Cases

The "special help" scheme can be of great value in cases where, because an aged parent cannot be left, the working life of an unmarried son or daughter may be interrupted. Thus :—

(*a*) a middle aged man, living with his elderly, confused mother, has been able to return to his employment in a local factory as a special help is caring for her during the day ; and

(*b*) a teacher, single, is able to remain at her London school as a special help is caring for her aged, asthmatic mother during term time.

Of necessity the arrangements do not always continue for any great length of time, as the recipient is often extremely aged and eventually dies. However, there are happier endings, as in the case of an aged retired teacher, single and with no near relatives. The hospital authorities, at the time of her discharge, recommended she should be admitted to a welfare home 'as she could not possibly care for herself'. Because she was not prepared to give up her home, a special help was appointed, to such good effect that, after a few months, this old lady became virtually rehabilitated. The special help has now been withdrawn and a home help attends two or three times a week.

TABLE 52

TYPE OF CASES WHERE HOME HELP WAS PROVIDED, 1968

Health Division	Aged 65 or over	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total
Aberdare and Mountain Ash ..	673	83	2	7	4	769
Caerphilly and Gelligaer ..	618	59	3	9	18	707
Mid-Glamorgan	913	131	1	8	77	1,130
Neath and District	564	55	—	13	39	671
Pontypridd and Llantrisant ..	592	52	1	15	38	698
Port Talbot and Glyncorrwg ..	600	68	1	9	16	694
South-East Glamorgan	766	44	—	37	38	885
West Glamorgan	486	68	7	10	36	607
Rhondda Borough	1,023	178	6	7	26	1,240
Totals	6,235	738	21	115	292	7,401

Whole fee charged .. .. 485 cases—6·6 per cent.

Part fee charged .. .. .. 613 cases—8·3 per cent.

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

"Earlier in this report it has been stressed that the day to day running of the service during times of financial stringency poses special difficulties for divisional organisers and their staffs of home helps. Every year shows an increase in the calls for help and demand always exceeds supply. This year conditions have been accentuated as the establishment has remained static. Organisers have no magic formula for dealing with this sort of situation but they come nearer than most people to filling the legendary quart jug from a pint pot. During the year no new genuine application has been rejected and few existing cases have been deprived of help, though, of necessity, many have been curtailed. The inevitable cut in the help's hours of work does not necessarily mean that those she attends are in a position to prune their demands accordingly and much praise is due to countless home helps who, every day, are cheerfully cramming a former three hours' work into two. I think this deserving of mention in this modern age of 'productivity awards' and 'merit increases' ".

MENTAL HEALTH SERVICE

ADMINISTRATION

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

Most of the examinations of mentally subnormal patients referred by the Education Committee, or various other agencies, were undertaken on behalf of the Local Health Authority by the Senior Medical Officer, Dr. J. P. J. Clarke.

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

Junior training centre	*Supervisor*
Aberaman	Miss M. E. Matthews
Aberkenfig ..	Miss M. K. Ford
Barry	Miss B. A. Jenkins
Briton Ferry ..	Miss 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*) The temporary adult training centre which was opened in September 1967 continued to function satisfactorily. The manager, Mr. R. W. Haines, increased the scope of work accepted for the trainees and has established good relationships with several firms who were prepared to provide contract work for the centre. It was hoped that the purpose built adult centre in Bridgend would have been ready before the end of the year but unfortunately some last minute difficulties caused the opening date to be postponed. The staff and trainees are looking forward to their transfer to the new premises.

(*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. G. Lambert
Pontypridd	Mr. K. J. Johnson

Senior Health Welfare Officers

(*e*) 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 agencies. They attend the divisional co-ordinating committees and the mental health/geriatric liaison committees.

Health Welfare Officers

(*f*) The Authority's policy in seconding officers to one-year and two-year courses in social work is now beginning to reap rewards. Of a total staff of thirty-one health welfare officers, fourteen hold the certificate in social work, and four have been granted the letter of recognition. Five officers are attending a two year course in social work and trainee health welfare officers are returning to the service at the rate of two per year.

ADMISSION OF SUBNORMAL PATIENTS TO HOSPITAL

During 1968 112 patients spent periods of up to 2 months in hospital while seventy-seven patients resided at the Authority's hostels under a short term care arrangement. It was anticipated that there would have been an increase in the number of patients admitted for short term during the year, but vacancies became more difficult to obtain following the publication of the report of the inquiry held at Hensol Castle Hospital during the summer, which amongst other things commented on the overcrowded conditions.

The greatest demand for short term care was again during the summer months when families of patients can enjoy well earned holidays, with applications being received as early as January to enable holidays to be planned well in advance. Despite the difficulties encountered I nevertheless received every co-operation from the medical superintendents and staff at Hensol Castle and Ely Hospitals.

TABLE 53

NUMBER OF SUBNORMAL PATIENTS ADMITTED SINCE 1959 TO HOSPITALS

	Under Order	On an informal basis	As places of safety	For short-term stay
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
1968 ..	14	16	—	112

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

(*a*) Patients urgently requiring admission 16

(*b*) Patients who would accept admission if a bed was available but where admission is not considered urgent 21

(*c*) Patients who would not be prepared to accept admission at present but who, it is anticipated, will require admission in the future .. 183

During the year seventeen patients were admitted to hospital on more than one occasion. These temporary admissions often help to alleviate the need for informal admission to hospital, as families are sometimes prepared to cope with a patient at home subject to the assistance of periodic short term care.

The revision of the hospital catchment areas for subnormal patients which was introduced in 1967 had resulted in the Authority being served by Hensol Castle and Ely Hospitals. These catchment areas have been strictly adhered to in respect of informal admissions, but to satisfy the increasing demand for short term care some flexibility was necessary, especially at times of emergency. Consequently seventeen patients were admitted to the County Hospital, Griffithstown and Llanfrechfa Grange Hospital, Cwmbran, following consultation with the medical superintendents of these hospitals and their colleagues at Hensol Castle and Ely Hospitals.

With the increasing difficulty in admitting patients to hospital, use of the out-patient clinics for subnormal patients assumed even greater importance. These clinics were again held as follows :—

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

Following examination and discussion with relatives and health welfare officers at these clinics, consultants occasionally agree to the patient's admission to hospital for observation and treatment.

Although I have to report a decrease in the number of patients admitted to hospital in 1968, there has been, as indicated, an increase in the demand for hospital beds, and it is probable that the two hospitals serving the Authority will be unable to meet this increase, even with the help of neighbouring hospitals. As a result, the problem of meeting any future additional demand for hospital admissions could well become acute, and consideration is being given to the provision of additional hostel accommodation.

TABLE 54.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS, 1959–68.

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.	
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
1968 ..	–	–	–	–	–	–	–	–	16	22	7	7	127	212	–	–	176	172	730

Table 55

Number of Persons Referred to Local Health Authority, 1963–68

Mentally Ill

Referred by	1963				1964				1965				1966				1967				1968			
	Under 16 years		Over 16 years		Under 16 years		Over 16 years		Under 16 years		Over 16 years		Under 16 years		Over 16 years		Under 16 years		Over 16 years		Under 16 years		Over 16 years	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
General practitioners	–	–	67	174	2	1	82	142	–	1	67	124	–	–	75	169	1	1	128	221	–	2	116	209
Hospitals, on discharge from in-patient treatment ..	1	–	223	361	–	3	248	386	2	5	227	367	–	–	303	311	5	3	237	348	–	–	233	330
Hospitals, after or during out-patient or day treatment ..	–	2	135	208	3	2	119	194	–	2	92	179	–	–	92	208	–	–	79	103	1	2	79	139
Local education authorities ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Police and courts	–	–	21	15	–	–	14	16	2	1	10	14	–	–	5	11	–	–	7	15	1	–	11	3
Other sources	1	–	57	104	–	1	44	85	–	–	39	61	–	–	52	111	1	–	73	100	–	–	62	51
Totals	2	2	503	862	5	7	507	823	4	9	435	745	–	–	527	810	7	4	524	787	2	4	501	732

Catchment Areas

The catchment areas of hospitals for the mentally disordered have been arranged 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. Mellons 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.
Ely	Gelligaer Urban District, Caerphilly Urban District, Barry Borough, Penarth Urban District, Cardiff Rural District (those parts adjacent to Cardiff), Cardiff County Borough and Merthyr County Borough.
Hensol Castle	Glamorgan County (less those districts included in Ely area), Swansea County Borough, Carmarthen County, Pembroke County.

Community Care.

Until the appointment of additional senior health welfare officers, the county is divided into three areas under the general control of a senior officer who is able to give guidance and support to his colleagues.

During the year an attempt was made to reduce the case loads of health welfare officers who have been asked to view critically the needs of the patients receiving community care visits. Table 55 shows the number of mentally ill patients referred for community care since 1963 and although eighty-three cases fewer were referred in 1968 than in 1967 there is no indication at this stage that the number of referrals will be reduced to any great extent. Health welfare officers are seeking to "off list" those cases where their services are not required. In December there were 2,204 mentally ill patients and 1,730 subnormal patients being visited, making an average case load of 170 per health welfare officer. In the present economic climate it is unlikely that the number of officers will be appreciably increased and it is essential therefore that officers weed out the less needy cases so that their skills can be devoted to those patients who will derive the greater benefit.

Health welfare officers were involved in the admission of 730 patients during the year (164 fewer than in 1967). Of these patients 391 were admitted formally, 339 under section 29 of the Act.

The practice of reporting on each visit made by a health welfare officer continued except in those areas served by an area mental health office. All reports are distributed to the various consultants at Coed, Morgannwg, Whitchurch, and Pen-y-Val Hospitals as well as to most general practitioners whose interest in the work done by the social workers continues to increase.

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

Social Clubs

In July the social club which was held at Y.M.C.A. Building, Bridgend, had to be closed because of lack of support. The club which met weekly on Thursday evenings had fifteen to twenty members but attendances dropped and it was decided that no useful purpose was being served by keeping it going. The Health Welfare officers covering the area had worked hard to keep an interest alive and were disappointed that this venture had to end.

The social club at Dew Road Clinic continues to meet on Tuesday evenings with eight to twelve members on the register.

Group Home for Mentally Ill Patients

A group home for five female patients from Morgannwg Hospital was opened in January in a house rented from the Bridgend Urban District Council who gave every co-operation. It has been completely furnished to cater for five residents who pay the rent plus a charge for heating and light.

During the year three of the residents were in whole-time employment whilst two remained at home acting as housekeepers. Daily visiting by the senior health welfare officers and/or the health welfare officer were necessary for the first few months but gradually the number of visits were reduced to two or three per week.

The members of the group appear to have divorced themselves from the hospital environment although they have maintained contact and communication through one of their group who continued to attend the Industrial Therapy Unit. They also meet other hospital patients in town and the staff at the hospital have shown an interest in their well being by visiting the home.

In setting up a home of this type it is important that the patients selected for discharge should be given some instruction in homemaking and budgeting. They should also learn to live together in small groups and they should be trained to take their medication without prompting from others. Attention should be given to the patient's wardrobe so that the clothes they will have to wear after leaving the hospital are fairly fashionable.

Good relationships should be created and maintained between prospective suitable patients and social workers before and after discharge from hospital. Close co-operation with the general practitioner and other agencies is essential.

Area Office

The community care services have been developed over the years so that eventually teams of health welfare officers under a senior health welfare officer would work to the Consultant Psychiatrist at each of the six psychiatric units which were planned by the Welsh Hospital Board.

In August the new psychiatric unit attached to East Glamorgan Hospital was opened and it was decided that the first team of health welfare officers should be formed to work to Dr. J. M. Cuthill, Consultant Psychiatrist.

The catchment area of the psychiatric unit comprises the Rhondda Borough, Pontypridd Urban District and Llantrisant and Llantwit Fardre Rural District and the officers serving these areas were formed into a community care team under the leadership of Mr. T. W. J. Anstee, one of my senior health welfare officers. Because the Rhondda Borough Council exercises delegated functions, the team works from two offices, one at the Rhondda Health Department and a new office which was opened on 29th July at the Central Clinic, Ynysangharad Park, Pontypridd.

After consultation with Dr. Cuthill the reporting procedure on mentally ill cases receiving community care visits was changed and health welfare officers were asked to record their visits on record sheets which are kept on the individual case files which are now retained at the area office. Summaries of these reports are then forwarded to the consultant at six-monthly intervals or more frequently if necessary.

Regular meetings of all the health welfare officers working to the psychiatric unit are held at the area offices and at the psychiatric unit.

The senior health welfare officer also attends the monthly case conference at Morgannwg Hospital and reports back items of common interest.

Within a short period clients started making use of the area offices and already these centres have become places where the public have turned for help on mental health and social work matters and it is anticipated that with the siting of additional offices, people will continue to make increasing use of this new facility. The general practitioners and other agencies in the area have expressed their appreciation that the services have been improved insofar that their contact with health welfare officers has been made more direct and effective than hitherto.

Table 56

Training Centre Provision for Pupils at Different Ages

Centre	Accommodation	Numbers in attendance on 31st December, 1968								
		Age 5–9		Age 10–15		Age 16 and over		Total		Total
		M.	F.	M.	F.	M.	F.	M.	F.	
Aberaman	55	11	5	7	7	17	10	35	22	57
Aberkenfig	100	6	13	18	14	14	19	38	46	84
Aberkenfig Special Care Unit..	20	7	6	2	2	–	–	9	8	17
Barry	100	12	16	13	12	20	26	43	54	97
Briton Ferry ..	75	9	4	13	5	26	20	48	29	77
Penllergaer	60	6	4	7	8	23	15	36	27	63
Talbot Green ..	75	9	1	12	8	21	17	42	26	68
Trealaw	75	9	4	8	8	27	11	44	23	67
Ystrad Mynach ..	75	3	7	4	8	30	23	37	38	75
Swansea	—	—	—	—	—	3	—	3	—	3
Adult Training Centre	—	—	—	—	—	23	16	23	16	39
Total ..	635	70	60	84	72	204	157	358	289	647

The development of contract work for the older pupils at training centres was intensified during the year and at most centres a portion of each day's training was devoted to this work. The amount of contract work available varied from centre to centre, with some centre supervisors being able to obtain a good variety of work whilst others finding difficulty in obtaining anything suitable. The contract work accepted included assembly of paint boxes, making plastic bags, assembling plastic toys, etc. A pencil factory and a ball point pen factory also provided a considerable amount of work.

The social training of the pupils was not neglected and throughout the year a variety of projects were introduced, many of which were preceded by or followed up by visits of observation to places of interest.

Open days were held at all centres during mental health week when parents and other interested people could see the pupils in learning and working situations. The usual festivities were held at Christmas when the staff and pupils enjoy carol services, nativity plays and parties.

Since the opening of the temporary adult training centre at Aberkenfig and the consequent transfer of most of the older pupils from the junior centre, the staff at the junior centre is now almost entirely concerned with pupils under

16 years of age. This centre which had been overfull could now offer adequate space for activities for the younger pupils.

There is no doubt that the introduction of adult training has had a beneficial effect on those attending the centres. The older pupils certainly appear more keen to attend, in many cases the general appearance of the pupils has improved and they are all anxiously awaiting the day when they will be transferred to the more grown-up setting of an adult training centre. The training of younger pupils is geared to adult training and it is hoped that further developments in this field will be brought about by the construction of other adult training centres in Rhondda, Neath, and Pontypridd.

Special Care Unit

The first purpose-built special care unit was opened at Aberkenfig in May. The staff consisted of one senior assistant supervisor and four nursing assistants.

Ten children were admitted and because of degrees of handicap it was decided that the children be divided into two groups—a nursery group and a multiple handicap group.

Most of these children had not previously attended a training centre and staff aimed at providing a secure emotional climate within a healthy challenging physical environment. Warm relationships between the staff and the children were soon established.

The children in the Nursery Group are being provided with a child centred education appropriate to the individual needs and capabilities. Each child is encouraged to indicate his needs, interests and activity and the teacher so guided, extends them. The development of language through purposeful learning is emphasised and work learning situations are provided.

At first the children had a destructive approach but towards the end of the year they began to use the equipment more constructively.

The children in the multiple handicap group were withdrawn at first and the immediate aim was to gain the child's confidence. For many weeks, the staff reassured and encouraged the children to try and induce physical movement and speech and developing, where appropriate, to awareness of surroundings, familiarity with everyday things and constructive handwork.

Feeding times and toilet training are not neglected and the slow but steady progress brings its own reward to the staff.

Conveyance of Pupils

Most of the pupils attending the training centres and special care unit travel by special transport provided by the local authority but trainees attending the adult training are encouraged, where appropriate, to travel to and from the centre by public transport.

Special bus routes have been arranged to each centre and every effort is made to restrict the travelling time to a maximum of one hour per journey. At the present time, the training centres are served by thirty-five bus routes, two taxi services, and the ambulance service is called upon to assist with cases attending the special care unit.

Hostels Attached to Junior Training Centres

The hostels attached to the junior training centres at Aberkenfig and Barry were used extensively during the year and 100 children resided at the hostels for varying periods—fifty-two spending 4,905 residential days at Aberkenfig and forty-eight spending 4,443 residential days at Barry.

Most of the children are conveyed to the hostels on Monday mornings and are returned to their homes on Friday afternoon.

With the opening of the Special Care Unit at Aberkenfig, it has been necessary to admit children suffering from multiple handicaps to the hostel. It has been decided that for the time being the number of special care cases should be limited to six, the remainder of the children being suitable to attend the junior training centres.

During the year, it became increasingly difficult to find hospital beds for children requiring formal admission or under a short term care arrangement and this has undoubtedly thrown a burden on the staffs of the hostels who are being asked to deal with children who hitherto had been considered as being in need of nursing care.

The wardens and staffs have coped admirably with these difficulties and the hostels, in spite of the known percentage of lower-grade patients in residence, remain warm, homely places.

Maesglas Hostel

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

Close liaison was maintained with the manager of the local offices of the Department of Employment and Productivity and although the employment situation in the Bridgend area remained difficult the good employment record of the residents is a reward for the efforts of the Warden and Staff at the hostel and the Disablement Rehabilitation Officer.

Meetings of the selection panels are held from time to time when the suitability for hostel residence of girls who seek admission to the hostel is discussed. These girls sometimes live in areas of high unemployment or do not receive the support from their families necessary to hold down a job. Other girls considered for the hostel include girls in the care of the Children's Committee and patients from subnormality hospitals who are suitable for discharge.

Fewer high grade subnormal girls are being admitted to the hostel but the new purpose-built adult centre will be used to complete the training of those girls who are not quite ready to hold down a full-time job.

There are a number of sympathetic employers in the area who are prepared to take some of these girls into their employment for trial periods. If any of the girls fail, they return to the adult centre for further training and another girl from the centre is given a trial at work.

The social life in the hostel is made as varied and interesting as possible. Dances and concerts are arranged from time to time and on one evening a week the girls attend evening classes in basic skills. Sixteen of the girls accompanied by four members of the staff spent an enjoyable week in Torquay in August.

Pontypridd Hostel

During the year thirty boys resided at the hostel for varying periods. At the end of the year there were nineteen boys in residence, sixteen of whom were in full-time employment.

It is gratifying to note that a high percentage of the boys remained in employment and much credit is due to the Warden who makes "follow-up" visits to any employer who will provide work for his boys.

Selection panels consisting of the Medical Superintendent of Hensol Castle Hospital, the local Disablement Resettlement Officer, Dr. J. Clarke, Senior Medical Officer, Mr. T. W. J. Anstee, Senior Health Welfare Officer, and Mr. K. J. Johnson, Warden, met from time to time and of the thirty-two cases discussed at these panels, twenty-four were given a trial at the hostel. Three patients from subnormality hospitals were admitted but only one settled in the hostel, one left to live with his family, and one returned to hospital.

Group holidays with staff supervision were not organised this year but most of the residents made their own arrangements. Several stayed in a guest house in Swansea and one made his own arrangements to spend a holiday in Scotland, staying in a hotel and travelling unaccompanied.

Integration into the community is becoming more positive and several of the boys could return home if they could be found jobs in their home towns. Many of them could reside in lodgings but it has not been possible to find suitable lodgings in the locality.

Training

Mr. D. G. Selwood was appointed as the department's first training officer in 1965 and since his appointment, he had worked unceasingly towards consolidating the vital role of training in a social work department. In July, Mr. Selwood left to take up an appointment in the Children's Department and I should like to record my appreciation of his invaluable contribution to the training of the staff of my department as well as the considerable number of students from a variety of training courses.

Mr. Selwood's successor, Mr. D. Cooper, took up his duties on 1st October and, after an initial period of orientating himself in a new situation and establish-

ing the contacts necessary for him to work effectively ; continued in the manner so ably established by his predecessor.

Trainees

Two trainees were accepted for the two Certificate in Social Work Course (Younghusband) which commenced in September and were replaced by two new trainees in October. Two trainees successfully completed a two year course and one took up his duties as health welfare officer in the Neath area. The second trainee asked to be released from her contract for family reasons.

The observational elements of the new trainees' programme were concentrated in the first three months of their training and included residential placements at Morgannwg and Hensol Castle Hospitals and at the Authority's hostels. Talks on the various aspects of the work of the Health Department were given by members of the staff of the central office.

Each trainee is placed under the day-to-day supervision of a senior health welfare officer but the training officer maintained overall responsibility for the wider aspects of the trainees programme.

Health Welfare Officers

In September, two officers commenced a two year Certificate in Social Work Course at the Cardiff College of Commerce and three others returned to their posts having successfully completed the course. Two health welfare officers attended the day release course for unqualified social workers which extends over two terms at the Cardiff College of Commerce.

The monthly meetings of field workers at Cardiff and Aberkenfig have continued and the enthusiasm of the officers has been maintained. The form of the meetings was changed towards the end of the year when each group embarked on a study of some aspects of new developments in social work practice. This changed pattern for these meetings helped to establish a continuity from one meeting to the next and allow the chosen topics to be studied in more depth.

Students

Field work placements were arranged for eight students from the Certificate in Social Work Course at the College of Commerce and for two students from the Social Work in Child Care Course ; for six students from the Cardiff University College, Swansea University College, Sheffield University, and Reading University.

Administrative placements were also arranged for three students from the Cardiff Certificate in Social Work Course.

Senior health welfare officers were responsible for ten students and health welfare officers were allocated four students.

The increased involvement of field work staff in the training of students has a two fold benefit in that it contributes to the supply of qualified staff and stimulates an officer to look afresh at his own practice.

The training officer continued to work in close collaboration with the tutors on the various social work courses at the Cardiff College of Commerce and assisted in the selection of students for the Certificate in Social Work Courses at Cardiff.

Training of Supervisors and Assistant Supervisors

Four assistant supervisors were seconded to one or two year courses for teachers of mentally handicapped children and adults. Trained staff are now returning to the centres at the rate of four per year and the recruitment of trained staff is becoming more frequent.

Having regard to the declining numbers of assistant supervisors likely to attend future courses, it was decided that no course for assistant supervisors be arranged this year.

It was also decided that a weekend refresher course for supervisors and assistant supervisors would not be held this year.

PUBLIC HEALTH LABORATORY

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 is published separately and it is only necessary therefore to make a brief reference to the work of the laboratory.

Work directly concerned with the County Council amounted to 30 per cent of the total samples examined. That for the seven Food and Drug Authorities, including Merthyr Tydfil, amounted to 31 per cent and other sources including district authorities accounted for the remaining 32 per cent. The total number of analyses and investigations carried out during 1968 was 9,157 compared with 8,786 in 1967.

TABLE 57

TOTAL SAMPLES EXAMINED

For County Council :		
Food and Drugs Act	2,976	
Fertilisers and Feeding Stuffs Act	139	
Waters—potable	14	
Waters—swimming baths	19	
Milk for antibiotics	198	
Private purchasers' complaints	24	
Other miscellaneous samples	14	
Pesticide residue survey	16	
		3,400
For the County Districts and the County Borough of Merthyr Tydfil :		
Food and Drugs Act	1,675	
Waters—potable	334	
Waters—swimming baths	261	
Effluents	—	
Ice-cream (for preservatives)	82	
Atmospheric pollution analyses	251	
Private purchaser's complaints	50	
Milks for antibiotics	37	
Radioactivity estimations	12	
Fertilisers and Feeding Stuffs Act	21	
Other miscellaneous samples	23	
Pesticide residue survey	12	
		2,887
For the Medical Research Council :		
(Public Health Laboratory Service)		
(*a*) Milk samples—Phosphatase and Methylene Blue Tests	1,689	
(*b*) Milk samples—Turbidity Tests	112	
		1,801
Samples from all other sources :		
Waters—potable	385	
Waters—swimming baths	186	
Effluents	107	
Ice-cream (for preservatives)	211	
Atmospheric pollution analyses	136	
Radioactivity estimations	36	
Weights and Measures Department	44	
Other miscellaneous samples	64	
		1,169
Total number examined		9,157

The laboratory has been extensively modernised and the County Analyst is of the opinion that the laboratory is admirably suited to undertake work required under the Medicines Act which received the Royal Assent during the year. The Trades Descriptions Act, 1968, is likely to result in additional work for the laboratory and close liaison will be necessary between the County Analyst and the Chief Inspector of Weights and Measures.

Samples submitted by inspectors and complaints by members of the public often involve time-consuming scientific investigations not only to satisfy the complainant but also to protect the manufacturer, wholesaler or retailer from unfair criticism. Although the nature of the work has changed gradually over the last decade the problems continue to be interesting and challenging, demanding the expertise and experience which only highly qualified and well trained staff can provide.

Brucellosis

Three cases proved positive to Ring tests and of these one was positive to culture tests. The Gower Rural District Council were asked to follow-up this case.

During 1968 county inspectors arranged for 194 samples to be taken, which were examined for antibiotics and tuberculosis as well as for brucella abortus.

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

Cowbridge Rural

Proposed water supply scheme—higher levels of Stalling Down, Cowbridge.

Proposed 6 in. diameter sewer at Fairfield Rise, Llantwit Major.

Neath Rural

Proposed sewerage scheme at Elba/Baldwin's Crescent, Crymlyn Burrows, Neath.

Proposed sewer extension—Hillside, Glynneath.

Housing

The state of housing has a direct bearing on the state of health of a community. In 1968 5,395 houses were completed in Glamorgan compared with 5,991 the previous year. Local authorities built fewer houses, 2,371 compared with 3,056, in the previous year but there was no set back in the private sector.

About two-thirds of the houses in the administrative county were built before 1914 and many were built in great haste and without modern amenities. The Welsh Office in 1967 undertook a sample survey of home conditions in Wales which showed that the number of unfit houses was about twice that estimated by local authorities in 1965. In the mining valleys of Monmouthshire and Mid- and East Glamorgan 9 per cent of owner occupied houses were unfit, 4 per cent of local authority houses and 28 per cent of houses in other tenures. Of all the houses in these areas, 62 per cent were found to need more than £100 spent on them to bring them up to a good state of repair. One-third needed at least £250 spent on them and about 15 per cent would need £500 or more.

According to the 1966 Sample Census only 61·5 per cent of dwellings in the administrative county had exclusive use of hot water, fixed bath and inside water closet. Nevertheless, many of these houses are structurally sound and can be modernised with the help of improvement grants.

Local authorities improved 1,511 dwellings during the year with improvement grants and declared ninety-six improvement areas under the Housing Act, 1964. The clearance of unfit houses continued, 194 compulsory purchase and clearance orders were made and 477 individual demolition and closing orders. 1,299 persons were re-housed as a result.

The number of houses and flatlets built for old people was 153. This compared with 380 and 372 in 1967 and 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 1968. For purposes of comparison the totals for 1967 have been inserted to show the increase in house building.

TABLE 58

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 1968
	Completed and occupied during the year 1968 (1)	Total completed and occupied since 1918 (2)	(3)
Aberdare Urban ..	142	3,051	83
Barry Borough	142	3,440	99
Bridgend Urban ..	92	2,159	51
Caerphilly Urban ..	119	3,798	333
Cowbridge Borough ..	18	80	32
Gelligaer Urban	105	2,462	5
Glyncorrwg Urban ..	13	1,412	1
Llwchwr Urban	4	2,038	125
Maesteg Urban	49	1,150	76
Mountain Ash Urban ..	73	1,417	31
Neath Borough	30	2,815	72
Ogmore and Garw Urban	86	1,811	4
Penarth Urban	174	1,659	93
Pontypridd Urban ..	258	3,034	31
Porthcawl Urban ..	4	41	45
Port Talbot Borough ..	135	7,790	111
Rhondda Borough ..	309	3,897	35
Cardiff Rural	39	2,347	491
Cowbridge Rural ..	—	—	223
Gower Rural	—	447	110
Llantrisant and Llantwit Fardre Rural ..	—	3,833	483
Neath Rural	44	3,605	16
Penybont Rural ..	248	5,294	262
Pontardawe Rural ..	34	2,935	132
Totals 1968 ..	2,371	60,515	3,024
Totals 1967 ..	2,935	58,382	3,056

SLUM CLEARANCE

As the following table shows the pace of slum clearance was maintained during 1968 :—

TABLE 59

	1956–66	1967	1968
Number of houses demolished or closed as a result of :			
(*a*) Compulsory purchase and clearance orders ..	2,147	256	194
(*b*) Individual demolition and closing orders ..	3,901	362	477
Number of people re-housed as a result of :			
(*a*) Compulsory purchase and clearance orders ..	5,529	549	453
(*b*) Individual demolition and closing orders ..	9,130	927	846

DISEASES OF ANIMALS ACT, 1950.

Certain administrative tasks connected with the Diseases of Animals Act, 1950, were transferred to me from the Chief Constable on 1st October, 1967. Two civilian diseases of animals inspectors were appointed and the two public health inspectors were also designated as such. An administrative officer in the department was also designated as an inspector so that he could act as a holiday relief inspector at marts.

The tasks transferred from the police included :—

the supervision of animal and poultry marts ;

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

inspection of boiling plants and arranging disposal of carcasses of diseased animals other than those slaughtered by the Ministry of Agriculture.

The Chief Constable agreed to deal with outbreaks of foot and mouth disease and did so during the 1967 epidemic.

The diseases of animals' inspectors have been successful in improving the hygienic standards of pig farming in the county, thus reducing the risk of foot and mouth and other animal diseases. At the end of the year there were 889 licensed boiling plants for swill and 1,240 inspections were made. Thirty-four new licences were issued. Arrangements made by thirty-two pig keepers were found to be unsatisfactory and their licences were revoked.

The general improvement in pig keeping is now such that during 1969 the inspectors will concentrate on inspecting the number of animals' records kept by farmers. There are over 3,000 farmers in the county and this will be a formidable undertaking for only two officers. The checking of these records is important not simply because it is required by law, but so that the source of infection can be quickly traced should an outbreak of disease occur.

Anthrax

A friesian cow at a farm at St. Nicholas died of anthrax on 4th April and was destroyed by coal fire by diseases of animal inspectors with help given by the divisional highways surveyor.

TABLE 60

WORK OF DISEASES OF ANIMALS' INSPECTORS

MARKETS		FARM SALES		Boiling plants inspected	Visits to other farms	Movement records inspected	Miscellaneous visits
Number attended	Movement licences issued	Number attended	Movement licences issued				
213	3,611	983	157	1,240	1,149	1,664	306

Number of licences in force	Number of inspections made	Number of premises found unsatisfactory	Number of new licences issued	Number of licences revoked
889	1,240	32	34	32

Foot and Mouth Disease

The foot and mouth epidemic which started at a farm near Oswestry on 25th October, 1967, spread to neighbouring counties and a single case at Llangybi Fawr Farm, Monmouthshire, on 23rd November, 1967, gave rise to fears that the disease would spread to Glamorgan. Although the number of outbreaks in Wales reached 351, there was no outbreak in Glamorgan. Restrictions in the County on the sale and movement of animals were relaxed on 22nd January, 1968, although all restrictions in the country were not removed until 25th June, 1968.

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	372
Total number of arriving aliens (excluding crews)	2,672
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	96
Total number of Commonwealth citizens medically examined	—
Reports and certificates for Commonwealth citizens medically examined	—

Medical Examination of Staff

During the year 2,628 new entrants to the county service completed a medical questionnaire and of these 383 were referred for medical examination and 1,592 for chest X-ray examinations. These figures include 426 new entrants to the county teaching service, of whom forty were referred for medical examination and 356 for chest X-ray examinations. 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 thirty-six examinations were carried out, including four on behalf of other authorities. In addition 763 candidates were medically examined before admission to colleges of education.

629 miscellaneous medical examinations (for example, temporary staff, police, absentees, etc.) were also carried out. Investigations into the reasons for prolonged absence from duty were completed in respect of 273 employees where medical examinations were not considered necessary.

Medical Examination of Children in Care

The examination of these children is undertaken for the Children's Committee by medical officers of the Authority or where the children have left school, by the general practitioners.

Table 62

Medical Inspection of Children in Care of County Council

	Initial examination	Re-examination	Referred for treatment
Boarded-out children ..	93	231	33
Children in Children's Homes	36	202	12
Children in Family Homes ..	33	177	13

The department is also responsible for the medical inspection of children at the Sully Remand Home, the Glamorgan Farm (Approved School) and nurseries at Bridgend and Pontypridd. Close contact is maintained between the health and children's departments and a senior medical officer attends each week the Glenside Reception Centre to help with the assessment of children who have been placed in care.

Adoption

Advice is given to the Children's Officer concerning the medical fitness of children for adoption and also prospective adopters. During 1968 advice was sought concerning ninety-seven babies and their prospective adopters.

Blind Persons

During the year 1,140 examinations of blind and partially sighted persons were undertaken for the Director of Welfare Services, 575 being first examinations. In the western half of the county, examinations are carried out by consultants. In the eastern half, Dr. Gwladys Evans, the former senior medical

officer, is engaged on a sessional basis in the examination of these patients. Consultants have been asked to complete on their own reports on Form B.D.8 of blind and partially sighted persons referred to them through other channels, so that there would be no delay in arranging a pension for these persons. 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	—	—	—	1,140
(2) Number of persons registered as blind or partially sighted during 1967 ..	141	37	364	542
(3) Number of persons at (2) recommended for :				
(*a*) No treatment	30	7	206	243
(*b*) Treatment (medical, surgical or optical)	111	30	153	299
(4) Number of persons at (3) (*b*) who, on follow-up action, have received treatment	30	6	28	64

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 a driving licence or the holder of a licence is suffering from a disease of physical disability likely to cause his driving of a motor vehicle to be a source of danger to the public. During the year, fifteen persons were referred to me for an opinion as to their medical fitness to hold driving licences. Nine persons were considered satisfactory to drive and were granted licences and six licences were refused.

INFECTIOUS DISEASES

Anthrax

No case of anthrax was notified although a total of five cases had been reported during the previous two years. A factory in Pontypridd is one of the largest producers of bone meal and gelatine in the United Kingdom and additional precautions at Cardiff Docks and at the factory concerned with the consignment of bones has been having its effect. Factory workers and other persons at risk of exposure to anthrax are offered vaccination. The authority's diseases of animals inspectors are so protected.

Dysentery

There was an increase in the number of cases notified, 374 compared with fifty-three in the previous year. This represents a dysentery notification rate of 50·3 per 100,000 population. There were 160 cases at Gelligaer, fifty-four at Caerphilly, and fifty-three at Cowbridge Rural.

Whooping Cough

The notified incidence of whooping cough fell to 206 from 396 in the previous year. 66 per cent of the children born in 1967 were immunised against this disease by the end of 1968.

Salmonella Fischerkietz

A rarely isolated salmonella isotype was isolated in a family outbreak in the Caerphilly area. In August a 40 year old shop assistant who worked in Cardiff returned home ill and was admitted to Gelligaer hospital. She was positive to salmonella fischerkietz, a rare infection recorded once previously in a man from South Africa. Other occupants of the household, an 82 year old mother, a sister aged 46 years and a spaniel dog were also infected.

This serotype had been isolated from human sewage in the Pontypridd area as part of a survey conducted by the Public Health Laboratory Service. The disease is of animal origin and is carried by pigs and poultry which have possibly been infected from animal feeding stuffs containing imported ingredients.

TABLE 64

NOTIFICATION OF INFECTIOUS DISEASES

Disease	1951	1956	1961	1966	1967	1968
Pulmonary Tuberculosis ..	831	618	356	199	180	125
Non-Pulmonary Tuberculosis ..	179	75	49	34	36	24
Enteric or Typhoid Fever ..	1	1	—	—	—	—
Paratyphoid	10	21	2	4	3	2
Scarlet Fever	1,102	963	304	359	263	165
Whooping Cough	2,716	665	387	145	396	206
Diphtheria	10	—	7	—	—	—
Ophthalmia Neonatorum ..	8	3	5	1	—	9
Dysentery	105	464	207	414	53	374
Measles	8,030	1,423	13,052	6,315	5,289	3,454
Poliomyelitis, Paralytic ..	8	12	15	—	—	—
Poliomyelitis, Non-Paralytic ..	16	14	1	—	—	—
Food Poisoning	31	113	124	33	59	30
Anthrax	—	—	1	3	2	—
Meningococcal Infection ..	36	32	10	7	5	8
*Infective Jaundice and Hepatitis	—	—	—	—	—	379

*This disease became notifiable on 15th June, 1968.

Notification of Food Poisoning and Infectious Diseases

Sections 47 to 49 of the Health Services and Public Health Act, 1968, and the Public Health (Infectious Diseases) Regulations, 1968, came into operation on 1st October, 1968. The infectious diseases now to be notified to the district medical officer of health in addition to food poisoning are :—

Acute encephalitis
Acute meningitis
Acute poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery (amoebic or bacillary)
Infective jaundice
Leprosy
Leptospirosis
Malaria
Measles
Ophthalmia neonatorum
Paratyphoid fever
Plague
Relapsing fever
Scarlet fever
Smallpox
Tetanus
Tuberculosis
Typhoid fever
Typhus
Whooping cough
Yellow fever

Notification of the diseases listed below is no longer required :—

Acute influenzal pneumonia
Acute primary pneumonia
Acute rheumatism
Erysipelas
Membranous croup
Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

Vital Statistics

Population

The Registrar General estimates the population of the administrative county as 742,920 in 1968. In 1967 Whitchurch and Rhiwbina with a population of about 30,000 was transferred to the City of Cardiff as a result of an extension of their boundaries. Despite this the estimated population of the administrative county in 1968 is greater than the population in 1951.

Although there has been a loss of population due to migration, the excess of births over deaths has kept the population on an even keel. There has, however, been a drift of population from the mining valleys towards the coastal regions. This trend will continue with the closure of collieries and because of the lack of sites in the valleys to build factories on a large scale. The Llantrisant new town project would attract new industry at the gateway to many mining valleys and would halt the drift of population from the county and would allow it to increase substantially.

Table 65

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).
1968	742,920	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.

Births

Table 66 compares the number of births and the birth rate for 1968 with figures for previous years. A comparison is also made with national rates. There has been a steady decline in the birth rate since the peak reached in 1964.

Nevertheless the illegitimate birth rate has continued to rise. The birth rate is likely to continue to decline for the next decade for the following reasons :—

(*a*) the county birth rate which reached a peak of 18·2 in 1964 was the result of the marriage of girls born during 1942–48 when there was a high birth rate : average 19·0 ;

(*b*) women in the county and in the country generally have been marrying at an earlier age and this process cannot continue indefinitely in order to produce an accelerated number of births ;

(*c*) the effects of the birth pill reduces the number of unwanted births.

TABLE 66

BIRTHS AND BIRTH RATES

	1946	1951	1956	1961	1966	1967	1968
Live Births :							
Glamorgan	13,799	11,946	11,629	12,668	12,804	12,356	12,225
Birth Rate :							
Glamorgan—adjusted ..	19·4	16·3	15·8	16·7	17·1	16·9	17·0
England and Wales ..	19·1	15·5	15·7	17·4	17·1	17·2	16·9
Illegitimate Birth Rate :							
Glamorgan	43	32	28	32	51	55	59
England and Wales ..	65	47	46	60	79	84	84

DEATH RATES

Death rates in Glamorgan tend to be higher than for those for England and Wales as a whole. The position in 1968 and in previous years was as follows :—

TABLE 67

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
1961 ..	12·4	14·4	12·0	1·20
1966 ..	12·3	13·9	11·7	1·19
1967 ..	11·8	13·5	11·2	1·20
1968 ..	12·5	14·3	11·9	1·20

Above average mortality rates occur in the mining valleys whilst areas in the Vale of Glamorgan and the Gower have lower mortality rates :—

TABLE 68

RATIO OF LOCAL ADJUSTED MORTALITY RATE TO NATIONAL RATE
1968

District	Ratio
Rhondda	1·41
Glyncorrwg	1·36
Mountain Ash	1·33
Ogmore and Garw	1·31
Maesteg	1·30
Districts where the death rate was lower than or approximated to the national average :—	
Porthcawl	0·91
Bridgend	0·93
Penybont	0·98
Gower	1·01
Barry	1·01

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 are the high proportion of workers engaged in heavy industry and mining, adverse climatic conditions in the valleys and the state of housing. The middle classes and professional people in the population tend to live longer and as there is a lower proportion of these people in the county than in the country as a whole this accentuates the difference in the mortality rates. The figures confirm that there are large areas of the county where there is considerable sickness which places a heavy strain on the medical services.

Table 69
Principal Causes of Death

	1968		1958		1948	
	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	3,575	38·6	3,195	36·2	2,167	25·1
Cancer	1,573	17·0	1,425	16·1	921	10·4
Respiratory diseases (bronchitis, pneumonia, influenza, other) ..	1,440	15·5	1,116	12·6	1,695	19·1
Vascular lesions of nervous system	1,304	14·1	1,267	14·4	984	11·0
Violence (accidents, suicide)	329	3·6	388	4·4	317	3·6

Table 70
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	3,432
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
1968 ..	9,265	254	41	40	350	2,192	2,682	3,725

Table 71
Deaths from Diseases of the Heart — Glamorgan

Cause of death	1952			1968		
	Male	Female	Total	Male	Female	Total
Coronary	755	322	1,077	1,427	932	2,359
Hypertension (with heart disease) ..	73	85	158	100	119	219
Other heart disease	653	785	1,438	378	298	676
Other circulatory disease	205	169	374	149	172	321
All cardio vascular diseases	1,686	1,361	3,047	2,364	1,231	3,575

DEATHS ATTRIBUTABLE TO CANCER.

The following table gives details of death attributable to cancer during the years 1964–68 :—

TABLE 72

DEATHS DUE TO CANCER

Site	Year									
	1964		1965		1966		1967		1968	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stomach	171	93	137	117	153	94	132	111	125	115
Breast	—	131	1	149	2	133	2	130	3	135
Uterus	—	77	—	76	—	55	—	67	—	59
Lung	289	28	282	41	324	35	286	29	267	36
Other	402	371	397	371	438	350	400	305	429	347
Total cancer deaths ..	862	700	817	754	917	667	820	642	824	692

MATERNAL MORTALITY

The risk of death from pregnancy is now small. One death occurred in 1968 to a patient aged 33 years. The death was attributed to :—

(*a*) Renal failure.

(*b*) Renal tubular necrosis.

(*c*) Abortion.

Maternal mortality has declined substantially during the past 30 years.

TABLE 73

GLAMORGAN MATERNAL MORTALITY RATES

Year	Number of deaths	Rate per 1,000 total births
1938 ..	65	5·6
1948 ..	30	2·27
1958 ..	10	0·79
1966 ..	0	—
1967 ..	2	0·16
1968 ..	1	0·08

A maternal death is always tragic. Many are avoidable particularly where an abortion is procured illegally. Since 1952 confidential enquiries have been made into maternal deaths with a view to identifying those deaths which might have been avoided. These enquiries are unique in British medicine since no other kind of medical audit is undertaken.

The report on enquiries into maternal deaths in England and Wales for the period 1964–66 indicates the substantial improvement in safety in pregnancy/child birth since 1952. Nevertheless the report shows that considerable further progress can and should be made. Over one-third of the deaths with an avoidable factor were associated with illegal abortion. It is of considerable importance that everyone concerned with the social or medical well-being of women understands that the county council have provided comprehensive family planning service in every health division and the women themselves know of the facilities available.

Infant Mortality

In 1901, 3,575 children died under one year ; during 1968 the number had fallen to 254. Infant deaths in 1901 accounted for 195 deaths per 1,000 live births and in 1968 this rate had fallen to 21. Much of the credit is due to the maternity and child welfare service :—

Table 74

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
			1968	21	18

The causes of infant deaths in 1968 were :—

Table 75

Causes of Infant Deaths, 1968

	Under 4 weeks	*4 weeks 1 year*	*Total*
Congenital malformations	18	18	36
Pneumonia	3	1	4
Bronchitis	—	—	—
Other diseases of the respiratory system	1	13	4
T.B. (non-respiratory)	—	—	—
Other infective and parasitic diseases ..	1	1	2
Gastritis, enteritis, and diarrhoea ..	1	3	4
Ulcer of stomach and duodenum ..	1	—	1
Accidents	10	4	14
Other defined and ill-defined diseases ..	146	33	219
Total	181	73	254

One hundred and eighty-one deaths (71 per cent) occurred to children under four weeks old, ten of them as a result of accidents.

The infant mortality rates vary within the county. Areas with the highest and lowest rates are as follows :—

TABLE 76

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS

County district	Year 1968	Period 1963–67
Glyncorrwg	49	40
Rhondda..	30	36
Aberdare..	28	28
Penarth Urban ..	14	17
Cardiff Rural	15	15
Cardiff Rural	15	15
Bridgend Urban ..	16	18

PERI-NATAL MORTALITY

Stillbirths and babies who die under one week are grouped as peri-natal deaths. For the past four years the rate for Glamorgan has remained at 30 per 1,000 total births compared with an average of 45 for the period 1955–59. The peri-natal mortality rate is an index of the standard of ante-natal care and this marked improvement over the years reflects great credit on the obstetricians, medical practitioners, clinic medical officers, hospital and county midwives who undertake ante-natal care or delivery of pregnant women. The improvement has been more marked in Glamorgan than in the country generally, because the rate was exceptionally high in previous years. The rate for England and Wales in 1955–59 was 35 compared with the rate of 45 for Glamorgan and in 1968 was 25 compared with Glamorgan's 30. The gap of 10 points that existed between the county and national rates has now been reduced to 5 points. Nevertheless, there is still room for substantial improvement by reducing the Glamorgan rate to the present national rate.

Peri-natal mortality varies considerably within the county being highest in Glyncorrwg and Neath Rural and lowest in Cardiff Rural, Gower, and Porthcawl. Peri-natal mortality in social class I is only half that in social class V according to various studies. The safest social class parity group is the second child of the wife of a professional man and the least safe is the fifth or subsequent baby of the wife of the unskilled worker.

Glamorgan is predominantly a working class county and much of the housing is old and in narrow damp valleys. The aim must be to achieve high standards of ante-natal care and to promote health education to improve on the cultural patterns and customs in many of these areas.

The first report of the British Peri-Natal Mortality Survey published in 1963 stated that the best ante-natal care was that given at local authority ante-natal clinics and by general practitioners who had a midwife in attendance at their surgeries. It is the practice to arrange for midwives to attend special surgeries of general practitioners.

TABLE 77

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
1956	329	200	44·2	36·7
1961	293	169	35·7	32·2
1966	231	165	30·4	26·3
1967	239	141	30·3	25·4
1968	212	160	29·9	25·0

MORBIDITY

The Ministry of Social Security returns of sickness benefit claims for the year 1968 and previous years are given below :—

TABLE 78

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
1968	74,266	49,216	32,656	58,555	225,691

During January 1968 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 and were not therefore unduly affected. In December 1968 a limited supply of influenza vaccine was obtained to give protection to medical, nursing and key staff of the health and other county council staff against the 'Hong Kong' strain of influenza which was expected to spread to the country from Asia and Australasia. Happily this type of influenza was contained.

INCIDENCE OF INCAPACITY FOR WORK

Medical officers of health have compared mortality rates for their districts with national mortality rates in order to measure the state of health in their areas. Death rates are admittedly crude yardsticks but the distinction between the living and the dead is clear cut. There is no clear frontier between sickness and health.

One way of measuring the extent of sickness is to assess the proportion of insured persons who became incapacitated for work in the course of a year. There are drawbacks to this method. Only a proportion of women are gainfully occupied and information about the incidence of sickness among children and retired persons is not obtained. There are innumerable gradations of physical fitness. A man may be capable of working in an office with a leg in plaster, but he could not work down a mine. In occupations where the tolerance of ill health is necessarily low, the occupation is a factor contributing to incapacity for work but not necessarily a cause of ill health.

The Ministry of Pensions and National Insurance made an enquiry into incidence of incapacity for work during the year ended June 1962. The enquiry was directed towards the identification of areas and occupations which showed a pattern of unfitness for work so different from the average as to suggest that climatic, genetic, environmental or occupational factors were influencing the rates.

The survey was concerned with men and women who were not fit for a spell of four days or more in the year. Those off sick for such a long time as to be regarded as being unemployable, for example, long term mental illness or severe chronic bronchitis patients, were not counted neither were those whose spells of off sick were less than four days. This meant that only 60 per cent of men and women (64 per cent of men) receiving sickness benefits were represented in the scope of enquiry.

The enquiry revealed that in Great Britain 28·1 per cent of men aged 15 to 63 years were incapacitated for some time during the year. The area with the highest rate of sickness for which figures were taken out was the Rhondda valley, 51 per cent of the men were "off sick" sometime during the year, the same rate as was found among all miners and quarry men in Great Britain. Figures for other areas together with the average number of days lost per "sick" person in a year are given below :—

TABLE 79

Area	Percentage of men incapacitated	Average number of days lost by these men
	%	
Rhondda	51	21·0
Merthyr Tydfil	45	not available
Welsh towns (population 20,000 to 50,000)	41	15·0
South-East Wales*	38	14·0
Wales	36	13·0
Swansea	34	13·0
Cardiff	29	9·0
Great Britain	28	9·0

*Carmarthenshire, Glamorgan, Monmouthshire, Breconshire

Among men the average number of days of incapacity from work rose steadily with age and in Rhondda was four times as high in the oldest age group as in the youngest. Surprisingly in Rhondda the oldest age group did not produce the highest percentage of men incapacitated but these men were off sick for the longest periods.

Some Causes of Incapacity

The proportion of men suffering from diseases of the respiratory system was 14 per cent in Great Britain, 21 per cent in South-East Wales, and 31 per cent in Rhondda. 9 per cent of Rhondda men suffered from bronchitis, two and a half times the rate for Britain, 5 per cent suffered from arthritis and rheumatism, double the national rate, and 2½ per cent suffered from psychoses and psychoneurosis, three and a half times the national rate.

TABLE 80

NUMBER OF DAYS INCAPACITATED PER 100 MEN WITH RATIO FOR EACH RATE WITH RATE FOR GREAT BRITAIN IN BRACKETS

	Great Britain	South-East Wales	Rhondda
All causes	885 (100)	1,400 (135)	2,072 (234)
Diseases of respiratory system ..	285 (100)	499 (175)	945 (331)
Bronchitis..	124 (100)	202 (164)	281 (227)
Arthritis and rheumatism ..	57 (100)	83 (146)	108 (190)
Psychoses/Psychoneurosis ..	35 (100)	62 (178)	150 (433)

These figures give a depressing account of the state of sickness in the county. It must be borne in mind, however, that they relate to incapacity for work. A professional man who feels slightly unwell may take a few days off without troubling his doctor for a medical certificate. The manual worker must obtain a medical certificate in such circumstances and the more strenuous the job, the longer it will take to make the man fit for his work. Nevertheless, the figures clearly show that family doctors in South-East Wales, particularly in the mining valleys, have to cope with a rate of sickness well above the average for Britain.

Chronic Bronchitis

Chronic bronchitis is highly prevalent in Glamorgan. According to the Registrar General the death rate and standard mortality ratios for men during the period 1959 to 1963 was higher in Glamorgan than in any other administrative county in England and Wales. The three counties with the highest rates were :—

Table 81

Males

	Number of deaths	Death rate per million population	Standardised mortality ratios
Glamorgan	2,448	1,335	139
London (Admin. county)	9,642	1,265	135
Monmouthshire ..	1,078	1,280	132
England and Wales ..	—	983	100

It is an illness related to economic conditions since the less skilled are less well paid and those living in areas of greater air pollution are more prone to suffer from the disease. Because of air pollution and living conditions the death rate from bronchitis is higher in industrialised urban areas than in country areas. The standardised mortality ratios in the worst affected towns are much higher than in urbanised counties taken as a whole.

Table 82

Name of town	Standardised mortality ratios
Shoreditch Metropolitan Borough ..	251
Salford County Borough	239
Bethnal Green Metropolitan Borough ..	296
Manchester County Borough	203

The standard mortality ratios for county boroughs in Glamorgan were :—

Merthyr Tydfil	151
Swansea	142
Cardiff	120

The standardised mortality ratios are not available for other towns in the county but the "crude" death rates from bronchitis in Ogmore and Garw, Rhondda and neighbouring valleys are of about one and a half times the county rate and about three times the death rate for Penarth and Cowbridge Rural.

The report of a government enquiry into the incidence of incapacity for work published in 1965 showed that in the Rhondda 9 per cent of the men in employment suffered from bronchitis, nearly two and a half times the rate for Great Britain. In the truly rural areas of Wales the figure was 3 per cent.

During 1968 575 deaths in Glamorgan were assigned to bronchitis, 472 males and 103 females. The disease accounted for 9·4 per cent of all deaths to males and 2·4 per cent of all deaths to females.

TABLE 83

GLAMORGAN DEATHS FROM BRONCHITIS, 1968
ACCORDING TO AGE AND SEX

	Males	Females	Total
0–5 ..	1	1	2
5–15 ..	—	—	—
15–45 ..	3	—	3
45–54 ..	14	4	18
55–64 ..	95	15	110
65–75 ..	190	30	220
75+ ..	169	53	222
Totals ..	472	103	575

It will be noted that 77 per cent of the deaths occurred to persons aged 65 and over and that only 4 per cent of the deaths occurred to persons under 55. This would suggest that prevention of illness from bronchitis is not a profitable area of activity for health workers, since deaths take place in old age. However, bronchitis entails long periods of invalidism causing considerable distress to the patient and, since much work is lost, considerable hardship to his family.

All studies that have been made into the causes of bronchitis have shown that there is a strong relationship between the prevalence of chronic bronchitis and the degree of cigarette smoking. In some patients with chronic bronchitis, particularly the heavier smokers, they have been found to have an abnormal increase in airways resistance after smoking a cigarette. Bronchitic patients are certainly sensitive to small incidences in pollution by smoke and sulphur dioxide and in the industrial towns of England there is little doubt that the incidence of bronchitis is related to air pollution. The prevalence of bronchitis in industrial South Wales is not easily explained since Welsh coal is virtually smokeless and the atmosphere is relatively free from pollution by smoke and sulphur dioxide. It has been shown, however, that children born in areas where the consumption of coal was heaviest exhibit a greater frequency of lower respiratory tract infec-

tions in the first five years of life than those living in areas of low coal consumption. It is possible that in the narrow damp mining valleys people are more susceptible to bronchitic infection because of the environment and working conditions where lungs are more likely to suffer damage. No proper study has yet been made of the genetic factors but suggest this evidence in favour of an inherited tendency was obtained some years ago in Sheffield. A genetic factor may create abnormal vulnerability of the respiratory tract to infection and air pollution.

Degenerative Diseases and the Lack of Physical Exercise.

The death rate from coronary and arterioscerlerotic heart disease in Glamorgan is higher than the national average. The standard mortality ratio in the county for this cause of death (1959–63) was 118 for males and 116 for females, the ratio for England and Wales for each sex being 100.

In 1968 the disease accounted for 1,427 deaths among men, representing 28 per cent of all male deaths and 932 female deaths, 22 per cent. In the age range 35 to 65 years 547 males died accounting for 36 per cent of all deaths occurring to men in that age group.

There is statistical evidence that physical activity protects against coronary heart disease and that there is less coronary heart disease among the more active. It has been found that bus drivers have a much higher rate of myocardial infaction and fatal deaths from the condition than bus conductors who repeatedly climb stairs on double decker buses to collect fares. Postmen suffer less from isschaemic heart disease than telephonists and clerks.

Our way of life has undergone a major revolution with the advent of the motor car and television. We use less muscle power at work and at home. Accompanying this decline in physical activity is an increase in degenerative diseases.

Insurance firms have accepted that obesity is associated with an increased liability to death from a variety of degenerative diseases. The Metropolitan Life Insurance Company have given mortality data for cases accepted for insurance between 1935 and 1953. Those men who exceeded the average by 20 per cent or more had excess mortalities of 31 per cent in the age groups 15 to 39 and 40 to 69 years.

The figures for women were similar.

Obese people usually eat no more and may even eat less than slim people, but they are usually less active. Investigations in the U.S.A. show that whereas obese women walk on average two miles a day, the average woman walks five miles a day, and similar figures were found for men. School medical officers in England and Wales have commented on the increased number of fat boys and girls since the advent of television.

The Medical Research Council Epidemiological Research Unit made a survey of the heights and weights of adults living in the Vale of Glamorgan in 1956 and in the Rhondda Fach in 1958. Results were compared with those obtained at a British Survey, 1943, and a U.S.A. survey 1959–62. Men in the Rhondda Fach

were shorter and lighter than in the Vale but Rhondda women were shorter at all ages and in later life were heavier than Vale women. The Rhondda Fach women of 60 were 23 lbs. heavier than a woman of the same age measured in the British survey of 1943. Rhondda women of mean age 56 were about 33 lbs. heavier although about 1½ ins. shorter than Rhondda girls aged 21. Ten per cent of the Rhondda women weighed over 190 lbs. (13 stone 8 lbs.). There is no reason to doubt that many middle aged women in other mining valleys are also overweight.

Forty-one per cent of deaths of middle aged men and 32 per cent of deaths of middle aged women during 1967 were due to degenerative diseases.

TABLE 84

GLAMORGAN DEATHS AMONG PERSONS AGED 35 TO 64 YEARS, 1968

	Male	Female
Coronary	547	161
Vascular lesions of nervous system ..	112	109
Diabetes	10	12
	669	282
Percentage all deaths in age range ..	41	32

These diseases are the product of many causes, and for this reason successful preventive treatment has not been realised. But deaths to younger persons are largely preventable and it is distressing that an average of eighteen middle-aged persons die each week of whom ten are men dying of coronary heart disease.

There is little doubt that there is need for more health education in encouraging people to be more physically active. The more sedentary jobs become the greater the need for recreation to be energetic and occupational. People need to be active and less use should be made of television sets and motor cars. Overweight persons need to be advised about changing recreational habits *as well as* changing their diet.

Health visitors have been asked to bear these facts in mind in preparing their health education programmes for the year.

TABLE 85

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1968

	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	165	206	–	–	3,454	–	374	9	76	–	2	1	–	1	15	30	125	24	13	9	–
Aberdare Urban ..	22	1	–	–	173	–	1	–	10	–	–	–	–	–	1	5	8	1	–	–	–
Mountain Ash Urban ..	11	6	–	–	253	–	–	–	–	–	–	–	–	–	3	–	5	1	–	–	–
Caerphilly Urban ..	–	3	–	–	108	–	54	–	–	–	1	–	–	–	–	5	8	3	–	–	–
Gelligaer Urban ..	5	5	–	–	55	–	160	1	2	–	–	–	–	–	–	1	5	–	–	–	–
Bridgend Urban ..	2	–	–	–	28	–	–	–	–	–	–	–	–	–	–	1	3	3	–	–	–
Maesteg Urban ..	13	2	–	–	22	–	10	–	2	–	–	–	–	–	–	2	6	–	–	–	–
Ogmore and Garw Urban	20	10	–	–	220	–	2	–	6	–	–	–	–	–	2	1	5	–	2	–	–
Porthcawl Urban ..	–	–	–	–	6	–	–	–	–	–	–	–	–	–	–	1	3	–	–	–	–
Penybont Rural ..	7	15	–	–	217	–	–	–	1	–	–	–	–	1	–	1	9	2	–	–	–
Neath Borough ..	4	5	–	–	134	–	–	–	–	–	–	–	–	–	–	1	2	–	–	2	–
Neath Rural	3	19	–	–	160	–	6	–	4	–	1	1	–	–	1	1	3	–	–	–	–
Llantrisant and Llantwit Fardre Rural ..	8	20	–	–	243	–	1	2	10	–	–	–	–	–	3	1	2	2	–	2	–
Pontypridd Urban ..	11	1	–	–	215	–	1	–	–	–	–	–	–	–	–	1	6	1	2	–	–
Glyncorrwg Urban ..	1	7	–	–	25	–	1	–	2	–	–	–	–	–	–	1	1	–	–	–	–
Port Talbot Borough ..	–	20	–	–	298	–	18	–	3	–	–	–	–	–	–	2	4	1	–	1	–
Barry Borough	1	1	–	–	37	–	22	–	–	–	–	–	–	–	1	2	4	1	–	1	–
Cardiff Rural	1	3	–	–	55	–	29	–	5	–	–	–	–	–	–	2	5	–	–	–	–
Cowbridge Borough ..	2	1	–	–	22	–	1	–	1	–	–	–	–	–	–	2	–	–	–	–	–
Cowbridge Rural ..	23	9	–	–	114	–	53	–	9	–	–	–	–	–	2	2	–	1	–	–	–
Penarth Urban	–	2	–	–	57	–	3	4	–	–	–	–	–	–	–	2	7	2	–	–	–
Gower Rural	1	1	–	–	201	–	–	–	–	–	–	–	–	–	–	1	3	1	–	–	–
Llwchwr Urban ..	5	5	–	–	46	–	1	–	–	–	–	–	–	–	1	1	3	–	8	–	–
Pontardawe Rural ..	2	1	–	–	130	–	1	–	–	–	–	–	–	–	–	1	9	3	–	–	–
Rhondda Borough ..	23	69	–	–	635	–	10	2	21	–	–	–	–	–	1	1	24	2	1	3	–

TABLE 86
VITAL STATISTICS, 1968

	POPULATION		LIVE BIRTHS			LIVE BIRTH RATE		Illegitimate Births Rate (Live Births)	Stillbirths	Stillbirth rate per 1,000 Live and Stillbirths	Total Live and Stillbirths	INFANT MORTALITY				NEO-NATAL MORTALITY		PERI-NATAL MORTALITY		Maternal Deaths	Maternal Death Rate per 1,000 Live and Stillbirths
	Census, 1961	Estimated, 1968	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	Stillbirths and Deaths under One Week	Rate per 1,000 Live and Stillbirths		
ENGLAND AND WALES ..	46,104,500	48,593,000	—	—	819,272	16·9	—	—	11,848	14	831,120	14,982	18	—	—	10,128	12·4	20,528	25	198	0·24
ADMINISTRATIVE COUNTY	746,785	742,920	6,322	5,903	12,225	16·5	17·0	59	212	17	12,434	254	21	21	19	181	15	372	30	1	0·08
Aberdare Urban ..	39,155	38,560	338	341	679	17·6	19·2	70	6	9	685	19	28	29	25	15	22	19	28	—	—
Mountain Ash Urban ..	29,575	28,150	229	213	442	15·7	15·7	41	13	29	455	9	20	19	56	7	16	20	44	—	—
Caerphilly Urban ..	35,997	39,130	414	360	774	19·8	19·4	52	13	17	787	22	28	29	25	16	21	27	34	1	1·3
Gelligaer Urban ..	34,656	34,640	326	290	616	17·8	17·8	45	6	10	622	12	19	20	—	8	13	12	19	—	—
Bridgend Urban ..	15,174	15,190	105	83	188	12·4	12·8	80	5	26	193	3	16	17	—	3	16	8	41	—	—
Maesteg Urban ..	21,625	21,280	165	175	340	16·0	16·6	94	8	23	348	4	12	13	—	2	6	10	29	—	—
Ogmore and Garw Urban	20,985	20,390	169	158	327	16·0	16·5	58	6	18	333	7	21	16	105	6	18	12	36	—	—
Porthcawl Urban ..	11,086	13,120	121	85	206	15·7	18·5	117	1	5	207	4	19	22	—	3	15	3	14	—	—
Penybont Rural ..	42,104	49,310	545	507	1,052	21·3	20·4	53	18	17	1,070	21	20	21	—	15	14	32	30	—	—
Neath Borough ..	30,935	29,910	204	182	386	12·9	13·4	49	8	20	394	10	26	27	—	7	18	14	36	—	—
Neath Rural	40,870	40,960	344	308	652	15·9	16·5	52	8	12	660	16	25	24	29	10	15	17	26	—	—
Llantrisant and Llantwit Fardre Rural ..	27,109	31,800	383	359	742	23·3	24·0	42	12	16	754	12	16	17	—	8	11	18	24	—	—
Pontypridd Urban ..	35,494	35,060	273	274	547	15·6	15·9	56	6	11	553	12	22	23	—	10	18	16	29	—	—
Glyncorrwg Urban ..	9,368	9,480	102	83	185	19·5	18·9	76	6	31	191	9	49	41	14	4	22	10	52	—	—
Port Talbot Borough ..	51,322	51,310	379	377	756	14·7	14·6	67	15	19	771	17	22	23	20	13	17	27	35	—	—
Barry Borough	42,084	42,450	317	319	636	15·0	15·5	91	12	19	648	6	9	9	17	1	16	13	20	—	—
Cardiff Rural	49,884	28,030	281	255	536	19·1	17·6	43	5	9	541	8	15	14	43	5	9	9	17	—	—
Cowbridge Borough ..	1,067	1,350	17	18	35	25·9	25·6	86	1	28	36	—	—	—	—	—	—	1	28	—	—
Cowbridge Rural ..	18,756	22,530	186	177	363	16·1	18·4	58	7	19	370	5	14	15	—	2	6	9	24	—	—
Penarth Urban	20,896	22,960	191	179	370	16·1	17·4	68	9	24	379	5	14	15	—	3	—	12	32	—	—
Gower Rural	12,656	15,960	128	128	256	16·0	16·8	32	2	8	258	2	8	4	125	2	8	4	16	—	—
Llwchwr Urban ..	25,013	26,080	211	197	408	15·6	16·7	44	12	29	420	7	17	18	—	5	12	16	38	—	—
Pontardawe Rural ..	30,687	29,680	219	190	409	13·8	15·6	54	9	22	418	5	12	10	45	5	12	3	31	—	—
Rhondda Borough ..	100,287	95,590	675	645	1,320	13·8	14·2	66	24	18	1,344	39	30	31	11	31	23	50	37	—	—

TABLE 87
VITAL STATISTICS, 1968

	DEATHS			DEATH RATE		DEATH RATES (Some principal causes of death)								
	Males	Females	Total	Crude	Adjusted	Hearts Diseases	Cancers	Cerebro-Vascular Disease	Bronchitis and Emphysema	Pneumonia	Other Circulatory Diseases	Violence	Tuberculosis Respiratory	Tuberculosis Other
ENGLAND AND WALES ..	293,251	283,537	576,788	11·9	—	3·9	2·2	1·7	0·6	0·8	—	0·5	0·3	0·01
ADMINISTRATIVE COUNTY	5,039	4,246	9,285	12·5	14·3	4·4	2·1	1·8	0·8	0·7	0·4	0·4	0·06	0·02
Aberdare Urban ..	341	245	586	15·2	15·2	6·2	2·5	2·4	0·9	0·6	0·4	0·5	0·03	—
Mountain Ash Urban ..	214	155	369	13·1	15·9	3·8	2·1	1·5	1·3	0·9	0·7	0·3	0·07	0·04
Caerphilly Urban ..	247	205	452	11·6	14·4	3·5	1·9	1·3	0·8	0·8	0·2	0·7	—	—
Gelligaer Urban ..	212	197	409	11·8	15·3	3·6	2·0	1·7	0·8	0·4	0·5	0·2	0·05	0·05
Bridgend Urban ..	86	70	156	10·3	11·1	3·2	2·6	1·6	0·5	0·6	0·3	0·5	0·07	0·07
Maesteg Urban ..	155	113	268	12·6	15·5	5·0	2·1	1·9	0·8	0·4	0·3	0·4	0·09	—
Ogmore and Garw Urban	153	109	262	12·8	15·6	4·9	2·1	1·7	1·3	0·6	0·3	0·4	0·05	—
Porthcawl Urban ..	98	79	177	13·5	10·8	5·2	2·1	2·0	0·8	0·6	0·4	0·4	—	—
Penybont Rural ..	311	296	607	12·3	11·7	4·2	1·6	1·4	0·5	2·1	0·5	0·5	0·02	0·04
Neath Borough ..	210	180	390	13·0	13·0	4·8	2·7	1·5	0·6	0·8	0·5	0·5	0·03	—
Neath Rural	273	246	519	12·7	15·4	4·3	2·2	1·5	0·6	0·5	0·8	0·7	0·07	—
Llantrisant and Llantwit Fardre Rural ..	195	157	352	11·1	15·3	3·5	2·4	1·4	0·8	0·8	0·3	0·3	—	0·03
Pontypridd Urban ..	253	217	470	13·4	13·9	4·5	2·0	2·3	1·1	0·9	0·4	0·3	0·09	0·06
Glyncorrwg Urban ..	72	32	104	11·0	16·2	3·9	2·2	0·8	0·9	0·5	0·2	0·4	—	—
Port Talbot Borough ..	324	233	557	10·9	14·8	3·9	1·9	1·4	0·5	0·7	0·3	0·4	0·01	—
Barry Borough	227	235	462	10·9	12·0	3·7	2·2	1·6	0·5	0·7	0·4	0·5	0·02	0·02
Cardiff Rural	178	160	338	12·1	13·3	4·3	1·9	1·7	0·6	0·6	0·6	0·5	0·04	0·07
Cowbridge Borough ..	8	3	11	8·1	8·4	2·2	2·2	—	0·7	0·7	—	—	—	—
Cowbridge Rural ..	92	75	167	7·4	13·0	2·4	1·2	0·8	0·4	0·2	0·2	0·5	0·04	—
Penarth Urban	148	177	325	14·2	13·3	4·6	2·4	3·0	0·4	0·9	0·7	0·4	—	—
Gower Rural	89	82	171	10·7	12·0	4·0	1·9	1·6	0·3	0·4	0·6	0·3	—	—
Llwchwr Urban ..	171	150	321	12·3	13·5	4·8	2·5	1·7	0·4	0·2	0·6	0·4	0·1	0·1
Pontardawe Rural ..	217	191	408	13·7	14·2	4·9	2·3	2·0	1·1	0·3	0·6	0·4	—	—
Rhondda Borough ..	765	639	1,404	14·7	16·8	5·3	2·4	2·4	1·1	0·7	0·3	0·5	—	—

TABLE 88

CAUSES OF DEATH AT ALL AGES DURING THE YEAR 1968

	Enteritis and other Diarrhoeal Disorders	Tuberculosis of Respiratory System	Other Tuberculosis including Late Effects	Diphtheria	Whooping Cough	Meningococcal Infection	Acute Poliomyelitis	Measles	Syphilis and its Sequelae	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Leukaemia	Other Malignant Neoplasms, etc.	Benign Unspecified Neoplasms	Diabetes Mellitus	Auitaminoses, etc.	Other Endocrine, etc. Diseases	Anaemias	Other Diseases of Blood, etc.	Mental Disorders	Meningitis	Other Diseases of Nervous System	Active Rheumatic Fever	Chronic Rheumatic Heart Disease	Hypotensive Disease
ADMINISTRATIVE COUNTY	8	43	14	–	–	2	–	1	2	14	240	303	138	60	38	775	19	87	1	28	31	4	16	9	90	2	114	218
Aberdare Urban ..	1	1	–	–	–	–	–	–	–	1	25	13	8	4	1	34	3	4	–	4	3	–	–	1	3	–	8	19
Mountain Ash Urban ..	–	2	1	–	–	–	–	–	–	1	12	12	2	–	1	32	–	2	–	4	1	–	–	–	3	–	4	13
Caerphilly Urban ..	–	–	–	–	–	–	–	–	–	4	9	12	10	2	3	36	–	3	–	1	2	–	2	1	7	–	4	10
Gelligaer Urban	1	2	2	–	–	–	–	–	–	–	11	11	4	3	1	40	2	5	–	3	3	–	2	–	6	–	10	12
Bridgend Urban ..	–	1	1	–	–	–	–	–	–	–	1	9	2	1	2	19	–	2	–	–	–	–	2	1	1	–	2	2
Maesteg Urban	–	2	–	–	–	–	–	–	–	–	6	12	4	2	–	25	–	4	–	–	2	–	–	–	2	–	2	7
Ogmore and Garw Urban	–	1	–	–	–	–	–	–	–	–	6	7	3	2	2	22	–	2	–	1	1	–	–	1	1	–	3	4
Porthcawl Urban ..	–	–	–	–	–	–	–	–	–	–	3	7	5	1	1	11	–	1	–	2	–	–	–	1	3	–	2	3
Penybont Rural ..	1	1	2	–	–	–	–	1	1	1	7	10	7	5	4	35	1	8	–	1	5	–	4	1	7	–	4	9
Neath Borough	1	1	–	–	–	1	–	–	–	1	15	14	6	1	3	42	–	3	–	–	–	–	–	–	4	–	2	10
Neath Rural	1	3	–	–	–	–	–	–	–	–	5	16	8	5	1	49	2	6	–	1	3	1	2	–	7	–	7	8
Llantrisant and Llantwit Fardre Rural ..	–	–	1	–	–	–	–	–	–	1	11	12	6	1	–	44	1	6	1	1	1	–	–	–	4	–	5	13
Pontypridd Urban ..	–	3	2	–	–	–	–	–	–	–	9	9	2	9	–	39	1	4	–	2	1	2	–	–	4	–	8	6
Glyncorrwg Urban ..	–	–	–	–	–	–	–	–	–	–	3	2	2	–	–	14	–	1	–	–	–	–	1	–	1	–	1	–
Port Talbot Borough ..	1	6	–	–	–	1	–	–	–	1	17	19	7	2	3	47	–	3	–	3	3	–	–	–	6	–	10	10
Barry Borough	–	1	1	–	–	–	–	–	–	–	15	24	11	5	1	38	1	5	–	1	1	–	–	1	4	–	3	8
Cardiff Rural	–	1	2	–	–	–	–	–	–	1	7	9	7	–	1	27	1	4	–	1	2	–	–	–	3	2	6	9
Cowbridge Borough ..	–	–	–	–	–	–	–	–	–	–	–	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cowbridge Rural ..	–	1	–	–	–	–	–	–	–	–	1	3	6	1	1	16	–	3	–	1	–	–	–	1	1	–	4	4
Penarth Urban	–	–	–	–	–	–	–	–	–	–	7	11	1	2	3	29	2	1	–	–	–	–	–	–	4	–	3	4
Gower Rural	–	1	–	–	–	–	–	–	–	–	6	9	1	1	–	13	–	4	–	1	–	–	1	–	3	–	1	4
Llwchwr Urban	–	4	2	–	–	–	–	–	–	–	13	19	9	2	1	21	1	2	–	–	–	–	–	–	4	–	5	15
Pontardawe Rural ..	–	2	–	–	–	–	–	–	–	1	9	11	6	2	1	39	–	4	–	–	1	–	2	–	3	–	3	10
Rhondda Borough ..	2	10	–	–	–	–	–	–	1	2	42	44	20	9	8	103	4	10	–	1	2	1	–	1	9	–	17	38

TABLE 88—*continued*

CAUSES OF DEATH AT ALL AGES—*continued*

	Ischaemic Heart Disease	Other forms of Heart Disease	Cerebrovascular Disease	Other Diseases of Circulatory System	Influenza	Pneumonia	Bronchitis and Emphysema	Asthma	Other Diseases of Respiratory System	Peptic Ulcer	Appendicitis	Intestinal Obstruction and Hernia	Cirrhosis of Liver	Other Diseases of Digestive System	Nephritis and Nephrosis	Hyperplasia of Prostate	Abortion	Other Diseases of Genitourinary System	Diseases of Skin, Subcutaneous Tissue	Diseases of Musculo-Skeletal System	Congenital Anomalies	Birth Injury, Difficult Labour, etc.	Other causes of Peri-Natal Mortality	Symptoms and ill-defined conditions	Motor Vehicle Accidents	All other Accidents	Suicide and Self-inflicted Injuries	All other external causes	Total all causes
ADMINISTRATIVE COUNTY	2,359	561	1,304	321	56	533	575	25	251	65	7	39	22	56	44	31	1	77	5	37	87	73	8	112	83	191	42	13	9,285
Aberdare Urban ..	136	76	93	17	2	23	36	5	13	5	–	1	1	3	–	2	–	2	1	3	2	7	5	3	5	8	4	–	586
Mountain Ash Urban ..	69	21	43	19	4	25	36	1	12	2	–	4	–	5	1	3	–	3	–	2	1	2	3	14	3	3	2	–	369
Caerphilly Urban ..	99	22	49	9	1	31	30	3	9	–	3	2	–	5	3	1	1	2	–	3	13	6	3	23	6	21	–	–	452
Gelligaer Urban	96	15	62	19	2	15	30	–	14	6	1	2	2	2	2	1	–	6	–	–	2	3	2	2	3	1	1	2	409
Bridgend Urban ..	35	10	23	5	–	9	7	1	1	–	–	–	–	2	3	1	–	2	–	1	–	–	2	–	2	4	–	2	156
Maesteg Urban	80	18	40	7	–	8	19	–	9	–	–	1	2	–	2	–	–	1	–	–	2	1	1	1	2	5	2	–	268
Ogmore and Garw Urban	82	12	35	7	2	12	26	1	6	2	–	1	–	1	1	–	–	1	–	2	2	1	1	3	–	8	–	–	262
Porthcawl Urban ..	51	12	26	5	–	8	11	–	1	2	–	–	1	1	5	–	–	3	–	–	2	1	1	3	2	3	–	–	177
Penybont Rural ..	164	29	67	23	–	103	27	5	7	2	–	1	–	2	3	–	–	8	–	1	7	7	4	3	5	14	3	1	607
Neath Borough	94	39	44	14	2	25	17	–	9	4	1	2	1	1	3	–	–	1	2	2	1	5	2	3	7	6	1	–	390
Neath Rural	140	23	63	31	2	20	26	–	21	9	–	4	1	1	6	3	–	2	–	2	3	5	4	1	4	20	2	1	519
Llantrisant and Llantwit Fardre Rural ..	78	14	44	8	2	24	24	1	16	1	–	–	1	3	1	–	–	3	–	2	7	1	3	1	4	4	2	–	352
Pontypridd Urban ..	105	40	79	13	5	32	37	–	13	3	–	2	–	2	2	1	–	2	–	2	4	5	2	9	1	7	2	1	470
Glyncorrwg Urban ..	32	4	8	2	–	5	9	1	4	–	–	–	–	–	1	–	–	–	–	1	4	3	1	–	–	3	1	–	104
Port Talbot Borough ..	145	35	71	17	8	34	26	2	18	5	1	3	–	4	1	3	–	9	–	–	6	4	5	2	5	10	3	1	557
Barry Borough	129	17	66	16	1	29	23	1	8	4	–	2	3	4	1	2	–	4	–	1	3	1	–	7	5	12	3	1	462
Cardiff Rural	95	10	48	17	3	16	16	–	5	4	–	2	1	1	1	2	–	5	–	–	4	4	1	5	4	7	4	–	338
Cowbridge Borough ..	3	–	3	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	11
Cowbridge Rural ..	39	8	19	4	3	5	9	–	5	1	–	–	–	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	167
Penarth Urban	88	11	68	16	7	22	9	–	3	3	–	1	–	3	3	1	–	5	–	3	1	2	–	4	5	6	1	–	325
Gower Rural	40	19	26	9	–	7	5	–	–	2	–	2	–	2	1	–	–	2	–	2	1	–	–	3	2	1	2	–	171
Llwchwr Urban	85	19	44	15	2	6	10	1	4	–	–	3	–	4	1	2	–	1	1	1	4	–	–	4	5	4	1	1	321
Pontardawe Rural ..	103	28	58	17	–	10	33	1	20	3	1	–	1	4	–	2	–	3	–	2	2	–	2	9	–	11	2	–	408
Rhondda Borough ..	371	79	225	31	9	63	108	2	53	7	–	6	8	5	1	7	–	11	1	5	16	7	11	9	8	30	4	3	1,404

TABLE 89

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1968

	Under 4 weeks		4 weeks and under 1 year		Age in Years: 1—		5—		15—		25—		35—		45—		55—		65—		75 and over		Total all ages	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Enteritis and other Diarrhoeal Disorders	1	–	1	2	–	1	–	–	1	–	–	–	–	–	–	–	–	1	1	–	–	–	4	4
Tuberculosis of Respiratory System	–	–	–	–	–	–	–	–	–	1	1	–	1	1	4	1	7	5	12	2	7	1	32	11
Other Tuberculosis including Late Effects	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	2	2	1	2	1	–	2	6	8
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Whooping Cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningococcal Infection	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Acute Poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Syphilis and its Sequelae	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	2	–
Other Infective and Parasitic Diseases	–	1	1	–	1	–	–	–	1	–	1	2	–	1	1	1	2	–	–	–	2	–	9	5
Malignant Neoplasm, Stomach	–	–	–	–	–	–	–	–	–	–	–	–	–	2	8	7	49	24	45	30	23	52	125	115
Malignant Neoplasm, Lung Bronchus	–	–	–	–	–	–	–	–	–	–	1	1	6	1	31	4	95	12	103	11	31	7	267	36
Malignant Neoplasm, Breast	–	–	–	–	–	–	–	–	–	–	–	–	–	9	–	27	–	38	1	29	2	32	3	135
Malignant Neoplasm, Uterus	–	–	–	–	–	–	–	–	–	–	–	–	–	4	–	13	–	18	–	14	–	11	–	60
Leukaemia	–	–	–	–	1	–	4	–	–	–	–	1	1	1	3	5	3	3	4	6	3	3	19	19
Other Malignant Neoplasms, etc.	–	–	–	–	1	3	4	2	5	2	5	3	14	18	39	35	98	60	144	105	119	118	429	346
Benign Unspecified Neoplasms	–	–	–	–	–	–	–	1	–	–	–	–	–	2	1	2	2	2	2	3	2	2	7	12
Diabetes Mellitus	–	–	–	–	–	–	–	–	–	–	–	–	1	3	1	–	8	9	10	17	11	27	31	56
Auitaminoses, etc.	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Other Endocrine, etc., Diseases	1	–	1	–	1	–	2	–	–	1	1	1	1	1	–	1	4	1	–	6	4	2	15	13
Anaemias	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	2	–	2	8	2	13	6	25
Other Diseases of Blood, etc.	–	–	–	–	–	–	–	–	–	–	–	1	–	–	2	–	–	1	–	–	–	–	2	2
Mental Disorders	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	1	3	3	6	6	10
Meningitis	–	1	1	2	–	–	–	1	–	–	–	–	1	–	1	–	–	1	–	1	–	–	3	6
Other Diseases of Nervous System	–	–	3	2	1	3	–	–	6	1	7	1	2	2	7	2	4	6	8	12	7	16	45	45
Active Rheumatic Fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	2
Chronic Rheumatic Heart Disease	–	–	–	–	–	–	–	–	1	–	1	1	1	8	9	16	8	19	11	26	3	10	34	80
Hypotensiur Disease	–	–	–	–	–	–	–	–	–	–	–	–	6	2	11	8	24	18	27	36	31	55	99	119
Ischaemic Heart Disease	–	–	–	–	–	–	–	–	–	–	2	1	46	9	156	34	345	118	506	293	372	477	1,427	932
Other forms of Heart Disease	–	–	–	–	–	–	–	–	1	1	1	–	1	2	9	8	18	18	63	54	135	250	228	333
Cerebrouascular Disease	–	–	–	–	–	–	–	–	–	–	3	3	9	4	28	28	75	77	206	195	255	421	576	728
Other Diseases of Circulatory System	–	–	–	–	–	–	–	–	–	–	1	–	2	2	3	9	22	14	51	37	70	110	149	172
Influenza	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	–	7	6	15	24	26	30
Pneumonia	3	1	6	3	3	1	2	–	–	–	–	–	3	1	4	5	17	16	59	45	146	218	243	290
Bronchitis and Emphysema	–	–	1	1	–	–	–	–	–	–	–	–	3	–	14	4	95	15	190	30	169	53	472	103
Asthma	–	–	–	–	1	–	1	–	1	–	–	2	2	1	2	3	2	2	–	5	2	1	11	14
Other Diseases of Respiratory System	–	1	9	4	1	–	1	1	–	–	1	1	1	–	11	4	48	4	75	12	56	21	203	48
Peptic Ulcer	1	–	–	–	–	–	–	–	–	–	1	–	2	–	1	3	13	2	18	5	10	9	46	19
Appendicitis	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	1	1	2	–	–	–	1	3	4
Intestinal Obstruction and Hernia	1	3	1	–	–	–	–	–	1	–	–	–	–	–	1	2	2	1	4	6	9	8	19	20
Cirrhosis of Liver	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	4	10	3	2	1	–	9	13
Other Diseases of Digestive System	–	–	–	–	–	–	1	–	–	2	1	–	1	–	5	2	1	4	12	9	4	14	25	31
Nephritis and Nephrosis	–	–	–	–	1	–	–	–	1	–	2	–	–	–	4	3	8	5	8	4	4	4	28	16
Hyperplasia of Prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	12	–	19	–	31	–
Abortion	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1
Other Diseases of Genito-Urinary System	–	–	–	–	–	–	–	–	1	–	–	–	–	1	3	3	3	8	16	11	14	17	37	40
Diseases of Skin, Subcutaneous Tissue	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	1	–	2	1	4
Diseases of Musculo-Skeletal System	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	2	3	9	1	10	3	6	8	29
Congenital Anomalies	18	18	13	9	5	3	5	–	1	1	2	1	–	1	3	2	3	–	2	–	–	–	52	35
Birth Injury, Difficult Labour, etc.	43	28	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	45	28
Other causes of Peri-Natal Mortality	32	26	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	32	26
Symptoms and Ill-defined Conditions	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	4	36	69	38	74
Motor Vehicle Accidents	–	–	–	–	3	2	3	3	14	6	9	2	2	1	7	–	6	4	5	4	7	5	56	27
All other Accidents	–	1	5	5	3	2	7	2	12	1	10	–	9	3	10	6	13	8	7	10	23	54	99	92
Suicide and Self-inflicted Injuries	–	–	–	–	–	–	–	–	3	–	1	2	4	1	4	1	10	4	3	6	1	2	26	16
All other External Causes	–	1	–	–	–	–	–	–	1	1	–	–	2	1	1	1	1	4	–	–	–	–	5	8
Total all causes	100	81	44	29	23	18	30	10	50	17	51	25	122	86	391	250	1,004	547	1,622	1,060	1,602	2,123	5,039	4,246

GLAMORGAN COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

TABLE S.1

GENERAL STATISTICS

Population of the Administrative County 742,920

Numbers of schools and numbers of pupils on the registers, January, 1969 :—

Type of school	*Number of schools*	*Number of pupils on the register*
Nursery	11	484
Primary	443	82,035
Secondary Technical	1	108
Secondary Modern	57	20,394
Secondary Grammar	24	13,191
Grammar Technical	5	2,880
Comprehensive	11	13,096
Special Schools	7	594
	559	132,782

Staff employed in the School Health Service on 31st December, 1968 :—

Designation	*Numbers in terms of Whole-time Officers*
Medical Officers	16
Dental Officers	19
Dental Auxiliaries	5
School Nurses	22

A REVIEW OF THE SCHOOL HEALTH SERVICE IN GLAMORGAN

The Glamorgan school health service was sixty years old in 1968. The service for the period 1908–1948 was reviewed in the Annual Report for 1948, a year when the National Health Service was inaugurated. It is appropriate to recall the difficult period before 1908 when the service was born and the notable achievements made since then.

Before 1908.

Concern with the health of children in schools became evident when compulsory education was introduced in the late nineteenth century. In 1893 school boards were required to provide the special education necessary for blind and deaf children. This was the first time a duty was laid on local authorities for the care of handicapped children. In 1899 power was given to provide special education for educationally subnormal (then called mentally defective) and epileptic children. To enable school boards to carry out this duty it was necessary to form a medical service to examine children thought to be in need of this form of education. Some school boards in Glamorgan appointed their own medical officers for this purpose. In 1902 the boards were replaced by the county and larger district councils.

In 1903 the County Medical Officer, in a special report to the Education Committee, asked that arrangements be made for a more systematic method of controlling the sanitation of schools and promoting the health and wellbeing of the scholars on a more systematic basis than has hitherto obtained. He added : "The State compels parents to send children to school and it should at least endeavour to secure for them the healthiest conditions possible whilst at school and leave the parents the general responsibility of safeguarding their health at home". In his comprehensive report he dealt with the suitability of school buildings, the physical fitness of children and teachers and recommended that teachers be trained in elementary hygiene so that they would be entirely familiar with the cardinal symptoms of children's ailments and teach health education. At this time infectious and contagious diseases exacted a heavy toll on young life.

The then County Medical Officer advocated periodical medical inspection so that children suffering from defects of eyesight and hearing and affections of the throat, spinal diseases, etc. could be detected and treated in time so that children would benefit from teaching, and avoid partial or total disablement for life. In his report the County Medical Officer made no suggestion that treatment would be undertaken by the school medical officer since parents would be urged to seek this privately. At that time there was no free medical service.

This was a period when a great deal of public disquiet had been aroused by the knowledge that 40 per cent of volunteers for service in the Army in the Boer War were rejected as physically unfit. In 1903 the Government set up a Committee on Physical Deterioration, and this committee's report has great relevance even to this day. It dealt with air pollution, the problem of children smoking, garden cities, and health and physical education. Its most important recommendation was the creation of a school medical service and as its basis the regular medical inspection of all schoolchildren. The Government acted on this report

and the Education (Administrative Provisions) Act 1907 placed on local education authorities duties which included the provision for medical inspection of all children on entry to school.

1908–1919.

The school medical service was born and the County Medical Officer became the school medical officer and he was assisted by three medical inspectors who were appointed in April 1908 and four school nurses were appointed at the end of December 1908. It soon became evident that there were no medical services able to meet the demand for treatment arising from the first medical inspections and statutory power was given to local authorities to pay hospitals and other associations to provide treatment for the children found to need it or to provide it themselves if they chose to do so.

Concerning the care of handicapped children, advantage was taken of the provision made by voluntary agencies in Swansea to secure educational treatment for deaf and dumb children and blind children, but little if anything was done for other classes of handicapped pupils. Defective vision was dealt with vigorously, and where parents were unable to afford spectacles for their children the Education Committee arranged examinations with ophthalmic consultants and paid for the spectacles prescribed. By 1917 the problem of the physically handicapped school child was becoming apparent and a survey of such children was made in 1919 and the staff of medical officers was increased to ten and school nurses to eighteen. It then became the practice for routine inspections to be made of children when they entered school, when they left and in mid-school life.

1920–28.

In 1920 the first school dentist was appointed and routine medical inspections were extended to secondary schools. School clinics were set up to carry out some forms of treatment. The economic crisis which followed the First World War caused the medical inspectorate to be reduced to six to effect economies.

There was a growing awareness of the needs of the mentally handicapped child and a recommendation made in 1921 for the provision of a residential school for educationally subnormal children, although this was not implemented until 1954.

In spite of the economic difficulties in the twenties, steady progress was made. In 1923 the County Council arranged for the treatment of children for orthopaedic defects at the Prince of Wales Hospital, Cardiff. By 1925 there were thirty-three dental clinics with six dental surgeons on the staff, twenty-four refraction clinics and eight centres for the treatment of minor ailments.

1929–39.

In January 1929 the residential school for the blind was opened at Bridgend. This school has become famous for its good work in the education of blind children and has brought happiness into the lives of hundreds of pupils who have passed through its gates.

The Local Government Act 1929 made the County Council a hospital authority and it became possible for the clinic services to be supplemented by hospital services. Operations for orthopaedic defects were undertaken at Bridgend and Penrhiwtyn in addition to those at the Prince of Wales Hospital, and it became easier to arrange for the treatment of ear, nose and throat conditions. Alongside this progress there was an equal advance in the design of schools, and between 1924 and 1931 fourteen open-air type schools were constructed in the county and these well-designed buildings were a contributing factor to the improved physique of school children. The care of children of pre-school age was the responsibility of maternity and child welfare authorities who were district councils. School clinic premises were sometimes shared with maternity and child welfare committees, but it was not easy to persuade these authorities to make financial contributions so that younger children could receive attention at orthopaedic and refraction clinics. Clinics tended to be held in hired premises, but in the thirties purpose-designed school clinics were built at

Bridgend	.. ..	1931
Pontardawe	..	1935
Ogmore Vale	..	1937
and		
Tonyrefail	..	1939.

The economic depression deepened during the thirties and no new ventures were launched apart from the building of new clinics. There was concern about the nutritional state of school children and a number of surveys were made throughout the county to establish the facts and to enable free milk to be given to poor children who were undernourished. Schemes were later introduced for the general provision of milk in schools in the late thirties.

1939–45.

The school health service did sterling work during the second world war. The county was a reception area for children evacuated from more vulnerable areas and some of these evacuated children brought with them many health problems, thereby increasing the work to be done by the service although both its medical and dental staff had been depleted by war service. As was to be expected, there was an increase in the incidence of skin diseases, such as impetigo and scabies, but there was no significant increase in infestation of heads and bodies, thanks to the vigilance of the school nurses. The nutrition of school children in the county improved.

A small proportion of evacuees could not be billeted because of their maladjustment. Those who could not be returned to their parents were accommodated at the Lindens Hostel, Penarth, which was established by the Welsh Board of Health for difficult children and the Cardiff Child Guidance Clinic which was set up in 1942 dealt with both Glamorgan and evacuee children.

1946–48.

The Education Act 1944 brought under the direct control of the County Council all areas administered by those authorities who previously had responsibilities for elementary education including the Rhondda, which in addition had responsibilities for secondary education. This allowed for a unification of the school health services throughout the county. The Act also required the county authority to provide, free of cost, to parents all forms of treatment except domiciliary treatment for pupils attending maintained schools. The Act continued to place on local education authorities the responsibility for providing a public medical service for children of school age, clinics providing minor ailment facilities and specialist clinics providing advice and treatment for a wide range of conditions. The Education Authority services included remedial exercises, ultra-violet ray therapy, speech therapy, dental surgery and child guidance. Financial arrangements were made with voluntary hospitals for specialist and hospital services in addition to arrangements which had already been made with the county hospital. The Act also made provision for physically and mentally handicapped children who required special educational consideration, and ten categories of such children were listed. It became the statutory duty of the Education Authority to ascertain these children so that suitable arrangements for their education could be provided.

These comprehensive arrangements for the medical care of children were shortlived. In 1948 the National Health Service was introduced which provided free medical treatment for every man, woman and child in the country. Local authorities lost control of hospitals and specialist services, and the school medical service was placed back in the position which had obtained before the first world war, that is to say they ascertained children who had defects but they had no responsibilities for providing the treatment themselves. This was now undertaken by general practitioners or the hospital services.

School health authorities continued to have responsibilities for providing dental treatment, but their services were very much hampered because many dental officers chose to enter private practice which had become more remunerative. In the early years of the National Health Service many general dental practitioners were not eager to treat school children, with the result that there was a deterioration in the state of dental health among children.

The National Health Service Act, however, placed on the County Council responsibility for maternity and child welfare arrangements throughout the county, and it became possible to unify the administration of services for pre-school children and school children.

1948–

During the early years of the National Health Service the school health service encountered many difficulties because of the shortage of medical and dental staff. In 1950, nine whole-time and seven part-time dentists sought to provide a service for a school population of 120,000. Fewer medical inspections were undertaken than in the previous year, and the comment contained in the

annual report for that year was that it was a sad reflection that during the initial stages of the National Health Service children had suffered this check on their medical care.

In the following years, however, liaison between hospital and general practitioners and the school health service improved and it became possible for the school health service to concentrate its efforts on becoming a preventive service concerned with the health of school children.

During the fifties and sixties considerable progress was made in early identification of children with handicaps and in providing special educational facilities for them. The Lindens Hostel for maladjusted children was administered by the Health Department in February 1949 and in 1954 a special day unit for spastic children was opened at Neath which served its purpose until Erw'r Delyn residential school for physically handicapped children was opened in 1958. The Hendre, Monmouth, residential school for educationally subnormal boys was opened in January 1954, and a similar residential school for girls at Cefnglas, Bridgend, was opened in 1964. The first special day class for partially hearing children was provided at Hopkinstown in 1958 to be quickly followed by other day classes, and in 1960 a residential nursery school for deaf children was opened at Whitchurch.

These developments enabled many Glamorgan children who were being educated in special schools in England to attend schools nearer their homes. The Authority has been rightly cautious in its approach to special residential schools for handicapped children. As a general principle, no handicapped pupil should be sent to a special school who can be satisfactorily educated in an ordinary school, and, where a special school is necessary, a day school is preferable if it offers a satisfactory and practicable solution. A child with a handicap can cause his parents deep and confused feelings of disappointment or guilt. In some cases they may reject the child or on the other hand over-protect him and create a dependant attitude which can hamper healthy development. Residential schools are useful in training children to be self reliant, particularly if at home they would be pampered and over-protected. Boarding schools can however be misused by parents who, to varying degrees, have rejected their handicapped children, and a minority of these have even declined to care for their children during holidays. Such parents need skilled help.

There has been a considerable development in the provision of special classes or units for handicapped children attached to ordinary day schools. These classes are for children with partial hearing or maladjustment, and they enable children to live at home with their parents and be integrated with normal children attending ordinary schools.

In latter years there has been considerable emphasis on the earlier assessment of handicapped children. Where possible, these children are detected and assessed before they attain the age of two years. This work is officially the responsibility of the maternity and child welfare service, but happily the administration of the school health and maternity and child welfare services is unified since the same doctors and health visitors are employed to look after the welfare of the children.

Children of today are maturing earlier than they did sixty years ago. On average, boys complete their growth by 17 years of age, and in girls menstruation begins at about 13 years and in many girls begins even earlier. The earlier physical maturity of children, especially girls, brings with it difficulties of adolescence and presents schools and the school health service with challenging problems. There has been considerable growth in the development of health education in schools with more emphasis placed on preparation for parenthood. With the tendency towards earlier marriage, a substantial proportion of school children marry within four years of leaving school.

SCHOOL MEDICAL INSPECTION

Many of our procedures for the medical examination and supervision of children at school have remained basically unaltered since 1908 when the school health service was launched. It was then the duty of the school health authorities to medically examine all school entrants and, after the first world war, school leavers and children in middle school life as well. Since then the health of children has greatly improved and there are now freely available to them medical services provided by general practitioners, specialists and hospitals.

A danger of any organised service is to continue with practices and methods based on circumstances which no longer apply. In 1961 it was decided to dispense with the routine medical examination of children at the age of 8, and this year a working party of medical officers was appointed under the chairmanship of Dr. D. H. J. Williams, the Divisional Medical Officer for the Port Talbot and Glyncorrwg Health Division to review medical arrangements in the Glamorgan school health service and to make recommendations concerning priorities.

During 1968 the great majority of children were robust and healthy. The difference in physique between the poorer and well-to-do areas of the county continued to lessen. Under-nutrition in children which occupied the attention of the department so much in the thirties has ceased to be a problem, although the position of children in large families in low earning households is being watched. Of the 23,008 children seen at routine examinations, 45 (0·19 per cent) were of unsatisfactory physical condition, compared with 4·38 per cent in 1949. The assessment of satisfactory health is subjective, and this improvement in the past twenty years is only significant if standards remain unchanged. Forty-three of the 45 children of unsatisfactory condition came from one health division, and it would appear that the standards of the medical officer who examined these children differed from the standards of medical officers elsewhere.

The general improvements in the health of school children has enabled the school health service to give more attention to handicapped children.

Under Section 34 of the Education Act 1944 it is the duty of each local education authority to ascertain which children in their area require special educational treatment. A child may become handicapped as a result of illness or accident in early childhood, or as a result of an inherited or congenital defect. Recent developments in the field of therapeutic and preventive medicine have tended to reduce the residual defects of disease. Advances in many fields of medical knowledge have resulted in the survival of children with inherited defects who previously would have died in infancy. In consequence inherited defects are responsible for a greater proportion of handicapped pupils than in the past.

Severe physical and sensory handicaps can be detected early in a child's life and before the age of 2 when the Education Act places on parents an obligation to submit their children for examination by a medical officer for advice as to whether the child is suffering from a handicap. The full resources of the

Health Department are geared to the detection of handicapped children as early as possible so that appropriate medical care and educational treatment can be provided and the child given the best opportunities of developing his resources to the fullest extent.

The survival of more children with inherited defects places a responsibility on the Education Committee to ensure that they can take their place in society as they grow up. Many of these children suffer from severe disabilities and often from multiple handicaps. Those with severe or multiple handicaps may need to be sent to special schools where specially trained teachers and small classes meet their particular needs. Many children with less severe handicaps, however, can be educated at an ordinary primary school or at a special unit attached to day schools. No handicapped child is sent to a special residential school if he can be satisfactorily educated at a day school, and no child is sent to a special day school if he can be satisfactorily educated in an ordinary school.

Some children will have no obvious handicaps but will be slow in learning while at school. Examples of such children are those who are hard of hearing or with limited mental ability. Vision is tested on entry into school and hearing is tested at the age of six. Teaching staff are asked to look out for children who fail to make satisfactory progress or appear to have emotional difficulties so that they may be medically examined. Slowness in making progress in school may spring from many causes particularly since a growing number of children suffer from more than one disability.

There are partially hearing units at seventeen day schools and nine units for maladjusted children. As County Medical Officer it is my responsibility to ensure adequate co-ordination of services of handicapped children in all stages of their life. This means co-ordinating the medical, educational and social services provided by the various local authority departments and ensuring that the appropriate medical attention is being given by the hospital and general practitioner service.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE S.2

PERIODIC MEDICAL INSPECTIONS

(1) SUMMARY IN AGE GROUPS

Age groups inspected (by years of birth)	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED	
		Satisfactory	Unsatisfactory
(1)	(2)	No. (3)	No. (4)
1964 and later	2,834	2,828	6
1963	7,425	7,406	19
1962	3,203	3,190	13
1961	859	858	1
1960	409	408	1
1959	285	285	—
1958	232	232	—
1957	184	184	—
1956	138	138	—
1955	343	343	—
1954	3,490	3,490	—
1953 and earlier	3,606	3,601	5
Total	23,008	22,963	45
		Column 3 total as percentage of column 2. Total = 99·80	Column 4 total as percentage of column 2. Total = 0·2

TABLE S.2—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 ..	3,836	3,836	—
Caerphilly and Gelligaer ..	2,231	2,231	—
Mid-Glamorgan	4,067	4,067	—
Neath and District	2,025	2,025	—
Pontypridd and Llantrisant ..	1,913	1,870	43
Port Talbot and Glyncorrwg ..	2,140	2,140	—
South-East Glamorgan	3,361	3,361	—
West Glamorgan	2,687	2,685	2
Rhondda	748	748	—
Total	23,008	22,963	45

TABLE S.3—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)
1964 and later	25	255	268
1963	134	723	788
1962	67	365	412
1961	11	105	115
1960	4	38	40
1959	5	40	41
1958	7	25	30
1957	8	17	23
1956	3	9	12
1955	7	14	18
1954	155	181	295
1953 and earlier	180	210	343
Total	606	1,982	2,385

TABLE S.3—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	116	462	562
Caerphilly and Gelligaer	90	271	357
Mid-Glamorgan	57	140	195
Neath and District	21	152	173
Pontypridd and Llantrisant	34	295	267
Port Talbot and Glyncorrwg	119	191	198
South-East Glamorgan	140	213	346
West Glamorgan	29	237	266
Rhondda	—	21	21
Total	606	1,982	2,385

TABLE S.4
OTHER INSPECTIONS

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash	796	279	1,075
Caerphilly and Gelligaer	269	3,279	3,548
Mid-Glamorgan	1,675	2,167	3,842
Neath and District	73	277	350
Pontypridd and Llantrisant	393	754	1,147
Port Talbot and Glyncorrwg	637	1,034	1,671
South-East Glamorgan	697	595	1,292
West Glamorgan	640	676	1,316
Rhondda	378	151	529
Total	5,558	9,212	14,770

The following statistics give an indication of the work of the Department during the past ten years :—

TABLE S.5

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1958–68

	1958	1963	1967	1968
A. MEDICAL INSPECTION				
(i) Routine examinations ..	26,387	18,074	26,001	23,008
(ii) Special examinations	10,279	8,765	5,142	5,558
(iii) Re-examinations	11,338	9,775	9,725	9,212
Totals	48,022	36,614	40,868	37,778
B. DENTAL INSPECTION				
(i) No. of children inspected by school dentists	27,813	25,804	40,745	36,598
C. TREATMENT				
(i) No. of treatment centres ..	57	63	76	79
(ii) Attendances at school clinics :				
(*a*) Dental	46,548	45,092	47,653	44,281
(*b*) Refraction	11,436	9,160	8,349	8,216
(*c*) Orthopaedic	15,670	11,710	7,604	7,144
(*d*) Minor ailments ..	4,956	3,289	494	—
(*e*) Speech therapy	12,154	8,573	7,798	7,827
Totals	91,124	77,824	71,898	67,547
(iii) Treatment :				
(*a*) No. of teeth extracted ..	29,005	21,098	18,186	17,986
(*b*) No. of fillings	11,414	18,481	39,208	37,601
(*c*) No. of teeth filled ..	—	15,926	32 558	31,503
D. SCHOOL NURSES				
(i) No. of examinations of children at school for uncleanliness	274,131	217,736	183,763	154,238
(ii) No. of re-examinations ..	12,954	9,650	8,396	4,546
(iii) No. of visits paid to homes ..	12,203	8,030	7,723	5,809

INFESTATION WITH VERMIN

158,684 children were examined by school nurses and 4,060 children were found to have nits in their hair. 1·6 per cent of boys and 2·9 per cent of the girls were infested. 5,809 visits were made by nurses to the homes of parents to give advice on personal cleanliness. No cleansing notices under Section 54 of the Education Act 1944 were served.

Diseases of Skin

Ninety-four children at periodic medical inspections were noted as requiring treatment for skin disease. At special inspections thirty-three children were in need of treatment.

Table S.6

Children found to be suffering from Skin Diseases

Defect or Disease	Periodic Inspections				Special inspection
	Entrants	Leavers	Others	Total	
Skin—requiring treatment ..	59	24	11	94	33
requiring observation ..	434	137	25	596	91

Milk and Meals in School

73,850 pupils received midday meals at school on 30th September, 1968, of whom 16,467 (22 per cent) received free meals. The number of children receiving free meals amounted to 13 per cent of all the children who were in school on that day.

The proportion of children attending school who receive free meals indicates the level of poverty in the community. The economically deprived areas are Caerphilly and Gelligaer Division and Rhondda where 19 per cent of the school population receive free meals. The better-off areas are South-East Glamorgan and West Glamorgan Health Divisions where 10 per cent of the school population receive free meals.

Table S7 indicates the number of children being served with midday meals. It is gratifying to note that the number of children having meals has been increasing annually.

68,664 infant and junior pupils partook of milk on their selected day. This number amounted to 93 per cent of those in attendance. The supply of free milk to secondary school pupils has been discontinued because of the Government's economy measures and also because many older pupils did not take milk. Some grammar schools, however, have been selling milk to pupils from special dispensing cabinets.

Table S.7

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
1964 ..	117,213	60,645	52
1965 ..	117,773	66,066	56
1966 ..	123,490	72,088	58
1967 ..	119,534	71,423	60
1968 ..	120,253	73,850	61

Table S.8

Summary of Return made to the Department of Education and Science, 30th September, 1968

Health Division	No. of pupils present	No. of pupils taking meals	No. of pupils taking milk	Percentage of school population receiving meals	Percentage of school population receiving free meals
Aberdare and Mountain Ash ..	10,320	5,779	6,209	56	16
Caerphilly and Gelligaer ..	13,219	10,009	7,760	76	19
Mid-Glamorgan	18,756	13,773	10,748	73	13
Neath and District	9,781	6,389	5,650	65	12
Pontypridd and Llantrisant ..	13,165	7,671	7,334	58	14
Port Talbot and Glyncorrwg ..	11,584	5,629	6,308	49	12
South-East Glamorgan	17,625	10,792	9,805	61	10
West Glamorgan	10,205	7,960	5,579	78	10
Rhondda	15,049	5,299	8,826	35	19
Special schools and Ogmore School Camp	529	529	445	—	—
Totals	120,253	73,850	68,664	61	13

VISUAL DEFECTS

Failure to make progress in school can result from defective vision which has not been detected. The vision of children is tested on entry to school, also at the age of 8 and at 12 years. The children's sight is also tested when they leave school. In 1968 at periodic medical inspections 606 children were found to require treatment for defective vision, excluding squint. 233 of these were entrants and 842 leavers. 142 children were found with squint requiring treatment, of whom 116 were entrants. It is important that every child suspected of having a squint should be examined by an ophthalmologist without delay.

TABLE S.9

CHILDREN FOUND TO BE SUFFERING FROM VISUAL DEFECTS

Defect or Disease	Periodic Inspections				Special Inspections
	Entrants	Leavers	Others	Total	
Eyes : Vision—requiring treatment ..	233	342	31	606	112
requiring observation ..	427	289	50	766	138
Squint—requiring treatment ..	116	9	17	142	32
requiring observation	232	43	25	300	63
Other—requiring treatment ..	16	7	6	29	14
requiring observation	76	46	11	133	22

Of the 6,101 children seen at clinics for eye diseases, defective vision and squint, 2,038 were prescribed with spectacles mainly by medical officers appointed on a sessional basis because they have special experience in this work.

The number of medical staff who were able to deal with ophthalmic work is very limited. Whereas in the past most of the whole-time medical officers were refractionists at the present time only two undertake this work. They are supported by nine medical practitioners who undertake sessional work. The Authority have made representations to the Department of Education and Science for the use of the National Health Service (Supplementary Ophthalmic Services) Regulations 1948 so that authorities may engage ophthalmic opticians.

COLOUR VISION

In all health divisions (excepting Rhondda Borough) surveys were undertaken for colour blindness in boys. 4,144 boys were examined and 235 were found to be colour blind, that is, 5·66 per cent.

BLIND AND PARTIALLY SIGHTED CHILDREN

The County Education Committee established in 1929 a school for blind and partially sighted children at Bridgend, now known as Ysgol Penybont. Until 1952 all children in these categories were resident but now day pupils

are also admitted if they live near. There are no special classes in the county attached to ordinary day schools where partially sighted children receive education. The incidence of blindness is too low for such classes except in highly urbanised areas. Ysgol Penybont however, provides day school education to children living in the Bridgend area, Cardiff and Swansea have special day classes and two Glamorgan children attend the Swansea special class.

Children who are blind or severely partially sighted are usually diagnosed at child welfare clinics before they are old enough to attend school, but the less severely partially sighted children may not be detected until they are medically examined on entering school. If this examination is missed, the defect may not be noticed in the infant school because the children read large print, but further screening at the age of eight will detect such a child when a decision will need to be made as to whether he requires special education as a partially sighted pupil, or whether he can cope in an ordinary school.

Children found to be blind or partially sighted are referred to an ophthamologist and if special educational treatment is considered necessary 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 since her retirement. The children are examined for additional handicaps and may be referred to one of the psychologists if there are emotional or educational retardation problems. Before a recommendation is made as to whether the child should receive special educational treatment, a panel of officers examines all the medical, social, and educational reports and consults the parent.

In the light of the recommendation made by the panel of experts, the Education Authority decide whether the child should go to Ysgol Penybont as a blind or partially sighted pupil, or if there are multiple handicaps, including partial sightedness, whether the child should go to Ysgol Erw'r Delyn, Penarth, which deals with multiple handicaps. The age at which a child enters school is also important. It is right that a child should remain with his parents as long as possible, but where the parents are over-protective the child might become more self-reliant in a boarding school.

Two children under eight were admitted to the Sunshine Nursery School at Southerndown.

At the end of the year, 27 boys and 8 girls who were partially sighted were receiving special education :—

TABLE S.10

PARTIALLY SIGHTED PUPILS RECEIVING SPECIAL EDUCATION

	Day Pupils		Residential Pupils	
	Boys	Girls	Boys	Girls
St. Helen's Day School, Swansea	2	–	–	–
Glamorgan Residential School	3	1	18	–
Royal College, Worcester	–	–	1	–
Queen Alexander College, Birmingham ..	–	–	1	–
Sunshine Home, Southerndown	–	–	1	–
Chorleywood College, Herts.	–	–	–	1

In addition, 14 boys and 13 girls who were blind received special education as indicated in the undermentioned table :—

TABLE S.11

BLIND PUPILS RECEIVING SPECIAL EDUCATION

	Day Pupils		Residential Pupils	
	Boys	Girls	Boys	Girls
Glamorgan Residential School	–	1	8	10
Royal College, Worcester	–	–	1	–
Royal Normal, Shrewsbury	–	–	3	3
Sunshine Home, Southerndown	–	–	1	–

It will be noted that one blind child and six partially sighted children were educated as day pupils.

Ysgol Penybont does not provide grammar school facilities although partially sighted children who can benefit from this type of education attend the local grammar school. Other children requiring an advanced form of education attend special residential schools in England.

WELFARE

Attached to Ysgol Penybont is a senior health visitor who deals with problems which originate in the child's home. The health visitor undertakes similar duties at Ysgol Erw'r Delyn which deals with physically handicapped. She visits the parents of visually handicapped children attending the school.

The Health Department is responsible for co-ordinating services for handicapped children throughout their school life. Health visitors are responsible for the welfare of named children and they liaise with the senior health visitor who is attached to Ysgol Penybont. Social welfare officers of the Welfare Services Department also visit parents' homes during the school holidays.

Fourteen of the fifty-seven Glamorgan children attending Ysgol Penybont have secondary handicaps and one has a multiple handicap. Nine suffer from epilepsy, four are educationally subnormal and one has partial hearing. The child with multiple handicaps is epileptic, has partial hearing and is maladjusted.

Defective Hearing

At periodic medical inspections 241 children were found to require treatment for ear conditions and, of these 168 were for deafness and fifty-six for middle ear infections. School entrants accounted for 110 children with hearing defects and forty-one for middle ear infections. 309 children required treatment for nose and throat defects of whom 226 were entrants.

Table S.12

Pupils Found to be Suffering from Defects of the Ear

Defect or Disease	Periodic Inspections				Special Inspections
	Entrants	Leavers	Others	Total	
Ears : Hearing—requiring treatment ..	110	38	20	168	117
requiring observation ..	317	89	34	440	778
Otitis Media—requiring treatment	41	3	12	56	28
requiring observation	347	42	20	409	68
Other—requiring treatment ..	13	1	3	17	14
requiring observation ..	41	5	2	48	34
Nose and Throat—requiring treatment ..	226	39	44	309	197
requiring observation	1,658	170	92	1,920	340

152 children were known to have received operative treatment for diseases of the ear, 1,158 for tonsils and adenoids and seventy-nine for other nose and throat conditions. 163 children received other forms of treatment, making a total of 1,552 children.

Thirty-one school children were provided with hearing aids and 114 children had been provided with aids in previous years.

Ascertainment of Children with Defective Hearing

Health visitors screen all children for hearing loss before they are a year old and certainly before 18 months. Children who are considered to be at risk of handicapping conditions are specially examined by medical officers, together with those referred by health visitors from their screening tests and from mothers

who are unhappy about their child's hearing. The aim is to detect hearing defects before the child is 2 years old. The children are then seen at a hearing assessment clinic and if need be at the Ear, Nose and Throat Hospital, Ely, Cardiff, or by specialists at other hospitals. The younger deaf and partially hearing children may be admitted to the Glamorgan Nursery School for Deaf Children who provide education from the age of two until seven.

Children are again examined on entry to school and most health divisions undetake an audiometric screening test of six year old children, but where this is not done as a routine, children of varying ages who have been referred for examination by head teachers, the peripatetic teacher for the deaf and school nurses, are tested.

108 boys and 86 girls attend seventeen classes attached to ordinary schools giving special education for children with partial hearing. Ten of the classes are for primary school children and seven for secondary school children. Seven of the ten primary school classes provide infant school education.

In addition to the special classes provided by the Authority, children also attend the Whitchurch Nursery School and residential schools outside the county, as the following table shows :—

TABLE S13

EDUCATION OF DEAF CHILDREN

Name of School	Boys	Girls
Day Provision other than at Special Classes		
Whitchurch Nursery	–	1
Boarding Provision		
Whitchurch Nursery	4	8
Llandrindod Wells	5	7
Burwood Park, Walton on Thames ..	1	–
Total	10	15

TABLE S14

EDUCATION OF PARTIAL HEARING CHILDREN

Name of School	Boys	Girls
Boarding Provision		
Whitchurch Nursery	2	3
Llandrindod Wells	1	2
Mary Hare Grammar School, Berks. ..	4	2
Total	7	7

Physically Handicapped and Delicate Children

During the past thirty years there have been remarkable changes in the incidence and causative factors giving rise to crippling in children. Modern medical science has undoubtedly saved the lives of many with severe handicaps who might otherwise have died, for example about half the children born with spina bifida will survive if they receive operative treatment very early in life but many may remain severely crippled.

The infectious diseases which caused physical handicaps such as tuberculosis and poliomyelitis are fast declining or have been eradicated as has also heart disease due to rheumatism. Rheumatic fever among children, common 30 years ago, was the result of infection, poverty, aggravated by poor, damp and overcrowded housing, malnutrition, etc. The disabilities suffered by children nowadays tend to be congenital or hereditary such as cerebral palsy (spastic), defects of the heart, spina bifida, and haemophilia.

South Wales is thought to have the highest incidence of spina bifida in the world. In Western Europe the condition affects 1 per 1,000 births and in the United Kingdom 2 per 1,000 births, but in South Wales it affects 4 per 1,000 births and in some localities this incidence is even higher. Dr. K. M. Laurence of Llandough Hospital has been undertaking research to try to find out the influences causing this abnormality and a report of his work is given on p. 13.

Spina bifida predominantly affects the less well to do and its high incidence in South Wales may be the result of the effects of prolonged industrial depression, but painstaking research into this problem has not yet found anything conclusive to explain this increased incidence in Wales.

A unit for the treatment and care of spina bifida children was opened in May 1967 at the Cardiff Royal Infirmary. This has beds for ten children and allows babies to be cared for in a sterile environment. Special treatment for this kind of child had taken place at the Infirmary during the previous two years but without such specialised facilities. Treatment consists of an operation to close the lesion over the spinal cord, as soon as possible after birth, normally within 12 hours.

County midwives have received instructions on how to prepare spina bifida babies born in the eastern half of the county for conveyance to Cardiff Royal Infirmary and to Morriston Hospital in the west.

The Authority is fully aware of the need for preparing plans to provide appropriate educational treatment for the growing number of spina bifida children who are likely to survive. They will not all need boarding education despite the complications of the handicaps which these children have to struggle against, such as incontinence and difficulty or inability in walking, together with varying degrees of mental handicap. Many modern schools are built on one floor and have no steps so that children could attend them even though they spend most of the time in wheel chairs or calipers. In the mining valleys, however, most schools have many steps and it would be quite impossible for these children to attend them. Incontinence is a more serious difficulty since frequent attention has to be given and the child concerned could become

emotionally disturbed by being the only incontinent child in the class. Where there are difficulties of a serious nature it is necessary for the children to attend Ysgol Erw'r Delyn, The Glamorgan School for Physically Handicapped Pupils, Penarth. Consideration is also given to the provision of special day classes attached to suitable ordinary schools in certain areas.

The resources of the Health Department are now being fully geared to cope with the considerable problems presented by handicapped children, both physical and mental. Early and accurate indentification of these children from birth onward is vital. Those children with hereditary abnormalities detected at birth are notified by the midwife or hospital service on the birth notification card and health visitors and medical officers also look out for handicaps which make themselves apparent later in life, indeed, assessment of handicap is a continuing process. There is a closely integrated team of experts from the Health and Education Departments, doctors, psychologists and teachers who review the medical and educational needs of the child with the parents and finally make recommendations as to the most suitable type of employment after leaving school.

The following table indicates the physically handicapped and delicate children in the administrative county attending day and residential schools :—

TABLE S15

PHYSICALLY HANDICAPPED CHILDREN AT SPECIAL SCHOOLS

School	Boys	Girls
Day Pupils		
Ysgol Erw'r Delyn, Penarth	10	7
Greenhill House, Cardiff	–	1
Total	10	8
Boarders		
Ysgol Erw'r Delyn, Penarth	42	22
Florence Treloar, Hants.	–	2
Halliworth, London	–	1
Penhurst, Oxford	1	–
Total	43	25

Twenty-three boys and twenty-one girls who are physically handicapped received home tuition and one physically handicapped boy was educated in hospital. In addition, six boys and three girls who were delicate received home tuition and one delicate boy received tuition at hospital.

TABLE S16

DELICATE CHILDREN AT SPECIAL SCHOOLS

School	Boys	Girls
Day Pupils		
Grange, Swansea	1	1
Borders		
Mounton House, Chepstow	7	1

TABLE S17

HOSPITALS PROVIDING EDUCATIONAL FACILITIES FOR CHILDREN

Position in January 1969

Hospital	Delicate children		Physically handicapped children		Children other than handicapped children	
	Boys	Girls	Boys	Girls	Boys	Girls
Llandough	1	–	1	–	21	10
Sully	1	–	–	–	7	3
East Glamorgan ..	–	–	–	–	4	7
Tonna	–	–	–	–	6	–

ORTHOPAEDIC AND POSTURAL DEFECTS

3,486 children were treated for orthopaedic and postural defects, 3,381 at clinics and 105 at school.

At periodic medical inspections, fifty-one children were in need of treatment for posture, 401 for foot defects and 157 for other orthopaedic defects.

TABLE S18

ORTHOPAEDIC DEFECTS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Orthopaedic—Posture	T	27	21	3	51	6
	O	111	59	8	178	24
Feet	T	287	49	65	401	31
	O	547	90	36	673	61
Other	T	117	25	15	157	90
	O	476	94	31	601	117

T = Requiring Treatment O = Requiring Observation

Developmental Defects

The following developmental defects were found at periodic and special inspections :—

Table S19

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Developmental—Hernia ..	T	19	3	3	25	4
	O	63	3	—	66	13
Other ..	T	86	11	9	106	61
	O	394	55	27	476	243

T = Requiring Treatment O = Requiring Observation

Other Defects Found by Periodical and Medical Inspections, 1969

Fifty-nine school entrants required treatment for heart conditions and 496 entrants required to be placed under observation for this condition.

Table S20

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Lymphatic Glands	T	59	7	2	68	20
	O	755	53	23	831	70
Heart	T	59	23	9	91	55
	O	496	172	46	714	187
Lungs	T	15	9	6	30	32
	O	466	95	38	599	150
Abdomen	T	20	7	2	29	14
	O	120	20	12	152	47
Other	T	38	63	26	127	55
	O	189	79	31	299	124

T = Requiring Treatment O = Requiring Observation

Other Treatments Given

The undermentioned table indicates the number of children known to have been treated for minor ailments and other diseases. Information about eye diseases, defective vision and squint and defects of ear, nose and throat, orthopaedic and postural defects, diseases of the skin, child guidance, speech therapy are given elsewhere in the Report. 6,248 children received B.C.G. vaccinations.

TABLE S21

OTHER TREATMENT GIVEN

		Number known to have been treated
(*a*) Pupils with minor ailments		32
(*b*) Pupils who received convalescent treatment under school health service arrangements		1
(*c*) Pupils who received B.C.G. vaccination		6,248
(*d*) Others, viz. :	Respiratory	80
	Digestive	125
	Circulatory	49
	Genito Urinary	127
	Accidents and Injuries	122
	Appendix	13
	Infections	69
	Others	236
	Total	7,102

Ysgol "Erw'r Delyn", Glamorgan School for Physically Handicapped Pupils, Penarth

I am very much indebted to Mr. J. Garrett, Headmaster of Ysgol "Erw'r Delyn", for the following report on the pupils who were admitted to his school during the first ten years :—

1. *Pupils*

312 pupils have been admitted to this School since it opened in September 1958. There are 132 pupils in school at present and 180 pupils who have left.

2. The present pupils are drawn from the following local authorities in South Wales and Monmouthshire :—

TABLE S22

Glamorgan	81	Merthyr	1	Pembroke	1
Monmouth	27	Carmarthen	3	Cardigan	1
Brecon	6	Newport	4	Radnor	1
Cardiff	5	Swansea	2		

Total = 132 pupils

3. (*a*) The pupils suffer from the following handicapping conditions :—

TABLE S23

Physical Handicap	Past Pupils			Present Pupils			Combined Total			% (app.)
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Cerebral Palsy ..	40	34	74	31	23	54	71	57	128	41
Spina Bifida ..	7	5	12	18	14	32	25	19	44	14
Muscular Dystrophy	18	2	20	12	2	14	30	4	34	11
Congenital Deformities and Bone Disease	9	1	10	7	5	12	16	6	22	7
Post-Poliomyelitis ..	9	10	19	4	–	4	13	10	23	7
Heart and Chest conditions	9	6	15	7	1	8	16	7	23	7
Miscellaneous ..	20	10	30	6	2	8	26	12	38	12
	112	68	180	85	47	132	197	115	312	100

(*b*) Table S30 shows the annual rate of admissions to the School according to handicap.

(*c*) *Average Annual Admissions.* Since 1960 an average of between twenty-two and twenty-three pupils have been admitted every year :—

TABLE S24

9 Spastics
4 Spina Bifidas
3 Muscular Dystrophies
2 Congenital bone deformities
2 Post-Polio cases
2/3 Miscellaneous groups

There have been no post-polio cases admitted since 1964 and no heart cases since 1962. The anticipated rise in pupils with spina bifida was not seen in 1967 and 1968 and at the time of writing (May 1969) there is only one child suffering from spina bifida awaiting admission.

4. *Degree of Disability of Pupils*

As can be seen from the following table, of the total pupils passing through the School, 198 (64 per cent) were wheelchair cases with varying degrees of mobility. 54 per cent of the old scholars were wheelchair cases, whilst 77 per cent of the present pupils are wheelchair cases :—

TABLE S25

	Past pupils	Percentage	Present pupils	Percentage	Total	Percentage
Ambulant	83	46	31	23	114	36
Level ambulant	3	2	15	11	18	6
Level ambulant wheelchair	19	10	18	14	37	12
Independent wheelchair	25	16	34	26	62	20
Accompanied chairbound	33	18	22	17	55	18
Powered wheelchair ..	14	8	12	9	26	8
Total	180	100	132	100	312	100

Definition of Terms Used

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

Ambulant .. .. .. able to move about the School without the use of any aids

Level Ambulant non-wheelchair user can move about School on the level without the use of any aids but find difficulty in negotiating steps and slopes

Level Ambulant wheelchair user needs a wheelchair usually to get about the School buildings and grounds but can get around the dining room and classrooms with aids to give support and balance

Independent Chairbound .. needs a wheelchair at all times and can get around the School buildings and grounds freely without help. Usually needs some help to transfer from wheelchair to dining chair, desk, floor or bed.

Accompanied Chairbound unable to propel wheelchair any distance and needs considerable help when dressing, using toilet, preparing for bed, etc.

5. *Estimate of Educability of the Pupils*

Physically handicapped children in school tend to have more learning difficulties than ordinary able-bodied children. These are caused by a variety of reasons—periods in hospital, absence from school, damage to the central nervous system, etc.—and it is of interest to see from the following table the spread of educability grades in this School :—

TABLE S26

	Past pupils	Percentage	Present pupils	Percentage	Total	Percentage
Low Grade E.S.N. ..	39	22	17	13	56	18
E.S.N.	47	26	44	34	91	29
Backward	40	22	36	27	76	24
Average	48	27	32	24	80	26
Above average	6	3	3	2	9	3
Total ..	180	100	132	100	312	100

Definition of Terms Used :—

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

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

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

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

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

6. *Placement of Old Scholars*

(*a*) Considerable efforts have been made to transfer pupils back to the ordinary schools where possible, and also to place our old scholars in employment, and the results of these efforts can be seen in the following table.

The Welfare Services Department have provided a hostel to house Glamorgan old scholars who are unable to find work and at present three girls and four boys have taken advantage of this provision. However, there are still many old scholars who have returned to their homes and who are looking for some opportunity to work, even at a simple level :—

TABLE S27

	Boys	Girls	Total		Percentage	
A. In employment	26	15	41			
Remploy	2	1	3	49	27	
Government sponsored training centres	2	3	5			46
B. Ordinary schools	12	5	17			
Grammar schools for physically handicapped children	1	2	3	35	19	
Special schools and classes ..	7	8	15			
C. Ministry of Health Training centres	13	11	24	24	13	13
D. Local authority welfare services hostel	9	3	12			
Spastic Society work centres and hostels	3	4	7	20	12	12
Cheshire Homes	1	—	1			
E. At home	18	10	28	28	16	16
F. Deceased	18	6	24	24	13	13
Total	112	68	180			

(*b*) Since 1960 there have been 180 pupils taken off roll ; twenty pupils on average have been taken off roll each year. Twelve of these reached school leaving age ; they were placed as follows (approximate averages) :—

TABLE S28

6 to suitable employment
3 to home
2 to Spastic Society homes or local authority institutions
1 to an adult training centre

The remaining 8 left the School before reaching school leaving age :—

TABLE S29

4 transferred to other schools (2 to ordinary, 2 to special)
1 to junior training centre
3 died

Table S30

Annual Pupil Admissions and Handicaps

Handicaps and Year of Admission

	1958			1959			1960			1961			1962			1963			1964			1965			1966			1967			1968			Total over 10 years			%
	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	
Cerebral Palsy	15	12	27	11	7	18	6	3	9	5	4	9	4	3	7	5	6	11	7	6	13	3	2	5	3	3	6	4	3	7	8	6	14	71	55	126	42
Spina Bifida	–	2	2	2	1	3	–	1	1	3	2	5	1	1	2	1	–	1	4	2	6	2	3	5	2	1	3	4	3	7	4	2	6	23	18	41	14
Muscular Dystrophy	2	–	2	5	–	5	4	–	4	1	1	2	2	–	2	1	–	1	4	1	5	5	–	5	1	1	2	–	–	–	4	1	5	29	4	33	11
Poliomyelitis..	6	5	11	1	3	4	4	1	5	–	1	1	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	13	10	23	8
Congenital Deformities and Bone Disease	1	–	1	2	–	2	3	–	3	1	–	1	–	1	1	1	1	2	2	–	2	1	2	3	–	1	1	3	–	3	1	1	2	15	6	21	7
Asthma	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	1	–	1	4	–	4	–	1	1	1	–	1	3	–	3	1	–	1	12	1	13	4
Heart	–	1	1	1	1	2	–	2	2	–	1	1	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	6	8	2½
Accidents	–	–	–	2	–	2	–	–	–	–	–	–	2	–	2	–	1	1	1	–	1	–	–	–	–	1	1	1	–	1	–	–	–	6	2	8	2½
Hydrocephalus	1	–	1	2	–	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	5	1	6	2
Minor handicaps:																																				
Epilepsy	–	1	1	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	13	4	
Post Meningitis	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–				
Fr. Ataxia	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–				
Tumour..	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	–	–				
Paraplegic	–	–	–	–	1	1	–	–	–	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–				
Glandular	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	11	4	15	7
Blind	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–				
Torsion Spasm	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–				
Coeliac	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–				
Diabetic	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–				
Ehlers Danlos Syndrome ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–				
Total admission for the year ..			47			46			26			22			18			18			34			22			15			23			28			298	

Children With Learning Difficulties

Educationally Subnormal Children

Educationally subnormal children are the slow learners. They have difficulty in keeping pace with their contemporaries in the primary school and their disabilities often become more obvious after they leave the infants' department. The slow learners usually have intelligence quotients ranging from 70 to 85 although children with higher intelligence may also be slow learners where there is emotional upset or where they belong to families who are socially and educationally deprived. About 10 to 15 per cent of a primary school population are educationally retarded.

In tackling this problem it is convenient to distinguish between :—

(*a*) slow learners who have below average intelligence ;

(*b*) children of average or above average intelligence who are educationally retarded for other reasons.

The Plowden Report "Children and their Primary Schools" and the Gitten's Report "Primary Education in Wales" stress that the effect of handicaps and difficulties in learning can be fully decided only in the context of the child's whole history of development and background. Although intelligence has a genetic basis, it is also affected by environment and the child's early experiences. Slow learners tend to come from families with a poor educational background or large or broken families where the home lacks intellectual stimulus or opportunity for imaginative play. Language is often poorly developed in these impoverished homes. Children from homes with poor mother–child relationships or from families under emotional pressure may become slow learners because of the emotional difficulties. It is in the first three years of a child's life, that is, before the child attends school, that the foundations of learning are laid.

There are other children with more severe mental handicaps.

Children with intelligence quotients of between 55 and 70 are unlikely to benefit from education at ordinary day schools but can do reasonably well when educated at special day schools or, if it is in their interest to do so, at special boarding schools. Children whose intelligence quotients are between 40 and 55 rarely profit from education at school but if there is doubt they attend for a trial period. These children, however, are trainable and attend junior training centres managed by the Health Committee.

Table S31

Educationally Subnormal Pupils Attending Special Day Schools

School	Boys	Girls
Ysgol Maes Dyfan, Barry ..	44	23
Ysgol Maesgwyn, Aberdare ..	47	35
Total	91	58

In addition there are a large number of slow learners attending fifty-one special classes forming part of forty-one ordinary day schools and four observation units.

TABLE S32

EDUCATIONALLY SUBNORMAL PUPILS ATTENDING BOARDING SCHOOLS

	Boys	Girls
Ysgol Hendre	67	—
Ysgol Cefn Glas	—	65
Pontville Roman Catholic, Lancs.	2	—
Total	69	65

MALADJUSTED CHILDREN

Maladjusted children are often insecure and unhappy and as a result they are also unable to make satisfactory personal relationships and progress in school. The degree of disturbance in the children can vary considerably since maladjustment is a term covering a wide range of abnormal behaviours. When these conditions are excessive and abnormal and prevent a child from living a normal life, then he is in need of skilled help.

Medical officers and health visitors are well equipped to detect abnormalities in development in early childhood where many behaviour difficulties have their roots. The medical and health visiting staff give support and guidance to parents during these early years and they also confer with headteachers when these children attend school so that they may be aware of the children's special needs. Where the symptoms of maladjustment continue to be troublesome the help of the school psychological service or school medical service is sought, depending on the degree or kind of maladjustment. In addition children are referred to the child guidance clinic where the child psychiatrist leads a team of psychologists and social workers.

The Authority has a boarding hostel for maladjusted children, "The Lindens", Penarth, together with nine classes for such children, one of which is held at "The Lindens".

These children are taught in a relaxed atmosphere away from ordinary schools where they learn gradually to develop confidence and trust in other people. This build-up of confidence is essential and once this has been established the children can succeed in personal relationships, trust their teacher and benefit from education. In addition to the special classes some maladjusted children attend special boarding schools. Often the degree of maladjustment is due to poor parent–child relationship or an abnormal behaviour which makes it advisable to remove the child from home surroundings.

Table S33

Maladjusted Pupils

A. Attending Special Day Classes as Full-time Pupils

Name of Class	Boys	Girls	Age range
Old Boys Grammar School, Aberdare	7	2	7–12
Maesglas, Ystrad Mynach	7	4	10–14
Ty Morfa, Bridgend	6	6	7–15
Child Guidance Clinic, Neath	8	4	7–14
Pontsionnorton, Pontypridd	14	2	6–15
Margam House, Port Talbot	11	1	8–14
Cadoxton House, Barry	13	6	8–15
Penygraig Junior School	6	3	6–14
The Lindens, Penarth	15	3	8–14
Total	87	31	

B. Attending Special Day Classes as Part-time Pupils

Name of Class	Boys	Girls	Age range
Margam House, Port Talbot	9	—	8–14
Penygraig Junior School	5	—	6–14
Total	14	—	

C. Resident at a Hostel

	Boys	Girls
The Lindens, Penarth	17	3

(*Note*.—Two boys at the hostel attend at an ordinary day school. The other children attend the adjustment class at the hostel.)

D. Pupils at Special Residential Schools

Name of School	Boys	Girls
Edith Edwards, Surrey	1	–
Badenham Manor, Hereford ..	1	–
Besford Court, Worcester	1	–
Boxmoor House, Hertfordshire ..	1	–
Camphill, Aberdeen	1	–
Heanton, Devon	2	–
St. Christophers, Bristol	1	–
Wessington Court, Hereford	2	–
Total	10	–

Psychological Defects

At special inspections, where the children are referred for examination by teachers, health visitors, parents and others, ninety-three children required treatment for developmental psychological defects and forty-one required treatment for stability.

TABLE S34

CHILDREN FOUND TO HAVE PSYCHOLOGICAL DEFECTS

Defect or Disease		Entrants	Leavers	Others	Total	Special Inspections
Psychological—Development ..	T	10	—	2	12	93
	O	103	3	14	120	120
Stability ..	T	4	—	4	8	41
	O	114	8	16	138	55

T = Requiring Treatment O = Requiring Observation

CHILD GUIDANCE SERVICE

The child guidance service is headed by Dr. K. W. Aron, the Consultant Child Psychiatrist and I am grateful to him for the following report :—

"As in previous years the work of the Glamorgan Child Guidance Clinics is published separately as a detailed annual report by the Consultant Child Psychiatrist, and considerations of space only allow some of the more important developments to be referred to here.

"In the matter of *accommodation* work commenced on the project of making available a larger room for diagnostic purposes on the ground floor of the Neath Clinic instead of the first-floor room which had hitherto been used and which was far too small ; since the close of the period under review this has been completed. Remaining problems in this sphere at the Neath Clinic are those already reported in previous annual reports concerning the small size and general unsuitability of the dry and wet playrooms respectively, and the lack of an inter-communicating door between them. Plans for remedying these defects by making available other rooms on the first floor have not yet been implemented owing to the fact that the latter have not yet been vacated.

As previously, the worst situation with regard to accommodation continues to prevail in Aberdare and there has been no change in this at all since last year.

At Pontypridd the position if anything has deteriorated from the accommodation point of view as a second adjustment class has had to be accommodated ; this has actually involved sharing the use of a room previously available for play-therapy purposes. This is a highly unsatisfactory state of affairs and unfair on both the adjustment class

teacher, the children, and the psychiatrists as it involved completely re-arranging the room after each type of session. The fact that owing to the cramped conditions in this clinic there is no separate interviewing room available for the use of a social worker (the one originally allocated for this purpose having had to be converted into a combined dining room-cum-classroom for the adjustment class) has already been commented upon in previous reports. During the year under review there were discussions about the provision of alternative accommodation for the Child Guidance Service in the Pontypridd area and these are still continuing at the time of writing.

In the Rhondda we have had throughout the period under review the use of the improved facilities at the Carnegie Clinic, Trealaw. They are still somewhat inadequate in that the present premises involve a splitting of the rooms between the ground floor suite and a basement with only an outside communicating stairway between the two. Here again the possibility of better accommodation within this building has been under consideration during the present year.

As regards *medical staff* the position improved somewhat in 1968 in so far as three part-time clinical assistants were appointed (two of them with previous child guidance experience). Dr. R. R. Dearden has been doing two weekly sessions at Neath, Dr. P. Jones two similar ones at Pontypridd and Dr. H. Morgan at Bridgend, Rhondda, and Aberdare respectively. The establishment of junior staff in this form means that only seven sessions are covered *in toto* as compared with the eleven sessions of a full-time Registrar which were available until May 1967. Unfortunately the hospital service in this as in all other fields is having increasing difficulty in recruiting Registrars. The subject of senior medical staff is discussed below.

As regards *Psychologists* the appointment of a further one in the Port Talbot Division (Mr. P. Branston), which became effective in September 1968, enabled Mr. K. Mascetti, who had been covering both the Port Talbot and Neath Division, to concentrate on the latter.

Although we now have three *Social Workers* the extent of the social case work required in a service such as this, as well as the amount of travelling which their work involves, makes this by no means a generous establishment and they are indeed fully stretched. Moreover, an increasing amount of their time is also being given to the important work of supervising social work students seconded to this clinic (see below). While this is in every way a desirable development it has constituted a further demand on their time.

The Social Workers have also played a considerable part in maintaining liaison with staff of "The Lindens" Unit for Maladjusted Children where they attend regular conferences dealing with the children resident there and the problems affecting their families with most of whom they do regular casework prior to admission, during treatment and after discharge.

The post of Play Therapist was advertised following the departure of Mr. D. H. Lewis in May to take up the appointment of Senior Clinical Psychologist at Cefn Coed Hospital but it was not possible to fill the vacancy.

Regular case conferences dealing with the work of each clinic have continued to be a feature of our work. These are attended by all the members of our child guidance team as well as the adjustment class teachers. Members of other educational, social and medical agencies involved with particular children attend on an *ad hoc* basis and may do so at their or our request.

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 by me here on several 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 once again the hope that the decision would be implemented during 1968 did not materialise ; nevertheless, it should not be forgotten that the estimates of the needs of the area made at the time of the Platt Review 1962 (which are still far from having been met) 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, there has been no sign of the implementation of the establishment of a Senior Registrar which was also envisaged and approved in the outcome of that review. Once again it should be stressed how serious the situation is and how necessary immediate and urgent action, a fact which will be evident not only from these considerations but also when it is borne in mind that the area in Glamorgan thus inadequately served in terms of proper child psychiatry facilities contains more than one-third of the population of Wales.

Much of the work of the clinic is now concerned with the training of students in the various professions involved in child guidance and related fields. During the year under review I again conducted lecture-seminars for postgraduate students in Psychiatry in connection with the tutorial course run by the Department of Extramural Studies, University College, Cardiff. As in previous years postgraduate students have also attended the Tynygarn Clinic with a view to gaining practical experience of child guidance work in connection with their preparation for the D.P.M. examination. Undergraduate students and those training for qualifications in educational psychology have worked with the Authority's Educational Psychologists and have assessed cases under supervision and participated in case conferences. Miss Workman, P.S.W., has supervised the fieldwork of students for the Child Care Course and the other two Social Workers, Miss

Evans and Miss Bulley, have done similar work with those studying for the Certificate in Social Work.

Approved School Cases

The number of interviews with such cases during the period under review was forty-eight. The monthly conference with the Headmaster and staff about all cases seen continues to be regarded as an important aspect of this work by all concerned.

Interviews with Children other than at Clinic or Approved School.

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

Statistical Data

Table S35

Number of Cases Referred During the Period Under Review

Clinic	Boys	Girls	Total
Tynygarn	46	36	82
Neath	63	23	86
Rhondda	12	9	21
Aberdare	11	9	20
Pontypridd	40	20	60
Total ..	172	97	269

Table S36

Number of Cases Discharged During the Period under Review

Clinic	Boys	Girls	Total
Tynygarn	12	11	23
Neath	23	12	35
Rhondda	5	5	10
Aberdare	4	4	8
Pontypridd	22	4	26
Total ..	66	36	102

Table S35 includes of course, both cases originally referred during the present period as well as others carried over from previous years and discharged during the period under review.

TABLE S.37

SOURCES OF REFERRAL

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
General practitioners ..	24	19	8	2	12	65
Divisional medical officers	8	34	6	8	9	65
Paediatricians and other medical sources ..	3	4	2	2	11	22
Schools (via Educational Psychologists)	33	24	4	8	22	91
Juvenile courts and probation officers	9	4	—	—	6	19
Children's Department ..	1	1	—	—	—	2
Others	4	—	1	—	—	5
Total	82	86	21	20	60	269

Sources of referral are given in Table S37 and include both medical and other agencies. Sometimes a particular case is referred from more than one source. At other times a particular agency, e.g. the Glamorgan County Children's Department or the Probation Officers, may refer via the Local Divisional Medical Officer. Hence in compiling this table an attempt has been made to reduce each case to its original source of referral.

TABLE S.38

AGE DISTRIBUTION OF CHILDREN REFERRED

Clinic	1–5 years	5–10 years	10–15 years	Over 15 years	Boys	Girls	Total
Tynygarn ..	2	19	48	13	46	36	82
Neath	2	27	46	11	48	38	86
Rhondda ..	1	7	10	34	12	9	21
Aberdare ..	3	6	9	2	12	8	20
Pontypridd ..	2	18	33	7	45	15	60
Total ..	10	77	146	36	163	106	269

Age distribution of children referred is given in Table S38.

There is no hard and fast age limit for the acceptance of children and, generally speaking, cases up to the age of 16 are seen. (Sometimes adolescents even older than this continue to be seen at the clinics if they were referred at any earlier stage and are subsequently still under treatment or follow-up if they are still receiving full-time schooling).

TABLE S39

CAUSES OF REFERRAL

Aggressiveness	34	Distractibility	1
Attention-seeking behaviour	16	Running away	8
Breaking and entering and other offences against property except stealing	14	Wandering	12
		Stammering and stuttering	10
Compulsive rituals	1	Other speech defects	12
Cruelty to animals	3	Stealing and pilfering	51
Destructiveness	10	Sexual difficulties	20
Disregard of danger	6	School phobia	46
Disobedience	18	Other fears and phobias	29
Enuresis (wetting)	47	Thumbsucking	2
Encopresis (soiling)	21	Temper tantrums	43
Firesetting	2	Truancy	23
Fits	9	Sleep walking	7
Generally difficult behaviour	103	Generalised anxiety	30
Hyperactivity	3	Migraine	5
Jealousy and resentment of other children	24	Depression	24
		Attempted suicide	13
Lack of concentration	11	Tics	9
Lying and romancing	13	Insomnia	14
Nightmares	11	Transvestism	2
Night terrors	9	Drug taking	1
Nail biting	19	Indecent exposure	3
Non-communicative	8	Mongolism	1
Other psychosomatic symptoms	45	Deafness	3
Other habit disorders	31	Underfunctioning at school	1
General shyness and timidity	29	Drinking under age	3
Forgery	1	Excessive smoking	1
Echolalia	1	Subnormal	1

Causes frequently overlap and a given child may, of course, be referred for more than one complaint. Bearing these points in mind, however, Table S39 reflects fairly accurately the reasons why the help of the clinic is sought and the types of disturbance which are referred to us.

TABLE S.40

PSYCHIATRIST'S INTERVIEWS WITH CHILDREN

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
Diagnostic	33	56	14	19	29	151
Therapeutic	166	201	47	58	193	607
Total						758

These are given in Table S40 which refers to the diagnostic and therapeutic work of the Psychiatrist.

TABLE S.41

PSYCHOLOGISTS' INTERVIEWS WITH CHILDREN

Tynygarn	Neath and Port Talbot	Rhondda	Aberdare	Pontypridd	Total
14	64	22	15	26	141

TABLE S.42

INTERVIEWS WITH PARENTS

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
897	825	237	130	295	2,384

These are now mostly carried out by the Social Workers though other members of the staff also still see parents to a considerable extent, either separately or in joint interviews with children.

TABLE S.43

PLAY THERAPIST'S INTERVIEWS WITH CHILDREN

Tynygarn	Neath and Port Talbot	Pontypridd	Rhondda	Aberdare	Total
254	298	244	78	145	1,009

SPEECH THERAPY

There is a national shortage of speech therapists and the Authority's work in dealing with children suffering from speech defects has been considerably handicapped by this shortage for at least a decade. At the end of the year there were five speech therapists (4·2 therapists equivalent whole time). For the first time since 1960, speech therapy is being undertaken in every divisional area of the county and during the year more children were seen and treated than in any year since 1959. This is the result of a modest increase in the staff since December 1967.

There is no training school in Wales for speech therapists and there is in any case a disincentive to enter the profession since the salary is well below that for teachers, although the standard of entry and length of training is the same for teachers' training colleges.

Table S44 gives an indication of the progress made by children. Of the cases seen at clinics 202 were for stammering, 653 were for defects of articulation such as dyslalia (defective pronunciation of consonants), cleft palate, lateral S, inter dental S and rhinolalia (nasal speech), nine for dysarthria (defective articulation due to imperfect co-ordination), three for dysphonia (defect of

voice), 196 for retarded speech (children who are very late in beginning to talk because of deafness or low intelligence) and seven for aphasia (congenital word deafness). Aphasia is rare in children; such persons have an inability to distinguish between sounds and may not be able to understand musical or even crude sounds. The education of such children is exceedingly difficult since it is not always possible to detect whether they have impaired hearing. One child suffering from aphasia receives special educational treatment at a residential boarding school.

In view of the shortage of speech therapists it may be necessary for speech therapists to give talks and practice demonstrations to infant and junior school teachers so that they may deal with minor details of articulation.

TABLE S.44

ANALYSIS OF WORK BY SPEECH THERAPISTS DURING 1968

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	70	69	210	200	67	151	115	152	223	1,257
Total number of attendances	280	620	2,061	864	190	1,203	240	419	1,950	7,827
Number of current cases at 31st December, 1968	42	29	50	80	25	52	46	38	57	419
Total number of cases remaining on waiting list at 31st December, 1968	44	6	32	92	36	54	21	51	7	343
Number of cases under observation (immediate treatment not necessary)	17	59	72	43	31	—	60	—	61	343
Analysis of discharged cases:										
(*a*) Non-treatment cases—										
(i) Treatment not considered necessary	5	3	8	13	6	1	3	7	—	46
(ii) Failed to attend after diagnosis	1	—	—	6	—	—	2	2	36	47
(iii) Travelling difficulties and loss of school work	—	—	—	1	—	—	—	—	—	1
(iv) Unsuitable for treatment	—	—	—	—	1	—	—	—	—	1
Total	6	3	8	20	7	1	5	9	36	95
(*b*) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health	1	—	1	4	—	—	—	—	—	6
(ii) Lack of parental co-operation	—	—	1	23	2	4	1	3	3	37
(iii) Poor attendance or non-attendance	—	2	—	—	8	16	10	17	9	62
(iv) Pressure of school work	1	—	—	1	—	—	3	3	—	8
(v) Left district	—	4	2	2	1	—	3	1	—	13
(vi) Left school	—	1	—	4	1	1	2	—	—	9
2. Discharged—speech improved	—	13	19	23	14	—	24	9	3	105
3. Discharged—speech normal (cured)	—	10	48	43	6	25	11	30	14	187
4. Temporarily discharged	3	7	52	—	3	57	10	42	40	214
Total	5	37	123	100	35	103	64	105	69	641

TABLE S.44—*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	3	12	32	12	8	16	10	10	17	120
Satisfactory	22	11	35	26	12	27	24	17	31	205
Little improvement	17	6	12	42	5	4	12	11	9	118
Total	42	29	79	80	25	47	46	38	37	443
Table of symptoms of cases treated at clinics:										
Stammering	3	15	48	23	12	29	14	26	32	202
Dyslalia	14	35	93	65	28	58	64	79	62	498
Cleft palate	—	3	7	3	2	2	1	4	4	26
Deafness	—	—	—	4	—	10	1	—	1	16
Lateral "s"	1	5	8	1	6	6	6	7	5	45
Interdental "s"	3	3	10	7	4	16	11	9	4	67
Rhinolalia (nasality)	4	—	—	5	1	1	1	—	5	17
Dysarthria	1	—	1	3	1	1	1	1	—	9
Dysphonia	—	—	—	1	—	1	—	1	—	3
Low I.Q.	12	1	1	42	3	1	6	1	3	70
Retarded speech	8	4	32	24	3	23	7	15	10	126
Aphasia	1	—	2	2	—	2	—	—	—	7
Cerebral Palsy	—	—	—	—	—	—	—	—	—	—
Total	47	66	202	180	60	150	112	143	126	1,086

Speech Disorders

At periodic medical inspections 127 children were noted as requiring treatment for speech defects of whom ninety-seven were new entrants. 367 children were placed under observation for speech defects of whom 319 were new entrants.

Table S45

Children Found to Suffer from Speech Disorders

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Speech	T	97	7	23	127	84
	O	319	17	31	367	76

T = Requiring Treatment O = Requiring Observation

Epilepsy and other Diseases of the Nervous System

At periodic medical examinations sixteen children were noted as needing treatment for epilepsy, of whom eleven were new entrants and 107 children were placed under observation of whom seventy-six were new entrants. At special examinations undertaken at the special request of parents, doctors, nurses or teachers, thirty-four children were noted as being in need of treatment and sixty-seven were placed under observation for epilepsy.

Table S46

Children found to suffer from Diseases of the Nervous System

Defects or Disease	Requiring	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Nervous system—Epilepsy ..	T	11	5	—	16	34
	O	76	19	12	107	67
Other ..	T	13	—	—	13	17
	O	106	12	20	138	107

T = Treatment O = Observation

Two boys and one girl attend the Lingfield Hospital School for Epileptics. These children require special care and educational treatment which can only be given at a boarding school of this type.

Children who suffer from a mild type of epilepsy or infrequent seizures attend ordinary day schools. There are also at other residential schools pupils who suffer from epilepsy as a secondary handicap but their disability is such that were it not for their primary handicap they would in all probability be educated at an ordinary day school.

The children who attend special boarding schools for epileptics suffer severely from epilepsy although they are educable. Where the epilepsy is associated with severe subnormality, the children attend junior training centres.

TABLE S.47

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	2	1	2	1	1	—
B. Partially sighted	5	2	5	—	2	—
C. Deaf	—	2	—	1	—	1
D. Partially hearing	—	—	—	—	1	1
E. Physically handicapped ..	7	8	4	4	7	4
F. Delicate	3	1	1	—	—	—
G. Maladjusted	6	1	4	1	1	1
H. Educationally Subnormal	44	26	33	23	3	6
I. Epileptic	—	—	—	—	—	—
J. Speech Defects	1	—	—	—	—	—
Total	68	41	49	30	15	13

TABLE S.47—*continued*

HANDICAPPED PUPILS

Category of Handicap	C (i) No. requiring places in Special Day Schools on 16th January, 1969 (including those temporarily receiving home tuition)		C (ii) No. requiring places in Special Boarding Schools on 16th January, 1969 (including those temporarily receiving home tuition)	
	Boys	Girls	Boys	Girls
A. Blind	—	—	—	—
B. Partially sighted	—	—	—	2
C. Deaf	—	—	—	1
D. Partially hearing	—	—	—	—
E. Physically handicapped ..	—	2	2	3
F. Delicate	—	—	2	1
G. Maladjusted	—	—	1	—
H. Educationally subnormal ..	6	3	12	13
I. Epileptic	—	—	—	—
J. Speech Defects	—	—	—	—
Total	6	5	17	20

Incidence per 10,000 population of handicapped children receiving education in special schools, special classes and units, boarded in homes, receiving education in hospitals and awaiting admission to special schools.

TABLE S48

School Population 132,782	January 1969				January 1966	
	Boys	Girls	Total	Incidence	Wales	England
Blind	13	14	27	2·03	1·67	1·85
Partially sighted	27	10	37	2·79	2·15	3·10
Deaf	10	17	27	2·03	2·66	4·63
Partial hearing	112	93	205	15·44	6·22	4·58
Physically handicapped ..	80	63	143	10·77	11·21	16·27
Delicate	17	5	22	1·66	8·09	14·70
Maladjusted	115	34	149	11·22	5·01	12·18
Educationally subnormal ..	—	—	1634	123·1*	52·29	77·85
Epilepsy	2	1	3	0·23	·068	1·24
Speech defects	1	—	1	0·075	0·13	0·32
Total all handicaps	—	—	2,248	169·3	90·15	136·72

*These figures include children attending special residential and special day schools only. They do not include children attending 51 special classes and 4 observation units.

HEALTH EDUCATION IN SCHOOLS

The aim of health education in schools is to enable children to develop physically, mentally and emotionally to their fullest potential so as to allow them to benefit from the kind of education which is more suited to their needs and to prepare them to meet the challenge of life on leaving school. Health education in schools has been largely concerned with matters of personal hygiene but there is need for a broader view which aims at a state of complete well being. Education of this kind is an extension of the normal educational concept in that it prepares the child for life as a whole.

The youth of today are maturing physically at an earlier age than in the past. They are allowed much more freedom of expression and are given opportunities to make up their own minds, learn to solve their own problems and overcome their difficulties. Young people 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.

It is necessary for health department staffs and teachers to grapple with problems of adolescence.

It is considered that the primary responsibility for health education in schools is that of head teachers and their staffs with health department staffs in a supporting role providing information sufficient to give teachers a firm grasp of priorities and act as guest speakers on subjects forming part of a syllabus.

During the year about half of the talks given by health department staffs were devoted to health education in schools.

As indicated in the report of the Principal Dental Officer, a dental health campaign was inaugurated aimed at 5-year old children in schools with a view to inculcating them with good dental habits which if they persist throughout school life will raise considerably the standard of dental health. Older pupils had group discussions on "Preparation for Parenthood", on the "Dangers of Smoking", and on many other subjects as listed in the following table :—

TABLE S49

SCHOOL HEALTH EDUCATION PROGRAMME

	1967	1968
Dental hygiene	651	1,195
General hygiene and nutrition	539	1,006
Preparation for parenthood including talks on menstruation and venereal disease	288	385
Prevention of accidents	112	242
Smoking and health	106	140
Feet and posture	97	197
Drug addiction	—	41
Others	253	218

There is growing concern that some young people are experimenting with drugs. The matter is being carefully watched and there is close liaison with police officers. Relatively few children are affected. However, it is a matter of concern and regret that there are people who are prepared to exploit these children by selling harmful drugs. These children are usually influenced by young persons who have come to live in Glamorgan from other areas. General practitioners have been informed of the situation and have been asked to be wary about prescribing amphetamines to young persons.

Talks were given by the following staff :—

TABLE 50

STAFF GIVING SCHOOL HEALTH EDUCATION TALKS

	School programme	
	1967	1968
Medical officers	31	12
Health visitors	1,669	2,991
Dental auxiliaries	325	468
Nurses	9	16
Dentists	16	—
Nursing officers	—	18
	2,050	3,505

SCHOOL DENTAL SERVICE

The following report has been contributed by Mr. D. R. Edwards, Principal Dental Officer :—

"1968 was a year of consolidation as far as the dental service was concerned, with no loss of full-time dental staff, but a small increase in the whole-time and sessional officers and in dental auxiliaries. The output of work per treatment session was very much the same as in 1967, but a disappointing feature was a reduction of 7,000 in the number of children inspected, compared with the previous year.

Staff

The full-time staff was increased by one dental officer in 1968, due to one of the first graduates of the Cardiff Dental School being appointed to the Caerphilly and Gelligaer Division. Mr. D. T. Hoskin, will we hope, be the first of a number of newly-qualified dental surgeons to enter the school dental service in this area, as the number of graduates increase each year.

Local authorities with dental schools in their area are usually well staffed and have no great dental manpower problem. It is reasonable to expect that a similar situation will arise here in the future, provided the surgeries and equipment are of a type which will attract young officers.

Mr. G. Hughes, Mrs. D. M. Minor and Mr. J. H. M. Phillips terminated their appointments as sessional dental officers, and Mrs. V. M. Davies, Mrs. A. L. Phillips, Mr. I. J. Williams and Mr. K. M. Morgan were appointed on a sessional basis, with an overall increase of eleven sessions weekly.

At 31st December, the dental staff, including the Principal Dental Officer, consisted of :—

14 Whole-time Officers
12 Sessional Officers
5 Dental Auxiliaries.

For the school population of 132,000 this gave a ratio of whole-time officers to children of 1 to 9,000, an improvement on 1967. A ratio of one dentist to 6,000 children should be our aim.

The dental auxiliaries usually attend six children per treatment session and, allowing that the five dental auxiliaries are equivalent to two full-time dental officers, the ratio becomes 1 to 8,000 children. Again, adding the whole-time equivalent of the sessional officers, which is five, we have an overall ratio for the county of 1 to 6,000 for all those concerned with providing dental treatment for children.

An encouraging feature of the whole-time staff is the average age of 37 years.

The following table shows an interesting comparison of sessional and whole-time officers classified in age groups :—

TABLE S51

AGES OF DENTAL OFFICERS

	Under 30	30–39	40–49	50–59	60 and over
Full-time officers ..	3	6	4	1	–
Sessional officers ..	4	1	3	1	3

Premises and Equipment

The equipping of all clinics, including those used by dental auxiliaries, with modern chairs, units, high-speed drills, together with many of the accessories for modern dentistry, was completed in 1968. The provision of X-ray facilities to peripheral clinics was also increased. Three clinics no longer provide dental treatment in the Aberdare, Caerphilly, and Port Talbot Divisions and, of the forty-seven dental clinics in the County, ten had dual surgeries and forty-five of the clinics were in use.

The building of the first of the health centres, which will provide dental services by the Authority, was commenced during the year at Gorseinon in West Glamorgan. This will come into operation in 1969 to improve the dental facilities for this area.

At newly-completed clinics in Clydach and Pontardulais, in the West Glamorgan Division, it was decided to make provision of a bay to accommodate the mobile dental clinics with all mains services. This has increased the waiting-room space and provided improved facilities for patients and staff, compared with that prevailing at the schools.

Inspection and Treatment

A disappointing feature of 1968 was the reduction of the number of children inspected at school, 13,076 compared with 19,448 in 1967. The number of children inspected at clinics also fell by 1,000 and the total inspected, 28,182 was 7,536 less than those inspected in 1967, and was 21 per cent of the total school population. The dental inspection of school children in the nine divisions of the county, including the Rhondda Excepted District, varied from between 14 and 40 per cent, only two divisions increased the percentage inspected, compared with 1967.

The output of work per treatment session was similar to that of the previous year. In 7,531 treatment sessions, 26,729 fillings were completed in 22,057 permanent teeth, and 10,872 fillings in 9,446 deciduous teeth. 4,844 permanent teeth were extracted and 13,142 deciduous. The total number of visits to the dental clinics was 44,281 and the figures in the tables provided showed a considerable increase in the number of crowns supplied, while the figures for teeth root-filled and inlays was similar to that of the previous year.

Because the staffing position did not allow the inspection of every child on the school roll, inspections were confined to nursery, infants, and junior schools, and priority was also given to two additional groups, (*a*) older handicapped school children including socially deprived children, and (*b*) mentally handicapped children attending junior training centres.

In addition, the help of the practitioners in the general dental services was sought through the Local Dental Committee to treat the children we were unable to provide treatment for ourselves.

Orthodontics

The orthodontic service improved during the year, with an increase in the number of appliances fitted, and a reduction by half of those patients referred to the hospital consultant. There was also an appreciable drop in the number of cases discontinued, showing a better assessment by the dental officer of those likely to persevere with orthodontic appliances.

The arrangement with the Cardiff Dental School for one of our area dental officers to attend for two days weekly for an academic year continued, with Mrs. R. Phillips, of the Caerphilly and Gelligaer Division, completing her postgraduate studies at the orthodontic department. This liasion proved so successful this year that the senior lecturer, Mr. W. A. B. Brown, arranged for Mrs. Phillips to attend for an additional term as clinical assistant in the department.

This has resulted in an improved orthodontic service in the Caerphilly and Gelligaer Division, which will be extended to other divisions in the future as other area dental officers are able to attend.

Dental Health

A dental health campaign, based on the "Happy Smile Club" was held in all infants schools in the county during the month of November, in an effort to promote better habits of diet and oral hygiene from an early age.

With the co-operation of the divisional education officers, the head teachers, and teachers of all infants schools, dental packs were distributed to every member of each class containing five-year old children. 15,000 packs were distributed by dental officers, dental auxiliaries, health visitors, and clinic nurses during the first two weeks of November. Each pack contained a letter to parents from the Principal Dental Officer, a toothbrush, a tube of fluoride toothpaste, a colourful card for the bathroom with the four rules of dental health, and also a card on which the parent can record the occasions on which the children's teeth are cleaned over a period of four weeks. Children who returned a satisfactory completed card were rewarded with a "Happy Smile Club" badge, which was distributed by the class teacher. When the packs were distributed each class was given a short talk on oral hygiene, and the correct method of tooth-brushing, together with advice on avoiding sticky snacks between meals. In addition, each head teacher received a circular on dental health, which stressed the cultivation of proper habits of diet and oral hygiene and gave some background notes on the three main types of dental defects. A leaflet on tooth-brushing was also included. The cost to this Authority of the dental packs was considerably reduced by the generosity of one of the leading toothpaste manufacturers.

The visits to the schools were received with considerable enthusiasm by both staff and pupils alike, and it is hoped that the response of the parents in the supervision of their infants' dental care will result in a reduction of treatment required for this vulnerable age group.

Local and national press coverage for this scheme was encouraging, and it is intended that this "Happy Smile" Campaign will be repeated in 1969.

Fluoridation of the water supplies of the Mid-Glamorgan area was again postponed, but it is hoped that this will now be carried out in 1969. Dentistry on a preventive basis is essential for an under-manned school dental service, and on a community basis fluoridation of water supplies is the most effective measure of prevention.

Despite the Authority exercising its discretion up to the maximum of the new salary awards, modernisation of our clinics, and many fringe benefits, recruitment remains fairly static, obviously due to young dental surgeons considering the general dental service a more attractive proposition.

In conclusion, may I again thank all those members of the dental staff who are coping so well with the provision of treatment, the education officers and teachers for their co-operation, and also all our colleagues in the Health Department for their invaluable assistance.

TABLE S.52

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	615	1,397	2,187	1,976	1,706	1,693	1,993	1,438	2,288	15,293
Subsequent visits	2,628	3,849	3,430	1,743	3,380	2,399	4,019	4,028	3,512	28,988
Total visits	3,243	5,246	5,617	3,719	5,086	4,092	6,012	5,466	5,800	44,281
(2) Additional courses of treatment commenced	—	12	186	72	159	46	415	92	363	1,345
Fillings in permanent teeth ..	2,539	2,743	3,036	1,748	1,602	2,618	4,844	2,880	4,719	26,792
Fillings in deciduous teeth ..	525	1,104	848	682	417	663	1,711	2,539	2,383	10,872
Permanent teeth filled	1,945	2,201	2,150	1,642	1,454	2,309	3,845	2,475	3,610	22,057
Deciduous teeth filled	403	1,039	711	650	391	611	1,542	2,161	1,938	9,446
Permanent teeth extracted ..	304	442	533	1,018	393	429	578	447	610	4,844
Deciduous teeth extracted	778	1,694	1,677	2,124	1,629	1,279	1,180	1,241	1,540	13,142
(3) General anaesthetics	380	295	759	932	618	620	307	593	738	5,242
Emergencies	112	176	167	769	259	244	246	670	372	3,015

TABLE S.52—*continued*

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
(4) Pupils supplied with full upper or full lower (first time)	1	—	8	6	2	—	1	—	—	18
Pupils supplied with other dentures (first time)	9	3	13	8	5	2	11	19	3	73
Number of dentures supplied ..	10	5	21	14	9	2	16	22	3	102
(5) (*a*) First inspection at school—number of pupils	1,426	386	197	2,177	1,829	2,381	2,075	2,357	248	13,076
(*b*) First inspection at clinic—number of pupils	715	1,802	2,474	2,143	1,942	412	2,027	1,114	2,477	15,106
Number of (*a*) and (*b*) found to to require treatment	1,564	1,831	2,194	3,113	2,390	2,051	2,995	2,334	2,636	21,108
Number of (*a*) and (*b*) offered treatment	720	1,826	2,194	3,106	2,386	2,221	2,994	2,311	2,516	20,274
(*c*) Pupils re-inspected at clinic ..	797	373	898	159	693	201	842	4,049	404	8,416
Number of (*c*) found to require treatment	759	219	654	81	290	151	459	2,285	288	5,186
(6) (i) Sessions devoted to treatment	720	663	926	543	761	659	1,325	1,087	847	7,531
(ii) Sessions devoted to inspection	17	64	5	20	8	20	24	63	46	267
(iii) Sessions devoted to dental health education	42	12	30	48	—	16	28	14	28	218

TABLE S.52—*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 ..	9	151	42	191	92	11	104	107	343	1,050
(ii) Prophylaxis	253	588	1,434	14	226	396	673	1,081	711	5,376
(iii) Teeth otherwise conserved ..	81	9	235	283	4,988	—	60	114	934	6,704
(iv) Number of teeth roots filled ..	1	20	8	3	—	1	55	13	308	409
(v) Inlays	—	5	2	—	—	2	—	—	10	19
(vi) Crowns	—	11	8	12	1	—	20	2	43	97
(vii) Courses of treatment completed	254	832	1,512	1,290	1,431	1,214	1,749	852	1,557	10,691
(8) (i) Cases remaining from previous year	12	4	33	43	54	11	60	129	58	404
(ii) New cases commenced during year	—	7	6	28	28	17	17	27	87	217
(iii) Cases completed during year ..	1	6	1	17	5	20	10	7	52	119
(iv) Cases discontinued during year	2	—	3	—	1	3	2	—	2	13
(v) Number of removable appliances fitted	2	11	9	19	42	17	43	28	133	304
(vi) Number of fixed appliances fitted	—	—	1	—	2	—	2	—	1	6
(vii) Pupils referred to hospital consultant	5	6	8	2	—	19	1	—	4	45
Anaesthetics	—	—	—	—	—	—	—	—	7	7

Ski Training Course

696 Glamorgan pupils visited Austria during the 13th to 25th January and were accompanied by Dr. D. W. Foster, Dr. J. A. Brown, and two health visitors, Miss J. Mitchell and Miss M. E. Williams. These officers were responsible for the medical and nursing care of the children.

Refresher Courses for Medical and Dental Officers

A residential refresher course at Dyffryn House, St. Nicholas, was held for medical officers during the weekend 18th to 20th October, 1968, and a day course at Dyffryn House was held for dental officers on 19th October, 1968. Details of the refresher courses are as follows :—

Medical Officers

Introductory Talk	County Medical Officer
Some Aspects of Geriatrics in the Community	Dr. M. S. Pathy
Common Eye Defects in infancy and childhood	Mr. Malcom B. Graham
The Clinical uses of Fluothane and Paediatric dental anaesthesia with Fluothane	Dr. P. Thomson
Common skin diseases in infancy and childhood	Dr. Eric Waddington
Community problems in Psychiatry	Professor K. Rawnsley

Dental Officers

The Treatment of Traumatised Maxillary Incisors in Children	Miss F. J. M. Shachter
The Clinical Uses of Fluothane and Paediatric Dental Anaesthesia with Fluothane	Dr. P. Thomson

Table S53

New Schools or Additions Completed During 1968

Pontypridd College of Further Education—extensions
Rhondda College of Further Education—extensions
Ysgol Maes-gwyn, Aberdare
Llangatwg Secondary School—extensions
Lansbury Park Junior School
Lansbury Park Infants' School
Delfryn Infants' School
Llwyn-crwn Junior School
Ysgol Maes Dyfan, Barry
The National Language Unit, Treforest, Glamorgan
Port Talbot College of Further Education—extensions
Barry College of Further Education—extensions
Penarth Grammar School—extensions
Llantwit Fardre Junior School
Romilly Junior School—kitchen and dining room
St. Nicholas Church in Wales School—extension
Heol-gam Secondary School—extension
Marlas Infants' School—extensions
Ynysawdre Comprehensive School—extensions
Neath Technical College—new workshop
Bryngolwg Secondary School—new kitchen, dining room, and changing room and showers
Fochriw Junior and Infants' School—new kitchen and assembly/dining room

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION

OBSERVATIONS OF THE BOROUGH SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1968

1. Establishment of Medical Officers

The following medical officers were available for work within the school medical service during 1968 :—

(1) Dr. J. Morris (part year)

(2) Dr. O. A. Adelaja (part year)

(3) Dr. J. Williams (sessional)

(4) Dr. N. C. Osborn (sessional)

(5) Dr. R. K. Majumdar (sessional) (part year)

The type of work carried out by session and individual doctor is shown in Table SR1

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 ..	2	32	22	161	15
(2) Dr. O. A. Adelaja ..	15	—	3	63	7
(3) Dr. J. Williams ..	—	—	—	85	83
(4) Dr. N. C. Osborn ..	5	—	3	350	2
(5) Dr. R. K. Majumdar	44	—	—	25	10

2. Routine Medical Ispection

During 1968, this type of examination was again restricted to entrants and any pupils at primary schools who had not been previously examined. Table SR.2 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.
1964 and later ..	153	153	—
1963	350	350	—
1962	198	198	—
1961	47	47	—
Total ..	748	748	—

3. DENTAL TREATMENT

The staffing position as to dental officers remained constant during the year, the Authority being fortunate in having the services of Mr. M. James ap John, L.D.S., R.C.S., as Area Dental Officer and Mr. T. J. Pugh, B.D.S., as Senior Dental Officer, while Mr. Alun R. Owen, B.D.S., continued to serve one session weekly. The work undertaken is detailed in Table SR.12 of the Appendix to this report and reflects the greater emphasis on conservation treatment which has been achieved.

A dental auxiliary was appointed in September and this allowed the resumption of dental health education at schools visited by her for talks with the aid of film strips, etc. A special campaign was mounted in infants' schools in the Borough during the Christmas term when dental health packs were issued to the classes wherein attend the five-year olds and short talks were given by the school nurses or the dental auxiliary. It is hoped to maintain a similar programme annually in respect of new entrants each Christmas term.

4. DEFECTIVE VISION

During 1968, 1,659 children were examined at local authority refraction clinics compared with 1,756 in the previous year and 612 prescriptions for glasses were issued.

127 children were referred for further investigation by the Consultant Ophthalmologist at Llwynypia Hospital.

5. SPEECH THERAPY

In December 1967, the Authority secured the services of a speech therapist on a part-time basis, for four sessions a week for the greater part of the year, increasing to six sessions a week from the end of September 1968.

223 children were seen by the Speech Therapist for diagnosis and all but five were referred for treatment, entailing weekly attendance at clinic for periods extending in some cases to many months. 126 children attended for treatment and thirty-six failed to attend when called for treatment after initial diagnosis, leaving fifty-six children awaiting treatment at the end of the year.

The following table analyses the symptoms of cases treated :—

TABLE SR.3

SYMPTOMS OF CASES TREATED AT CLINICS

Stammering	32
Dyslalia	62
Cleft palate	4
Deafness	1
Lateral "s"	5
Interdental "s"	4
Rhinolalia (nasality)	5
Dysarthria	—
Dysphonia	—
Low I.Q.	3
Retarded speech	10
Aphasia	—
	126

6. INFECTIOUS DISEASE

Table SR.4 shows numbers of notifications of various diseases amongst children during the year.

TABLE SR4

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1968 (UNDER 15 YEARS)

Notifiable disease	*Total*
Scarlet fever	21
Whooping cough	67
Acute poliomyelitis, paralytic	—
Acute Poliomyelitis, non-paralytic	—
Measles	633
Diphtheria	—
Dysentery	—
Meningococcal infection	—
Ophthalmia Neonatorum	—
Acute pneumonia, primary	8
Acute pneumonia, influenzal	—
Smallpox	—
Acute encephalitis, post-infectious	—
Acute encephalitis, infective	—
Enteric or Typhoid fevers	—
Erysipelas	—
Food poisoning	—
Puerperal pyrexia	—

7. 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 undertaken during the Spring term and the following table shows the work done during 1968.

Table SR.5

Table Giving Details of B.C.G. Vaccination in Children aged 13 Years and Over

School or Further Education Establishment	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		No.	%	*No. Tested	No. Negative	% Negative	
Blaenclydach C.S. (Boys) ..	59	39	66·1	26	22	84·6	22
Blaenclydach C.S. (Girls) ..	80	69	86·3	42	38	90·5	38
Bodringallt C.S.	120	78	65·0	51	50	98·0	49
Craig-yr-Eos C.C. (Boys) ..	91	59	64·8	46	43	93·5	43
Craig-yr-Eos C.S. (Girls) ..	90	85	94·4	51	48	94·1	47
Cymmer C.S.	149	85	57·0	44	39	88·6	39
Ferndale C.S. (Boys) ..	109	81	74·3	43	40	93·0	40
Ferndale C.S. (Girls) ..	90	81	90·0	37	35	94·6	35
Hendrefadog C.S.	107	93	86·9	55	53	96·4	53
Islwyn C.S. (Boys) ..	47	25	53·2	16	16	100·0	16
Llwyncelyn C.S.	65	53	81·5	37	35	94·6	34
Porth County (Girls) ..	149	132	88·6	101	99	98·0	99
Porth Grammar/Tech. ..	172	150	87·2	97	92	94·8	92
Tonypandy Grammar ..	164	154	93·9	110	100	90·9	100
Trealaw C.S.	80	53	66·3	40	38	95·0	38
Ynyshir C.S. (Girls) ..	54	46	85·2	30	29	96·7	29
Upper Rhondda C.S. ..	412	193	46·8	121	104	86·0	104
Totals	2,038	1,476	72·4	947	881	93·0	878

*Number tested excludes children who were found on testing to have had B.C.G. vaccination previously. There were 222 such children, all of whom gave positive reactions.

8. Child Guidance

During 1968, 268 children were seen by Dr. K. W. Aron, Consultant Child Psychiatrist for Glamorgan, who holds regular clinics 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.

9. Hospitalised Accidents in Childhood

As from 1st July, 1961, reports of hospitalised accidents in childhood have been made the subject of detailed follow-up. This enables the health visitors to re-emphasize the continued need for vigilance in the prevention of accidents at this age. Some of the data obtained has been tabulated in the following two tables with comparative data for 1966 and the six previous years.

Table SR.6

Table Showing Age and Sex Distribution of Hospitalised Accidents

Age group years	Male			Female			Total		
	1961–66	1967	1968	1961–66	1967	1968	1961–66	1967	1968
0—	10	—	1	7	—	—	17	—	1
1—	159	6	12	98	9	12	257	15	24
5—	118	8	5	61	2	1	179	10	6
10—15	77	—	7	42	3	1	119	3	8
All ages ..	364	14	25	208	14	14	572	28	39

Table SR7

Table Showing Distribution of Accidents by Day of Occurence

Day of week	No. of Accidents		
	1961–66	1967	1968
Monday	78	5	1
Tuesday	87	3	6
Wednesday ..	71	4	5
Thursday ..	88	4	5
Friday	83	4	6
Saturday.. ..	93	4	7
Sunday ..	72	4	9
Total ..	572	28	39

STATISTICAL APPENDIX TO BOROUGH SCHOOL MEDICAL OFFICER'S OBSERVATIONS

TABLE SR.8

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS

Number of inspections in the prescribed groups :—

Entrants	748
Second age group	—
Third age group	—
Total	748
Number of other periodic inspections	—
Grand total	748

B. OTHER INSPECTIONS

Number of special inspections	378
Number of re-inspections	151
Total	529

C. PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical inspection to require Treatment (excluding Dental Disease and Infestation with Vermin)

Age Groups Inspected (1)	For Defective Vision (excluding (squint (2)	For any of the other conditions recorded in Table SR3 (3)	Total Individual Pupils (4)
Entrants	—	21	21
Second age group	—	—	—
Third age group	—	—	—
Total	—	21	21
Additional periodic inspection	—	—	—
Grand total	—	21	21

Table SR8 (*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	748	748	100·0	—	—
Second age group	—	—	—	—	—
Third age group	—	—	—	—	—
Total	748	748	100·0	—	—

Table SR.9

Infestation With Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	23,220
(ii) Total number of individual pupils found to be infested	458
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

Table SR.10

Return of Defects Found by Medical Inspection in the Year

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	Requiring treatment (2)	Requiring observation (3)	Requiring treatment (4)	Requiring observation (5)
Skin	1	36	—	—
Eyes				
(*a*) Vision	—	5	—	1
(*b*) Squint	2	19	—	1
(*c*) Other	1	4	—	—
Ears				
(*a*) Hearing	1	13	1	13
(*b*) Otitis media ..	3	9	—	—
(*c*) Other	—	8	—	—
Nose or throat	10	204	—	31
Speech	3	8	—	1
Lymphatic glands ..	—	74	—	1
Heart	—	7	—	2
Lungs	—	21	—	—
Development				
(*a*) Hernia	—	—	—	—
(*b*) Other	—	7	—	1
Orthopaedic				
(*a*) Posture	—	2	—	—
(*b*) Feet	1	69	—	1
(*c*) Other	—	22	—	2
Nervous system				
(*a*) Epilepsy	—	5	—	2
(*b*) Other	1	6	—	—
Psychological				
(*a*) Development ..	—	1	—	—
(*b*) Stability	—	4	—	—
Abdomen	—	—	—	—
Other	—	40	—	2

Table SR.11

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) ..	1,659
Total	1,659
Number of pupils for whom spectacles were prescribed	612

Group 2—Diseases and Defects of Ear, Nose, and Throat

	No. of cases known to have been treated
Received operative treatment :	
(*a*) for disease of the ear	—
(*b*) for adenoids and chronic tonsillitis ..	16
(*c*) for other nose and throat conditions ..	—
Received other forms of treatment	51
Total	67

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	47

Group 4—Child Guidance Treatment and Speech Therapy

	No. of cases known to have been treated
Pupils treated :	
(*a*) Under child guidance arrangements ..	268
(*b*) Under speech therapy arrangements ..	126
Total	394

GROUP 5—OTHER TREATMENT GIVEN

	No. of cases known to have been treated
Miscellaneous minor ailments	—
Other :	
(*a*) Genito-urinary system	80
(*b*) Digestive system	76
(*c*) Infectious	63
(*d*) Epilepsy	26
(*e*) Other medical conditions	219
(*f*) Accidents	35
(*g*) Minor surgical conditions	4
Total	503

TABLE SR.12

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	1,248	873	169	2,288
Subsequent visits	1,627	1,577	308	3,512
Total visits	2,875	2,450	475	5,800
Additional courses of treatment commenced	201	136	26	363
Fillings in permanent teeth	1,134	2,868	717	4,719
Fillings in deciduous teeth	2,139	244	—	2,383
Permanent teeth filled	794	2,211	605	3,610
Deciduous teeth filled	1,754	184	—	1,938
Permanent teeth extracted	166	377	67	610
Deciduous teeth extracted	1,291	249	—	1,540
General anaesthetics	541	185	12	738
Emergencies	231	121	20	372
Number of pupils X-rayed				343
Prophylaxis				711
Teeth otherwise conserved				934
Number of teeth root filled				308
Inlays				10
Crowns				43
Courses of treatment completed				1,557
B. ORTHODONTICS				
Cases remaining from previous year				58
New cases commenced during year				87
Cases completed during year				52
Cases discontinued during year				2
Number of removable appliances fitted				133
Number of fixed appliances fitted				1
Pupils referred to hospital consultant				4

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)	—	—	—	—
Pupils supplied with other dentures (first time)	—	2	1	3
Number of dentures supplied	—	2	1	3

D. Anaesthetics

General anaesthetics administered by— (i) dental officers	7
(ii) medical officers	731

E. Inspections

(*a*) First inspection at school. Number of pupils	248
(*b*) First inspection at clinic. Number of pupils	2,477
Number of (*a*) plus (*b*) found to require treatment	2,636
Number of (*a*) plus (*b*) offered treatment	2,516
(*c*) Pupils re-inspected at school clinic	404
Number of (*c*) found to require treatment	288

F. Sessions

Sessions devoted to treatment	847
Sessions devoted to inspection	46
Sessions devoted to dental health education	28

Table SR.13

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 1969	No. awaiting places at Special Schools or Boarding Homes
A. Blind	—	1	4	—
B. Partially sighted	1	—	8	—
C. Deaf	—	—	3	—
D. Partially hearing	—	2	5	—
E. Physically handicapped	1	2	11	—
F. Delicate	—	—	—	1
G. Maladjusted	2	—	1	1
H. Educationally subnormal	9	8	23	4
I. Epileptic	—	—	—	—
J. Speech defects	—	—	—	—
Total	13	13	55	6

CLINICS HELD IN GLAMORGAN

KEY :

Aud :	Audiometry	IW :	Infant Welfare
AN :	Ante-natal classes	Op :	Opthalmic
CG :	Child Guidance	Or :	Orthopaedic
Ch :	Chiropody	S :	Speech Therapy
Cyt :	Cytology	Vac :	Vaccination and Immunisation
D :	Dental		
FP :	Family Planning	Ver :	Verruca

Clinic address	*Sessions held*
ABERDARE AND MOUNTAIN ASH HEALTH DIVISION	
Y.M.C.A., Aberaman	IW Vac
Walter Street, Abercynon	IW Ch AN Op Vac
Rock Grounds, Aberdare	IW FP Cyt Aud Or Ch D CG AN Vac S
Brynmair Road, Cwmaman	IW AN Vac
Workmen's Hall, Cwmbach	IW Aud Or AN Vac
Red Cross Centre, Cwmdare	IW Vac
Bethel Chapel Vestry, Hirwaun	IW Vac
Welfare Hall, Llwydcoed	IW Vac
Aberdare Road, Mountain Ash	IW Ch D AN Op Vac S
Narcourt Terrace, Penrhiwceiber	IW FP Cyt Aud Or AN Vac
Derlwyn, Penywaun	IW Aud Or AN Vac
Mount View Hotel, Perthcelyn	IW Vac
Avondale Street, Ynysboeth	IW Aud Or AN Vac S
CAERPHILLY AND GELLIGAER HEALTH DIVISION	
Y.M.C.A., Brynhafod Road, Abertridwr	IW Ch
County Council Clinic, Porth Road, Bargoed	IW AN FP D Op Ch Aud S Cyt
Gosen Calvanistic Methodist Church, Bedlinog	IW
Workmen's Institute, Brithdir	IW
County Council Clinic, Denscombe Estate, Caerphilly	IW AN D Op Or Aud Ch S Cyt FP
Bethel Baptist Church, Cefn Hengoed	IW
Former Infants' School, Mill Road, Deri	IW
County Council Clinic, Plantation Terrace, Fochriw	Ch IW AN FP Aud Cyt Or
Community Centre, Aneurin Bevan Avenue, Gelligaer	IW
All Saints Church Hall, Llanbradach	IW
Oxford Hall, Rhydyrhelig, Nantgarw	IW
County Council Clinic, Bryncelyn, Nelson	IW Aud Ch AN
Memorial Community Hall, Glanynant, Pengam	IW AN
Church Hall, Pontlottyn	IW AN Ch
Welfare Hall, Rudry	IW
County Council Clinic, Gwern Avenue, Senghenydd	IW Aud Ch
Community Hall, Taffs Well	IW Ch
Workmen's Institute, Tirphil	IW
Penyrheol Clinic, Trecenydd	IW S Aud
Siloh Calvanistic Methodist Church, Ystrad Mynach	IW AN
Trinity Baptist Church Hall, Trelewis	IW
County Offices, Caerphilly Road, Ystrad Mynach	FP D Op Or Aud Ch Cyt

Clinic address	*Sessions held*
MID-GLAMORGAN HEALTH DIVISION	
County Council Clinic, Quarella Road, Bridgend ..	D Or Op S FP Aud Ch AN
Penybont Rural District Council Offices, Greenmeadow, Coity Road, Bridgend	AN IW Cyt
Bridgend Urban District Council Offices, Glanogwr, Bridgend	IW
Community Hall, Heol Glannant, Bridgend	IW
Maesteg Park Social Club, Park Estate, Maesteg ..	IW
Calfaria Chapel, Cwmfelin, Maesteg	AN IW
Maternity and Child Welfare Clinic, Church Street, Maesteg	AN IW S D Or Op Ch
Maternity and Child Welfare Clinic, Park Avenue, Ogmore Vale	AN IW D Ch
Maternity and Child Welfare Clinic, Glanrhyd, Nantymoel	IW AN Ch
Church Hall, Blackmill	IW
Maternity and Child Welfare Clinic, South Place, Porthcawl	IW AN Ch D
Hope Congregational Vestry, Porthcawl	IW
Maternity and Child Welfare Clinic, Alexandra Road, Pontycymmer	IW AN D Ch
Tabernacle Vestry, Blaengarw	IW
Maternity and Child Welfare Clinic, West Side, Bettws	IW
Maternity and Child Welfare Clinic, Bryncwils, Bryncethin	IW AN
Maternity and Child Welfare Clinic, New Street, Aberkenfig	IW AN Ch
Maternity and Child Welfare Clinic, Dyfryn Road, Caerau	IW AN Ch
Social Service Hall, Llangynwyd	AN IW
Maternity and Child Welfare Clinic, Wimbourne Road, Pencoed	IW AN Ch
Ainon Chapel, Heolycyw	AN IW
Church Hall, Laleston	AN IW
Maternity and Child Welfare Clinic, Greenfield Terrace, Cornelly	IW AN Ch
Ambulance Hall, Llangeinor	IW
The Sports Pavilion, Cae Gaff Recreation Ground, Cefn Cribbwr	IW AN
Health Centre, Waunbont Road, Kenfig Hill ..	IW AN Ch
The Old School, St. Brides	AN IW
Village Hall, Wick	AN IW
County Council Clinic, Mynydd Cynffig Infants' School, Kenfig Hill	D
Elm Crescent, Bryntirion, Bridgend	IW
Pantyrawel Welfare Hall, Lewistown	IW
Litchard Mobile Clinic, Link Road, between Garfield Avenue, Litchard, Bridgend	IW
NEATH AND DISTRICT HEALTH DIVISION	
Dyfed Road, Neath	IW AN Op S Ver Or Aud FP Cyt D Ch Vac
Addoldy Road, Glynneath	IW AN Aud S D Ch Op FP Cyt Vac

Clinic address	*Sessions held*
NEATH AND DISTRICT HEALTH DIVISION—*continued*	
Mary Street, Seven Sisters	IW AN S D Ch Op FP Cyt Aud Vac
Cefn Parc, Skewen	IW AN D Op Ch Cyt Aud Vac
Hunter Street, Briton Ferry	IW AN D Ch Op Cyt Aud Vac
Longford, Neath Abbey	IW AN D Cyt Vac
Welfare Hall, Cimla	IW AN
St. Anne's Church Hall, Tonna	IW
Former Matrons' Residence, Bryncoch Children's Home, Bryncoch	IW
Ambulance Hall, Crynant	IW
Y.M.C.A., Onllwyn	IW
Health Centre, Commercial Road, Resolven	IW Ch AN Cyt Vac
Croesffordd Community Centre, Rhigos	IW
St. Catherine's Parish Hall, Neath	IW
Cwmbedd Clinic, Cwmbedd, Briton Ferry	IW AN Aud Cyt Vac
PONTYPRIDD AND LLANTRISANT HEALTH DIVISION	
Central Clinic, Ynysangharad Park, Pontypridd	Aud Ch Op D Or Vac AN IW FP
County Council Clinic, The Square, Talbot Green	Aud Ch Op Vac D IW FP AN Or
County Council Clinic, School Street, Tonyrefail	Aud Ch Op Vac D Or IW AN
County Council Clinic, Llwyn-yr-Eos, Church Village	Aud Ch Vac IW
County Council Clinic, Mount Pleasant, Beddau	Aud Ch Op Vac IW AN
County Council Clinic, Gelliarael Road, Gilfach Goch	Aud Ch Vac IW AN
County Council Clinic, Ash Square, Rhydyfelin	Aud Ch Op Vac D IW
County Council Clinic, Thompson Street, Ynysybwl	Aud Ch Vac IW AN
County Council Clinic, Cefn Lane, Glyncoch	Aud Ch Vac IW
County Council Clinic, Scarborough Road, Pontshonnorton	Ch IW Vac
Old Age Pensioners' Hall, Foundry Road, Hopkinstown, Pontypridd	IW Vac
St. John's Church Vestry, Graig Street, Graig, Pontypridd	IW Vac
Saron Chapel Vestry, Saron Chapel, Treforest	IW Vac
Bethania Congregational Church, Evanstown, Gilfach Goch	IW Vac
PORT TALBOT AND GLYNCORRWG HEALTH DIVISION	
Welfare Hall, Abercregan	IW AN
Fairwood Drive, Baglan	IW AN Cyt Aud Ch
26 Villiers Road, Blaengwynfi	IW AN Cyt Aud Ch
Brynseinon Chapel Vestry, Bryn	IW AN
South Avenue, Croeserw, Cymmer	IW AN FP D Aud Or
Depot Road, Cwmavon	IW AN D Cyt Aud Ch Op
126 Margam Street, Cymmer	IW AN Op Aud Ch
Dew Road, Sandfields	IW AN D FP S Cyt Aud Ch
Primary School, Duffryn Rhondda	IW
Health Centre, Waun Avenue, Glyncorrwg	Ch Aud
Community Centre, Margam	IW
Pendarvis Terrace, Aberavon	IW AN D Aud Cyt Ch Op
Jerusalem Chapel Vestry, Pontrhydyfen	IW
Council Offices, Taibach	IW AN D S FP Aud Cyt Ch Op
Primary School Tonmawr	IW
Ynys Street, Port Talbot	IW AN Or Ch

Clinic address	*Sessions held*
South-East Glamorgan Health Division	
Wyndham Street, Barry Dock	IW FP Cyt Aud Or Ch D AN Op Vac
Friars Road, Barry Island	IW Ch Vac
Church Road, Cadoxton, Barry	IW Ch S Vac AN
Methodist Church Hall, Porthkerry Road, Barry	IW Vac
Winston Road, Colcot, Barry	IW Ch Vac AN
Beecroft, 112 Stanwell Road, Penarth	AN IW FP Cyt Aud Or Ch D Op Vac S
Methodist Church, Albert Road, Penarth	IW Vac
Reading Room, Harriet Street, Cogan, Penarth	IW Vac
Old School, Lisvane, Cardiff	IW Vac
Fontygary Road, Rhoose, Barry	AN IW Ch AN Vac
Youth House, Dinas Powis	IW Ch
Horeb Chapel Vestry, Pentyrch	IW Vac Ch
Village Hall, Tongwynlais	IW Vac Ch
Church Hall, Radyr	IW Vac
Baptist Chapel, Llanharan	IW Ch Vac
Elm Road, Llanharry	IW Aud Ch Vac
Boverton Road, Llantwit Major	IW Cyt Aud Or Ch D AN Op Vac
The Village Hall, Pendolylan	Ch
Ambulance Station, Cowbridge	Ch
West Glamorgan Health Division	
County Council Clinic, West Street	IW AN Cyt FP Ch S
Gorseinon	Op Or Aud D Vac
Rechabite Hall, Gowerton	IW Ch
Carmel Chapel Vestry, Gwauncaegurwen	IW Ch
Infants' School, Pontardawe	Ch S Op Or D Vac
County Council Clinic, Tirbach Road, Ystalyfera	IW AN Ch S Or Aud D Vac
Welfare Hall, Grovesend	IW
St. David's Church Hall, Loughor	IW
Church Hall, Penllergaer	IW
County Council Clinic, Dulais Road, Pontardulais	IW AN FP Ch S Or Aud Vac
County Council Clinic, Murton Green, Bishopston	IW AN Cyt Ch S Or Aud D
Chapel Vestry, Reynoldston	IW
Village Hall, Rhossili	IW
Tabernacle Chapel Vestry, Penclawdd	IW AN
Welfare Hall, Penclawdd	Ch
Unemployed Welfare Centre, Dunvant	IW
Village Hall, Upper Killay	IW
Ynisderw House, Pontardawe	IW AN Cyt FP
Welfare Hall, Godrergraig	IW
Old School House, Cwmllynfell	IW Ch AN
County Council Clinic, Sybil Street, Clydach	IW AN Ch S Or Aud Vac
Borough of Rhondda	
Ynyswen, Treorchy	AN Aud Ch D IW Op Vac
Trafalgar Terrace, Ystrad	AN Aud Ch D FP IW Op S Vac
Court House, Tonypandy	AN Ch IW Vac
Hendrecafn Road, Penygraig	AN Aud Ch IW Vac
Carnegie Welfare Centre, Trealaw	AN Aud CG Ch FP IW S Vac
Oakland Terrace, Ferndale	AN Aud Ch D FP IW Op S Vac
Ynys Villas, Ynyshir	AN Ch IW Vac

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