[Report 1969] / 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 1969

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

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MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

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

General Health Services Sub-Committee.
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EDUCATION COMMITTEE

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

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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 1969. Included are 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 Psychiatrist and to the head teachers of the special schools for their contributions.

In 1969 the National Health Service celebrated its twenty-first year. Since 1948 we have lived in a time of rapid change. Apart from the benefits derived from a free medical service, including a free hospital service for everyone under the National Health Service arrangements, there have been considerable developments in medicine itself, particularly with the discovery of new drugs which have been effective in dealing with many diseases. There have also been considerable improvements in the standard of living for very many people. The development of technical skills in attacking disease have shown that much illness is avoidable and this has led to a heightened sensitivity towards the suffering of the aged, the chronic sick, and the physically and mentally handicapped who are unable to enjoy the full benefits of a technologically advanced society. We are moving towards the concept a of total health service. In the past the promotion of health and community health arrangements have been limited to those classes of patient or services for which Parliament had made specific enactments, e.g., maternity and child welfare and the control of infectious diseases. Recent legislation, viz., the Health Service and Public Health Act, 1968, and ministerial pronouncements have widened the scope of local health authorities in preventing illness and in providing care and after-care. The recent proposals of the Government for an integrated health service are designed to provide an effective total health service.

The estimated mid-year population was 744,910, this is an increase of 1,990 on the mid-year population for the previous year. There were 12,163 births and 9,872 deaths, the excess of births over deaths being 2,291, so that the loss to the County due to migration was 301. The adjusted birth rate of 16·8 was lower than the figure of 17·0 for the previous year.

The death rate in Glamorgan in common with other industrial areas in the country is higher than the national average. There are a number of reasons for this. Workers in heavy industries tend not to live as long as others engaged in less arduous trades and who live in a more favourable environment. Death rates among the young and middle-aged have fallen dramatically during this century and since World War II the pattern of disease has changed. Some diseases have almost been eradicated particularly the infectious diseases,

viz., diphtheria, tuberculosis, and poliomyelitis. Deaths among children and also women in childbirth are becoming rare. Other diseases, however, are on the increase, particularly coronary thrombosis and lung cancer.

Deaths rates among older middle-aged men, 55 to 64, are twice that of comparable aged women. The diseases accounting for most of the deaths among these middle-aged men are coronary thrombosis, bronchitis, and emphysema, lung cancer, and other cancers. Many of these diseases are the result of faulty habits adopted over a long period, viz., smoking, lack of exercise, faulty eating habits, and stress. The burden of chronic disease in the county is heavy. Apart from causing death prematurely, the diseases have devastating consequences to the patient and family since they entail long periods in invalidity, economic hardship, and family stress.

The infant mortality rate was 20 and the peri-natal mortality remained at 30 despite efforts to reduce it. There has been a steady and dramatic decline in child mortality but we have now reached the stage where further improvements would be more difficult to achieve. One hundred and eighty-seven deaths took place under four weeks and 128 deaths took place between one month and fourteen years. In order to reduce deaths under four weeks it is necessary to improve ante-natal care and in particular the physical fitness of the mother. A healthy mother who seeks skilled ante-natal care early has a much better chance of being delivered of a normal baby. There is reason to believe that young mothers expecting their first baby under-use maternity care services and this fact contributes to the high peri-natal mortality rate in the county.

Previous annual reports have dealt at length with the incidence of congenital malformations and the factors which gave rise to it. This report, includes a summary of a working party report which examined, under the chairmanship of Dr. D. W. Foster, the proper function of at risk and observation registers.

Considerable attention has been given to co-ordination and co-operation of the health department services with the family doctor and hospital services. Health visitors throughout the county are attached to general practice and continuing efforts are being made to make attachment a real force. District nurses have always worked directly with general practitioners. At most health centres and large surgeries, the district nurse attends to provide minor surgical treatment and all midwives attend general practitioner ante-natal sessions at their surgeries. In addition doctors may use, free of charge, clinics for ante-natal purposes if their own surgeries are inadequate. During the year three health centres were provided and many discussions took place with general practitioners concerning the provision of other health centres. The monthly news letter to general practitioners is well received and is an important vehicle for disseminating views and information.

Co-operation also takes place with the hospital services. In some services such as maternity, paediatrics, geriatrics and psychiatric, it is very close. The divisional medical officer is the co-ordinator of the community health and social services for patients discharged from hospital who require community services. In addition, senior health welfare officers (Mental Health), nursing officers or

selected health visitors liaise closely with hospital consultants of various specialties concerning after-care arrangements. The hospital service also receive the monthly news letter to general practitioners and in view of the number of copies required, it would appear to be widely circulated among the medical and administrative staffs. Towards the end of the year opportunities were given to comment on the hospital plan for Greater Cardiff.

Dr. C. J. Revington, my deputy, is closely concerned with the expansion of the mental health service. The report of the Committee of Enquiry into allegations of ill-treatment of patients and other irregularities at Ely Hospital highlighted the inadequacies of institutional care and showed that there was a clear need for closer and more effective co-operation. Discussions took place during the year concerning the care in the community of patients in institutions who do not require the type of care that only a hospital can provide. The County Council have a comprehensive mental health service including hostel accommodation which is not at present able to provide care for large numbers of patients cared for in hospitals.

The report on the ambulance service refers to the establishment of an ambulance services training school which was opened in October and trains ambulance staff in the county and also authorities in South and West Wales.

A principal role of the department is in preventing or forestalling illness and disability. The scheme of proposals has been amended to enable the authority to board out persons suffering from illness or in order to prevent illness. This was done so that a special home help could be paid for caring for a patient in her own home. The Mid-Glamorgan Water Board were asked to fluoridate water from the Schwyll source. Swansea and Cardiff do not favour the fluoridation of water supplies thus preventing a substantial proportion of the population in the western half of the county and the area bordering Cardiff from receiving a fluoridated supply. Monmouthshire and Merthyr Tydfil, however, are in favour of fluoridation and negotiations have started with these authorities with a view to the Taf Fechan Water Board being asked to treat water from the very large Pontsticill reservoir.

A separate report is included on the School Health Service. This report shows that the health of school children is satisfactory, although the shortage of medical, dental, nursing, and other auxiliary staff is hindering its development. 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. Additional clinic nurses have been appointed so that sweep audiometric tests may be undertaken.

Although the health of children generally has improved considerably, their dental health is poor. The report by Mr. D. R. Edwards, Principal School Dental Officer shows that only eight per cent of five year old children have perfect teeth and in the Rhondda the figure is 1 per cent. The average Glamorgan school entrant has six decayed teeth and one missing tooth out of twenty primary teeth. At least half of the teeth of one in four children are missing or decayed. The fluoridation of water supplies would substantially improve this state of affairs.

During the year the Health Committee requested divisional health committees to conduct a campaign aimed at persuading children not to start smoking. As part of the campaign poster and essay competitions were held and prizes were given for the best essays and posters in each division.

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 Lord Heycock, Chairman of the Education Committee, who have give 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.

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

October 1970.

STAFF AS AT 31st DECEMBER, 1969

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.

James A. Brown, L.R.C.P., L.R.C.S., L.R.F.P. and S.G., D.C.H., D.P.H.
David H. Davies, M.B., B.Ch., D.C.H.
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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Anne E. E. Hirst, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
A. Spencer Jones, M.B., B.Ch., B.Sc.
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Pamela W. Jones, M.B., B.Ch., D.R.C.O.G., D.P.H.
Thomas T. Jones, M.B., Ch.B., D.R.C.O.G.
Graham S. Lodwig, M.B., B.Ch.
Joy A. Mason, M.B., B.Ch., D.P.H. (Deputy M.O.H., Rhondda)
Ian C. Peebles, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.C.H., C.P.H.
Enid Reed, M.B., B.Ch., D.C.H.
Sibani Sarkar, M.B., B.S.
John H. Stubbins, M.B., Ch.B., D.P.H.
J. E. McKim Thomas, M.B., Ch.B., D.R.C.O.G., D.C.H.
Jennifer S. Walsh, M.B., B.Ch.
William G. Westall, M.B., B.Ch., D.R.C.O.G.
Thomas T. Westhead, M.B., Ch.B., D.P.H.

DEPUTY COUNTY PUBLIC AND OFFICIAL AGRICULTURAL ANALYST.

Mansel C. Finniear, B.Sc., F.R.I.C.

COUNTY PUBLIC HEALTH INSPECTORS.

H. P. Evans, M.A.P.H.I., A.R.S.H. (Senior)
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

On 1st April, 1969, the Welsh Board of Health ceased to exist and its functions were taken over by the Secretary of State for Wales. The Board, which was established in 1919, maintained excellent relations with local health authorities, and two of its medical members, Dr. A. R. Culley and Dr. R. T. Bevan who succeeded him, were at one time County Medical Officer and Deputy County Medical Officer, respectively for Glamorgan.

On the eve of the takeover the Ely Report was published concerning allegations of ill-treatment of patients at Ely Hospital, Cardiff. The report was mainly concerned with the day to day running of the hospital which is no direct concern of the Authority. Some of the implications in the report nevertheless are of profound concern to the Authority since they showed a need for closer and more effective co-operation between the three branches of the present National Health Service administrative structure if Ely and similar hospitals are to play a proper role within the concept of community care. There is need for closer co-ordination of plans of the hospital and local health authorities so that patients who need only custodial care may be looked after in the community, but local authorities will need financial assistance to undertake this work.

Although the Ely Report drew attention to the defects of a divided administrative structure of the National Health Service, the report showed that the major obstacles to an effective service were the defects within the separate services, e.g., lack of finance, lack of trained staff and faulty communication. The first Green Paper on the "Administrative Structure of the Medical and Allied Services" pointed to the need for unifying and integrating the administrative structure of the services. The "Seebohm" Report on "The Local Authority and Allied Personal Social Services" advocated the unification of social services under local government. The second Green Paper on the re-organisation of the health service published early in 1970 proposed that the health services should be unified, but outside local government. This would mean that the health services and the social services would be separately administered at the very time when it is important that they should go hand in hand. This divorce between health services and social services in our changing society would make it difficult to provide strong and effective community health and social services. It is not possible to provide a sensible policy for the care of the sick, the mentally ill and the subnormal, the aged and the handicapped children unless the policies of the health and social services are properly dove-tailed.

The aims of the County Health Department have changed considerably during the past 40 years and since the inauguration of the National Health Service 21 years ago. At one time the main concern was to overcome the ravages of infectious diseases which caused untimely death among the young, and to provide for the well-being of expectant and nursing mothers, babies, and schoolchildren in order to safeguard future generations. Since deaths among the young between the age of 12 months and 35 years are now comparatively rare the emphasis has shifted to the care of the aged, the chronic sick, the mentally subnormal, and the mentally ill, to the problem families and the inadequate who find that they cannot stand the pace of modern industrial life and regard themselves as being rejected.

The demand on the health services is insatiable and the resources to meet them are limited. Improvements in surgical skills lead to more congenitally malformed children surviving into adulthood and improvements in the standard of living have led to a substantial increase in the life expectancy of the mentally subnormal. The survival of these handicapped persons in greater numbers adds to the demand on the social services. The most sensible course for dealing with the vast medical and social problems which confront us is not just to treat and alleviate after the damage has been done, but to prevent these ills. The medical officers of health of the late nineteenth century and early twentieth century were successful in preventing the spread of infectious disease and it is now necessary to enlarge the concept of prevention so that we can ensure that fewer children are born with malformations and that persons adopt healthy and sensible habits so that they do not develop chronic disabling diseases such as bronchitis and neurosis. The aim should be to enable people to live as full and as independent a life as possible.

These aims will not be achieved unless maximum efficiency in our administration is achieved at every level. The claim of a health department to be well administered will stand the test only if it can be seen that its policy is well thought out and that policy and execution are properly integrated. The plans of the department must fit in logically with the policies pursued in the hospital and executive council services and with the related services, education, welfare, and children. It is necessary to have the facts concerning the total health problem.

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 the School Health Service and the local health functions under the National Health Service Act, 1946, with the exceptions of the Ambulance Service and the Mental Health Service has been delegated to eight divisional health committees. In the Rhondda the Mental Health Service has been delegated to the Borough Council along with the other functions delegated to the divisional health committees.

Much time and energy are spent in informing the staff on policy and on the wider knowledge and new ideas which would 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 the 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. Monthly newsletters are sent to every general practitioner in the County and to every medical, nursing and administrative officer on the staffs so that they may know the thinking of the Department on many issues.

The lack of sufficient finance and skilled manpower is likely to hinder the proper development of the health and allied services for the forseeable future. It is only the intelligent use of these scarce resources which will enable the health

services to be continually adaptable to meet the needs of the people. In settling priorities for the development of services it should be a maxim that no pound should be spent unless it furthered directly or indirectly the promotion of health to the greatest possible degree.

Concerning staff resources, during the year further steps were taken to engage clinic nurses to relieve health visitors of routine work, part-time state enrolled nurses to replace full-time state registered nurses on retirment and consideration was given to the employment of nursing attendants. More nurses were engaged at health centres and large group practices to assist general practitioners give simple surgery treatment to patients.

Since 1892 successive County Medical Officers have produced an annual report giving an account of the achievements of the department in providing services and in safe-guarding health. The reports indicate the extent to which objectives have been matched by achievements, whether staff have been employed efficiently or wastefully and whether the outlook of the department has kept abreast with modern knowledge.

HEALTH CENTRES

In 1949 the Health Committee made full preparations for the possible development of health centres and surveyed areas in each health division to secure sites either by purchase or ear-marking for future use. It soon became evident, however, that family doctors were not interested at that time in working from health centres because they feared that this would lead to their losing their independence. In 1957 the Health Committee came to the conclusion that health centre provision in the County was not feasible because of opposition from family doctors and sites that had been ear-marked and which were not required for clinics were relinquished. The difficulties experienced by the Committee were met with in the country generally and during the period 1948 to 1966 only twenty-seven new health centres had been provided in England and Wales.

During the past five years, however, family doctors showed greater interest in health centres because they were tending to practice in groups and this highlighted the inadequacy of many surgery premises which had been designed for single practices. The report of a sub-committee of the Standing Medical Advisory Committee on "The Field of Work of the Family Doctor" had indicated that the family doctor needed adequate tools to do his job properly and these included premises, equipment, and ancillary staff. The report stated that the modern doctor ought not to be left to labour alone without help and without modern tools as a "cottage industry".

During the latter part of the year 1964 some family doctors enquired about the provision of health centres for surgery premises by the Authority and in December of that year the Health Committee agreed, in principle, to the provision of health centres and decided to discuss the matter with the Glamorgan Executive Council. Negotiations began between the British Medical Association and the Ministry of Health but a new charter or the family doctor service held up discussions because of the lack of information concerning the rentals that family doctors were likely to pay for health centre accommodation ; these problems were later resolved and a circular from the government giving details of the new arrangements was received in April 1967.

Considerable activity took place during the year 1966 in holding informal discussions with family doctors, the Executive Council and officials of the Welsh Board of Health, and as a result of these discussions it was agreed to provide health centres in many areas. The provision of health centres is mainly governed by the requests made by general practitioners. No health centre can be built unless general practitioners are willing to work from it. The first health centre was at Glyncorrwg which was commissioned on 1st May, 1967, and was adapted as a health centre during the final building stage of a new clinic. It provides accommodation for one doctor. The Talbot Green clinic was adapted as a health centre on 1st January, 1968, and accommodates two doctors.

During 1969 the following health centres were provided :—

TABLE 1

HEALTH CENTRES OPENED, 1969

Name of town	Number of Family Doctors accommodated	Date opened
Resolven ..	3	1st April, 1969
Gorseinon ..	8 (Planned for 7)	2nd September, 1969
Kenfig Hill ..	Adapted One Consultant Suite for a three-man practice operating at two main surgeries	15th May, 1969

Gorseinon also has a local authority dental suite.

The health centre should facilitate close co-ordination of the general medical services, the local health services, and the local authority specialist services. It should encourage the promotion of high quality patient care for the community and should provide accommodation and facilities for this to be done. The arrangements for general medical practice should be such that patients can see the doctor of their choice in privacy and quiet at pre-arranged times. The local authority health services of the area should operate from the health centre and there should be close working co-operation among the medical, nursing, and social work services of the local authority and the general practitioners. Ideally the dental services of the local authority and general practitioners should also operate from health centres but there are problems at present which inhibit dental general practitioners from working at health centres.

The extent to which hospital and specialist services should be available will depend on local circumstances. When the Cymmer Health Centre has been completed in 1970–71 it is hoped to provide a specialist consultant ante-natal service because of the isolation of the area from Neath General Hospital, thus contributing not only to the convenience of patients but also providing a nucleus of expert clinical knowledge in the obstetric field. Similar arrangements could be made in the specialities of paediatrics, geriatrics, and mental health.

Glamorgan health centres are being planned so as to facilitate close association among local authority and general practitioner services and with hospital specialist services if the hospital services so require. The aim of health centre designing is to facilitate the integration of all health services making maximum use of accommodation.

The functions of the different branches of the health services are undergoing a radical re-appraisal. Green papers have been published by the government on the future structure of the health service and it is clear that there is need for closer co-ordination of medical work to avoid duplication and for there to be adequate nursing, technical, and secretarial support to enable them to provide a comprehensive service.

At Gorseinon Health Centre, the largest centre, a number of meetings took place with the general practitioners and the divisional medical officer concerning the integration of the work of the general practitioner and local health authority services. The services were integrated from the beginning in preference to waiting for a satisfactory relationship to evolve. There is no duplication of services at Gorseinon. The general practitioners are responsible for the following services formerly undertaken by the local authority, viz. : child welfare, ante-natal, vaccination, and immunisation. The local health authority is responsible for the follow-up of children who are at risk of handicapping conditions, family planning, eye and hearing clinics, chiropody, and dentistry. The child welfare sessions are held by health visitors attached to the practices working from the health centre and they refer to the general practitioners children who require to be seen or treated by the doctors. A midwife attends the doctors' ante-natal surgery. Home nurses are not attached to individual practices because of staff shortages but nurses visit the health centre on a rota basis and man the treatment room. A Medical Staff Committee has been formed at this health centre.

At other health centres there is close co-ordination between the local authority and general practitioner services but the degree of integration present at Gorseinon has not yet been achieved. This points to the need for planning the integration of services before the health centre has been commissioned.

The following health centres were under consideration during the year 1970 :—

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

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

The Cranbrook Report (1959) dealing with the maternity services stated that the success of a maternity service was to be measured by the saving of life, by the improvement in the standard of health of mothers and babies and also by the extent to which it can diminish the fears, difficulties, and discomforts which in some measure have to be faced by every woman who embarks on motherhood.

Ante-natal clinics were provided by the district maternity and child welfare authorities before the introduction of the National Health Service. With the development of maternity services in hospitals and the maternity medical services under general practitioners, it was expected that the purely ante-natal and post-natal functions of the ante-natal clinics would diminish. From 1949 to 1954, however, the number of women attending clinics increased slightly but then began to diminish and during the past few years attendances have fallen rapidly. These trends did not take place in every area of the county at the same time. The decline in attendances began in the Mid-Glamorgan and the Pontypridd and Llantrisant Health Divisions because the general practitioners held their own special ante-natal surgeries and arrangements were made for a county midwife to be in attendance. In the Aberdare and Mountain Ash Health Division women were encouraged to attend their own doctor for ante-natal care and at the beginning of 1967 only one ante-natal clinic remained, Penywaun, and this was closed on 24th June, 1969. In this division midwives are now attached" to general practice and attend ante-natal surgeries.

Conscious of these trends the County Council in 1963 offered all general practitioners the free use of County Council clinics for ante-natal purposes because it was felt that many single-handed practices were ill-equipped to provide modern ante-natal care but few general practitioners have taken advantage of this. In 1965 an offer was made for general practitioners to refer patients to the County Council clinics for blood tests.

Table 2

Attendances at Ante-Natal Clinics

Year	County Council premises	Hired premises	No. of half-day sessions	No. of women attending	No. of attendances
1969	43	19	2,493	4,233	19,026
1968	41	39	3,212	5,651	24,972
1959	41	44	3,504	10,739	46,363

Early booking enables the clinics or family doctor to detect and treat abnormalities in sufficient time to get the mother as fit as possible for her delivery. There is reason to believe that young mothers expecting their first baby under-use maternity care services. Some of the reasons are that the young women

may not wish to approach their employers to be released to attend clinics or special surgeries. A few are worried about the stigma associated with pre-nuptial conception so that a visit to the doctor is very much delayed. In 1968 53 per cent of teenaged married women in Glamorgan had a baby.

When young women are fortunate in having a normal pregnancy without complications they are likely to regard ante-natal care as somewhat irrelevant and unnecessary and any subsequent pregnancies may receive only fragmented care. There is reason to believe that this trend towards under-using ante-natal clinics and surgeries by very young mothers, particularly in the lower social groups, contributes to the high peri-natal mortality rates in the county.

A report made to the Local Maternity Liaison Committee by the Consultant Obstetrician at Neath General Hospital during the period August to November showed that where women had sought ante-natal care early only 15 per cent had complications in labour but where ante-natal care was sought late 60 per cent of the women had complications in labour. Details are as follows :—

TABLE 3

COMPLICATIONS OF LABOUR—NEATH GENERAL HOSPITAL

TOTAL DELIVERIES – 430

Early bookings		*Late Bookings and Emergencies*	
Delivered	370	Delivered	60
Stillbirths + Neo-natal deaths	5	Stillbirths + Neo-natal deaths	11
Blood Transfusion	14	Blood transfusion	12
Caesarean Section	11	Caesarean Section	7
Total complications in labour	55	Total complications in labour	36

ANTE-NATAL CLASSES.

Fewer ante-natal classes were arranged in 1969 than in 1968.

TABLE 4

ANTE-NATAL CLASSES, 1968 AND 1969

Year	No. of courses arranged	No. of talks	No. of mothers attended	No. of attendances	No. of parents evenings held	No. attended
1968	391	2,226	2,826	12,358	13	230
1969	334	2,149	2,651	11,069	11	91

In 1969 evening sessions were held in Mid-Glamorgan and West Glamorgan divisions only.

During 1969 there were 12,376 births. It is estimated that about 4,400 mothers were having their first baby and that at least half of them did not attend ante-natal classes. The position varies among divisions, the Mid-Glamorgan Health Division having the best developed ante-natal classes with 819 mothers attending in 1969.

Many primipara are in employment when pregnant and cannot or will not seek time off. Older mothers have children to care for or consider that the classes have nothing to offer them.

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 can provide advice on contraception and supplies for any persons who needed them on social grounds and not as hitherto on medical grounds. For many years the County Council had provided birth control facilities for women where pregnancy would endanger their health.

Towards the latter part of 1967 when the Authority's powers had been increased, discussions took place with representatives of the Family Planning Association in South Wales, the Welsh Hospital Board, and the Glamorgan Local Medical Committee. Because the County Council had made direct provision for a family planning service for women on medical grounds, it was decided to extend the service to women needing it on non-medical grounds. The Authority's directly administered service would continue side by side with that provided by the Family Planning Association.

The County Council's service developed slowly at first, but by December 1969 fifty-five clinic sessions a month were being held compared with twenty-seven in December 1968. The service varies from one health division to another. The main reason for this is the acute shortage of medical staff trained in family planning work and some divisions have been cautious in publicising their service in case their limited resources would be overwhelmed. In the Caerphilly and Gelligaer Health Division, 6 per cent of married women under 45 years attend County Council clinics compared with only 0·5 per cent in Mid-Glamorgan, where difficulty was experienced in obtaining suitable trained staff.

The Authority have two I.U.D. clinics, one at Barry and the other at Neath and because of the controversy over the pill, it is considered that more women would wish to be fitted with this device. The device also provides an ideal method of contraception for women with large families and those who tend to forget to take the pill or perhaps suffer severe side reactions from it.

Girls who marry early in life tend to have large families. Some of these earlier marriages cause concern because the husbands are often too young and immature to accept responsibility of a wife and child. Often these young wives have repeated pregnancies and have large families by the time they are 20. They tend to live in sub-standard homes, suffer from ill-health, some have limited intelligence and are unable to cope. The children are socially and intellectually

deprived and they will grow up to become themselves inadequate and ineffectual parents begetting socially deprived children. These families place a heavy burden on a wide range of social services, e.g., child care, mental health, probation, housing, etc. These families rarely avail themselves of the family planning services.

During the year 1968, 209 teenage brides had their second baby, twenty-six their third baby and one a fourth. Of married women between 20–25 during that year, 102 had their fourth baby, twenty-eight their fifth, and eight had their sixth or more child. Health visitors make special visits to the homes of these young women to persuade them to attend the Authority's family planning clinics, but if they do not do so medical officers are permitted to undertake domiciliary visits.

EDUCATION IN FAMILY PLANNING.

During 1969, 2,018 women attended County Council family planning clinics and it is estimated that 5,000 attended Family Planning Association clinics. This represents 8 per cent of the women of child bearing age. 12,000 Glamorgan women are confined annually and every midwife and health visitor has been told that every mother after her confinement who requires the information should know of the facilities available at family planning clinics in the county.

TABLE 5

FAMILY PLANNING

WOMEN SEEN AT COUNTY COUNCIL CLINICS

1969

Category of patient	No. of patients	No. of visits made
Women receiving free supplies :		
Medical cases	253	2,278
Problem families	72	
Low income	238	
Women who paid for supplies :		
Married women	1,404	4,001
Unmarried women	51	76
Total	2,018	6,355

Reasons for classifying patients as medical cases :

Medical condition	*No. of patients*
General	118
Gynaecological	72
Repeated miscarriage	9
Previous difficult labour	6
Heart disease	12
Tuberculosis	14
Diabetes	1
Chronic nephritis	2
Mental disorder	10
Anaemia	9

Patients prescribed with oral contraceptives

Patients receiving free supplies ..	254
Married patients who paid for supplies	760
Unmarried patients	26

CARE OF UNMARRIED MOTHERS.

In 1969 725 (5·9 per cent) babies born to Glamorgan mothers were illegitimate. However, only thirty-one unmarried mothers were admitted to mother and baby homes, the Authority accepting responsibility for the payment of their fees, compared with forty-two the previous year.

The age range of the thirty-one girls was :—

Under 16	4
16 to 18	13
19–20	9
21–22	5

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

65 Cowbridge Road West, Cardiff	21
"Northlands", Cardiff	5
"St. Anne's", Chepstow	2
Cwmdonkin House, Swansea	2
"Elmleigh, Northampton	1

Responsibility was also accepted for six other girls to be admitted to mother and baby homes but they later decided to be confined at local hospitals.

THE PREVENTION OF PREMATURITY AND THE CARE OF PREMATURE INFANTS

Prematurity is a dominant factor where there is a high perinatal mortality rate. 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 nearly full term and are undergrown. Probably one-third of all babies classed as premature are undergrown babies.

In Glamorgan in 1969 1,090 births or 8·8 per cent of all notified births were premature. 7·9 per cent of notified live births (967 infants) and 62 per cent of all

notified stillbirths, 123 stillborn infants, were premature. Although 8 per cent of live births were premature they accounted for 64 per cent of the children who died under four weeks. If one could solve the problem of prematurity it would be possible to considerably reduce the high wastage of life arising from children born dead or not surviving the first month of life and prevent much illness and disability among surviving children.

The percentage of births which are premature is higher in Glamorgan and in the industrial areas of South Wales, the Midlands, and the North of England than elsewhere. The incidence of prematurity is influenced by social class, birth order, age of mother and such abnormalities of pregnancy as toxaemia, ante-partum haemorrhage and multiple pregnancy. There is, however, inadequate knowledge of the causes of premature birth which limits the possibilities of prevention. 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. There should be careful selection of cases for hospital confinement and these should be made after assessment of the physical signs and history including previous miscarriages, premature births, and stillbirths. Bed rest for patients with multiple pregnancy between the thirty-second and thirty-sixth weeks is advocated by many obstetricians and the Authority have agreed that expectant mothers who have been advised rest on medical grounds may receive a home help service free of charge.

Low birth weight frequently occurs in babies of mothers who smoke. These babies are not born prematurely. The incidence of death in babies of smokers is significantly higher than in those of non-smokers. This is the result of an increase of low weight babies. Fifty-two per cent of Glamorgan women who were confined during a week in April 1970 smoked.

Table 8 shows that the rate of survival of infants is directly proportional to the birth weight. The larger prematurely born baby with a birth weight exceeding 4 lb. 6 oz. has a very good chance of survival but the smaller babies are at great risk.

Premature babies weighing under 3 lb. 4 oz. who survive are at risk of developing moderate to severe handicapping conditions, such as mental retardation and neurological defects and this risk increases as birth weight decreases. Abount one-third of these children suffer handicapping conditions to some degree and for this reason all prematurely born babies are placed under observation. Children who are underweight because of retardation or intra-uterine growth as opposed to the true premature babies, have a higher incidence of congenital malformations and are more prone to hypoglycaemia and mental retardation.

Much time and effort is spent in dealing with surviving premature babies who develop handicapped conditions. It is therefore worth while to take vigorous steps with a view to preventing prematurity. The quality of ante-natal care is an important element in the prevention of premature birth and it is important to make certain that the ante-natal patient clearly understands the advice given to her, that it is possible for her to put it into practice and that a check should be made that the advice is being carried out.

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	907
(*b*) At home or in a nursing home	60
Total	967

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

(*a*) In hospital	114
(*b*) At home or in a nursing home	9
Total	123

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born in hospital				Born at home or in a nursing home								Born:	
					Nursed entirely at home or a nursing home				Transferred to hospital on or before twenty-eighth day					
		Died				Died				Died				
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Not weighed	1	—	—	—	—	—	—	—	—	—	—	—	—	—
2 lb. 3 oz. or less	44	30	8	—	2	2	—	—	1	—	1	—	20	4
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	51	12	11	1	3	1	—	1	2	—	—	—	38	4
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	158	15	7	1	3	—	1	—	9	—	1	—	31	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	199	9	2	2	2	—	—	—	4	—	—	—	9	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	454	6	4	3	29	1	—	—	5	—	1	—	16	1
Total	907	72	32	7	39	4	1	1	21	—	3	—	114	9

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

Table 7

Percentage of Births which were Premature

	England and Wales	Glamorgan		
	1968	1967	1968	1969
Percentage of live births which were premature	7	7·2	6·7	7·9
Percentage of stillbirths which were premature	57	59·6	53·2	62·1

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	47	41	872
Over 2 lb. 3 oz.—3 lb. 4 oz.	56	26	464
Over 3 lb. 4 oz.—4 lb. 6 oz.	170	25	147
Over 4 lb. 6 oz.—4 lb. 15 oz.	205	13	63
4 lb. 15 oz.—5 lb. 8 oz. ..	488	15	31
All births	967*	120	124

One child not weighed*

Table 9

Statistics Relating to Prematurity by Division. 1969

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	9·7	8·6	65·0	84	94·4	12	92·3	—	—
Caerphilly and Gelligaer	8·8	7·9	58·6	118	96·7	16	94·1	1	25·0
Mid-Glamorgan	8·4	7·4	61·5	144	93·5	23	95·6	4	40·0
Neath and District	6·9	6·3	58·3	60	93·8	7	100·0	3	75·0
Pontypridd and Llantrisant	9·5	8·3	80·0	104	92·9	16	80·0	4	50·0
Port Talbot and Glyncorrwg	11·4	10·8	44·4	96	97·0	8	100·0	—	—
South-East Glamorgan..	7·3	6·6	76·2	118	95·2	16	100·0	1	16·7
West Glamorgan	7·7	7·2	46·2	70	94·6	6	100·0	1	25·0
Rhondda..	10·2	9·5	57·1	112	87·5	10	83·3	7	43·0
Total	8·8	7·9	62·1	907	93·8	114	92·7	21	35·0

Congenital Malformations

The annual report for 1968 dealt at length with the incidence of congenital malformations and the factors which could give rise to it. Since 1964, babies observed at birth to be malformed have been notified to the Registrar General. The object of the scheme is to compile statistical information from which factors of significance will emerge in time which may lead to a reduction in the incidence of congenital malformed children. 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 is not delayed.

Greater skill in surgery and the control of infection has enabled children born with severe physical difficulties to survive. A Spina Bifida Unit was opened in Cardiff Royal Infirmary in November 1967 and serves an area covered by six of the nine health divisions. Babies born with this condition in the three western health divisions are sent to Morriston Hospital, Swansea, but this does not as yet have the full range of specialist facilities available as the Cardiff Unit.

The following table indicated that for the five years 1965–1969 of 233 babies born with spina bifida, 75 died and 69 were stillborn :—

Table 10

Spina Bifida Children Born, 1965–1969

	1965	1966	1967	1968	1969
Number of surviving children	22	13	18	13	21
Children born alive who have since died	20	16	14	14	11
Stillbirths	18	25	8	6	12
Total	60	54	40	33	44

TABLE 11

NUMBER OF INFANTS (LIVE AND STILLBORN) WITH CONGENITAL MALFORMATION DETECTED AT BIRTH, BY DIVISION, 1969

Division	Total Births (live and still)	No. of infants with malformations		Rate per 1,000 total births
		Live	Still	
Aberdare and Mountain Ash ..	1,050	14	2	15·2
Caerphilly and Gelligaer	1,572	13	10	14·6
Mid-Glamorgan	2,107	19	7	12·3
Neath and District	1,020	24	2	25·5
Pontypridd and Llantrisant	1,380	16	10	18·8
Port Talbot and Glyncorrwg	937	18	5	24·5
South-East Glamorgan	1,900	23	4	14·2
West Glamorgan	1,042	6	7	12 5
Rhondda Borough	1,368	11	6	12·4
Total	12,376	144	53	15·9
Total for 1968	12,403	105	44	12·0

CHILD HEALTH SERVICE

Briefly, the Authority's Child Health Service provides :—

(*a*) Routine medical examination of children presumed to be healthy.

(*b*) For the early detection of physical, mental, and emotional defects, and to provide for the special examinations of children in "at risk" groups.

(*c*) Parental counselling.

(*d*) Health education of parents.

(*e*) Immunisation and vaccination.

(*f*) Sale of welfare and proprietary foods.

The service is popular. 87·4 per cent (10,814) of Glamorgan children born in 1969 attended centres also 91·5 per cent (11,143) of those born in 1968 and 24·9 per cent (13,020) of those born between 1964 and 1967. All these children made 230,492 attendances ; those under 1 made 84,146, those between 1 and 2 made 89,617, and others made 56,729 attendances. A total of 7,159 sessions were held, 5,473 by medical officers, 659 by health visitors, and 1,027 by general practitioners employed on a sessional basis. The number of general practitioner sessions does not include sessions held by family doctors seeing their own patients at health centres.

Three hundred and forty-eight children were referred for special treatment or advice either to a general practitioner or direct to a hospital specialist.

In December 1969, there were 154 static and one mobile clinic. There was also a mobile dental clinic. Fifty-eight clinics were purpose built, eighteen were held in adapted premises, and seventy-eight in hired premises.

The following clinics were closed during the year :—

Clinic	*Reason for closure*
Cwmfelin ..	Low attendances.
Dinas Powis ..	Demolished to make way for health centre.
Gorseinon ..	Redundant following building of health centre.
Kenfig Hill ..	Adapted as health centre.

A proposal was also made for the closure of Evanstown clinic which is held in unsatisfactory premises and because a purpose-built clinic is situated only 0·6 miles away. The closure of this clinic was resisted by Ogmore and Garw Urban District Council and at the end of the year its future had not been determined. A temporary clinic was opened at Dinas Powis pending the opening of the health centre and child health services were also provided at the new Resolven, Gorseinon, and Kenfig Hill health centres.

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

Registers of children at risk of handicapping conditions are kept and 5,070 children were registered in 1969, having been pruned from the 8,840 in 1968 by the removal of the names of these found to be normal. The function of At Risk and Observation Registers in use in divisional health offices has been reviewed by a small committee of medical officers under the chairmanship of Dr. D. W. Foster, the Divisional Medical Officer for Pontypridd and Llantrisant. At risk categories for placing children under observation were too wide with the result that the registers contained too many names to make a full follow-up possible for each child. The registers also depended on information provided on birth notification cards which are usually completed by midwives. Ninety per cent of the confinements take place in hospital and a midwife completing the notification cards may not have available to her reliable and complete information with the result that many cards were incorrectly completed.

The Terms of Reference of Dr. Foster's committee was to examine the proper function of At Risk and Observation Registers and to design a system of records of children being observed. His committee recommended as follows :—

1. Two registers should be maintained in each division.
   (*a*) A register of children under observation.
   (*b*) A register of handicapped children.

2. *Observation Register.*

The term "observation register" was preferred to that of "at risk register" which usually gave little weight to post-natal history. The criteria for an At Risk Register was suggested.

3. *Compiling the Register.*

The register should be supervised by a medical officer with special interest in developmental paediatrics who would also be concerned with transfers and deletions from the register. Field staff concerned should be informed of additions and deletions to the register.

4. *The Role of Clinic Medical Officer*

Local responsibility would be placed on the clinic medical officer for the follow-up of children under observation. He would report periodically or as and when required to the divisional medical officer.

5. *Control by Divisional Medical Officers*

Divisional medical officers should note the progress made by children under observation. In divisions where there were insufficient medical staff available health visitors would check on the developmental progress of children on the observation registers.

6. *Register of Handicapped Children*

This would be operated and controlled from the divisional office. It would contain the names of children who suffer from a medical condition which is a handicap. It would include children who require special education as well as those who do not.

7. *Source of Cases.*

Children would be entered on the register after having been medically assessed unless the defect has obvious, e.g., congenital malformation.

8. *Follow-up of Children.*

Control or follow-up would be exercised by the divisional medical officer and children would be seen by a full-time medical officer.

9. *Records*

A system of recording information was recommended relating to the medical examination of all registered handicapped children and a system devised which would effect administrative control with economic use of clerical manpower.

Health visiting, child welfare, and school medical records should be marked to show whether a child was under observation or handicapped and dental records should also be marked in appropriate cases.

The professor of paediatrics and the professor of obstetrics at the Welsh National School of Medicine were kind enough to send me their observations on the working party's proposals and as a result of their views the criteria for including children's names on the observation registers were agreed as follows—

(*a*) Evidence of severe asphyxia at birth (that is, infant took longer than five minutes to establish regular respiration or Apgar 4 or less).

(*b*) Exchange transfusion undertaken at birth.

(*c*) Apnoeic attack in neo-natal period : convulsions.

(*d*) Prematurity if birth weight is 4 lb. or under.

(*e*) Multiple births.

(*f*) Congenitally malformed children.

(*g*) Children about whom some concern is felt, that is failure to thrive who are regarded as requiring careful observation for some clinical or developmental indication or because of marked social problems at home.

These proposals were sent to the local Maternity Liaison Committees in the county and also to the medical officers of health of neighbouring counties and the county boroughs within the county, since there were advantages in authorities listing uniform conditions on their notification of birth cards as the hospitals serving the county also served other areas. Some of the authorities consulted felt that they were unable to accept all the recommendations and there is to be further discussion with the Liaison Committee of Medical Officers of Health in Wales.

The ranking of divisions according to attendances at child health centres was as follows :—

TABLE 12

ATTENDANCES AT CHILD HEALTH CENTRES, 1969

Division*	Total No. of attendances	No. of clinics	No. of clinic sessions held during 1969
(1) Mid-Glamorgan	56,105	29	1,516
(3) Caerphilly and Gelligaer ..	32,707	22	828
(2) South-East Glamorgan ..	26,948	18+ mobile clinic	1,249
(4) Pontypridd and Llantrisant	24,994	14	618
(9) Port Talbot and Glyncorrwg	21,595	16	674
(8) Neath and District ..	19,499	15	525
(6) Aberdare and Mountain Ash	18,978	13	637
(7) West Glamorgan	17,261	19	618
(5) Rhondda	12,405	8	494

*Ranking of division, according to number of live births 1969, given in brackets. Number of births given in Table 13.

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 attendances	Number of Centres	Number of children who attended during the year who were born in			Total attendances
	Domiciliary	Institutional	Domiciliary	Institutional		Ante-natal	Post-natal			1969	1968	1964–1967	
Aberdare and Mountain Ash	81	949	1	19	1	21	2	52	13	890	914	828	18,978
Caerphilly and Gelligaer	196	1,347	2	27	6	641	—	3,572	22	1,323	1,416	1,755	32,707
Mid-Glamorgan	306	1,762	1	38	16	357	39	1,441	29	1,854	1,994	2,521	56,105
Neath and District	106	902	—	12	8	644	159	3,437	15	955	948	1,960	19,499
Pontypridd and Llantrisant	238	1,117	4	21	3	436	57	2,015	14	1,213	1,317	1,511	24,994
Port Talbot and Glyncorrwg	54	865	—	18	11	631	68	2,770	16	812	1,068	1,278	21,595
South-East Glamorgan..	149	1,730	—	21	4	823	—	2,208	18	1,855	1,719	1,762	26,948
West Glamorgan	32	997	—	13	6	331	152	2,532	19	874	791	805	17,261
Rhondda..	204	1,143	2	19	7	349	68	1,582	8	1,038	976	600	12,405
Totals	1,366	10,812	10	188	62	4,233	545	19,609	154	10,814	11,143	13,020	230,492

Appointments System

An appointments system was introduced at clinics in four health divisions. In three of the divisions, the system appears to be working well but in the fourth, mothers tend to forget appointments and clinics are poorly attended. In the three divisions medical officers are agreed that the system is a satisfactory one which enables them to carry out developmental paediatrics efficiently. Nursing mothers are given a card with the date of the next appointment marked on it. Health visitors at an exceptionally busy clinic have complained that too much time is being spent on clerical work but the effect of an appointments system will reduce the numbers attending. Children who are at risk can be dealt with at ordinary clinics : special "at risk" clinics worry the mothers.

The following report of Dr. Valerie Davies, Medical Officer in the Port Talbot and Glyncorrwg Division illustrated the advantages of the appointments system and some of the problems :—

> "I think the new arrangements at child health centres have allowed more time for developmental paediatrics and for follow-up of children under observation. Far more infants and small children are receiving regular routine examinations than in the past.
>
> At present the system appears to be working better for the baby and young toddler than for the three and four year olds (the majority of whom tend to default) and very well indeed for babies born since the appointments system started. I think it is highly probable that 1969–70 babies will not default for *their* three and four year old examinations when the time comes, because these mothers have accepted the new system.
>
> Follow-up of children requiring observation is greatly improved. An appointment card appears to be far more effective than a verbal instruction to 'come again in a month'.
>
> Follow-up of children on the Observation Register is now possible without any trauma to the mother. The letter which used to be sent to parents of 'at risk' children often caused considerable alarm, but now they can be seen as regularly as necessary, without being aware that they are, in fact, in a special category. The examination, therefore, becomes much easier because mother and child are more relaxed.
>
> Administration of the system is not easy, and I gather that some clinics would appreciate the help of a clerk, but apart from this, the new arrangements are highly satisfactory."

Phenylketonuria

Phenylketonuria is a congenital metabolic disorder occurring in infants which can cause mental subnormality if untreated. It is thought that the incidence in Britain is about one case in every 10,000 births. A phenylketonuria baby lacks a certain enzyme so that he cannot metabolise phenylalanine. Careful restriction of the amount of phenylalinine in the diet is required. Milk or milk products must be excluded.

Phenylketonuria can be searched for by testing the urine of young babies—the Phenistix test or Woolf's technique, or the blood of the newborn—the Guthrie test. The Phenistix test is the simpler test and was introduced in the county in 1960. A health visitor presses an impregnated stick into the baby's wet napkin and if it turns a certain colour further investigations will be required. The Phenistix test was considered to be unreliable and early in the year this was replaced by the Guthrie test in the Neath, Port Talbot and Mid-Glamorgan Health Divisions, and it was planned to introduce it in other areas when laboratory facilities become available. For the Guthrie test a specimen of blood is taken from the child between the sixth and fourteenth day of life and this is analysed at a hospital laboratory.

Subsequently laboratory facilities became available for the Woolf test to be used for all babies in Wales. This test is as reliable as the Guthrie test, it can also detect any one of eighteen other known types of inborn errors of metabolism and does not necessitate the discomfort caused to the baby by collecting a sample of blood. A piece of absorbent paper impregnated with the baby's urine is sent for analysis to the Department of Metabolic Medicine at the Welsh National School of Medicine. The Woolf test will be introduced in all areas of the county in 1970.

During 1969, 12,262 tests were made on babies and no case of phenylketonuria was reported.

Sale 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 and other welfare foods. The full price for national dried milk was raised so that it equalled the cost of the more popular proprietary milk foods and as a result sales of national dried milk fell and sales of proprietary foods rose. Sales of proprietary foods, however, have declined in recent years partly due to the fall in the birth rate but also because supermarkets began to sell certain baby foods at reduced prices. It will, however, be noted that sales of cod liver oil and orange juice have remained steady since there is no alternative commercial supply for these vitamin foods.

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
					£
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
1969..	7,590	11,242	217,860	7,171	72,073

Dental Care

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

Expectant and Nursing Mothers and Children under five years

The steady fall in the demand for treatment by the priority groups of expectant and nursing mothers and pre-school children continued in 1969, and it is now apparent that a large number of this important group are being treated as a family unit by the general dental service practitioner.

Of the 259 mothers who attended our clinics during the year, treatment was completed for 100, and the figures of 522 teeth filled to 411 teeth extracted is an improvement on the figures in recent years, where extractions usually outnumbered the teeth which are conserved.

Dentures were provided for 78 patients, so that the greater proportion of this group attended for fillings and prophylactic treatment rather than for receiving dentures.

Eight hundred and nineteen children attended for treatment, compared with 992 in the previous year and courses of treatment were completed for 504 of these children.

The ratio of 1,168 teeth filled to 1,117 teeth extracted for the pre-school child is similar to recent years. The lack of dental care is further emphasised by the fact that of the 1,091 children examined, 948 required treatment.

Dietary advice is given to mothers at ante-natal and post-natal classes by health visitors, who take particular attention to point out the dangers to the teeth of young children caused by the misuse of dummies, dormers, and reservoir feeders.

The more acceptable glucose-based vitamin C preparations are now available at all clinics and the increase in sales of these has shown that some mothers have accepted the suggestion that these are preferable to the sucrose-based vitamin C products, which have been the only ones available in the past.

During the year talks by health visitors and dental auxiliaries were emphasised by posters, leaflets, dental health films and basic rules of dental health, and a strong recommendation to start dental inspections of children from the age of three onwards.

Economic considerations again delayed the introduction of fluoridation in the Mid-Glamorgan Health Division, but there is now a very definite prospect that this will be introduced in 1970.

From this small start it is hoped that all the Health Divisions of the Administrative County will receive the full benefits of fluoridation to enable the vulnerable age group of the pre-school child to resist the onset of dental decay, or that their introduction to dentistry will not involve prolonged remedial treatment.

Table 15

Dental Services 1969

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 ..	46	72	118	2	68	62	74	28	6	2	10	16	14
Caerphilly ..	116	181	297	1	194	186	146	35	25	4	17	3	37
Mid-Glamorgan	86	114	200	4	93	73	76	30	28	2	45	16	57
Neath	75	32	107	4	52	51	136	54	55	—	1	28	43
Pontypridd ..	95	57	152	6	43	39	191	47	13	—	6	83	86
Port Talbot ..	57	23	80	1	30	30	83	48	20	—	—	—	39
South-East Glamorgan ..	98	179	277	10	398	331	85	11	20	2	44	25	73
West Glamorgan	94	125	219	8	163	154	65	29	58	1	53	32	42
Rhondda	152	292	444	5	299	242	311	86	26	—	10	52	113
Total ..	819	1,075	1,894	41	1,340	1,168	1,117	368	251	11	186	255	504

Table 16

Dental Services 1969

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 ..	47	116	163	2	107	97	17	6	1	–	9	–	–	–	5
Caerphilly ..	40	165	205	1	123	119	89	12	11	10	23	1	–	–	14
Mid-Glamorgan	19	62	81	–	28	26	42	8	5	–	6	–	2	–	12
Neath ..	12	55	67	1	27	27	51	1	11	–	5	–	–	–	6
Pontypridd ..	25	53	78	1	38	33	40	2	6	–	16	–	–	–	19
Port Talbot ..	45	85	130	1	56	52	60	11	11	2	5	–	–	–	17
South-East Glamorgan	20	40	60	1	49	47	25	1	6	3	5	1	–	–	11
West Glamorgan	25	85	110	7	50	48	64	6	19	1	67	2	–	–	9
Rhondda ..	26	52	78	3	90	73	23	1	2	7	16	4	–	–	7
Total ..	259	713	972	17	568	522	411	48	72	23	152	8	2	–	100

Table 17

Dental Services 1969

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 ..	2	4	6	—	90	81	60	63	62	62	93	—
Caerphilly	3	6	11	—	173	143	137	37	36	36	98	12
Mid-Glamorgan	4	4	10	—	105	83	79	23	18	17	55	—
Neath	3	3	7	—	88	80	77	20	16	16	24	—
Pontypridd ..	–	3	4	—	139	97	97	25	25	25	89	—
Port Talbot ..	6	1	10	—	64	62	60	48	48	48	35	—
South-East Glamorgan ..	5	4	9	—	127	111	111	20	20	20	67	—
West Glamorgan	4	4	11	—	120	107	104	27	26	26	32	—
Rhondda ..	4	18	22	—	185	184	162	29	29	29	140	—
Total ..	31	47	90	—	1,091	948	887	292	280	279	633	12

Day Care of Children

The Welsh Board of Health Circular 37/68 asked authorities to review day care facilities in their area for children under 5, to assess the total demand for all day and part day care of children in certain priority groups which were not satisfactorily being made by the parents themselves and to state the extent to which authorities expected to be able to meet any local needs in short term and in long term plans.

It is estimated that in 1969 there were 38,000 children aged 2, 3, and 4 years in the county. Of these, 9,421 attended nursery schools and classes provided by the Education Department and about 2,200 children were looked after by child minders or at private nurseries. About half the number of children between 4 and 5 years attended school but these children were not evenly distributed throughout the county. In Rhondda and the Aberdare Valley about 48 per cent of children between 3 and 5 attended school but in Port Talbot and Glyncorrwg Division only 28 per cent did so. In areas of declining population it is possible to provide nursery classes at schools but in the developing areas children often did not start school until 5. Private nurseries are being provided in residential areas but are not generally met with in local authority housing estates.

Twenty-six thousand three hundred and eighty children between the age of 2 and 5 were looked after entirely by their parents and of this number health visitors were of the opinion that 1,257 children needed to be cared for in play groups or by child minders on health or welfare grounds. This represented one in twenty children. Day care was needed on the following grounds :—

(*a*) The growth of large housing estates where young mothers become separated from their parents and relatives.

(*b*) The changing incidence of illegitimacy with young women wishing to keep their illegitimate offspring rather than place them for adoption.

(*c*) Overcrowding in sub-standard houses in certain areas.

(*d*) Traffic dangers and the lack of opportunity for children to play in high flats.

At the time of the review, financial provision of the Health Services, along with other services, had been severely pruned during the previous two years and there was no longer scope for cutting back expenditure in other services to allow for an expansion of provision for under 5 children. The Director of Education was consulted as to the extent his department could satisfy the need which existed for children in the priority groups. The Education Committee applied to the Government for assistance under the Urban Aid programme for a nursery school at Hengwrt, Briton Ferry. The Government granted this request and a school to provide sixty places will be ready in 1971. Elsewhere, however, the Education Authority were unable to be of assistance since they were bound to adhere to the ruling of the Department of Education and Science which restricted the number of under 5 children to the list of comparable figures for 1952 and 1956.

The Health Committee were unable to make long term plans for the care of under 5 children until they had decided on a policy for the provision of hostels for the long term care of subnormal patients, which would involve substantial expenditure.

Concerning short term plans it was decided :—

(*a*) That the authority would continue to place in private nurseries, at their own expense, a small number of children whose parents are deaf or who suffer from physical or mental handicaps which prevent children from developing normal speech and habits.

(*b*) That consideration would also be given to supporting voluntary groups to start play groups where there were a large number of children in high flats and had no opportunities to play.

(*c*) That consideration would also be given to giving financial support to voluntary groups who look after socially deprived children.

In view of the special circumstances obtaining in Hengwrt, Briton Ferry, the Authority convened a meeting of parents and persuaded them to form a voluntary group to provide a day nursery until the new school was built. The Neath Borough Council and the County Health Committee gave financial support.

Another group of socially deprived children is situated at Maes-yr-haf Settlement at Trealaw and is registered by the Rhondda Borough Council. Officers of the Children's and Health Departments have helped this venture which looks after children over a wide area who are socially deprived. The Borough Council, as a delegate authority, were invited to consider giving financial support to this venture when the grants from the Rowntree Trust come to an end.

Table 18

Day Care of Pre-School Children—Return Sent to Welsh Office

Part I—*Estimated need on health and welfare grounds which is not already being met* (i.e., excluding children for whom provision is already being made in one way or another).

Reason (main reason where there are more than one)	Full-day	Part-day
	Number of children	Number of children
Unsupported mother who has to work ..	146	57
Mother incapable of looking after the child properly	257	97
To prevent the break-down of the mother or the break-up of the family ..	156	92
Home conditions a hazard to the child's health and welfare (e.g. gross over-crowding)	146	48
Child's health and welfare seriously affected by lack of opportunity for playing with others	95	46
Child handicapped (*a*) mentally	81	36
(*b*) physically		
Other reasons		
Total	881	376

Part II—*Plans for additional day care facilities to meet special health and welfare needs* (1).

	Short-term plans (2)	Long-term plans (3)
	Number of places	Number of places
Full-day care		Not decided
Local Authority day nurseries ..	—	—
Private day nurseries child-minders ..	25	
Total full-day care	25	—
Part-day care		Not decided
Nursery schools	—	—
Private or voluntary nursery groups..	75	—
Local Authority nursery groups ..	—	—
Total part-day care	75	—

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

The scope of the 1948 Act was extended by the Health Services and Public Health Act, 1968. Under these Acts the County Council has a duty to register and supervise nurseries and child minders in their area. Different requirements apply for nurseries and child minders. Broadly speaking if children are received in premises other than the proprietors own home, for example, in specially built premises or a church hall, this is considered to be a nursery and such premises must be registered whether or not a charge is made by the proprietor for the services provided. If one or more children under the age of five are received into a person's own home for reward, that person would usually be registered as a child minder. However, if the person's home is used for the caring of children to such an extent that it is used mainly as a nursery, the dwelling will be considered to be a day nursery and will be registered as such. A child minder need only be registered if the children received are not relatives of the minder and there is a payment for the service provided. It is an offence to receive children into premises or a home in the circumstances previously outlined without registration.

The Authority's regulations for the registration and supervision of nurseries and child minders are stringent and nursery proprietors and child minders are given a booklet of advice on the management of nurseries and on the Authority's regulations. Nurseries and child minders are visited regularly by health visitors and a formal inspection is made by divisional nursing officers once a term. The Deputy Principal Nursing Officer investigates all new applications and advises. me on the suitability of the applicants and the premises.

At the end of the year eighty-eight nurseries and eighty-two child minders were registered. Twenty-three nurseries were managed by voluntary committees. Seventeen were Welsh language nurseries and six nurseries were provided for the handicapped and children who were socially deprived or lived in socially deprived areas. The Welsh language nurseries provided 300 places and the other nurseries 1,669 places. Details of the other nurseries are as follows :—

Kenfig Hill and District Spastics Society	30 places
Neath Friendly Club for Mentally Handicapped Children ..	20 places
Caerau Mentally Handicapped (opens during school holidays)	8 places
Maes-yr-haf Settlement, Trealaw, for Socially Deprived Children	15 places
Voluntary nurseries in socially deprived areas—	
Giant's Grave, Briton Ferry	15 places
Glyncorrwg	20 places

Day Care of other Children at Private Nurseries

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. One child of a socially deprived family was also maintained at a private day nursery at the Authority's expense so that he could develop normally.

Table 19

Nurseries and Child Minders as at 31st December, 1969

Division	Number of Nurseries	Number of Child Minders
Aberdare and Mountain Ash ..	2 (28)	—
Caerphilly and Gelligaer	9 (198)	10 (79)
Mid-Glamorgan	14 (336)	10 (62)
Neath and District	5 (110)	4 (30)
Pontypridd and Llantrisant ..	8 (176)	10 (34)
Port Talbot and Glyncorrwg ..	4 (75)	9 (78)
South-East Glamorgan	33 (786)	30 (247)
West Glamorgan	10 (205)	9 (72)
Rhondda Borough	3 (55)	—
Total	88 (1,969)	82 (602)

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

MIDWIFERY SERVICE

Origins of Service

Whereas health visitors and district nurses were not employed in Glamorgan before the twentieth century, there had always been midwives practising their profession. Even so the Midwives Act, 1902, was the first time Parliament had passed an Act regulating the profession. There are historical reasons for this. In Tudor and Stuart times midwifery as a profession was a female preserve and some midwives like some physicians and surgeons were well regarded and well remunerated. With the invention of the forceps in the seventeenth century, doctors gained ground and at the end of the eighteenth century spectacular advances in medical technique led to the familiar pattern of a male doctor for the rich, and a female midwife for the poor. During the nineteenth century the standing of midwives declined and the medical profession was divided between those who wished to raise the standards of midwives and those who wished for their extinction.

Until the Midwives Act 1902 any woman could take confinements and no training was enforced. In 1905, 750 women in the county practised midwifery which was an ill paid and highly competitive occupation and few women could expect to maintain themselves. Many did only occasional work and the standard of hygiene was deplorably low. The 1902 Act set up a register and included in it all women who had been in reputable practice who were also trustworthy, sober, and of good moral character. The Central Midwives Board was established with powers to make regulations as to discipline and training. The maternal mortality rate remained high, however, and midwifery as a profession was not attracting the right recruits and in 1936 the important Midwives Act was passed which provided for a salaried service to cover the whole of the country. A domiciliary midwifery service was provided by Rhondda and Aberdare Councils and by the County Council in other areas. The National Health Service Act, 1946, transferred the Rhondda and Aberdare Midwifery Service to the County Service. The period 1902 to 1946 may be regarded as one of a long and sustained attempt to raise the standard of midwifery.

Domiciliary midwives were controlled by local health authorities and hospital midwives by the hospital service and in 1959 the Cranbrook Committee reported on the subject of unification of the maternity services under one branch of the health service. The Committee thought it unjustifiable to provide hospital beds for all confinements and administrative unification would be difficult to achieve. The Cranbrook Report considered that 30 per cent of women would be confined at home but events have since shown that nine in every ten women in Glamorgan enter hospital for their confinement and the unification of all the health services has been proposed by the government.

The Glamorgan Midwifery Service, 1969

The number of home confinements has fallen steeply in recent years. In 1969 there were 1,355 domiciliary confinements compared with 1,833 home confinements in 1968, and 4,358 in 1964. This is due to the increase in the

number of women confined in hospital, a practice that still continues with the modernisation of maternity units. In 1969 88·9 per cent of babies were born in hospital. The following table indicates the number of domiciliary confinements attended by midwives. A doctor was present at eighty-six confinements :—

TABLE 20

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1969

Number of domiciliary confinements attended by midwives under NHS arrangements				Total	Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before tenth day
Doctor not booked		Doctor booked			
Doctor present at delivery (1)	Doctor not present at delivery (2)	Doctor present at delivery (either the booked doctor or another) (3)	Doctor not present at delivery (4)	(5)	(6)
10	149	76	1,120	1,355	7,273

The fall in the number of confinements attended by many midwives is such that there is a danger that they will lose their skills. Ten midwives were in attendance at less than five confinements. 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 :—

TABLE 21

DOMICILIARY MIDWIVES—CASE LOADS 1969

Division	Case Loads						
	0–4	5–9	10–19	20–29	30–39	40–59	60–79
Aberdare and Mountain Ash	–	1	3	1	–	–	–
Caerphilly and Gelligaer ..	–	1	9	2	–	–	–
Mid-Glamorgan	–	6	3	3	–	–	–
Neath and District	1	4	5	–	–	–	–
Pontypridd and Llantrisant	–	1	1	3	4	–	–
Port Talbot and Glyncorrwg	2	6	–	–	–	–	–
South-East Glamorgan ..	1	5	7	–	–	–	–
West Glamorgan	4	2	1	–	–	–	–
Rhondda	2	2	6	4	–	–	–
Administrative County ..	10	28	35	13	4	–	–

Early Discharges

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

Sixty-seven per cent of mothers admitted to hospital for confinement were discharged before the tenth day and their nursing care was continued by county midwives and county nurses. The proportion of mothers discharged early from hospital varies in the county according to the availability of hospital beds. In Caerphilly and Gelligaer Division 37 per cent of the mothers were discharged within 48 hours. In Neath and District and Port Talbot and Glyncorrwg Health Divisions 95 per cent of the mothers were discharged before the tenth day but only one in ten mothers were discharged within 48 hours. Responsibility for early discharge after confinement rests with the consultant obstetrician and paediatrician.

Most early discharges are planned beforehand and the patients are visited in the ante-natal period by midwives and advised to contact the appropriate county midwife on discharge if no visit is made to them within 24 hours. This is an emergency measure to cover any failure in the hospital service notifying the domiciliary midwife. Every day a county midwife from each health division telephones at a pre-arranged time the maternity unit serving the area and obtains a list of discharges for that day, thus ensuring the early visit of a midwife. Each patient on discharge takes with her a letter to the midwife giving a simple outline of her labour and her condition on discharge. The domiciliary midwife is responsible for telling the family doctor of the discharge of his patient.

TABLE 22

INSTITUTIONAL LIVE BIRTHS AND EARLY DISCHARGES

Division	Number of live institutional births	% of live total births	Number of Cases Discharged from Hospital in 1969 as Percentages of all Discharges from Hospitals							
			Within 48 hours	%	Between 2–5 days	%	Between 5–10 days	%	Total	%
Aberdare ..	949	92·1	36	3·8	445	46·9	295	31·1	776	81·8
Caerphilly ..	1,347	87·3	497	36·9	219	16·2	219	16·2	935	69·4
Mid-Glamorgan	1,762	85·2	41	2·3	498	28·3	94	5·3	633	35·9
Neath ..	902	89·5	83	9·2	589	65·3	182	20·2	854	94·7
Pontypridd ..	1,117	82·4	290	25·9	289	25·9	148	13·2	727	65·1
Port Talbot	865	94·1	95	11·0	419	48·4	312	36·1	826	95·5
South-East Glamorgan	1,730	92·1	148	8·5	333	19·2	413	23·9	894	51·7
West Glamorgan	997	96·9	20	2·0	304	30·5	559	56·0	883	88·5
Rhondda ..	1,143	84·8	143	12·5	495	43·3	107	9·4	745	65·2
Total ..	10,812	88·8	1,353	12·5	3,591	33·2	2,329	21·5	7,273	67·3

MATERNITY UNIT, BRIDGEND HOSPITAL

During the latter part of September the Maternity Unit at Bridgend Hospital experienced grave staffing difficulties. The Unit was five midwives below strength and bookings for admission were high.

During the week 20th to 27th September all the county midwives in the Mid-Glamorgan Health Division worked at the hospital on a rota basis working an 8 hour shift when on duty there. During the following week the shift was cut to 4 hours.

The midwives worked hard at the hospital and undertook duties in the Labour Room and elsewhere where their skills as midwives were fully used. Their work was much appreciated by the consultant obstetrician and his staff.

STAFFING.

At the end of the year, there were seventy-five whole-time midwives, nine nurse/midwives and twenty whole-time and part-time maternity nurses (equivalent in whole-time terms to 79·5 midwives and 12·1 maternity nurses).

Refresher Courses.

Midwives are required to attend approved refresher courses every five years. An approved refresher course was held by the Authority at Aberdare Hall, Cardiff, from 7th to 12th September. This was attended by forty-six midwives of whom twelve were in the employ of the Authority. Ten midwives were employed in the hospital service, nine were from other Welsh local health authorities, and fifteen from English local health authorities. Three Glamorgan midwives attended an approved refresher course in Bangor and another three attended an approved course in Cottingham.

Three nursing officers attended a course for supervisors in Durham during a week in April.

Supervision of Midwives.

The County Council is a local supervisory authority of midwives and during the period 1st February, 1968, to 31st January, 1969, 251 midwives notified their intention to practice in the administrative county as follows :—

Domiciliary	96
Hospital	149
Supervisory	6

Midwifery Training

Bridgend and Llwynypia Hospitals and Barry Maternity Hospital are approved as Part II Training Schools. It has proved difficult to provide sufficient domiciliary cases for training. Pupil midwives are required to deliver six women at home and the health divisions taking part in training must be able to guarantee six home bookings per pupil midwife every three months and in a given area near each hospital. The Health divisions taking part in training are as follows :—

Name of health division	*Percentage of births taking place at home*
Caerphilly and Gelligaer	13
Mid-Glamorgan	15
South-East Glamorgan	8
Rhondda Municipal Borough	15

HEALTH VISITING SERVICE

Origins of Service

Health visiting before the introduction of the National Health Service Act was mainly concerned with the saving of child life. Health visitors do not appear to have been employed in Glamorgan before the Act of 1907 which permitted authorities to engage health visitors to deal with problems involved with child care, but by 1919 following the Maternity and Child Welfare Act of the previous year, district councils in Glamorgan were employing fifty-six full time and two part-time health visitors and one authority made arrangements with a voluntary body for the employment of one health visitor. The County Council delegated its powers under the 1918 Act to the district councils. By 1948 district councils were employing seventy-five full-time health visitors.

Much of the credit for the spectacular reduction in infant and child mortality and in the number of children disabled by serious illness between 1900 and 1948 is due to the health visitors and their endeavours to educate mothers on rearing their babies. The National Health Service Act, 1946, confirmed the role of health visitors in this important field of work and, as they had been so successful as advisers on infant health, it was intended that they should also be concerned with the health of families as a whole including the preservation of health and precautions against the spread of infection.

Later doubt was being expressed about the value of the health visitors work in view of the growth of specialised social services during the post war period provided by the child care officers, social welfare officers, mental health officers, and the hospital almoners. In 1953 the Minister of Health appointed a working party on the health visitor which reported in 1956 (the Jameson Report). The report has been criticised for not making a deep enough analysis of the field of work of health visitors and for not taking pains to evaluate the contribution made by health visitors in preventive medicine.

A working party set up by the government to examine the staffing of local health and welfare authority departments (the Younghusband Report) did not clarify the health visitor's role and the effect of the report was to continue the uncertainty about the role of the health visitor in the social services.

The Seebohm Report on Local Authority and Allied Personal Social Services which reported in 1968 referred to the confusion which has continued over the respective roles and responsibilities of health visitors and social workers and which has inhibited collaboration between them. The Seebohm Report referred to the overlap in the duties of health visitors and social workers. It considered that the roles of the health visitor and social worker were distinct and might be incompatible in the same person. It was suggested that the future role of the health visitor would need to be settled in relation to current developments in community nursing, health education, and general practice as well as in social work. The notion that health visitors might further become all purpose social workers for general practice was misconceived in the opinion of the Seebohm Report.

The Council for the Training of Health Visitors in their report for the year 1969 sought to clarify the role of the health visitor. The Council considered that her work had five main aspects :—

(*a*) The prevention of mental, physical, and emotional ill-health or the alleviation of its consequences.

(*b*) Early detection of ill-health and the surveillance of high risk groups.

(*c*) Recognition and identification of need and mobilisation of appropriate resources when necessary.

(*d*) Health teaching.

(*e*) Provision of care ; this will include support during periods of stress and advice and guidance in cases of illness as well as in the care and management of children.

Health Visiting in Glamorgan

At the end of December there were eight group advisers, 111 full-time health visitor school nurses, and sixteen part-time health visitors, and equivalent full-time of 121 health visitor school nurses. There were ten vacancies. Six health visitors had been trained during the year and took up appointments. There were the equivalent of 25·7 clinic nurses. During the latter part of the year eight student health visitors were being trained. Specially trained health visitors act as full time instructors in the practical work training of health visitors.

The health visiting service is supervised by the Principal Nursing Officer, her deputy, six divisional nursing officers responsible for the health visiting and home nursing services and three divisional nursing officers responsible for the health visiting services only.

The group adviser is intermediate between the health visitor and divisional nursing officer. She specialises in health education, the care of children with handicaps, particularly the multi-handicapped, and assists generally the nursing officer. Two of the eight group advisers are attached to the central office and act as liaison officers between residential schools for the handicapped and parents.

The allocation of the health visitor's time during 1969 appeared to be as follows :—

Table 23

Allocation of Health Visitors Time

	%	%
Home visits		54·3
Attendance at clinics (including G.P. Well Baby Clinics)—		
Child Health	18·5	
Ante-natal	4·9	
Family planning	1·1	
Cervical Cytology	1·1	
	——	25·6
School Health Service		10·5
Health Education :		—
In schools	4·7	
Other (including ante-natal classes)	3·8	
	——	8·5
Vaccination and immunisation		1·1
		100·0

Arrangements are being made to withdraw the health visitors from most ante-natal clinics and for midwives to take their places.

Health visitors spend an increasing amount of their time with old people and other vulnerable groups in the community. Of the cases visited by health visitors during 1969, 4,769 (65 per cent) were children under 5 years, 12,422 (17 per cent) were aged, 1,850 (2·5 per cent) were patients discharged from hospital (excluding maternity cases and the mentally ill), 1,604 (2·2 per cent) were tuberculosis households, 475 (0·6 per cent) were mentally disordered persons, and 9,290 (12·6 per cent) were other cases.

Table 24 indicates the case loads of health visiting staff as at the end of January 1970. This showed that 123 health visitors were supervising 59,021 families and that the work of health visitors was most varied and comprehensive. Of the families supervised, 1,673 presented multiple problems. Five thousand and eleven young children were closely supervised because they were likely to develop handicapping conditions and 1,505 because they were handicapped.

Table 24

Case Loads of Health Visiting Staff

DIVISION	Number of Health Visitors	Estimated School Population	Approximate number of patients on G.P. Practice list	Number of Cards held for (a) Patients on G.P. list living outside Division	Number of Cards held for (b) Patients of G.P's who practice mainly outside County	Number of half-day clinic sessions Fortnightly	Number of cards held (a) Children 0–1 year	(b) Children 1–5 years	(c) T.B. cases	(d) Families with problems	(e) Aged	(f) Miscellaneous	(g) Number of persons on registers: Observation	(g) Number of persons on registers: Handicapped	Number of health education talks given in past 12 months	G.P. surgery attendance: Number of Surgeries	G.P. surgery attendance: Number of attendances in 4-week period	Total number of families
Aberdare ..	10	11,230	62,500	56	—	42	986	3,752	309	149	2,153	270	603	205	361	17	71	5,941
Caerphilly	17	13,800	89,429	—	673	28·25	1,502	5,861	217	145	467	105	613	78	698	22	144	6,325
Mid-Glamorgan	12	15,308	107,410	1,220	—	50	2,008	6,701	272	150	1,729	126	311	253	296	24	114	8,845
Neath ..	12	10,754	83,705	—	44	27·5	1,005	4,012	227	142	1,458	192	584	123	587	15	168	5,914
Pontypridd	13	8,600	78,516	409	—	21	1,449	4,999	342	304	858	173	309	211	487	28	162	5,233
Port Talbot	11	10,587	63,089	13	—	23	964	3,990	239	67	882	135	680	150	392	19	171	4,709
South-East Glamorgan	21	19,759	200,873	126	247	33·5	1,829	6,051	286	159	812	136	467	409	243	28	68	6,957
West Glamorgan	12	7,096	65,159	—	969	26	965	3,824	159	266	1,618	759	875	22	640	18	—	6,139
Rhondda ..	15	16,803	96,450	475	—	19	1,393	5,643	539	31	3,178	801	569	54	1,453	24	197	8,958
Total ..	124	113,937	847,131	2,299	1,933	270	12,101	44,833	2,590	1,413	13,155	2,697	5,011	1505	5,157	195	1,095	59,021

ATTACHMENT TO GENERAL PRACTICE.

In October 1967 arrangements were made for health visitors to be attached to general medical practices and during a week in December 1969 of the health visitors on duty, 111 (ninety-seven full-time and fourteen part-time) were attached and only five full-time health visitors were not attached.

The purpose of the survey was to ascertain the extent of co-operation between the health visitor and general practitioner. Ninety-one per cent of the attached health visitors visited the general practitioners surgery or health centre during the week and 11 per cent attended well baby clinics or vaccination clinics held by the general practitioners. Forty per cent of the health visitors had consultations with patients at surgeries. Only five health visitors did not consult their general practitioner and were not in turn consulted by him during the week although these health visitors stated that consultations had taken place the previous week.

TABLE 25

ATTACHED HEALTH VISITORS

A WEEK IN DECEMBER 1969

	None	One	Two	Three	Four	Five	More than five
Visits to surgery by health visitors ..	10	20	33	21	13	8	6
Times health visitor consulted general practitioner	52	29	14	7	5	–	4
Times general practitioner consulted health visitor	31	26	23	9	6	3	13
Health visitors in attendance at special surgeries	89	19	3	–	–	–	–
Health visitors who had consultations with patients at surgeries ..	54	10	16	9	7	5	10

The following consultations per 100 health visitors took place:—

TABLE 26

	Attached full-time health visitors	Attached part-time health visitors	Non-attached full-time health visitors
Occasions health visitor consulted G.P. ..	108·5	123·5	79
Occasions G.P. consulted health visitor	207	92·5	59
Number of visits to G.P. surgery ..	266	123	138

The attachment of health visitors has proved a success. Many general practitioners value the services of health visitors very highly. A little over half the time of the health visitors can be devoted to home visits to the general practitioner's patients but it is necessary for her to undertake duties at infant welfare and other clinics in the school health service and health education. In some divisions the group adviser undertakes reponsibility for health education and the follow-up of children with multiple handicaps. Clinic nurses relieve the health visitor of routine duties at clinics and in the school health service and it is interesting to note that over the past few years this has enabled the health visitor to devote more time to home visits.

REFRESHER AND POSTGRADUATE COURSES.

Health visitor refresher courses were arranged as follows :—

Aberdare Hall, Cardiff, 15th to 18th September	Nineteen health visitors

For field work instructors

University of Warwick, 21st March to 2nd April	Five health visitors
Liverpool, 2nd to 16th September	Three health visitors
London, 8th to 19th September	One health visitor

Methods in Health Education

Gloucester, 25th to 27th November.. ..	Two health visitors

For Superintendent Health Visitors

Family Planning, London, 25th to 28th September	One nursing officer
Rehabilitation of Stroke Patient, Cardiff, 17th to 18th October	Six nursing officers

TABLE 27

VISITS MADE BY HEALTH VISITORS, 1969

Division	Children born during 1969		Children born during 1968		Other children under 5 years		Persons 65 Years or over				Mentally disordered persons				Persons discharged from Hospital other than Mental Hospital				Tuberculous households		Other infectious Diseases		Others	
							At request of G.P. or Hospital		Others		At request of G.P. or Hospital		Others		At request of G.P. or Hospital		Others							
	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits
Aberdare and Mountain Ash	1,019	2,880	1,047	2,730	2,031	2,072	485	771	931	1,669	18	15	13	43	13	7	72	5	315	101	144	15	1,385	1,506
Caerphilly and Gelligaer ..	1,563	4,480	1,580	4,511	2,726	5,084	340	1,375	156	517	17	118	25	92	12	30	13	9	49	137	11	64	626	2,063
Mid-Glamorgan	2,118	4,530	2,069	2,887	1,176	1,630	1,127	2,421	227	620	—	—	—	—	63	24	20	8	123	138	—	—	843	859
Neath and District	987	4,659	992	4,185	2,209	2,605	1,210	2,865	437	1,109	87	176	16	36	283	139	80	31	181	133	29	41	708	996
Pontypridd and Llantrisant	1,333	3,633	1,064	2,222	1,052	1,479	417	885	144	294	43	99	10	29	15	10	2	2	32	48	10	1	712	963
Port Talbot and Glyncorrwg	976	3,965	950	2,380	1,838	2,580	965	2,036	248	822	63	123	18	75	55	41	11	25	215	215	92	178	1,049	1,339
South-East Glamorgan ..	1,847	7,212	1,950	5,312	4,807	3,407	941	1,557	259	547	84	126	26	41	100	52	51	21	185	181	24	12	1,187	968
West Glamorgan	1,004	3,881	1,125	3,494	3,014	2,900	845	1,625	688	1,995	39	35	16	30	881	614	156	193	78	71	—	—	1,073	685
Rhondda Borough	1,323	3,742	1,439	3,382	4,420	1,002	1,769	4,093	1,233	1,312	—	—	—	—	21	1	2	—	426	86	8	7	1,707	914
Totals	12,170	38,982	12,216	31,103	23,273	22,759	8,099	17,628	4,323	8,885	351	692	124	346	1,443	918	407	294	1,604	1,110	318	318	9,290	10,293

HOME NURSING SERVICE

Origins of Service

The home nursing services before 1948 were almost entirely provided by the County Nursing Association and most areas of the county were well served in this way. A total of ninety-eight nurses were employed by voluntary organisations when the National Health Services was established in 1948 and the County Council engaged an additional twenty-three nurses to meet the needs of those areas which were not being well served. The strength of the voluntary service was an indication of the close support given by inhabitants of the county for a district nursing service. In 1948 the County Council provided a direct service and did not engage the voluntary organisations on an agency basis.

The object of the service is to assist the family doctor by providing skilled nursing care to people who live in their own homes. Nurses work under the clinical direction of the general practitioners. Changing patterns of disease and methods of treatment have affected much of the traditional work of the nurses although the kind of work can vary among divisional areas. There is much less nursing nowadays of patients suffering from pneumonia and other acute illnesses. The acute sick tend to be admitted to hospital and the surgical patients receive after-care treatment at out-patient departments at hospitals. Antibiotics have reduced the nurses work.

There has, however, been an increase in the nursing of the aged and chronic sick. Forty-seven per cent of the patients were aged and they received 70 per cent of all the visits made by nurses. In 1954 34 per cent of the patients were aged and they received 51 per cent of all visits.

Fewer young children are now being treated by the district nursing service. This is largely due to the conquering of infectious disease among children.

Miss E. J. Moseley, Principal Nursing Officer, describes the work of district nurses as follows :—

> "The skills required in a district nurse are many. She must have clinical knowledge and skill in order to carry out effectively the treatment ordered by the doctor ; she must be observant, compassionate, and able to take responsibility. These skills she will have learnt in her hospital training, but district work calls for additional skill and knowledge. A district nurse works under the clinical direction of the general practitioner but she organises her own pattern of work : she must learn reporting skills and be able to work well with her colleagues in the community services ; she needs a wide knowledge of the services available to her patients and of the work done by other departments such as Welfare Services."

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. Hospital provision is very expensive and patients should be admitted there for treatment which only a hospital can provide. If patients can convalesce at home rather than in hospital they should do so since they are happier surrounded by their own family provided that they can receive continuing medical and nursing care. With the concentration of hospital work at the larger district general hospitals and the closure

of the small cottage hospitals there will be a tendency for district nurses to undertake the care of more patients discharged from hospital. These patients may be discharged early and may require special care.

At least half of the case load of the district nurse is concerned 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. These patients need to be seen in the mornings and some in the evenings before settling for the night. In order to provide a better service for these ill patients, arrangements are being made for part-time state enrolled nurses to be appointed. Full-time nurses with S.R.N. qualifications will continue to be engaged but they will have overall responsibilities over a wider area as team leaders with one or two part-time nurses giving support. Nursing attendants will shortly be appointed to help with the bathing and dressing of patients and to prepare them for day hospitals. The South-East Glamorgan Health Division have appointed a full-time male district nurse who helps with the nursing of heavy male patients.

District nurses undertake minor surgery work at health centres and at a medical centre provided by general practitioners. They are virtually attached to group practices and patients requiring injections attend the health centres and surgeries for this if they are able to do so.

TABLE 28

DISTRICT NURSING SERVICES—CASES AND VISITS

CASES

Year	Total cases	65 and over		Under 5	
		No.	%	No.	%
1969 ..	15,340	7,191	46·9	267	1·7
1968 ..	15,859	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

VISITS

Year	Visits Total	65 and Over		Under 5	
		No.	%	No.	%
1969 ..	568,396	398,812	70·2	2,990	0·5
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	62·0	5,487	1·0

TABLE 29.

SUMMARY OF THE HOME NURSES' WORK IN DIVISIONS DURING 1969 AND A COMPARISON MADE WITH STATISTICS FOR 1968.

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	921	62·2	36	2·4	1,480	66,289	442	47,911	71·8	599	0·9	105·7	4,767
Caerphilly and Gelligaer ..	432	23·9	60	3·3	1,807	59,673	495	38,299	63·7	577	1·0	106·3	3,539
Mid-Glamorgan	1,136	58·5	14	0·7	1,941	68,588	191	49,351	71·8	359	0·5	92·4	3,275
Neath and District ..	984	54·7	30	1·7	1,799	54,159	1,375	36,608	65·9	294	0·5	124·3	3,471
Pontypridd and Llantrisant	930	60·3	37	2·9	1,542	48,970	20	35,383	72·2	329	0·7	102·8	3,266
Port Talbot and Glyncorrwg	469	48·9	13	1·4	960	39,944	632	27,863	68·7	223	0·5	80·0	3,381
South-East Glamorgan ..	413	24·7	14	0·8	1,670	76,031	526	58,686	76·7	187	0·2	87·8	4,029
West Glamorgan	699	33·7	34	1·6	2,076	78,019	921	55,979	70·9	265	0·3	114·8	4,386
Rhondda Borough ..	1,207	58·5	29	1·4	2,065	72,011	110	48,732	67·6	157	0·2	89·8	3,316
Totals, 1969 ..	7,191	46·9	267	1·7	15,340	563,684	4,712	398,812	70·2	2,990	0·5	99·0	3,667
1968	6,739	42·5	259	1·6	15,859	542,021	5,169	378,181	69·1	3,477	0·6	112·6	3,889

District Nurse Training

After 30th June, 1968, the Queen's Institute of District Nursing ceased to be a training body and discontinued the award of the Queen's Certificate. The existing role of Queen's Nurses will be maintained but no additions were made after this date. Up until June 1968 the County Council had trained a total of sixty district nurses in co-operation with the Queen's Institute and of these one-sixth completed their practical training in the county since 1965 when the county was approved as a training area. Thirty full-time nurses had received no special training and four nurses were undergoing training.

The only training school in Wales was provided by the Cardiff City Council in co-operation with the Queen's Institute. Although Glamorgan was a large enough authority to support a full training programme of its own it was decided to co-operate with Cardiff who would continue to provide the training centre for theoretical training with the county co-operating with the preparation of the course training, helping with lecturers and taking part in tutorials. The County Council, however, provides its own practical training programme for its own nurses and also helps with the practical training of nurses from other authorities. The Deputy Principal Nursing Officer is the organiser of the Practical Training Programme in the county and she is also a National Examiner. The Minister of Health has given approval to these arrangements which are intended to unify the training and examination procedures for district nurses and a single certificate, the National Certificate in District Nursing is now awarded to successful candidates. During 1968 thirteen County District Nurses gained the National Certificate in District Nursing or the Queen's Institute of District Nursing Certificate and in 1969 eighteen nurses obtained the National Certificate.

ACCINATION AND IMMUNISATION

The marked advances in the science of immunology during recent years has ade it possible to provide protection against a wide range of infectious diseases. mmunology is a complex subject but the aim is to provide a procedure for ch disease that will give the maximum degree of immunity at the age when the sk of exposure is at its greatest, and this involves the timing and spacing of jections giving the smallest risk of harmful reaction and complication, and voiding excessive number of injections. Unfortunately, the more successful accination becomes in giving protection against disease the more complacent e public.

In August 1968 the Ministry issued a revised procedure for each disease. his new schedule discontinued the previous method of presenting alternative hedules and leaving it to the individual doctor to select which one to adopt. lear guidance is given in the new schedules as to which immunisation should e carried out in the first year of life and which should be deferred to the second.

It is not possible to provide a perfect immunisation schedule against fectious disease because of the large number of diseases against which pro- ction is given. The new schedule recognises that by lengthening the intervals etween injections a better immunological response can be expected, and x to eight weeks is now recommended as the optimum interval between the first nd second injection against diptheria, tetanus, and poliomyelitis. The schedule lso provides for vaccinating school leavers against tetanus and poliomyelitis.

EASLES

Vaccination against measles as a routine measure for children was introduced May 1968. Measles has ceased to be one of the major causes of death in children. t tends to run a milder course nowadays but can still cause complications nd two young children died from the disease during the year. It is estimated at ten in every thousand cases require hospital treatment, the major com- lications being severe bronchitis, pneumonia, ear trouble, and, occasionally, eurological complications. The measles vaccine gives protection to children and lthough some children suffer reactions the vaccine causes much less trouble an the disease it is meant to prevent. Nevertheless, the number of children accinated against measles is disappointingly low. During 1969 the number of hildren vaccinated were :—

Born in 1968	.. ..	480 (3·9 per cent)
Born in 1967	.. ..	2,185 (17·7 per cent)
Born in 1966	.. ..	1,509 (11·8 per cent)

In 1969, 3,489 cases of measles were notified compared with 3,454 in the revious year.

IPHTHERIA, WHOOPING COUGH, TETANUS, AND POLIOMYELITIS

About 25 per cent of children born in 1967 had not completed the course of accination against whooping cough, diphtheria, and poliomyelitis by 1st December, 1969. The notification of three cases of diphtheria at Ebbw

Vale, Monmouthshire, just before Christmas is a reminder that this disease has not been eradicated from our midst. The number of cases of whooping cough was thirty-six compared with 206 in the preivous year.

Smallpox

One thousand nine hundred and thirty-one persons under the age of two were vaccinated against smallpox. Primary vaccination in the first year of life and after the age of four years has its dangers and since Europe is free from smallpox, until a safe vaccine has been found reactions from the vaccine which affect a small minority is likely to cause more harm than the disease it is meant to prevent. However, as the year 1962 showed, air travel can quickly bring to this country people who are incubating the disease whereas if they were to go by the slower sea voyage the disease would have made itself known before vessels reach our shores.

Medical opinion remains divided concerning the usefulness of mass vaccination against smallpox. In view of the dangers of primary vaccination to older persons there are many who consider that children should receive a primary vaccination during the second year of life particularly if the children are likely to go abroad for holidays when they are older.

Table 30.

Number Vaccinated and Immunised in 1969.

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 received primary course	Number who received reinforcing dose	Primary vaccination
Aberdare and Mountain Ash ..	155	—	207	742	196	268	925	124
Caerphilly and Gelligaer ..	150	31	443	1,938	425	508	1,157	208
Mid-Glamorgan	361	40	653	1,717	573	1,097	1,041	528
Neath and District	175	40	253	1,377	223	456	887	131
Pontypridd and Llantrisant ..	118	13	698	2,545	650	853	1,702	106
Port Talbot and Glyncorrwg ..	141	36	270	1,076	234	326	1,065	257
South-East Glamorgan	365	—	1,145	2,388	992	1,143	1,638	246
West Glamorgan	428	119	818	821	792	1,120	461	226
Rhondda Borough	49	18	549	1,738	542	691	1,079	114
Totals	1,942	297	5,036	14,345	4,627	6,462	9,955	1,940

Table 31

Children Born in 1967 Vaccinated by 31st December, 1969

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,014	744	73·4	744	73·4	760	75·0	176	17·4
Caerphilly and Gelligaer ..	1,557	1,139	73·2	1,149	73·8	1,241	79·7	273	17·5
Mid-Glamorgan	2,040	1,617	79·3	1,633	80·0	1,663	81·5	843	41·3
Neath and District	1,003	835	83·3	838	83·5	726	72·4	113	11·3
Pontypridd and Llantrisant	1,308	993	75·9	1,012	77·4	1,035	79·1	147	11·2
Port Talbot and Glyncorrwg	1,025	725	70·7	740	72·2	701	68·4	170	16·6
South-East Glamorgan ..	1,948	1,465	75·2	1,517	77·9	1,525	78·8	236	12·1
West Glamorgan	1,028	889	86·5	893	86·9	982	95·5	215	10·6
Rhondda	1,426	937	65·1	941	66·0	794	55·7	12	0·8
Totals	12,349	9,344	75·7	9,467	76·7	9,437	76·4	2,185	17·7

Table 32

Children Born in 1966 Vaccinated by 31st December 1969

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,042	715	68·6	715	68·6	811	77·8	176	16·9
Caerphilly and Gelligaer ..	1,495	1,118	74·8	1,127	75·4	1,052	70·4	164	11·0
Mid-Glamorgan	2,081	1,633	78·5	1,671	80·3	1,469	70·6	350	16·8
Neath and District	1,063	888	83·5	888	83·5	832	77·3	153	14·4
Pontypridd and Llantrisant	1,246	840	67·4	851	68·2	938	75·3	126	10·1
Port Talbot and Glyncorrwg	1,030	802	77·9	813	79·0	805	78·2	155	15·0
South-East Glamorgan ..	2,338	1,596	68·3	1,659	71·0	1,604	68·6	213	9·1
West Glamorgan	1,064	872	82·0	876	82·3	893	83·1	156	14·7
Rhondda	1,437	999	69·5	1,004	69·9	889	61·8	16	11·1
Total	12,796	9,463	74·0	9,604	75·1	9,511	74·3	1,509	11·8

Table 33

Children Born in 1968 Vaccinated by 31st December, 1969

BY DIVISIONAL AREA

Division	Births	Whooping Cough		Diphtheria		Polio-myelitis		Measles	
		No.	%	No.	%	No.	%	No.	%
Aberdare and Mountain Ash	1,032	461	44·7	461	44·7	473	45·8	78	7·6
Caerphilly and Gelligaer ..	1,520	797	52·4	805	53·0	879	57·8	57	3·8
Mid-Glamorgan	2,039	1,140	55·9	1,144	56·0	1,081	53·0	153	7·5
Neath and District	1,010	619	60·3	619	61·3	502	50·0	11	1·1
Pontypridd and Llantrisant	1,366	771	56·4	810	59·3	853	62·4	27	2·0
Port Talbot and Glyncorrwg	963	434	45·1	445	46·2	449	46·6	55	5·7
South-East Glamorgan ..	1,838	1,118	60·8	1,148	62·5	1,145	62·4	59	3·2
West Glamorgan	1,080	875	81·0	880	81·5	868	80·4	38	3·5
Rhondda	1,335	473	35·4	474	35·4	448	33·6	2	0·14
Totals	12,183	6,688	54·9	6,786	55·7	6,698	55·0	480	3·94

Table 34

Children Vaccinated against Smallpox, 1968 and 1969

BY DIVISIONAL AREA

Division	Live Births 1968	No. vaccinated under 2	Live births 1969	No. vaccinated under 2	% 1968	% 1969
Aberdare and Mountain Ash	1,032	64	1,030	43	6·2	4·2
Caerphilly and Gelligaer ..	1,520	283	1,543	106	18·6	6·9
Mid-Glamorgan	2,039	69	2,068	68	3·4	3·3
Neath and District	1,010	84	1,008	49	8·3	4·9
Pontypridd and Llantrisant	1,366	73	1,355	56	5·3	4·1
Port Talbot and Glyncorrwg	963	59	919	38	6·1	4·1
South-East Glamorgan ..	1,838	243	1,879	153	13·2	8·1
West Glamorgan	1,080	259	1,029	246	24·0	23·9
Rhondda	1,355	23	1,347	15	1·7	1·1
Total	12,183	1,157	12,178	774	9·5	6·4

SECTION 27—COUNTY AMBULANCE SERVICE

During 1969 the County Ambulance Service, in common with most of the other personal health services, came of age and it is interesting to review the progress made during the last 21 years.

Before the National Health Services began on 5th July, 1948, ambulances were provided by a variety of bodies : but a statutory duty to provide a full ambulance service did not rest on any public authority. County, county borough councils, and district councils all had power under Section 197 of the Public Health Act, 1936, to provide ambulances and many exercised that power. In some areas the police provided accident ambulances. Many voluntary hospitals provided ambulances for their own purposes and other voluntary organisations, notably the Joint Committee of the Order of St. John and the British Red Cross Society, also provided ambulances. In some areas hospital contributory funds ran an ambulance service.

The few ambulance vehicles that were available were operated individually and there was no co-ordination or control. Witnesses to accidents were never sure from where an ambulance could be called or whether they would be liable for the costs if they initiated the call.

The National Health Service Act, 1946, replaced the Public Health Act's power to provide ambulances by a duty, which is laid on local health authorities to make provision for securing that ambulances and other means of transport are available where necessary for the conveyance of persons suffering from illness (including mental illness) or expectant or nursing mothers from places in their area to places in or outside their area.

Broadly speaking the vehicles belonging to public and voluntary bodies came into the Local Health Authorities' ambulance service on the appointed day either by transfer or purchase or by the local health authorities arranging with the owners that they would continue to provide the service on an agency basis.

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

Gradually these difficulties were overcome, the obsolete vehicles replaced, and a modern fleet established. Although ambulance vehicles continue to be built on a commercial vehicle chassis there have been considerable improvements

in design of the body and during 1963 Morris Commercial Cars Ltd. planned and produced a chassis for ambulances. To achieve the smoothness necessary in the transporting of patients a specially planned suspension has been incorporated including variable shock absorbers whose action is supplemented by an anti-roll bar. The prototype of this vehicle was delivered to this Authority in September of that year. With minor modifications this is the type of vehicle now in use in this service. However, this is still based on the commercial chassis and we look forward to the day when an purpose-built ambulance chassis may be produced.

The plans which local health authorities have adopted in their various areas to provide ambulance transport vary considerably in detail according to local circumstances, but they all follow more or less the same broad lines.

The functions of an ambulance service can be divided into two parts :—

(1) *Control duties*—i.e., receipt of calls and deployment of the service.

(*b*) *Operational duties*—i.e., stationing and the manning of vehicles.

CONTROL

In the setting up of the Ambulance Service for this county in 1948, it was thought that owing to the large industrial population and physical characteristics of the area it would not be possible to control adequately the day to day movement of vehicles from one main station. The administrative county was accordingly divided into areas which at that time were considered to be of suitable size and population.

Seven areas were established, varying in population from 70,000 to 137,000. In each area an ambulance control station was set up, together with the necessary ambulance sub-stations. The ambulance control stations were located in the following centres :—

Neath, Aberkenfig, Gorseinon, Pontypridd, Barry, Bargoed, Trealaw.

With the service controlled from seven stations there was a tendency for it to divide into seven unconnected units and to impede the proper co-ordination and sorting of demands on the Authority's service as a whole. However, as the controls had no radio to assist them in the early days it would have been impossible to have operated with fewer controls.

The service operated without the help of radio for the first four years and it is now difficult to envisage how the officers were able to control it at that time. Radio was first installed at Barry in 1952 but it was not until 1956 that all vehicles were equipped. It is quite evident that without this equipment the Ambulance Service could not have dealt with the increased demands being made upon it without a greatly enlarged fleet.

In 1963 after 15 years of operation, the County Council decided that the organisation of the County Ambulance Service should be reviewed in the light of the experience gained during these years. The control organisation of a number

of large county ambulance services were examined and after details of the volume of work and other particulars were studied it was considered that two controls for the county could provide an adequate and improved control system. In April 1964 the Ministry of Health Adviser on Ambulance Services visited Glamorgan, examined the service provided and confirmed these views. After careful consideration the Health Committee decided that the number of controls should be reduced from seven to two, one at Neath and one at Pontypridd.

This control arrangement has now been in operation for more than four years and in spite of the initial teething troubles it has led to greater co-ordination of journeys and an increase in the efficiency of control.

OPERATIONAL.

When the service was reviewed in 1963 it was found that after midnight only nine ambulance drivers/attendants were available on active duty although a number of other drivers were on stand-by duty at their homes. It was considered that the "on-call" system was not providing an efficient service to the community and consequently the County Council decided that some sub-stations should be enlarged or resited with a view to introducing twenty-four hours active cover at strategic points. This, of course, has meant the closure of some sub-stations.

AMBULANCE SERVICE TRAINING SCHOOL.

In September 1963 the Minister of Health appointed a Working Party on Ambulance Training and Equipment with the following terms of reference :—

> "To advise on the revision of the guidance given by the Ministry of Health and the Scottish Home and Health Department on the equipment and the training of staff in the ambulance services provided under the National Health Service Acts ; to recommend, in the light of recent developments in accident surgery, what should be included in post-entry training and the form this training should take."

Part 1 of the report of this Working Party (The Millar Report) which was published in March 1966 found that training facilities for ambulancemen were inadequate. First aid training was not taught in relation to the demands on the service. The report recommended that ambulance staffs should have the training needed for their prime task ; viz. : to transport patients to treatment centres without avoidable deterioration or unnecessary delay. They must have sufficient background knowledge to make certain vital decisions with confidence and act accordingly, particularly in the light of changes in the patient's condition ; to be able to recognise and report helpfully on various aspects of the case and work generally in accordance with the policy of the accident and emergency services in the locality.

In the light of this report the County Health Committee decided to establish an ambulance services training school in this county. Two officers of this Authority were sent to study schools in other parts of the country and following their reports a school was established at Bridgend and provided with modern training equipment.

The school was opened on 20th October, 1969, and has provided a number of interim courses of two weeks duration for the training of ambulancemen who have had between two and five years' service. A pilot ambulance service proficiency course of six weeks duration for the training of new entrants to the service and for those with less than two years service has just been commenced at the school.

The lectures at the school are given by two full-time instructors assisted by a number of visiting lecturers who specialise in certain subjects.

The subjects taught at the school include first aid, ambulance aid, emergency childbirth, para medical subjects, communications, light rescue, care and maintenance of vehicles and equipment, major accident procedures, etc.

Visits are made to the Glamorgan (Rhoose) Airport and the R.A.F. Station, St. Athan, to receive instruction on rescue from crashed aircraft, and also to a general hospital.

As a result of the lectures, demonstrations and visits to other establishments the ambulance drivers are better equipped to deal with all kinds of emergencies.

While the training school is administered by the Glamorgan County Council it has received full support from all the local authorities in South and West Wales who have sent their students to the school for training.

Table 35

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
1969 ..	391,567	26,773	6·8

It was anticipated in the early years that, as patients became accustomed to the free service provided, the demands would increase, but between 1953 and 1957 it appeared that the demands had "levelled out". However, since 1957, with one exception, the requests for ambulance transport have resumed their upward trend. The exception was 1965, the year when the controls were reorganised and there was a slight decrease of 895 in the number of patients conveyed.

During 1969 391,567 patients were conveyed by ambulance, which represents an increase of 49·1 per cent over the number conveyed in 1952 but it is noticeable that the number of emergency cases conveyed have remained relatively constant, varying between 20,000 and 27,500.

In addition to the growth in the numbers of patients to be conveyed the centralisation of some of the hospital services are beginning to present problems with patients having to be conveyed greater distances, and it is becoming increasingly difficult to meet our commitments with the number of vehicles available. This is not always appreciated by the general medical practitioners and hospital staffs.

TABLE 36

SUMMARY OF WORK DONE BY CONTROL AREAS, 1968–69

CONVEYANCE OF PATIENTS BY TRAIN

	1968			1969		
	Journeys	Patients	Mileage	Journeys	Patients	Mileage
Totals for Western Control Area ..	25,333	123,699	749,499	25,894	112,944	775,283
Totals for Eastern Control Area ..	42,088	263,386	1,298,852	42,359	278,623	1,330,440
Totals for County ..	67,421	387,085	2,048,351	68,253	391,567	2,105,723

CONVEYANCE OF PATIENTS BY TRAIN.

The use of open compartments and other rollling stock unsuitable for stretchers had made it difficult to arrange transport of patients to distant hospitals. While in past years it has been possible to arrange for as many as seventy-one recumbent patients by train, during 1969 only fourteen such patients were conveyed by train. It is now becoming necessary for patients to be conveyed by road, which, of course, places another burden on the Service.

TABLE 37

CONVEYANCE OF PATIENTS BY BRITISH RAIL, 1960–69

Year	Recumbent	Sitting up	Total
1960 ..	42	121	163
1961 ..	31	171	202
1962 ..	27	158	185
1963 ..	26	155	181
1964 ..	38	192	230
1965 ..	22	208	230
1966 ..	35	174	209
1967 ..	22	158	180
1968 ..	31	173	204
1969 ..	14	135	149

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.

During 1969 ambulances were in attendance at seventeen horse, motor car, or motor cycle race meetings, representing an income of £287. Ambulance Service vehicles continued to be made available to the National Coal Board for the conveyance of injured mine workers and during 1969 1,349 injured mine workers were conveyed a distance of 24,188 miles.

Damage to Vehicles

Like other vehicles in daily use, ambulances are no less prone to the hazards of accidents on the road. A strict return of all damage sustained by vehicles is maintained and all accidents involving damage—trivial or otherwise—to our ambulances are reported. During 1969 Glamorgan ambulances were involved in sixty-seven accidents during the 2,105,723 miles travelled, presenting an accident incidence of 0·314 per 10,000 miles.

Repair and Maintenance of Vehicles.

For the past three years local garages have been used for small repairs and routine maintenance and this policy of decentralising the servicing arrangements has ensured a quicker turn around of vehicles and also it has meant that less time of skilled ambulance drivers is wasted in ferrying ambulances to and from the Central Plant Depot at Waterton. In turn it has ensured that more men and vehicles have been available for the real function of the Ambulance Service, i.e., the conveyance of patients.

A close liaison is continuously maintained with the staff of the Central Plant Deport, Waterton, to ensure that an adequate number of vehicles are referred to them to avoid any wastage of man power.

PREVENTION OF ILLNESS, CARE, AND AFTER CARE

Introduction

Section 28 of the National Health Service Act as amended by section 12 of the Health Services and Public Health Act, 1968, gives the authority wide but undefined powers for the prevention of illness and the care and after care of those suffering from illness or have been so suffering. These arrangements are made with the approval of the Minister and to such extent as he may direct.

The powers granted by the 1968 amending Act are widely drawn and include for the purpose of preventing illness among persons, for the care of those suffering from illness and the after care of persons so suffering :—

(*a*) the provision, equipment, and maintenance of residential accommodation ;

(*b*) centres or other facilities for training or keeping such persons suitably occupied ;

(*c*) the provision of ancillary and supplementary services.

It is now the view of the government that the hospital service should only care for people where the services are such that only a hospital can provide them. This means that persons who do not require this kind of care but need care in residential homes although suffering from illness, should be cared for by the local health authority.

The imminence of the re-organisation of the National Health Service, as proposed in the Green Papers, has overshadowed this part of the Act. Under the second Green Papers the National Health Service will be responsible for the residential care of those who need continuing medical treatment.

The County Council decided that hostel care of the elderly mentally disordered (psycho-geriatric patients) would be more appropriately dealt with by the Welfare Services Committee but the Health Committee provides residential care for mentally subnormal children and young adults and arrange residential accommodation for the mentally ill. With the changing concept of hospital care, many persons normally admitted to hospitals for the subnormal will become the responsibility of the local health authority for custodial care.

Concerning the care of other persons who are ill but do not require care in hospitals, further clarification will be required as to whether the re-organised National Health Service or the proposed new social services department will be responsible for providing "nursing homes". As indicated in page 82, the Health Committee amended their scheme to allow them to board out invalids. A solution to part of the problem of providing community care is to make greater use of boarding out facilities for patients with professional landladies and kindly neighbours.

Talks were given by the following staff :—

TABLE 38

STAFF GIVING HEALTH EDUCATION TALKS

	General programme		School programme		Total	
	1968	1969	1968	1969	1968	1969
Medical officers	9	16	12	69	21	85
Health visitors	3,065	3,046	2,991	4,224	6,056	6,373
Midwives	208	11	—	—	208	11
Dental auxiliaries	—	7	468	467	468	474
Nurses	1	—	16	—	17	—
Administrative staff ..	2	4	—	45	2	49
Dentists	—	—	—	96	—	96
Nursing officers	72	51	18	79	90	130
Totals	3,357	3,135	3,505	4,980	6,862	7,218

HEALTH EDUCATION

Perhaps the most difficult problem in the health service is how to persuade people to avoid illness. Everyone prefers to remain healthy and prevention is better than cure is a well known phrase. Human beings, however, are complex in their attitudes and are often reluctant to take any positive steps to become healthy. Citizens are aware of their right to receive treatment free of charge under the National Health Service when they become ill. Rights beget duties, and wherever there is a right to receive treatment from the State there is in turn a duty on the part of the citizen to avoid illness and disability with the attendant heavy cost.

Since sound healthy habits are best learned from childhood, one of the most effective forms of health education is that given by health visitors to nursing mothers on how to rear their children and that given at school. Of equal importance is the manner in which mothers care for themselves when pregnant since healthy mothers are likely to bear healthy children. It is known that a substantial proportion of premature and low weight babies result from a poor standard of ante-natal care and these low weight babies contribute largely to mental subnormality in children not caused by genetic and disease factors. Women who follow sound mothercraft practices are likely to rear children who are not only strong and healthy but who are intelligent with well balanced personalities. It is known that mothers who can devote sufficient time to their babies rear children who are bright and alert ; on the other hand children of inadequate mothers or worn out mothers do not receive the necessary stimulus and tend to be retarded emotionally, socially, and intellectually. Family planning is important in ensuring that families are of manageable size.

The early formative years are, therefore, most important in determining the quality of physical and mental health in later years.

The health education programme of the Authority has been devised to provide :—

(*a*) Guidance to individuals—advice given to individual parents by medical officers, dentists, health visitors and others at clinics and in the course of home visits.

(*b*) Formal talks and discussions to groups of expectant and nursing mothers, school children, old age pensioners organisations, voluntary organisations, e.g., townswomens guilds, womens institutes.

(*c*) Publicity campaigns directed at the public at large, viz. : press publicity, exhibitions, posters.

The greater proportion of the time of the health visitors on formal health education is spent with school children and 5,966 talks were given in schools and 2,651 at ante-natal and mothercraft classes at clinics in 1969. Less than a third of first baby mothers attend these classes, probably because many are working. Four hundred and eighty-four talks were given to other groups, viz. : townswomens guilds, etc.

With the attachment of health visitors to general practice it was feared that there might be a temporary reduction in health education activity. Health visitors, however, gave 7,270 talks in 1969 compared with 6,056 in the previous year. In many health divisions a group adviser or specialist health visitor does a substantial proportion of health education work. In one division health visitors specialise in certain aspects of health education and this improves their effectiveness. Many divisions follow a carefully thought out education programme. An administrative officer in one of the divisions who showed a flair for organising health education activities attended a one year course in London. An extended report on health education in school is given on page 179.

The County Health Committee at its meeting in May asked divisional health committees to conduct a campaign on the dangers of smoking. The campaign was mainly aimed at school children and further details are given on page 180.

Snake Bite Ante-Venom Serum

The Standing Medical Advisory Committee of the Central Health Services Council have agreed that it is no longer necessary for supplies of anti-venom serum to be held at the designated hospital centres. The previous arrangements had been criticised by the Central Pathological Committee broadly on the grounds that the Pasteur material was of an unpurified type and therefore was especially liable to cause reactions of a hazardous kind and it was very doubtful in any case if ante-venom serum was of any therapeutic value for the bite of the British adder.

The summer was exceptionally dry and more snakes were seen because they leave the undergrowth to bask in the sun. The grass snake is harmless but the adder, which is venomous, will not bite unless threatened or attacked. People should not walk through undergrowth unless they wear wellington boots.

Cervical Cytology

A cervical cytology service was available in all health divisions except Pontypridd and Llantrisant. 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 the Pathologist at Merthyr Tydfil to examine smears for the Rhondda Borough. Seven thousand two hundred and fifty-six patients were screened during 1969 compared with 7,219 patients in the previous year. Twenty-one patients were found to have positive smears.

Table 39

Cervical Cytology Service 1969

Division	Number tested		Number of negative results		Number referred for further investigation				Of cases referred fro 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	300	388	299	388	—	—	61	37	1	—
Caerphilly and Gelligaer ..	216	478	216	477	—	—	—	1	—	—
Glamorgan	1,298	935	1,287	932	7	2	19	3	8	2
Neath and District ..	379	478	354	462	26	17	15	6	3	1
Pontypridd and Llantrisant	—	—	—	—	—	—	—	—	—	—
Port Talbot and Glyncorrwg	287	278	286	278	1	—	2	—	—	—
South-East Glamorgan ..	439	439	438	439	7	6	11	3	1	—
West Glamorgan	545	510	543	510	3	—	67	37	3	—
Rhondda Borough ..	140	146	53	104	—	—	87	42	2	—
Total	3,604	3,652	3,476	3,590	44	25	262	129	18	3
Total, 1968	4,046	3,173	3,996	3,134	56	29	311	156	20	1

Fluoridation of Water Supplies

In 1965, the Health Committee approved in principle the fluoridation of water supplies and in 1966 outline technical schemes were prepared by the engineers of the Mid-Glamorgan Water Board and the City of Cardiff Water Undertaking but since the City of Cardiff declined to agree to the fluoridation of water supplies, the treatment of water to areas outside the City would be uneconomic. Provision was made in the estimates for the year 1967–68 to treat water from the Schwyll Pump Station which supplies five-eighths of the total supply in the area of the Mid-Glamorgan Water Board but for technical reasons the Board could not introduce fluoridation in 1967 and during 1968–69 the economic crisis forced the Authority to delay introducing this measure. During the latter part of the year the Authority asked the Mid-Glamorgan Water Board to introduce fluoridation by the end of 1970, if possible.

During the autumn of 1969 Swansea County Borough Council agreed in principle to the fluoridation of water supplies. The West Glamorgan Water Board were asked to prepare an outline scheme for the fluoridation of water supplies from their vast Towy scheme which would replace most of the existing water sources serving not only the County Borough but most of the West Glamorgan, Neath and District, and Port Talbot and Glyncorrwg Health Division areas. Unfortunately, at a later meeting Swansea rescinded their decision.

During the year Breconshire, Merthyr Tydfil, and Monmouthshire were asked to join the Authority in making an approach to the Taf Fechan Water Board for the fluoridation of water from the Pontsticill and Neuadd Reservoirs which serve a small area in Breconshire, the Monmouthshire side of the Rhymney Valley, the County Borough of Merthyr Tydfil, and the eastern part of the county as far as Barry. An official approach could not be made to Taf Fechan during 1969 because Breconshire were reconsidering whether they should agree to the principle of fluoridation.

Negotiations are now taking place for the fluoridation of supplies from the very large Pontsticill Reservoir which has an output of nearly 14 million gallons per day of which 74 per cent is consumed within the Administrative County.

In early 1970 Cardiff agreed to the principle of fluoridation but at a subsequent meeting this was rescinded. These decisions by these two large county boroughs frustrated plans for the introduction of fluoridated water supplies to the surrounding county areas. The Authority is not affected adversely by Cardiff's decision, because Barry which is in the Cardiff Water Undertaking area, gets two-thirds of its supply from the Taf Fechan Water Board. County areas supplied by Cardiff are Penarth, parts of Cardiff Rural and Taffs Well.

Renal Dialysis

Adaptation of Homes : Artificial Kidney Machines

The homes of four patients were adapted during the year at a cost of about £330 each so that equipment supplied through the hospital service for intermittent home dialysis could be installed. The hospital service is responsible for the cost of dialyser, water softener, telephone, the dialysing fluids, and all

materials and medicaments used. The cost of the hospital equipment supplied to each patient is about £2,500 with expensive running costs.

There are many problems connected with the adaptation of homes for installing the kidney machine. The house must be big enough to have a room solely for this purpose. Downstairs rooms have been adapted because it is technically easier to adapt owing to the problem of water pressure and drainage. The room must have a minimum floor area of 100 square feet and this usually excludes the third bedroom of most houses. There must be room for the kidney machine, the kidney unit, hospital bed, water softener, a locked medical cabinet, and telephone. The floor must be strong because the weight of the equipment when filled with water is over 500 lbs.

Local authorities have been most co-operative and one patient was rehoused because his own home was too small for adaptation.

The patients whose homes were adapted lived in Gelligaer (rehoused by local council), Maesteg, Penarth, and Caerphilly.

With the rapid progress in kidney transplantation, home dialysis is likely to have a short term supportive role only in the future. For this reason an adaptation of a home where the patient will require the service for a short period only is expensive. One patient who was receiving a home dialysis service has had a successful transplant and two other patients who had been recommended for home dialysis underwent a successful transplant operation, fortunately before adaptations had been provided. For this reason there is less likelihood of the Authority adapting homes in the future, instead a mobile caravan which can be fitted with electrical and plumbing services will be provided so that should the patient receive a kidney transplant the mobile caravan could be moved to the home of another patient requiring a kidney machine.

Tuberculosis

The advances made since the second world war in the control of this disease continue. In 1948 when the National Health Service Act came into force there were 393 deaths in the county from respiratory tuberculosis. In 1969 deaths had been reduced to forty. In 1948 only 10·4 per cent of deaths took place at the age of 65 and over whereas in 1969 the figure for this age group was 47·5 per cent.

Tuberculosis is ceasing to be a disease causing a threat to the lives of the young. In 1969 deaths took place in the following age range :—

TABLE 40

TUBERCULOSIS DEATHS, 1969

Age range	Males	Females	Total
0–24	–	–	–
25–34	–	1	1
35–44	2	–	2
45–64	15	3	18
65....	19	–	19
All ages ..	36	4	40

The forty deaths represent a death rate of 5·4 per 100,000 population compared with a rate of 54 in 1948. High death rates per 100,000 population from this disease in 1969 took place in : Rhondda, 17 (sixteen deaths) ; Ogmore and Garw, 15 (three deaths) ; Mountain Ash, 11 (three deaths.) One hundred and nineteen notifications of respiratory tuberculosis were received in 1969 compared with 916 in 1948. This represents a rate of 12 notifications per 100,000 population compared with a rate of 126 in 1948. Areas with high notification rates were : Neath Borough, 34 per 100,000 population (ten cases) ; Mountain Ash, 28 (eight cases) ; Port Talbot, 24 (twelve cases) ; Penarth, 22 (five cases).

Two hundred and twenty-two patients in the county were admitted to hospital suffering from respiratory tuberculosis, 174 male and forty-eight female. In addition, four males and eleven females duffering from non-respiratory tuberculosis were also admitted to hospital for treatment.

WELSH MASS RADIOGRAPHY SERVICES.

The Mass Radiography Service visited places of work, factories, and hospitals for the examination of staff and also screened the general population in Aberdare Valley, Glyncorrwg Urban area, and the West Glamorgan Health Divisional area. The total of 5,786 members of the public were seen of whom twenty-six (0·45 per cent) were referred for further observation. but it does not follow that tuberculosis was detected.

B.C.G. VACCINATION

Children aged 13 years and over are offered protection against tuberculosis by B.C.G. vaccination and details of the number of children vaccinated together with vaccination undertaken by chest physicians of persons who have been exposed to infection are given in the following tables :—

Table 41

B.C.G. Vaccination Scheme for Vaccinating School Children

Division	School children and students scheme			
	Number skin tested	Number found positive	Number found negative	Number vaccinated
Aberdare and Mountain Ash	550	48	502	502
Caerphilly and Gelligaer	1,027	13	1,014	1,142*
Mid-Glamorgan	733	121	612	612
Neath and District	615	57	549	535
Pontypridd and Llantrisant	921	392	463	463
Port Talbot and Glyncorrwg	819	175	644	642
South-East Glamorgan	1,529	177	1,352	1,352
West Glamorgan	275	11	261	261
Rhondda Borough	—	—	—	—
Totals	6,469	994	5,397	5,509
Totals, 1968	7,951	890	6,155	6,121

* Includes a number who were tested in December 1968, but not vaccinated until January 1969

Table 42

B.C.G. Vaccination Scheme for Vaccinating Contacts

Chest Physician	Number skin tested	Number found positive	Number found negative	Number vaccinated
Dr. T. W. Davies (Swansea)	102	16	21	65
Dr. P. O. Lloyd (Neath and Port Talbot)	176	61	106	111
Dr. A. G. Chappell (Bridgend)	256	63	179	189
Dr. L. Erin (Merthyr and Aberdare)	388	221	167	97
Dr. J. Y. Williams (Pontypridd and Rhondda)	670	159	413	511*
Dr. N. C. Norman (Caerphilly)	57	1	55	43
Dr. H. M. Foreman (Cardiff)	350	128	222	235
Divisional Medical Officers	351	26	320	174
Totals	2,350	675	1,483	1,425
Totals, 1968	1,685	694	947	888

* Includes 98 new born babies

It is regretted that because of the shortage of medical officers in the Rhondda Borough B.C.G. vaccination of children could not be undertaken.

Of school children skin tested, 15·4 per cent were found to be positive, which is an indication of the percentage of children naturally infected by the tubercle bacillus by the age of 14. Of members of the public who had come into contact with an infected person, 28·7 per cent had been naturally infected by the bacillus. Eradication of tuberculosis, as defined by the World Health Organisation, has been achieved when less than 1 per cent of the children are naturally infected by the bacillus. Natural infection which the body resists, of course, does not necessarily mean that there is a risk of tuberculosis developing.

In the Pontypridd and Llantrisant Health Division, 43 per cent of the children showed a positive reaction to the Mantoux test. The Pontypridd Chest Clinic, however, had vaccinated a decade ago so many babies of infected mothers that the positive reaction was due to a previous B.C.G. vaccination in most cases. In the Caerphilly and Gelligaer Division only 1·3 per cent of the children and 1·8 per cent of the general public who had been in contact with a case had been naturally infected.

Some persons suffering from tuberculosis are not notified to the Authority because the disease is discovered posthumously in which case divisional medical officers check for a possible source of infection.

On 19th December, 1969, a male resident at the Mor Awelon Hostel for the Aged, Port Talbot, died as a result of a haemorrhage. At the post mortem examination evidence of active caseating pulmonary tuberculosis was discovered although the deceased was not known to be suffering from tuberculosis. Steps were taken for the Mass Radiography Unit to visit Mor Awelon to chest X-ray the residents and the staff.

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 Administrative County deal with relatively few patients. Most county residents who need treatment attend clinics at Cardiff and Swansea and some may be treated by general practitioners about which no information is known.

Table 43 shows the number of patients receiving treatment for syphilis and gonorrhoea since 1965.

TABLE 43

VENEREAL DISEASES

PERSONS IN THE ADMINISTRATIVE COUNTY ATTENDING FOR TREATMENT FOR THE FIRST TIME AT CENTRES WHICH INCLUDE CARDIFF AND SWANSEA AND OTHER AREAS

Disease	1965	1966	1967	1968	1969
Syphilis	18	25	26	38	16
Gonorrhoea	107	87	133	208	135
Total	125	112	159	246	151
Other conditions	745	754	721	831	1,105

PROBLEM FAMILIES

Since 1951 a co-ordinating committee has met on alternate months in each health division 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 the representatives of the statutory and voluntary agency, e.g., 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 children's officer is the convener.

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. A hardcore of problem families is dealt with, who learn very little from experience. The complexity and pace of modern life is too much for these families who need help and understanding. The main problem is child neglect and deliberate ill-treatment is rarely met. In many cases little improvement is achieved although further deterioration may be prevented.

With the development of the social services since 1950 and the powers given to the Children's Committee by the Children's and Young Persons Act, 1963, in the field of prevention, it would appear that there is no need for co-ordination committees to continue. The various social workers operating 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 since waiting for a co-ordination committee could mean unnecessary delay.

COMMUNITY CARE

Since the second world war there has been a growing realisation that community care should be developed on a wider scale than hitherto if the needs of the different groups, the elderly, the physically and mentally handicapped,

the chronic sick, and deprived children are to be satisfactorily met. It is better wherever possible to provide support for people living in their own homes or with their own families rather than in instititutions, and if this cannot be done care should be provided in small groups so that people needing support live in surroundings which resemble family care as closely as possible and are not completely uprooted.

The report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency (1957) was one of the major steps pointing towards community care as a means of dealing with some of our most difficult social problems. This report recommended a drastic move away from hospital care to community care. It also influenced thinking over the whole range of social services outside the field of mental health.

During recent years official thinking has pressed for more intensive development of community care. Since 1962 ten year development plans for health and welfare services are prepared annually and these should be dove-tailed with plans for the development and modernisation of the hospital service. The aim is to provide the maximum amount of care in the community so that hospitals would be left with a complex and special service that only they can provide. The government White Paper "The Child, the Family, and the Young Offender (1965)" led to the appointment of the Seebohm Committee which reported in 1968 and recommended the formation of new local authority departments providing a community based and family orientated service which would be available to all. The Green Papers on the National Health Service (1968–70) advocated the end of the tripartite structure so that community health and hospital services could be integrated.

The "Report of the Committee of Enquiry into allegations of Ill-treatment of Patients and other Irregularities at the Ely Hospital, Cardiff", March 1969, highlighted the inadequacies of institutional care and showed that there was "a clear need for closer and more effective co-operation between the present National Health Service administrative structure if Ely is to be enabled to play a proper role within the concept of community care". The policy of community care gathered further momentum when in July 1969 the government announced that they were to embark on a major experiment in improving the social services for those most in need. The social services cater reasonably well for the majority but it was recognised that they were much less effective for the minority who were caught up in a general reaction of related social problems. Glamorgan agreed to take part in the pilot phase of the experiment and nominated Glyncorrwg as a project area.

Although the law relating to mental illness and mental deficiency was reformed in 1959 community care arrangement have been slow to develop. The law relating to the provision of community care services was not comprehensive and some of the gaps and limitations were not made good until 1968 when the Health Services and Public Health Act was passed. The National Assistance Act, 1948, did not confer powers enabling a comprehensive welfare service to be provided (although an amending Act in 1962 gave local authorities

power to make direct provision for mobile meals and recreational facilities) and no general power was granted to promote the welfare of old people in their own homes until the Health Services and Public Health Act, 1968, was passed but the section granting this power still remains inoperative. The government assumed that voluntary organisations would fill the gaps in the statutory services and in 1962 the government urged local authorities to encourage voluntary bodies and to make further use of their services.

Despite the valiant efforts of voluntary organisations the position remained unsatisfactory and the County Health Committee embarked on a policy of co-ordinating services for old people who lived in their own homes. Arrangements were made for health visitors to visit old people living along and at risk of failing health although this was not clearly covered by statute. The service was first introduced in the Aberdare and Mountain Ash and Rhondda Health Divisions during the 50's and quickly spread to all other divisions.

The health visitor is able to assess the needs of old people at risk as a whole, alert the family doctor to people who required his services, and ensure that the elderly received home help, home nursing, and chiropody services and the services provided by other agencies, e.g., meals on wheels, supplementary benefit. Services that are co-ordinated are more effective than those given in isolation from one another.

In the field of prevention of child neglect and break-up of families the co-ordination committees in divisions co-ordinate the efforts of the various agencies. Health visitors play an important part in the work of these committees since they are among the first to detect inadequate families who are at risk of breaking up. The Children and Young Person Act, 1963, has enabled the Children's Officer to give material help to these families. In very recent years it has been discovered that unexplained injuries to very young babies often resulted from severe beatings from parents. The term "battered babies" has been given to these unfortunate children and there are more of them than is generally believed. Discussions are taking place with paediatricians, family doctors, the Children's Officer, and police concerning the most effective way of detecting parents who are at risk of committing this violence, preventing this abnormal behaviour and detecting whether the injuries to babies have been deliberate and taking steps to re-habilitate the parents.

Since 1966 steps have been taken to co-ordinate community arrangements for the welfare of handicapped children. The health visitor has been made responsible for the welfare of handicapped children in her area and divisional medical officers ensure that services such as education, medical, welfare, and the welfare services of the children's department are provided.

The Seebohm Report has shown that community services should be co-ordinated if they are to be effective and should be based on the family. Unfortunately the government's proposals for the re-organisation of the administrative structure of the National Health Service (the Green Paper), provide for a division between the social services and the health services.

In recent years health visitors, home nurses, and midwives and mental health workers have been wholly or partially attached to general practice. These officers provide a team so that the general practitioner can provide an effective service for his patients. The divisional medical officer is a co-ordinating officer in many fields, in providing health and welfare services for patients discharged from hospital, ensuring proper care and support for handicapped children and in linking the personal health and environmental health services. I am the medical adviser to the Welfare and Children's Committees and my staff and I are in daily touch with the social work departments. It is essential if community care is to be effective that health and social service work should be closely related and it would be regrettable if government's proposals make this difficult to achieve.

Care of the Aged

During 1969 it was estimated that 92,500 people in the administrative county were aged 65 and over, representing 12·4 per cent of the population, compared with 29,354 (3·6 per cent) in 1921.

This increase in the number of aged is the result of the conquest of diseases which caused deaths among babies, children, and young adults. These diseases included dysentery, diphtheria, and tuberculosis. However, the causes of death among the aged have changed little during the past 30 years. The expectation of life of a 70 year old man is today only nine months more than for a 70 year old man in 1911.

The care of the aged has become a main issue of social policy. This is because they now form a high proportion of the population, one in eight, and they take up a disproportionate amount of hospital and community services. It is estimated that over one-third of hospital beds in the country are occupied by the elderly. In 1969 about 97 per cent of the hours devoted by home helps and 70 per cent of visits made by district nurses were paid to the elderly.

According to the 1966 sample census 58·8 per cent of persons of pensionable age (men 65 plus, women 60 plus) lived in one or two persons households. Of the 50,150 households with one or two persons of pensionable age, 2,620 men aged 65 and over and 15,890 women aged 60 or over lived entirely alone. This represented 7 per cent of the men and 21 per cent of the women.

One should not conclude that these persons have no relatives or close contacts and are therefore in need of help from the local authority services and the State. National and regional studies show that most old people are in close touch with one or more of their relatives. Four out of five of the elderly see one or more of their relatives at least once a week but an isolated minority of one in ten including some married couples have no close contacts. Others who see their children and relatives less frequently nevertheless spent many weeks of the year with them.

In a relatively prosperous society old people and their children may wish to live near one another rather than together since the elderly generally prefer

a measure of supported independence. Men tend to be less able to live satisfactorily alone and tend to join relatives.

When concerning ourselves with the problem of the aged it should be realised that the majority are secure but there is a minority which is vulnerable. It is this minority which takes up a disproportionate amount of the hospital and community services. A national study made in 1962 showed that 59 per cent of the residents in hostels for the aged were unmarried or childless compared with 24 per cent in the whole population. It is not generally realised that more bedfast aged people are nursed at home than in all hospitals and institutions put together. If one adds to this number the extremely frail or confused persons, then were it not for the care given to these people by their own families and combined domiciliary services, numbers seeking admission to hospitals and hostels would be three to five times greater than at present.

The Health Services and Public Health Act enables authorities to do more for the elderly, e.g., the Home Help Service will become a mandatory service instead of permissive, laundry services may be provided and local authorities may promote the welfare of old people. (The economic difficulties have so far held up the implementation of this part of the Act.)

Community care services for the elderly will only become effective if they are properly co-ordinated and planned. The Health Department have sought to fill in the gaps by arranging for health visitors to visit the elderly who are at risk of failing health, to co-ordinate domiciliary services for them at "field level" and to give talks to old age pensioners associations and Darby and Joan Clubs and so help them to retain their independence.

During the year the department undertook a survey concerning the measurement of need to be applied in various district councils for the provision of a meals on wheels service. The Authority's scheme of proposals was also amended to enable elderly people in failing health to be boarded out and in July a widow of 66 who suffered from a heart condition was boarded with her former special home help.

TABLE 44

Name of Service	No. of aged patients provided with service		Percentage of aged population	
	1969	1968	1969	1968
			92,500 aged	91,500 aged
Health Visiting ..	12,422	13,195	13·4	14·4
Home Nursing .	7,191	6,739	7·8	9·6
Chiropody	14,675	13,677	15·9	14·9
Home Help	6,821*	6,235*	8·9	8·5
	*householders estimate 8,200 persons	*householders estimate 7,500 persons		

Chiropody Service

The chiropody service is provided free of charge to the elderly, expectant mothers, and registered handicapped persons. Most of the patients are elderly and they represent one in seven of the aged population.

It is important that old people should have their feet cared for since this enables them to get about and maintain their independence. Difficulty has been experienced in securing staff. This is because the number of persons trained for this work is inadequate to meet the demand.

It is estimated that at least one-third of elderly women need chiropody treatment. Over the years they have not had shoes that fit properly and as a result they suffer from blisters, bunions, and corns. More women suffer than men because in earlier days fashionable shoes were not comfortable. Fortunately the prevailing fashion is for ladies shoes that do not cramp the toes.

During the year the average interval between treatment was 16 weeks although the desirable interval is 8 weeks. To achieve this it would be necessary to double the chiropody strength.

On 31st December, 1969, the service consisted of one chief chiropodist, thirteen senior chiropodists, and sixteen sessional chiropodists, making a whole-time equivalent of 20·2 chiropodists. The development plan provides for forty chiropodists in 1977 but until more training places are made available in chiropody schools, it will be difficult to achieve this target.

Table 45

Chiropody Service

Number of Persons Treated during Year Ending 31st December, 1969

Persons aged 65 and over	14,675
Expectant mothers	35
Others (women 60–65 + handicapped)	661
	15,371

Treatments given during the year were :—

In clinics	28,988
In patients' homes	15,061
In old people's homes	352
	44,401

TABLE 46

CHIROPODY WORK UNDERTAKEN BY DIVISIONS

Division	No. of patients treated	No. of treatments given
Aberdare and Mountain Ash ..	987	3,338
Caerphilly and Gelligaer	1,345	3,918
Mid-Glamorgan	2,234	7,572
Neath and District	1,541	4,653
Pontypridd and Llantrisant ..	1,327	3,410
Port Talbot and Glyncorrwg ..	1,360	5,179
South-East Glamorgan	2,633	6,075
West Glamorgan	1,480	4,558
Rhondda	2,464	5,698
Total	15,371	44,401

PROVISION OF CONVALESCENCE

The Authority provide convalescent treatment at The Rest, Porthcawl, and reserved 382 bed weeks during the year of which 367 were taken up. Most patients sponsored by the Authority are elderly and need a change of air and rest to brace them for the winter months. A week's convalescent holiday is normally provided for them. Some district councils under their powers to provide recreation for old people have also sponsored the attendance of old people at The Rest.

MEDICAL COMFORTS

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

Absorbent pads are issued on a substantial scale to incontinent bed patients and also absorbent linings for the pants of spina bifida children who are incontinent and other handicapped persons.

NIGHT SITTER-IN SERVICE

This service attends to the needs of the critically ill patients in the terminal stages of illness so that relief may be given to the relatives who attend to the patient's needs at other times.

Co-operation with General Practitioners

Co-operation between the Authority and general practitioners is close. It follows two main approaches :—

(*a*) the provision of health centres for doctors who require them and the hiring of clinics for surgery purposes,

(*b*) attaching health visitors to practices and providing doctors with the service of nursing staffs and health welfare officers (mental health) so that more effective medical care may be given to patients at home.

It is the policy of the Authority to consult general practitioners concerning the provision and design of health centres. Each centre is built to meet the wishes of the general practitioners as well as the Authority and agreement is reached concerning the joint use of consulting rooms and equipment. The consulting room intended for a local authority medical officer may be used by general practitioners when the practice expands, or a general practitioner's consultant suite may be used by a clinic medical officer when surgery is not being held.

The health centres allow for the integration of the community health services and care is taken to prevent the duplication of services, e.g., in the field of infant and maternity care. General practitioners, may refer patients to the local authority medical officer for family planning, and children who are at risk of handicapping conditions for special tests, general practitioners may freely use the audiometry room of the school health service to test their own patients.

A monthly news bulletin for general practitioners is provided and deals with matters affecting the work of the department which may be of interest to them. An extract from one of these monthly bulletins dealing with the perinatal mortality is given under page 118. Many general practitioners have stated that they looked forward to receiving the bulletins.

Co-operation with the Hospital Services

Co-operation with the hospital services concerning maternity, paediatric, mental health, chest, and geriatric services has always been good. There are liaison committees at hospital group levels dealing with the maternity, geriatric and mental health services, and at hospital board level there is a liaison committee with medical officers of health. County midwives liaise with maternity hospital staff concerning early discharges, senior health welfare officers attend outpatients clinics of psychiatrists and designated health visitors liaise with geriatricians. Paediatricians, send copies of their medical reports to divisional medical officers and close liaison with chest physicians is of long standing.

As indicated in the annual report for 1968, 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. Towards the end of the year the hospital board and the teaching hospital published their plan for the re-organisation of hospital services in the Greater Cardiff area. The Health Committee submitted observations concerning this plan and the

suggestions made by the County Council were discussed with the chairman of the board and his officers early in 1970. It is probable that some of these suggestions will be accepted by the board when submitting their final plan to the Secretary of State.

Co-operation with Voluntary Bodies

The valuable help received from a considerable number of voluntary bodies was commented upon in the Annual Report for 1968. It is impossible for the Authority's health and social services to meet all needs and the activities of voluntary bodies in supplementing the range of the Authority's services or in filling gaps cannot adequately be measured.

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 organised voluntary bodies have a great desire to be of assistance but 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.

It would be impossible to list all the voluntary bodies who do such remarkably good work. The principal organisations, however, are the Red Cross Society and the Women's Royal Voluntary Service whose members have acted as escorts to children attending residential schools for the handicapped, as helpers at clinics and in selling foods at isolated sales centres. The Family Planning Association at the present time deal with more patients than we do at our own family planning clinics and this organisation also trains our staff. The Marie Curie Memorial Foundation has given substantial grants to provide day and night nursing service to those who suffer from cancer and also extra nursing comforts and additional nourishment, and the Chest and Heart Association have also given help to patients who suffer from heart disease. The Maes-yr-Haf Settlement, local branches of the Spastics Society, and the National Society for the Mentally Handicapped have provided day centres for the care of socially deprived and handicapped children. The Moral Welfare Association of the Church in Wales and the N.S.P.C.C. have done valuable social work and so have the Old People's Welfare Association and the local committees. The Jane Hodge Holiday Home, The Rest, Porthcawl, provides holidays for severely handicapped children and the elderly chronic sick respectively.

Without the aid of these and similar organisations the quality of care given to many people in need would have been adversely affected.

HOME HELP SERVICE

Development of the Service

On assuming responsibility as a home help authority in 1948, the Health Committee decided upon an establishment of 177 home helps (equivalent whole-time), providing a ratio of twenty-three home helps per 100,000 population which was a six-fold increase in the home help service provided by the district councils. This was an ambitious scheme, particularly when one realises that a number of local authorities in England had not achieved this ratio by 1963. However, recruitment problems and a high rate of resignations during the period July 1948 to December 1949 prevented this establishment being up to strength until 1950. The mistake was made of seeking to employ too high a proportion of full time employees.

The Service was originally intended to help mothers during the lying-in period, and during the early 1950's a quarter of the patients were maternity patients, a quarter were blind and a quarter were chronic sick. Only 15 per cent were aged. Nowadays maternity cases have dwindled to less than 2 per cent and 85 per cent of the householders helped are aged. Nine in every ten confinements in the county now take place in hospital so that there is less need for help in maternity cases. A home help service, however, is provided free of charge to expectant mothers suffering from toxaemia and similar medical conditions where rest is essential.

Since 1950 the number of households receiving help as increased four times from 2,000 to 8,000 cases. The number of home helps, however, has not kept pace with the increased number of cases.

The Service in 1969

The establishment in December 1969 was the equivalent of 506 full-time home helps plus an added number of eleven full-time home helps for sick relief, a total of 517. The number of home helps per 100,000 population was 69·4. The development plan for the year 1969–70 provided for 563 home helps or 75·6 per 100,000 population. Due to the economic crisis it was not possible to provide any increase in the home help establishment during the year 1968 and during the year 1969 the establishment was increased by only eight home helps, i.e., 1·4 per cent.

Even so the number of householders assisted increased by 8·3 per cent from 7,401 to 8,012.

Table 47

Householders Provided with a Home Help Service, 1969

Number of cases	Aged 65 or over on first visit during the year	Home help to households for persons aged under 65 on first visit during the year				Total
		Chronic sick and tuberculosis	Mentally disordered	Maternity	Others	
	6,821	788	19	112	272	8,012

The majority of old people are provided with a home help for only one session a week to assist mainly with heavy cleaning, leaving them the lighter household duties, as one of the purposes of the home help service is to help old people maintain their independence and encouraging them to do as much as possible for themselves.

Those severely handicapped may require help more often and it is the duty of the home help organisers to allocate help according to the circumstances prevailing. In Rhondda it was necessary for the Medical Officer of Health to insist that, where relatives lived in the locality and were in a position to help aged relatives, they should do so and where a home help service had previously been granted, when these circumstances prevailed, help was withdrawn although cases of hardship were taken into account. Where the economic climate does not permit an expansion of the service to meet increasing demands it is necessary for patients whose needs are not great to make way for those who are more severely incapacitated. In Rhondda there was a ratio of ninety-three home helps per 100,000 population compared with a ratio of sixty-nine for the county as a whole, yet the service could not neet all demands.

The ratio of aged to the population varies within the county. The 1966 sample census showed that 11·9 per cent of inhabitants in the county were 65 years of age and over, 13·65 per cent in West Glamorgan Division and 9·6 per cent in Port Talbot and Glyncorrwg Division. Housing in the county also varies. In Rhondda only 34 per cent of the houses have running hot water, fixed bath, and indoor toilet, compared with 87 per cent in Cardiff Rural.

Special Help Service

A small number of householders are so helpless that they need almost constant care. These number from between fifteen and twenty a week and require personal care at frequent invervals during the day. To meet their needs the Authority have provided a special help service in which women are prepared to work flexible hours, popping in early in the morning to help patients get up and early in the evening to help them settle down for the night and in between calling to give meals, do light housework and to do the shopping. The special help lives near her charge and is paid a fixed weekly wage assessed by the divisional medical officer on the recommendation of the organiser. The sums paid to the special helps are modest, about £2 or £3 a week, which is less than would be paid for comparable work by the home help service. A difficulty has been experienced in urban areas in recruiting special home helps because of other opportunities for employment. The special home help ideally is a next door neighbour to the patient who is willing to take full charge for a modest payment.

An example of the kind of service provided is as follows :—

> A widow aged 92 who lived alone and had broken her leg. She could make herself a cup of tea but very little else. Her daugher lived in England. Her special home help called on her every day of the week including week-ends. Her first visit was at 8.0 a.m. and her last visit of the day at 9.0 p.m. The special help provided meals and care. The Meals on Wheels service of the district council also helped.

It is known that home helps and special home helps assist householders far above the normal call of duty, e.g., visiting householders during the evenings and undertaking washing and ironing outside hours. An outstanding act of kindness came to my knowledge during the year. In March 1969 a special help was appointed to look after a widow aged 66, who was suffering from a heart condition. In July the special help moved to a council house approximately half a mile away. The condition of her charge deteriorated to such an extent that the special help took her into her own home so that more intensive care could be given. The patient has become doubly incontinent, was constantly vomiting and she required oxygen occasionally. The special help had been receiving a wage of £3 a week but this ceased when she took the patient into her own home. The patient received supplementary benefit pension and had no private means.

On hearing of this the Health Committee amended their Scheme of Proposals so that the patient could be regarded as being boarded out with the special help.

Mrs. E. M. Griffiths, Cwmgors, a home help, submitted, along with five other home helps in the United Kingdom, the best essay in a competition arranged by the National Council of Home Help Services. The essay was entitled "What was expected of me as a home help and how do I cope ?"

Mrs. Griffiths lived in the United States of America for a number of years where she was President of the British Club for her locality. To be among the winners of this competition is indeed an honour.

TABLE 48

WEEKLY AVERAGE NUMBER OF HOURS HELP PROVIDED

	Aged, chronic sick, and T.B. cases			Totals of all cases		
	Number of cases	Total hours of service provided	Average hours per week per case	Number of cases	Total hours of service provided	Average hours per week per case
A week in March	5,012	19,673	3·9	5,131	20,296	4·0
A week in June	4,835	18,643	3·9	4,974	19,255	3·9
A week in Sept.	4,825	18,196	3·8	4,938	18,742	3·8
A week in Dec. ..	5,227	19,274	3·7	5,356	19,862	3·7

TABLE 49

TYPE OF CASES WHERE HOME HELP WAS PROVIDED, 1969

Health Division	Aged 65 or over	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total
Aberdare and Mountain Ash ..	759	108	2	8	4	881
Caerphilly and Gelligaer ..	670	54	1	10	21	756
Mid-Glamorgan	1,056	162	2	5	38	1,263
Neath and District	583	59	—	8	43	693
Pontypridd and Llantrisant ..	684	49	5	8	18	764
Port Talbot and Glyncorrwg ..	676	56	2	5	18	757
South-East Glamorgan	858	54	1	50	51	1,014
West Glamorgan	514	70	4	16	50	654
Rhondda Borough	1,021	176	2	2	29	1,230
Totals	6,821	788	19	112	272	8,012

Whole fee charged .. .. 486 cases—6·1 per cent.

Part fee charged .. .. .. 781 cases—9·7 per cent.

"The Committee of Inquiry into Allegations of Ill-treatment of Patients and other Irregularities at the Ely Hospital, Cardiff" which reported in March 1969 called attention to many problems concerning the care of subnormal and severely subnormal patients. The report is mainly a matter for the hospital service but it has important implications for local health authorities.

The report was of the opinion that a hospital for the subnormal has a distinctive contribution to make to the Mental Health Service by providing :—

(*a*) Continued care for subnormal (including severely subnormal) patients who require special or continuous care.

(*b*) Supervision and control for those subnormal patients whose behaviour is too disturbed for care in the community.

(*c*) Short-term care for subnormal patients who normally live at home, or in local authority accommodation, during crisis in their mental disorder.

(*d*) Short-term care for subnormal patients who normally live at home, in order to give relief to their families at times of crisis, if they are too severely disabled for care in local authority accommodation.

(*e*) Short-term care or special treatment while the patient's disability is being assessed or reassessed.

(*f*) Care or treatment for a medical condition other than mental disorder of subnormal patients whose disability is too severe, or whose behaviour is too disturbed, for care and treatment in any other kind of hospital.

Ely Hospital was seriously overcrowded and the report considered that this might have been reduced had it been possible to return more patients to community care and if more intensive training was introduced for the patients.

Following the publication of this report the Management Committees of Ely Hospital and Hensol Castle decided to stop admissions to both hospitals because there was serious overcrowding and staff shortages. The hospital service also considered that it was the responsibility of the local health authorities to provide either hostel accommodation or lodgings for subnormal patients whose problems were mainly social.

If this new principle were to be accepted it would mean that much of the over-crowding at the Hensol Castle and Ely Hospitals would cease, but, it would place a severe financial burden on local health authorities. Furthermore, many of the adult patients have not received or benefited from the intensive training which would prepare them for discharge to the community. The County Council so far met its obligations under the Mental Health Act, 1959, by providing for subnormal persons eight junior training centres, one adult training centre, one special care unit, two hostels for subnormal children, and two hostels for young adults. It was not intended that these hostels should be for long-term stay. Additional special care units and adult training centres are planned.

During the year careful consideration was given by the Authority to the proposal that they provide hostels for the long-term care of patients.

The decision to stop further admissions to Hensol Castle and Ely Hospitals has obviously caused difficulties to parents and mental health staffs. Patients whose behaviour is too disturbed to be cared for in the community are being cared for in other hospitals, or, at the County Council's hostels.

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*) There are eight junior training centres with places for 615 pupils and special care units with places for thirty-five children. The work of these centres is organised by Miss H. B. Brown, Organiser for Junior Training Centres. Special care units have been established at Aberkenfig and Trealaw.

(*c*) The temporary adult training centre at Aberkenfig which was opened in September 1967 was closed at the end of the winter term 1968 and the new purpose-built centre at Bridgend was opened for the reception of trainees on Monday, 24th February, 1969.

Fifty-eight trainees were admitted, most of whom had gained invaluable experience at the temporary adult centre. No difficulty was experienced in obtaining contract work from a number of firms in the area.

(*d*) The hostels for children attending junior training centres at Aberkenfig and Barry continued to provide temporary homes for children, most of whom were conveyed to the hostels on Monday mornings and returned home on Friday evenings.

Adult subnormal persons considered capable of holding down jobs resided at the hostels at Maesglas, Bridgend, for girls, and Pontypridd for boys.

Senior Health Welfare Officers

(*e*) During the year an additional senior officer was appointed to serve the eastern area.

Senior officers continued to work to the consultant psychiatrist at the hospitals for the mentally ill. They play an increasingly important role in co-ordinating and supervising the work of the health welfare officers. They also act as social workers to the residents at the hostels for working girls and boys and assist in the training of new staff as well as attend divisional co-ordinating committees and the mental health/geriatric liaison committees.

Health Welfare Officers

(*f*) Two health welfare officers and two trainee health welfare officers commenced a two-year Certificate in Social Work course. Two officers and two trainees completed courses during the year and all were successful in obtaining certificates in social work. Of a total staff of thirty-two health welfare officers in posts in December, nineteen held the Certificate in Social Work.

ADMISSION OF SUBNORMAL PATIENTS TO HOSPITAL

The embargo placed on admissions to Hensol and Ely Hospitals following the publication of the report of the Ely Hospital Enquiry resulted in the number of patients admitted to hospital on an informal basis dropping from sixteen to ten. During the previous ten years an average of thirty-two subnormal patients were admitted informally each year, and whilst it is appreciated that in the past too many patients were admitted to hospitals because no alternative accommodation was available, there is a need for hospital beds for patients in the following groups :—

(*a*) the severely physically and mentally handicapped child who has failed to progress in the Local Authority's care ;

(*b*) the severely disturbed or disturbing child or adult who places a severe strain on the staffs at training centres or hostels and are not suitable for containment in the community ;

(*c*) the adult who shows anti-social behaviour, resulting very often in court appearances ;

(*d*) the subnormal or severely subnormal patient who is in need of nursing care and attention.

TABLE 50

NUMBER OF SUBNORMAL PATIENTS ADMITTED SINCE 1965 TO HOSPITALS

	Under Order	On an informal basis	As places of safety	For short-term stay
1965 ..	2	21	—	108
1966 ..	2	23	—	109
1967 ..	5	37	—	118
1968 ..	14	16	—	112
1969 ..	4	10	—	63

Difficult situations at homes where subnormal patients are cared for have been eased by the provision of short-term care. This year, however, hospitals were able to admit only sixty-three patients under short-term care arrangements compared with 112 patients in 1968. The number of patients admitted to the Authority's hostels for short periods increased from eighty-one to 110 in 1969.

TABLE 51

SHORT-TERM CARE

Hospital	No. of patients	No. of weeks short-term care
Hensol	10	33
Ely	23	76
Griffithstown	16	46
Llanfrechfa Grange ..	14	55
Total	63	210

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

(*a*) Patients urgently requiring admission 17

(*b*) Patients who would not be prepared to accept admission at present but whom it is anticipated will require admission in the future 143

Since the revision of the hospital catchment areas for subnormal patients in 1957, each consultant is responsible for the admission of patients living within the catchment area of his own hospital and when unable to admit a case he seeks the help of his colleagues.

Throughout the year, there were many crises when the only solution appeared to be the removal of the patient from the home, e.g., family illness, or death of parent. Patients who would normally have been cared for in hospitals have been admitted to hostels and this has placed a great burden on the staff.

TABLE 52

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS, 1961–69

Year	Mental Health Act, 1959								Informally		Total admissions arranged
	Section 25		Section 26		Section 29		Other Sections				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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
1969 ..	24	56	10	10	129	140	–	–	159	255	783

Table 53

Number of Persons Referred to Local Health Authority, 1964–69

Mentally Ill

Referred by	1964				1965				1966				1967				1968				1969			
	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	2	1	82	142	–	1	67	124	–	–	75	169	1	1	128	221	–	2	116	209	–	3	274	462
Hospitals, on discharge from in-patient treatment ..	–	3	248	386	2	5	227	367	–	–	303	311	5	3	237	348	–	–	233	330	4	4	257	368
Hospitals, after or during out-patient or day treatment ..	3	2	119	194	–	2	92	179	–	–	92	208	–	–	79	103	1	2	79	139	1	4	89	169
Local education authorities ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Police and courts	–	–	14	16	2	1	10	14	–	–	5	11	–	–	7	15	1	–	11	3	–	–	18	21
Other sources	–	1	44	85	–	–	39	61	–	–	52	111	1	–	73	100	–	–	62	51	1	2	93	145
Totals	5	7	507	823	4	9	435	745	–	–	527	810	7	4	524	787	2	4	501	732	6	13	731	1,165

Consultants at out-patient clinics for subnormal patients have helped parents and health welfare officers cope with the more difficult patients being cared for in the community.

These clinics were held as follows :—

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

I would like to record my appreciation of the co-operation and understanding shown by the Physician Superintendents of the subnormality hospitals who have assisted in every possible way in spite of the extremely difficult situations at their hospitals caused by overcrowding. A degree of flexibility was maintained as far as admission to hospitals for short-term care was concerned and it will be noted that thirty patients were temporarily accommodated in hospitals outside the catchment area (Llanfrechfa Grange and the County Hospital, Griffithstown) compared with thirty-three temporary admissions at Hensol and Ely Hospitals.

Community Care

Following the appointment of a fourth senior health welfare officer, the county was divided between them, each having control of a team of health welfare officers responsible for the area, working in close co-ordination with the consultant psychiatrists at the hospitals for the mentally ill.

The County was divided as follows :—

Area No.	*County district*	*Staff*	*Hospital*
1 ..	Gower, Llwchwr Urban, Pontardawe Rural, Neath Borough, Neath, Aberdare Urban, Mountain Ash Urban	One Senior Health Welfare Officer Six Health Welfare Officers One Clerk/Typist	Cefn Coed, Morgannwg
2 ..	Penybont Rural, Maesteg Urban, Bridgend Urban, Cowbridge Borough, Cowbridge Rural (part), Port Talbot Borough, Glyncorrwg Urban, Ogmore and Garw Urban	One Senior Health Welfare Officer Six Health Welfare Officers One Clerk/Typist	Morgannwg
3 ..	Rhondda Borough, Pontypridd Urban, Llantrisant and Llantwit Fardre Rural	One Senior Health Welfare Officer Seven Health Welfare Officers One Clerk/Typist	East Glamorgan Psychiatric Unit

Area No.	*County district*	*Staff*	*Hospital*
4 ..	Barry Borough, Cowbridge Rural (part), Penarth Urban, Cardiff Rural, Caerphilly Urban	One Senior Health Welfare Officer One Clerk/Typist ..	Morgannwg Whitchurch
	Gelligaer Urban ..	— ..	Penyfai.

Throughout the year, the caseloads of health welfare officers were kept under review in the hope of effecting some reduction in the number of persons receiving community care. Table 55 shows the number of mentally ill patients referred for community care. During 1969 there was a considerable increase in the number of cases referred—1,915 as against 1,239 in 1968, but this increase may be attributed to the closer contact being maintained with the general practitioners and other agencies since the setting up of area offices. At the end of the year, 1,983 mentally ill patients and 1,765 subnormal patients were receiving community care visits by twenty-seven officers.

Health welfare officers arranged for the admission of 783 mentally ill patients, 414 on an informal basis and 369 under various sections of the Mental Health Act, 1959. The number of formal admissions for 1969 was considerably less than in previous years and less use appears to have been made of section 29 of the Act.

Progress reports on each patient receiving after-care are submitted to consultants at six-monthly intervals except where these are required more frequently.

Copies of reports on subnormal patients are also forwarded when considered necessary to interested agencies.

Table 54

Training Centre Provision For Pupils at Different Ages

Centre	Accommodation	Numbers in attendance on 31st December, 1969								
		Age 5–9		Age 10–15		Age 16 and over		Total		Total
		M.	F.	M.	F.	M.	F.	M.	F.	
Aberaman	55	6	8	8	6	19	13	33	27	60
Aberkenfig	100	11	10	15	12	8	7	34	29	63
Aberkenfig Special Care Unit..	20	10	7	2	2	–	–	12	9	21
Barry	100	10	16	12	15	20	26	42	57	99
Briton Ferry ..	75	12	7	13	6	22	21	47	34	81
Penllergaer	60	5	3	7	9	25	15	37	27	64
Talbot Green ..	75	10	2	11	8	20	14	41	24	65
Trealaw	75	2	3	9	7	20	11	31	21	52
Trealaw S.C.U. ..	—	5	5	–	1	–	–	5	6	11
Ystrad Mynach ..	75	5	6	6	7	33	21	44	34	78
Swansea	—	–	–	–	–	3	–	3	–	3
Adult Training Centre	120	–	–	–	–	44	57	44	57	101
Total ..	755	76	67	83	73	214	185	373	325	698

Junior Centres

Of the 615 places available at junior training centres, over half are occupied by adults and as the adult training programme develops so the number of over-16's attending the centres will decrease. This pattern has already been set in the Mid-Glamorgan area where only fifteen pupils over 16 years of age were attending the Aberkenfig Junior Centre and these remained at the junior centre because they require special care and were considered to be unsuitable for the training provided at the adult centre.

The Mid-Glamorgan area has good provision for the mentally subnormal. Children not ready for a junior centre can attend the Special Care Unit. In this unit the assistant supervisor and four nursing assistants have noted great improvement in the children admitted and during the year four children were transferred to the junior centre. The steady, if slow progress is rewarding to the staff who have maintained the warm relationship which they have established with the children. Eight of the children attending the unit resided at the hostel from Mondays to Fridays, one resided full-time at the hostel, and the remaining thirteen travelled to and from the unit daily, usually on the ambulance vehicle allocated to the unit. Those who travel on the special buses are provided with special safety seats.

The Aberkenfig Centre has now settled down into a centre for children from 7 to 16 years of age and the staff have appreciated the change to teaching mentally handicapped children. The older children attending the centre are being prepared for their future transfer to the adult centre.

At the remaining centres, there were fewer children admitted during the year probably due to the additional observation classes held by the Education Authority.

This has enabled teachers to give more attention to the smaller number of young severely subnormal children and some of the classrooms may have to be adapted to deal with these hyperactive and lower grade children.

Although slow, there has been considerable progress. The children from Talbot Green Centre commenced swimming instruction following the lead set by Briton Ferry Centre.

The staffs at all centres must be complimented on the variety of training they are introducing and on maintaining a high standard of preparation towards adult training.

The older trainees at these "comprehensive" centres are now engaged in light assembly work. There appears to be much suitable contract work available and it is easily introduced into the training programme once the initial negotiations, including transport problems, have been overcome.

Conveyance of Pupils

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

Special bus routes have been arranged to each centre. These bus routes are kept under constant review and every effort is made to restrict the travelling time to a maximum of one hour per journey. At the present time, the adult centre is served by five bus routes, the hostels attached to the junior centres by two bus routes and the ambulance service, and junior training centres by thirty-two bus routes. A small number of children attending the special care unit travel on the special buses but most of them are conveyed by the County Ambulance Service.

Hostels Attached to Junior Training Centres

During 1959, eleven fewer children resided at the hostels attached to the Junior Training Centres at Aberkenfig and Barry but the number of residential days increased by 522. Forty-one children were at Aberkenfig hostel for 4,873 residential days and forty-eight chlildren spent 4,997 residential days at Barry Hostel.

Although most of the children were conveyed to the hostels on Monday mornings and returned to their homes on Fridays an increasing number of requests were made for the children to reside in the hostels over the weekends,

mainly because of difficulties at home, e.g., illness. In Aberkenfig, too, it has been necessary to admit children to the hostel who suffer from multiple handicaps and who attend the Special Care Unit by day.

The type of child being cared for in the hostels is of a lower grade than hitherto and this has increased the burden on the staffs.

Early in the year, a complete embargo was placed on admissions to Ely and Hensol Hospitals and this resulted in the admission to the hostel of children in need of nursing care and attention.

In November, the staff situation at the hostels was examined, and it was decided that the existing establishment of three full-time housemothers and one resident assistant warden, which vacancy it had not been possible to fill, be amended to two full-time and six part-time housemothers. It was hoped that the introduction of part-time staff would solve the recruiting difficulties and ease the staffing problems which have faced the wardens since the hostels opened.

Adult Training

A new purpose-built adult training centre was opened at Bridgend on 24th February, 1969, at a cost of £92,000, including £5,000 for the equipment initially installed.

It was intended to limit the number of trainees to eighty but the facilities provided enabled the Manager to accommodate more trainees than originally planned. By the end of the year there were 101 trainees attending and no trainee recommended for admission was refused a trial.

The main source of recruitment is the Junior Training Centre at Aberkenfig but during the year a considerable number of subnormal persons without any previous formal training were admitted.

The centre is situated near a large trading estate and already good relationships have been established with several firms in the area. There have been many visits by groups of professional people, and industrialists, all of whom were impressed by the facilities provided and the use being made of them.

The staff consists of :—

One Manager, one Deputy Manager, one Chief Instructor, seven Instructors, one Clerk/Typist, one Cook, one Kitchen Helper, one Caretaker/Cleaner.

A programme of rapid expansion of training was designed to enable young persons to reach their maximum potential. A greater variety of work is undertaken than that carried out at the Aberkenfig temporary centre. This includes work in a well equipped woodwork machine shop, paint spraying, metalwork, including welding, forming, and wrought iron work, concrete products, and horticulture.

The horticulture section was engaged in laying out the grounds surrounding the centre, and, in addition, maximum use has been made of a greenhouse and cold frames.

A well-equipped domestic training section with a small furnished flatlet has enabled a full housecraft, laundry and cookery programme to be undertaken. The benefit of this training is already producing results.

Two large workrooms are used for light production work, e.g., assembling plastic toys and ball point pens, packing and labelling of goods, etc. Local and more distant industrial concerns have been approached to provide suitable work.

By the end of the year, nine trainees had left the centre to take up whole-time employment in open industry.

The centre is open from 9.0 a.m. to 5.00 p.m. on Mondays to Fridays throughout the year apart from statutory bank holidays plus one week in the spring and two weeks in August. Since the centre has been opened, an average. attendance of 95 per cent has been maintained.

Incentive payments of up to £1 10s. 0d. per week are made to all trainees from which is deducted 1s. 0d. per day for transport and 1s. 6d. per day in respect of the mid-day meal which is prepared on the premises.

The social and educational activities have not been neglected. The programme is kept flexible so that the individual needs of the trainee can be met as far as possible.

On the social side, a trip to Longleat House was arranged for a Saturday in September and a social evening with refreshments on a buffet basis, were huge successes. My thanks are due to the staff who gave up their leisure time to assist in these activities.

There is no doubt that the provision of an adult centre has met a real need in the area. Subnormal patients who had previously refused to accept any form of training have maintained an excellent work and attendance record at the centre. The trainees have been given a sense of purpose and this is largely due to the enlightened attitude of the manager and his staff.

Maesglas Hostel

At the end of the year, there were thirteen girls residing at the hostel, four of whom were in full time employment. The remainder attended the adult centre at Bridgend. Throughout the year, thirty-three girls resided at the hostel for varying periods and only four were in residence for the whole year.

Considerable success was achieved in placing many of the girls in residential employment and all the girls who took up this work maintained a close contact with the hostel.

The fact that only four of the thirteen girls at the hostel in December were in employment pin-points some of the difficulties being encountered. There have been problems in finding jobs for the girls in places near enough to the hostel and they cannot earn sufficient to afford bus fares to places of employment away from the hostel.

It has also been found necessary to use the hostels as accommodation for girls who, previously would probably have entered hospital when they were left without homes. The danger of the hostel becoming a long stay home for girls incapable of work in open industry still looms.

Selection panels for the admission of girls to the hostel are held at regular intervals. Members of the selection panels include the Senior Medical Officer, the Consultant Psychiatrist from Hensol Hospital, the Disablement Rehabilitation Officer, the Warden and the Senior Health Welfare Officer for the Mid-Glamorgan Area.

All the girls residing in the hostel in September enjoyed a week's holiday in Southsea. Throughout the year, the Warden arranged coffee evenings, social evenings, and dances in an attempt to vary the social life at the hostel.

PONTYPRIDD HOSTEL

At the end of the year, there were seven vacancies at the hostel and of the eighteen boys in residence, fifteen were in full-time employment. Throughout the year, the warden maintained this remarkably high rate of employment and the only boys not working were those who were unemployable.

The warden has cultivated good relationships with prospective employers in the area and his policy of visiting his boys in their places of employment is reaping rewards. The average earnings of the boys in employment is over £10 per week. In August, the warden organised a coach party to Holland. In addition to members of the staff, the party included neighbours and parents. The cost of the holiday was £26 each and each boy paid his share from his savings.

Applications for admission to the hostel are considered by the selection panel which consists of the Senior Medical Officer, the Physician Superintendent of Hensol Hospital, the local disablement rehabilitation officer, the Senior Health Welfare Officer and the Hostel Warden.

This hostel has now been fully accepted in the community and all the boys are treated as residents of the locality. From time to time, the warden is able to arrange social functions at the hostel and none is more popular than the annual carol service.

The main problem again centres around the lack of suitable lodgings for boys who could leave the hostel if good homes could be found for them. In the Pontypridd area all lodgings appear to be taken up by students attending the Glamorgan Polytechnic but immediately any likely places of residence are found, they will be fully investigated by the social work and hostel staff.

TRAINING

Mr. D. Cooper, Training Officer, continued to co-ordinate the training of social workers undertaken in the Public Health Department. The number of students placed in the department from the Cardiff College of Commerce, Swansea, and Cardiff Universities and other agencies continued to increase and

it has been necessary to group the visits of observation of students to training centres and hostels so as to decrease the time spent with students at the various centres.

Trainees

Two trainees were accepted for the two-year Certificate in Social Work course (Younghusband) which commenced in September and were replaced by two new female trainees in October. Two trainees successfully completed a two-year course and took up duties as health welfare officers in the Aberdare and Penarth areas.

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 Hospitals and at the Authority's Hostels. Talks on 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 and works from an area mental health office. The training officer, however, 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 two officers returned to their posts having successfully completed the course (one officer died a few weeks before the course ended). 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. Each group embarked on a study of the various aspects of the new developments in social work practice.

Students

Field work placements were arranged for twenty-three students from the colleges and universities shown below :—

College	*No. of students*
Cardiff College of Commerce (C.S.W.)	18
Cardiff College of Commerce (Child Care) ..	1
Cardiff University	3
Bradford University	1

Students on placement spent 766 days in the department throughout the year. Eight students were supervised by the training officer, five senior health welfare officers were responsible for five students and eight students were health welfare officers. Two students from the Cardiff Certificate in Social Work course undertook administrative placements in my department.

The 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 with the tutors on the various social work courses at the Cardiff College of Commerce and the University of South Wales and Monmouthshire and he and senior health welfare officers assisted in the selection of students for the Certificate in Social Work course and two year course for Child Care Officers at Cardiff.

Library

The mental health library increased its selection of books by nineteen to 110 and the number of borrowings increased from 141 to 176. As may be anticipated, the greatest use of library was made by students placed in the department and health welfare officers and trainee health welfare officers attending the Certificate in Social Work course.

Training of Staff of Training Centres

Four assistant supervisors were seconded to one or two year courses for teachers of mentally handicapped children. Staff are now being trained at the rate of two for junior training centres and two for adult centres each year and the recruitment of qualified staff continued.

During the year, sixteen students spent a total of 330 days at training centres and hostels at the request of the tutors in charge of the course for teachers of mentally handicapped children at Cardiff and Bristol.

A residential in-service course for supervisors and assistant supervisors of training centres was held at Duffryn House, St. Nicholas, on 3rd, 4th, and 5th October, 1969.

Miss H. B. Brown, County Organiser for Training Centres, acted as course warden. Sixty-eight supervisors and assistant supervisors attended the course.

GENERAL PUBLIC HEALTH

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 drug 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.

Of the 9,070 samples examined 37 per cent were for the County Council, 31 per cent for the seven food and drug authorities including Merthyr Tydfil, and 32 per cent for other sources including district authorities

The Medicines Act, 1968, is not yet operative and the responsibilities under the Food and Drugs Act remain unaltered. The laboratory, however, is well equipped to undertake the increased work which will inevitably result in a more comprehensive quality control of drugs.

Table 55

Total Samples Examined

For County Council :		
Food and Drugs Act	2,946	
Fertilisers and Feeding Stuffs Act	134	
Waters—potable	3	
Waters—swimming baths	18	
Milk for antibiotics	182	
Private purchasers' complaints	32	
Other miscellaneous samples	34	
		3,349
For the County Districts and the County Borough of Merthyr Tydfil :		
Food and Drugs Act	1,655	
Waters—potable	297	
Waters—swimming baths	340	
Effluents	68	
Ice-cream (for preservatives)	143	
Atmospheric pollution analyses	127	
Private purchaser's complaints	53	
Milks for antibiotics	39	
Radioactivity estimations	12	
Fertilisers and Feeding Stuffs Act	37	
Other miscellaneous samples	44	
		2,815
For the Medical Research Council :		
(Public Health Laboratory Service)		
(*a*) Milk samples—Phosphatase and Methylene Blue Tests	1,486	
(*b*) Milk samples—Turbidity Tests	109	
		1,595
Samples from all other sources :		
Waters—potable	402	
Waters—swimming baths	263	
Effluents	157	
Ice-cream (for preservatives)	226	
Atmospheric pollution analyses	151	
Radioactivity estimations	35	
Weights and Measures Department	35	
Other miscellaneous samples	42	
		1,311
Total number examined		9,070

Samples submitted by inspectors and complaints by members of the public often involve time consuming scientific investigations not only to satisfy the complaint but also to protect the manufacturer, contractor, 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 exertions and experience which only highly qualified and well trained staff can provide.

Brucellosis

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

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

(*a*) That districts should take herd samples at monthly intervals of all raw milk to be sold for human consumption for examination by the Milk Ring Test.

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

(*c*) That where for any reason the district was unable to take tests at the frequency suggested the county medical officer would arrange for his public health inspectors to take samples.

During 1969 county inspectors arranged for 214 samples to be taken which were examined for antibiotics and tuberculosis as well as brucella abortus. Six cases proved positive to Ring Test but none was positive to culture tests.

Rural Waters and Sewage Acts, 1944–55

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

Cardiff Rural

Proposed sewage scheme.

Cardiff City

Proposed water supply scheme.

Rhiwbina Hill (scheme under consideration before boundary changes incorporating area in the City).

Gower Rural

Proposed sewage scheme, Oxwich.

Proposed sewer extensions, Parkmill.

Housing

The state of housing has a direct bearing on the state of health of the community. About two-thirds of the houses in the administrative county were built before 1914, most without modern amenities. A Welsh Office survey undertaken as recently as 1968 showed that in the coal mining areas from Glyncorrwg to Pontypool 97 per cent of the houses built before 1919 had not yet been provided with a fixed bath. Since the second world war the main aim of housing policy has been to provide enough houses to overcome the shortage and since 1955 to replace the worst of the older houses. House owners and local authorities have been encouraged by subsidies to improve older houses but since improvement is left to individual initiative the results overall have been disappointing.

During the past few years housing policy has undergone a change of emphasis. Although large new house building programmes will be needed for some time a greater share of public investment will go to the improvement of older houses. Since the Deeplish Study of September 1966 which examined the possibilities of area improvement in a part of Rochdale, official thinking has accepted the fact that people living in decaying areas are content to stay where they are. Consequently a policy has been devised for rescuing such areas before they become slums instead of bulldozing houses and scattering the community. On grounds of cost alone there are advantages since old houses can be restored for less than a third of the cost of building new houses.

The Housing Act, 1969, which came into force on 25th August, 1969, embodied the government's housing policy referred to in the White Paper "Old Houses into New Houses" published in 1968. The Act provides for :—

(*a*) A more coherent and generous code for house improvement and repair.

(*b*) A new code to bring about the improvement of whole housing areas and the environment of these areas, and incentive to help the improvement of housing conditions for many in tenanted properties.

(*c*) More generous compensation for those who lose their homes as a result of the clearance of unfit houses.

(*d*) Greater powers to control multiple occupation and help towards improving conditions in multi-occupied houses.

Comprehensive redevelopment involves complex legal and planning problems although the work of taking an area and transforming it house by house with the co-operation of the community is equally challenging. The first generally improved area in Wales was declared by Caerphilly Urban District Council in the Aber Valley.

The Welsh House Condition Survey was carried out during June and July 1968. In the mining valleys of Monmouthshire and Mid and East Glamorgan, 9 per cent of owner occupied houses were unfit, and so were 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 and about 15 per cent would need about £500 or more to bring them up to a good state of repair which would extend the life of the houses by 20 years.

TABLE 56

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 1969
	Completed and occupied during the year 1969 (1)	Total completed and occupied since 1918 (2)	(3)
Aberdare Urban ..	130	3,118	71
Barry Borough	333	3,773	75
Bridgend Urban ..	71	2,059	21
Caerphilly Urban ..	298	3,880	180
Cowbridge Borough ..	—	80	—
Gelligaer Urban	234	2,567	30
Glyncorrwg Urban ..	—	1,195	—
Llwchwr Urban	28	2,070	83
Maesteg Urban	—	1,162	37
Mountain Ash Urban ..	321	1,738	16
Neath Borough	29	2,844	115
Ogmore and Garw Urban	167	1,832	3
Penarth Urban	—	1,659	99
Pontypridd Urban ..	146	3,172	60
Porthcawl Urban ..	6	447	86
Port Talbot Borough ..	33	7,402	111
Rhondda Borough ..	614	4,511	44
Cardiff Rural	—	1,440	435
Cowbridge Rural ..	60	2,030	173
Gower Rural	—	447	133
Llantrisant and Llantwit Fardre Rural ..	230	4,100	429
Neath Rural	76	3,681	138
Penybont Rural ..	257	5,668	201
Pontardawe Rural ..	—	2,935	114
Totals 1969 ..	3,033	63,810	2,654
Totals 1968 ..	2,371	60,515	3,024

Slum Clearance

As the following table shows the pace of slum clearance was maintained during 1969 :—

Table 57

	1968	1969
Number of houses demolished or closed as a result of :		
(*a*) Compulsory purchase and clearance orders ..	194	120
(*b*) Individual demolition and closing orders	477	447
Number of people re-housed as a result of :		
(*a*) Compusory purchase and clearance orders ..	453	287
(*b*) Individual demolition and closing orders	846	1,025

Diseases of Animals Act, 1950

Certain administrative tasks connected with the Diseases of Animals Act, 1950, were transferred to the Health Committee from the Chief Constable on 1st October, 1967. Two civilian diseases of animals inspectors were appointed and the two county public health inspectors and an administrative officer in the Department were also designated, so that they could act in a relief capacity. A third diseases of animals inspector was appointed in 1970.

The diseases of animals inspectors have been successful in improving the standards of hygiene of pig farming in the county thus reducing the risk of foot and mouth and other animal diseases. The general improvement in pig keeping was such that during 1969 the inspectors devoted more time to inspecting the records of animal movements kept by farmers. In 1968 1,240 swill boiling plants were inspected but in 1969 the number of inspections were reduced to 629. Farm visits, however, rose from 1,149 in 1968 to 1,607 in 1969. There are over 2,500 farmers in the county and the checking of their records is necessary so that the source of infection can be quickly traced should an outbreak of disease occur.

Table 58

Work of Diseases of Animals' Inspectors

Markets		Boiling plants inspected	Visits to other farms	Movement records inspected	Miscellaneous visits
Number attended	Movement licences issued				
187	4,041	629	1,607	1,705	237

Number of licences in force	Number of premises found unsatisfactory	Number of new licences issued	Number of licences revoked
859	23	11	13

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 the importation of the internationally recognised quarantinable diseases. The airport deals primarily with domestic traffic and the traffic of British subjects who go on holiday to Europe. Under the present arrangements aircraft travelling from most areas of Europe are allowed to land at Rhoose without further medical check of the passengers because the aircraft travel within an area which is free from quarantinable diseases. No request was made to examine a traveller from abroad. There is, however, a rota of medical officers who are on call during weekends and evenings (including holidays). These medical officers being myself, Dr. C. J. Revington my deputy, and Dr. A. R. Davis and Dr. J. P. J. Clarke.

On Sunday evening, 6th July, Dr. Revington visited Rhoose Airport and vaccinated passengers against poliomyelitis on the outgoing flight to Spain because of a reported outbreak of poliomyelitis in Tarragona. It was reported some months later than the Spanish outbreak of illness was not due to poliomyelitis.

Table 59

Medical Examination of Aliens and Commonwealth Immigrants

(*a*) *Aliens*	
Number of arriving aircraft carrying aliens	232
Total number of arriving aliens (excluding crews)	1,610
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	81
Total number of Commonwealth citizens medically examined	—
Reports and certificates for Commonwealth citizens medically examined	—

Pollution

The explosive population growth and industrialisation of the county during the last 150 years has made a considerable impact on the environment, viz.: land made derelict from copper smelting, slag tips perched on hills overlooking the mining valleys and rivers polluted with sewage, coal dust, toxic industrial wastes, and with the closure of collieries, acid mine drainage. Industrial progress brings with it the problem of waste disposal.

The County Council is not an authority dealing with nuisances but the overall effect on the health of the community by pollution is such that a brief survey of the problem in the county is useful, particularly since the annual report will be published in European Conservation Year 1970.

Pollution of Land

Sixty per cent of the total area of dereliction in Wales (19,000 acres) is in Glamorgan and Monmouthshire. The Welsh Office have a Derelict Land Unit which encourages local authorities to prepare schemes for land reclamation. Exchequer grant aid is substantial. Colliery shale is useful in road building.

Pollution of Rivers.

Most Glamorgan rivers are polluted for most of their length by sewage, coal dust, toxic industrial wastes and acid mine drainage as the pits close down. Fortunately, all Glamorgan rivers are short and swift flowing and the river water is re-oxygenated. The condition of a number of rivers is improving following schemes to purify wastes at sewerage treatment works before they are discharged into rivers.

On 2nd July a large tyre dump on the Mynydd Mayo near Groeswen, Caerphilly, caught fire and smoke containing carbon black overhung the adjoining town of Caerphilly. An analysis was made of samples of thick liquid running from the base of the conflagration and was found to consist of viscous crude oil and phenolic compounds. The substance was inflammable and had an objectionable tarry odour and taste. The County Alnayst stated that the liquid should not under any circumstances enter any water course since it would cause gross pollution which would be difficult to treat and remove. The substance would be highly toxic to fish life.

I was concerned that the River Taff would be contaminated since the river supplies water for the Treforest Trading Estate. On 9th July I convened a meeting at the scene of the fire with the County Analyst, the Chemist of the Glamorgan River Authority, and the Medical Officers of Health for Caerphilly and Pontypridd. Although the stream from the mountain would be entering the river below the point where water was abstracted for the trading estate, arrangements were made to divert the water into a large trench near Nantgarw Colliery so that it could be buried by coal shale.

GLUCINE ADHESIVE

During the end of the summer term a few children at an infants school in the South-East Glamorgan Health Division complained of sore eyes and lips and had developed a rash on the neck following the use of an adhesive. A bottle of the glue was submitted to the County Analyst who reported that it contained zinc chloride so that the gum could be kept moist. This chemical was in a concentration that would be slightly caustic to a sensitive skin.

The County Supplies Officer complained to the manufacturers and they re-formulated the adhesive and the zinc chloride was replaced by calcium chloride. The County Analyst examined the new adhesive and pronounced it to be safe for children.

Pollution of the Air

Domestic coal burned in Glamorgan is relatively smokeless and for this reason no smoke control areas have been declared by local authorities.

Industrial air pollution is controlled by local authorities or by the Alkali Inspectorate of the Central Government in respect of the "scheduled processes". The main industries concerned are electricity generation, cement, ceramics, petroleum, petro-chemicals, other chemicals, iron, and steel.

During the year local residents at Nantgarw made strong complaints about air pollution attributed to the coke ovens and certain modifications are to be made to the plant to reduce pollution.

Possibly the most difficult case of air pollution is at Abercwmboi where the Phurnacite Plant makes smokeless fuel but, in the process, pollutes the air with hydrogen sulphide, sulphur dioxide, ammonia, and dust. Trees in the area are killed. Other nuisances are at Aberthaw (cement dust) and the Neath–Port Talbot industrial belt.

Industry is necessary for the economy and to provide work for our people. These necessities must be taken into consideration. Much research, however, is being undertaken to prevent pollution.

Pollution by Noise

The most vexatious noises are those from aircraft and traffic. The airport at Rhoose, although developing and important regionally, is by international standards small. Motor traffic noise is a bigger problem in the county and the long term aim of industry is to reduce the noise of heavy lorries.

OTHER SERVICES

Medical Examination of Staff

During the year 2,776 new entrants to the county service completed a medical questionnaire and of these 348 were referred for a medical examination and 1,278 for chest X-ray examinations. These figures include 627 new entrants to the county teaching service, of whom fifty-six were referred for medical examination and 415 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 eight on behalf of other authorities. In addition, 681 candidates were medically examined before admission to colleges of education.

Seven hundred and twenty-four examinations were carried out in respect of temporary staff, police, police cadets, firemen, and absentees. Investigations into the reasons for prolonged absence from duty were completed in respect of 306 employees where medical examinations were not considered necessary.

Medical Examination of Children in Care

The medical examination of these children is undertaken for the Children's Committee by medical officers or, where the children have left school, by general practitioners. The department is also responsible for the medical inspection of children at the Sully Remand Home, the Glamorgan Farm School, and nurseries at Bridgend and Pontypridd. Close contact is maintained between the health and children's departments and the senior medical officer attends each week the Glenside Reception Centre to help with the assessment of children who have been placed in care.

Table 60

Medical Inspection of Children in Care of County Council

	Initial examination	Re-examination	Referred for treatment
Boarded-out children ..	82	203	30
Children in Children's Homes	46	215	22
Children in Family Homes ..	55	171	30

Adoption

Advice is given to the Children's Officer concerning the medical fitness of children for adoption and also prospective adopters.

During 1969 advice was sought concerning 102 babies and their prospective adopters.

Blind Persons

During the year 1,024 examinations of blind and partially sighted persons were undertaken for the Director of Welfare Services. In the western half of the county examinations are carried out by consultants and in the eastern half by Dr. Gwladys Evans, the former senior medical officer, who is engaged on a sessional basis.

TABLE 61

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS

	Cause of disability			Total
	Cataract	Glaucoma	Others	
(1) Number of examinations during 1969	—	—	—	1,024
(2) Number of persons registered as blind or partially sighted during 1969 ..	109	34	251	394
(3) Number of persons at (2) recommended for :				
(*a*) No treatment	14	4	51	69
(*b*) Treatment (medical, surgical or optical)	74	14	174	362
(4) Number of persons at (3) (*b*) who, on follow-up action, have received treatment	21	16	26	63

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 or 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 ; eight persons were considered fit to drive and were granted licences ; and seven licences were refused.

INFECTIOUS DISEASES

Para-Typhoid Fever

Two cases of para-typhoid fever were notified in the Aberdare area, a man aged 34 and a girl aged 11. Both patients acquired this infection while on holiday at Benidorm, Costa Blanca, Spain. District medical officers of the appropriate authorities were informed by the Medical Officer of Health for Aberdare of persons who accompanied the patients on the flight to Spain and who stayed in the hotel during the period.

Holiday-makers and travellers leaving the United Kingdom for Mediterranean countries should be vaccinated against typhoid before hand but unless the first dose is given about 28 days before travelling, protection provided will be of little or reduced value.

Food Poisoning

111 cases of food poisoning were notified, compared with thirty in the previous year. Forty-eight cases were notified in the Aberdare area, most of whom (forty-six) were infected at a wedding reception in the area in September. A small number lived elsewhere and the medical officers of health concerned were informed of the situation. The organism isolated was Salmonella Heidelberg. Three persons were admitted to hospital and some of the other patients were also very ill.

Some other cases of food poisoning occurred among holiday makers returning from Spain.

Infective Jaundice

Infective jaundice became generally notifiable in June 1968. During 1969 724 cases were notified although some district medical officers of health are of the opinion that notification is incomplete. This information has been conveyed to general practitioners in order that enquiries can be made by district medical officers of health into the epidemiological background.

Serum hepatitis, potentially a more serious condition than infective hepatitis with a longer incubation period, occurs sporadically in the country. Small groups of drug addicts in the large cities have been detected as a result. Outbreaks of both infective hepatitis and serum hepatitis have been reported from a number of units undertaking intermittent haemodialysis for the treatment of chronic renal failure.

Table 62

Notification of Infectious Diseases

Disease	1951	1956	1961	1966	1967	1968	1969
Tuberculosis—Pulmonary ..	831	618	356	199	180	125	119
Non-Pulmonary ..	179	75	49	34	36	24	13
Enteric or Typhoid Fever	1	1	—	—	—	—	—
Paratypoid	10	21	2	4	3	2	2
Scarlet Fever.. ..	1,102	963	304	359	263	165	142
Whooping Cough ..	2,716	665	387	145	396	206	46
Diphtheria	10	—	7	—	—	—	—
Ophthalmia Neonatorum ..	8	3	5	1	—	9	11
Dysentery	105	464	207	414	53	374	321
Measles	8,030	1,423	13,052	6,315	5,289	3,454	3,465
Poliomyelitis—Paralytic	8	12	15	—	—	—	—
Non-Paralytic ..	16	14	1	—	—	—	—
Food Poisoning ..	31	113	124	33	59	30	113
Anthrax	—	—	1	3	2	—	—
Meningococcal Infection	36	32	10	7	5	8	5
*Infective Jaundice and Hepatitis	—	—	—	—	—	379	724

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

Vital Statistics

Population

The Registrar-General estimated the population of the administrative county to be 744,910 in mid-year 1969, 1,990 more than the 1968 figure. Natural increase (the excess of births over deaths) accounted for 2,291 so that the loss to the county due to migration was only 301. The number of aged persons in 1969 (65 years and over) was 92,250, an increase of 2,500 on the previous year.

Table 63

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).
1969	744,910	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.

Physical Features in the General Character of the County

The geographical County of Glamorgan is situated in the south-east corner of Wales and is bounded on the north by Breconshire, on the east by Monmouthshire, on the south by the Bristol Channel, and on the west by Carmarthenshire. Its greatest length from east to west is 53 miles and is 27 miles in its widest part from north to south. The acreage of the geographical county is 516,966 and that of the administrative county 464,133. The River Rhymney forms the boundary with Monmouthshire and the River Llwchwr with Carmarthenshire. The chief rivers are Taff, Neath, and Tawe. All rivers flow into the Bristol Channel.

The county can be roughly divided into three areas : the deeply cut narrow mining valleys of the north, Y Blaenau, the highest point being Craig-y-llyn, 1,969 ft., the undulating plains in the south (Bro Morgannwg) and the Gower Peninsula.

Glamorgan is an industrial county and its importance during the past 100 years is derived almost entirely from coal, iron, and steel. Since the economic depression of the 1930's and the second world war, general manufacturing industries have been established at three large industrial estates and at smaller estates provided by local authorities. With the closure of worked out or uneconomic collieries there has been a drift of population from the valleys to the coastal regions or valley mouths, since it has been found difficult to attract new industries to the narrow valleys. Considerable industrial development is expected in future in the Llantrisant area which is a gateway to the Rhondda valleys. The Vale and the Gower contain good farmland and agriculture plays an important part in the economy. The hills of the mining districts are infertile and afforestation is being carried out on a wide scale.

During the year rainfall for the first five months was well above average, it was the wettest start of the year since 1951, but this was followed by an exceptionally dry June to October, which caused considerable problems for water undertakings, in particular the West Glamorgan Water Board. It was not until the second week in November that continuous rain brought relief from the drought.

Mothers and Infants

The following vital statistics relating to mothers and infants are set out in accordance with the requirements of the Welsh Office :—

Table 64

Live births—	
Number	12,163
Rate per 1,000 population	16·8
Illegitimate Live Births (per cent of total live births)	6%
Stillbirths—	
Number	205
Rate per 1,000 total live and still births	17
Total Live and Still Births	12,368
Infant Deaths (deaths under one year)	248
Infant Mortality Rates—	
Total infant deaths per 1,000 total live births	20
Legitimate infant deaths per 1,000 legitimate live births	20
Illegitimate infant deaths per 1,000 illegitimate live births	22
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	15
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	13
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	30
Maternal Mortality (including abortion)—	
Number of deaths	2
Rate per 1,000 total live and still births	0·16

Births

Table 65 compares the number of births and the birth rate for 1969 with figures for previous years and a comparison is also made with national rates.

TABLE 65

BIRTHS AND BIRTH RATES

	1951	1956	1961	1966	1967	1968	1969
Live Births :							
Glamorgan	11,946	11,629	12,668	12,804	12,356	12,225	12,163
Birth Rate :							
Glamorgan—adjusted ..	16·3	15·8	16·7	17·1	16·9	17·0	16·8
England and Wales ..	15·5	15·7	17·4	17·1	17·2	16·9	16·3
Illegitimate Birth Rate :							
Glamorgan	32	28	32	51	55	59	59
England and Wales ..	47	46	60	79	84	84	84

Detailed information is available concerning the age structure of women who were delivered of live babies in 1968. During that year it is estimated that there were 101,037 married women under the age of 45 years and 11,490 live babies were born.

TABLE 66

LIVE BIRTHS PER THOUSAND MARRIED WOMEN

Age of mother	Glamorgan Estimated number of married women	Number of live births	Number of live births per 1,000 married women	
			Glamorgan	England and Wales
Under 20 ..	2,229	1,178	528	463
20–24 ..	14,858	4,304	290	259
25–29 ..	19,316	3,354	174	181
30–34 ..	20,059	1,658	83	94
35–39 ..	20,802	751	36	42
40–44 ..	23,773	245	13	11
Total ..	101,037	11,490	114	*

* Not known

Fifty-three per cent of teenage married mothers were confined compared with 46 per cent for England and Wales. Not only is there a tendency for Glamorgan women to marry earlier, they also start raising families earlier. Of the 2,229 Glamorgan teenage mothers, 209 gave birth to a second child, twenty-six to a third child, and one to a fourth child.

ILLEGITIMACY

In 1969 718 live births born in Glamorgan were illegitimate, that is one in every seventeen babies. Illegitimacy for England and Wales is higher—one in every thirteen. Table 67 shows that the illegitimacy birth rates for England and Wales are flattening out.

Details are available concerning the age structure of women who gave birth to illegitimate babies in 1968. In that year 739 babies born in Glamorgan were illegitimate and the table gives information about 725 babies.

TABLE 67

ILLEGITIMATE BIRTHS 1968, BY AGE OF MOTHER

Age of mother	Estimated number of single women in age range	Number of live births born to these women	Ratio of live births per 1,000 single women	England and Wales
15–19 ..	26,002	270	10	14
20–24 ..	7,429	248	33	31
25–29 ..	2,229	105	47	50
30–34 ..	1,486	57	38	41
35–39 ..	1,486	33	22	26
40* ..	2,229	12	6	7
Total ..	40,861	725	18	*

* not known

The 270 live babies born to single teenage girls represent 36·5 per cent of all illegitimate births.

DEATH RATES

Death rates in Glamorgan tend to be higher than those for England and Wales. The position in 1969 and in previous years was as follows :—

TABLE 68

DEATH RATES

Year	Glamorgan		Rate England and Wales	Ratio of local adjusted death rate to national rate
	Crude death rate	Adjusted rate		
1957 ..	12·3	14·0	11·5	1·22
1962 ..	12·3	14·4	11·9	1·21
1967 ..	11·8	13·5	11·2	1·20
1968 ..	12·5	14·3	11·9	1·20
1969 ..	13·3	15·2	11·9	1·27

The above average mortality rates occur in the mining valleys whilst areas in the Vale of Glamorgan approximate to the national rate.

TABLE 69

RATIO OF LOCAL ADJUSTED MORTALITY RATE TO NATIONAL RATE

1969

District	Ratio
Aberdare	1·47
Rhondda	1·45
Port Talbot	1·44
Districts where death rate was lower than or approximated the national average were :	
Penarth	0·94
Cowbridge Rural	0·96
Barry	1·03

In 1969 there were 9,872 deaths, sixty deaths more than in 1968. The crude death rate increased from 12·5 per thousand in 1968 to 13·3 in 1969, and the adjusted death rate (adjusted for sex and age structure of population) rose from 14·3 in 1968 to 15·2 in 1969.

Examination of the trends in mortality by cause is made difficult by the introduction of the eighth revision of the International Classification of Diseases. Some disease categories, coronary diseases for example, have been radically affected by the change in classification although categories such as the cancers have been little affected by the transition.

It will be seen from Table 69 that mortality from heart and circulatory diseases, cancer and respiratory diseases has been increasing. Table 73 shows that there has been an increase in the number of deaths from lung cancer. The number of deaths among children is steadily declining. A report on childhood mortality is given on page 116.

TABLE 70

PRINCIPAL CAUSES OF DEATH

	1969		1959		1949	
	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	3,487	35·3	3,229	36·2	2,167	31·8
Cancer	1,692	17·1	1,402	15·7	921	13·5
Respiratory diseases (bronchitis, pneumonia, influenza, other) ..	1,650	16·7	1,210	13·6	1,022	15·0
Vascular lesions of nervous system	1,374	13·9	1,257	14·1	741	10·9
Violence (accidents, suicide)	321	3·3	388	4·4	242	3·6

TABLE 71

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
1965 ..	9,152	274	38	52	491	2,281	2,621	3,395
1968 ..	9,265	254	41	40	350	2,192	2,682	3,725
1969 ..	9,872	248	37	30	375	2,425	2,977	3,780

TABLE 72

DEATHS FROM DISEASES OF THE HEART — GLAMORGAN

Cause of death	1959			1969		
	Male	Female	Total	Male	Female	Total
Coronary	967	523	1,490	1,551	1,048	2,599
Hypertension (with heart disease) ..	100	96	196	104	110	214
Other heart disease	504	629	1,133	264	410	674
Other circulatory	216	194	410	156	198	354
All cardio vascular diseases	1,787	1,442	3,229	2,075	1,766	3,841

DEATHS ATTRIBUTABLE TO CANCER

The following table gives details of death attributable to cancer during the years 1965–1969 :—

TABLE 73

DEATHS DUE TO CANCER

Site	Year									
	1965		1966		1967		1968		1969	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stomach	137	117	153	94	132	111	125	115	159	99
Breast	1	149	2	133	2	130	3	135	2	168
Uterus	—	76	—	55	—	67	—	59	—	72
Lung	282	41	324	35	286	29	267	36	329	51
Other	397	371	438	350	400	305	429	347	443	369
Total cancer deaths ..	817	754	917	667	820	642	824	692	933	759

CHILD MORTALITY.

In 1901, 5,674 children died under the age of 15 and they accounted for 53 per cent of the total deaths, in 1931, 1,825 children died accounting for 20 per cent of total deaths. By 1969 child deaths numbered 315 and accounted for 3·2 per cent of all deaths. Table which records deaths according to age groups at certain years since 1901 illustrates the rapid decline in childhood mortality. In the early part of the century sanitary arrangements were poor and there was much overcrowding and the standard of hygiene was deplorable. Disease flourished and many young children died of diarrhoea, pneumonia, bronchitis, tuberculosis, diphtheria, measles, and whooping cough. Improvements in sanitation and mothercraft teaching by health visitors improved the standard of hygiene and there was a steady fall in the number of deaths from disease. After 1941 however childhood death rates fell very rapidly. The discovery of new drugs controlled complications following attacks from measles and whooping cough. Mass vaccination against diphtheria was introduced and there was a rapid decline in the number of deaths from this disease. Tuberculosis continued to be a menace until 1950 when new drugs became effective in dealing with the disease and, together with B.C.G. vaccination, introduced in the mid-50's brought about a rapid decline in mortality and morbidity, particularly among the young. Deaths among children from tuberculosis and diphtheria are now exceedingly rare and very few deaths are attributed to measles and whooping cough. Although deaths from pneumonia have been reduced it is still a serious disease and with bronchitis is responsible for many deaths among babies.

Deaths from cancer, mainly leukaemia, have however risen although this rise may be due to improved diagnostic facilities. Although cancer is a rare childhood disease it is now a frequent cause of natural death in children. A high proportion of child deaths are the result of accidents at home and on the roads.

The following table gives the commonest causes of death at various periods from birth to 14 years.

Table 74

Causes of Child Deaths

Neo-natal Period

Deaths under 4 weeks	
All causes	187
Birth injuries	79
Congenital Anomalies	39
Pneumonia	8
Neoplasms—	
Benign and unspecified	1
Enteritis and other digestive	8
Other causes including immaturity	50

Deaths 1–4 years	
All causes	37
Violence	11
Enteritis and other digestive	8
Congenital anomalies	7
Other diseases of nervous system	2
Leukaemia	2
Other malignant	2
Neoplasms	4
Pneumonia	3
Other respiratory	1

Post Neo-natal Period

Deaths 4 weeks–1 year	
All causes	61
Pneumonia	12
Other respiratory	20
Congenital anomalies	5
Violence	9
Other diseases of nervous system	4
Enteritis and other digestive	3
Other causes	8

Deaths 5–14 years	
All causes	30
Violence	13
Congenital	2
Diseases of nervous sytem	2
Leukaemia	4
Pneumonia	1
Other respiratory	1
Other causes	7

It will be noted that 187 deaths took place under four weeks and 128 deaths between one month and 14 years. First day deaths constitute about one-third of all deaths under one year and deaths under one month account for three-quarters of deaths under one year.

In order to reduce deaths under four weeks it is necessary to improve the standard of ante-natal care since a mother who is physically fit and under 30 years of age and has sought skilled ante-natal care early in pregnancy has a better chance of being delivered of a normal baby. Good quality care from the child health service is likely to reduce the number of deaths in the period after one month of life. The infant death rate under four weeks in Glamorgan (neonatal period) is higher than the national average. Glamorgan is predominantly a working class area and the perinatal and neonatal death rates of babies born to such mothers is usually high. Much of this is due to the lower standard of fitness and nutrition of the mothers and is a legacy of the past. However, the low death rate in Glamorgan in the post-neonatal period (one month to one year) may well be a reflection of the high standard of child health services, i.e., care given by health visitors, child health clinics, general practitioners, and consultant paediatrician.

Prematurity is responsible for a high proportion of deaths in the neonatal period together with birth injuries and congenital malformations. The incidence of premature births in Glamorgan is above average and if this could be reduced there would be a fall in the number of neonatal deaths. Diseases of the respiratory system, pneumonia and bronchitis, dominated deaths in the post-neonatal period. In the age range one to four years violence, viz. : accidents, accounted for 30 per cent of the deaths and enteritis and congenital malformations are other main causes. In the age group five to fourteen years accidents and violence accounted for 43 per cent and deaths from leukaemia 13 per cent.

Obviously, some of these deaths were avoidable and in the future one must look for a fall in the number of deaths due to respiratory disease, gastro-enteritis, and violence.

TABLE 75

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	1967	19	18
1931	77	66	1968	21	18
			1969	20	18

PERINATAL MORTALITY

The following statement on perinatal mortality was made in one of my news letters to general practitioners :—

Perinatal mortality in the county is highest in Glyncorrwg and the surrounding areas of Neath Rural, Maesteg, Ogmore and Garw, and Rhondda and is lowest in the Vale of Glamorgan and the Gower Peninsula. The rate for Cardiff Rural averaged over the past decade is half that of Glyncorrwg. The following table shows the rate of perinatal deaths per 1,000 live and still births for the ten year period 1959–68, the five year period 1964–68, and for 1968 itself. By averaging rates over a decade extreme fluctuations that can occur because of the small number of deaths in small communities, are eliminated. The table indicates where special action is needed to reduce the number of still births and early neonatal deaths. This is being taken in

Glyncorrwg following a meeting with the general practitioners, the divisional medical officer, and other health staffs :—

TABLE 76

PERINATAL MORTALITY RATE

	10 year period 1959–68	5 year period 1964–68	1968
Glyncorrwg	49	54	52
Rhondda	42	37	37
Neath Rural	41	36	26
Ogmore and Garw	39	37	36
Caerphilly	39	35	34
Cowbridge Borough	39	30	28
Mountain Ash	38	32	44
Maesteg	37	35	29
Neath Borough	36	32	36
Llantrisant and Llantwit Fardre	36	28	24
Aberdare	36	32	28
Pontardawe	35	28	31
Glamorgan (administrative County)	35	31	30
Gelligaer	35	30	19
Llwchwr	34	31	38
Port Talbot	34	31	35
Pontypridd	33	30	29
Penarth	33	29	32
Penybont	33	28	30
Barry	32	31	20
Bridgend	30	27	41
England and Wales	29	26	25
Gower	28	18	16
Porthcawl	26	19	14
Cowbridge Rural	25	24	24
Cardiff Rural	24	18	17

Perinatal mortality is affected by a number of factors such as :—

(*a*) *Social Class.* Mortality in Social Class I is half that of Social Class V.

(*b*) *Age and Parity.* It is lowest amongst infants of mothers having their second child at the age of 25 to 29 years and highest in multiparae. Second babies have a perinatal mortality below average, third babies are at average risk, first babies are significantly higher than average, and from the fourth baby the risk rises steadily.

(*c*) *Past Obstetric History.* This includes previous abortions, premature births, previous still births, and neonatal deaths, and a past history of toxaemia, antepartum haemorrhage or caesarean section.

(*d*) *Poor Initial Selection for Hospital Confinement.* During 1968, 10 per cent of Glamorgan mothers of parity 5 and 10 per cent of mothers aged 35 and over were delivered at home. In addition there were women booked for home or general practitioner units who became emergency admissions to consultant units later in pregnancy or during labour.

(*e*) *Antenatal Care.* Women of high parity often fail to seek antenatal care until late in pregnancy. It is essential that women should undergo the usual tests, haemoglobin, blood pressure, rhesus factor. Midwives should ensure that patients follow the advice of the doctor. Patients advised to rest but cannot be admitted to hospital can receive a home help service free of cost.

(*f*) *Prematurity.* This is a dominant factor in perinatal mortality. At least half of the perinatal deaths are premature.

(*g*) *Congenital Malformations.* These reflect the genetic and social background of the mother rather than her obstetric care. Recent advances in paediatric surgery hold out new hope for children suffering from certain kinds of deformities but survival may depend on the prompt recognition of the need for surgical intervention.

The average perinatal mortality rate for Glamorgan was 45 for the period 1955–59 and fell to 31 during the period 1964–68. This marked improvement over the years reflects great credit on the obstetricians, medical practitioners, clinic medical officers, hospital, and county midwives who undertake antenatal care or delivery of pregnant women. This improvement has been more marked in Glamorgan than in the country generally.

The rate, however, has remained at 30 for each year from 1965 and it is disappointing that the improvement shown earlier has not continued. Substantial further improvement is possible and endeavours must be made to ensure that the death rate in the mining valleys is reduced to the rate prevailing in the Vale of Glamorgan. It is possible that the number of births to women in high risk categories, such as those of high parity, will be reduced by the development of family planning facilities. Much will depend on expectant mothers scrupulously following the advice of their doctors and midwives during the antenatal period. Where mothers are of good physique and well fed during pregnancy, receive expert medical and nursing care and have families of three or four before the age of 30, the chances of still birth or neonatal death should be slight. Health education is all important and expectant mothers should be advised to attend the antenatal classes provided by health visitors.

The importance of family planning needs to be stressed in reducing perinatal deaths. 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.

Maternity Mortality

The Risk of Death from Pregnancy

Two deaths occurred in 1969 ; the causes of death were :—

Patient aged 23 years .. (*a*) Renal failure.
(*b*) Pregnancy.

Patient aged 29 years .. (*a*) Pulmonary embolism.
(*b*) Deep vein thrombosis.
(*c*) Ectopic pregnancy.

Table 77

Glamorgan Maternal Mortality Rates

Year	Number of deaths	Rate per 1,000 total births
1919 ..	105	5·47
1924 ..	98	5·04
1929 ..	82	5·92
1934 ..	100	8·08
1939 ..	58	5·21
1944 ..	51	3·69
1949 ..	18	1·40
1954 ..	7	0·59
1959 ..	4	0·32
1964 ..	5	0·37
1968 ..	1	0·08
1969 ..	2	0·16

Factors which have contributed to the improvements in mortality rates are :—

(*a*) The better physique and nutritional state of mothers.

(*b*) Improved skill of midwives, general practitioners and consultants, supported by first rate maternity hospitals and equipment.

(*c*) The introduction of sulphonomides and penicillin and the Blood Transfusion Service.

Probably the most important factor is the state of health of the mother. The maternal mortality rate was lower during the first decade of the reign of George V than in the last years of his reign. During the decade 1911–20, the rate averaged 5·63 : in the seven years between 1930 and 1936, the rate averaged 6·64, and in 1934 rose to 8·08. In the earlier period, 40 per cent of the midwives were untrained and had been in practice before 1901, but by 1936 only 6 per cent of the midwives were in this category. Clearly the standard of midwifery was higher in the Thirties so that it is necessary to look for other explanations for this high mortality rate. The earlier years of the Thirties witnessed an economic depression of great severity when it was the practice for mothers to see that their

husbands and children were fed first with disastrous results for themselves if they were pregnant and worn out with many previous pregnancies. The darkest years of the economic depression were the years 1926 and 1931 but the mortality rates were at their lowest for those years, 4·85 and 4·41 respectively. Emergency soup kitchens operated for long periods during these two years and the expectant mothers were well fed.

The year 1937 was a watershed in midwifery care. The Midwifery Service became a salaried service, powerful drugs dealt with sepsis, welfare foods and milk were provided for necessitous mothers and during the war and afterwards, the government paid considerable attention to nutritional standards. After the end of the war, maternal mortality rates declined steadily and rapidly.

The physique of mothers is largely determined by the care they received as infants. Mothers of today were post-war babies when nutritional care and the standard of the maternity and child welfare services was high. Where mothers are of good physique and well fed during pregnancy, receive expert medical and nursing care, and complete their families before the age of 30, the chances of maternal death is very slight. It is essential that expert antenatal care should be sought early in pregnancy and that women who are at risk should be admitted to hospital for confinement.

Free family planning requisites are available at County Council clinics for women where the state of their health would be impaired if pregnant, or if they have a large family or are in poor financial circumstances.

Morbidity

The Ministry of Social Security returns of sickness benefit claims for the year 1969 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	214,603
1969	75,668	53,020	51,131	68,589	248,408

An outbreak of influenza reported from Hong Kong in July 1968 spread widely in the Far East, parts of Europe and North America. Isolated outbreaks occurred in England in the autumn which gave rise to speculation about the likelihood of extensive outbreaks in the country and this resulted in considerable demands for vaccine. Alarmist reports appeared in the press. A supply of 500 doses of influenza vaccine was obtained by me, to protect handicapped children in residential schools, ambulance and nursing staff, if the general practitioners

were unable to obtained supplies for them, and a limited quantity was used to protect a small number of key staff in other departments. Leaflets were also provided so that health visitors attached to practices could advise families on how to deal with influenza and the fatigue and post-influenza depression which sometimes follows.

The influenza was a variant of Virus A2 and although the new varient spread widely during the early months of 1969 its progress was relatively slow and it caused no sudden or excessive pressure on the general practitioner or hospital services, but an outbreak in December reached much greater proportions.

Table 79

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1969

	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal Infection	Infective Jaundice and Hepatitis	Acute Encephalitis		Enteric or Typhoid Fever	Para-typhoid Fever	Food Poisoning	Tuberculosis			Ophthalmia Neonatorum	Anthrax	Malaria
			Para-lytic	Non-para-lytic						Infec-tive	Post infec-tive				Respi-ratory	Menin-ges and C.N.S.	Other			
Administrative County	142	46	–	–	3,465	–	321	5	724	–	–	–	2	113	119	8	5	11	–	–
Aberdare Urban ..	21	–	–	–	13	–	1	–	93	–	–	–	2	48	7	–	–	–	–	–
Mountain Ash Urban ..	22	–	–	–	259	–	–	–	21	–	–	–	–	11	8	–	1	–	–	–
Caerphilly Urban ..	1	–	–	–	98	–	13	–	2	–	–	–	–	7	8	–	–	–	–	–
Gelligaer Urban ..	9	10	–	–	217	–	157	–	74	–	–	–	–	24	7	–	–	6	–	–
Bridgend Urban ..	–	4	–	–	41	–	–	–	20	–	–	–	–	1	3	–	–	–	–	–
Maesteg Urban	9	4	–	–	132	–	19	–	10	–	–	–	–	2	2	1	–	–	–	–
Ogmore and Garw Urban	12	–	–	–	189	–	35	–	136	–	–	–	–	–	3	–	–	–	–	–
Porthcawl Urban ..	1	7	–	–	45	–	–	–	61	–	–	–	–	–	2	–	–	–	–	–
Penybont Rural ..	1	2	–	–	198	–	–	–	26	–	–	–	–	–	1	1	1	–	–	–
Neath Borough	5	–	–	–	23	–	–	–	11	–	–	–	–	–	10	1	–	–	–	–
Neath Rural	1	–	–	–	13	–	6	–	17	–	–	–	–	6	7	–	–	–	–	–
Llantrisant and Llantwit Fardre Rural ..	4	–	–	–	211	–	5	1	8	–	–	–	–	1	2	–	–	–	–	–
Pontypridd Urban ..	–	–	–	–	116	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Glyncorrwg Urban ..	3	–	–	–	12	–	20	–	9	–	–	–	–	–	2	–	–	–	–	–
Port Talbot Borough ..	8	7	–	–	551	–	41	–	96	–	–	–	–	3	12	1	–	1	–	–
Barry Borough	1	1	–	–	610	–	2	1	–	–	–	–	–	3	9	–	2	–	–	–
Cardiff Rural	–	–	–	–	154	–	2	–	1	–	–	–	–	3	3	–	–	–	–	–
Cowbridge Borough ..	1	2	–	–	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cowbridge Rural ..	3	3	–	–	93	–	1	1	4	–	–	–	–	1	4	–	–	–	–	–
Penarth Urban	1	–	–	–	160	–	1	1	2	–	–	–	–	2	5	–	–	–	–	–
Gower Rural	–	–	–	–	5	–	1	–	–	–	–	–	–	–	3	1	–	–	–	–
Llwchwr Urban ..	2	–	–	–	3	–	2	–	8	–	–	–	–	–	1	–	–	–	–	–
Pontardawe Rural ..	6	–	–	–	13	–	14	–	47	–	–	–	–	–	2	1	–	–	–	–
Rhondda Borough ..	31	6	–	–	304	–	1	1	80	–	–	–	–	1	18	1	–	4	–	–

TABLE 80
VITAL STATISTICS, 1969

	POPULATION		LIVE BIRTHS			LIVE BIRTH RATE		Illegitimate Live Births as a Percentage of all 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, 1969	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	48,826,800	—	—	797,542	16·3	16·3	8	10,662	13	808,204	14,397	18	17	25	9,603	12	18,894	23	155	0·19
ADMINISTRATIVE COUNTY	746,785	744,910	6,154	6,009	12,163	16·3	16·8	6	205	17	12,368	248	20	20	22	187	15	366	30	2	0·16
Aberdare Urban ..	39,155	38,210	328	322	650	17·0	18·5	7	11	17	661	13	20	17	65	10	15	21	32	—	—
Mountain Ash Urban ..	29,575	28,130	228	221	449	16·0	16·0	7	10	22	459	11	24	26	—	7	16	16	35	—	—
Caerphilly Urban ..	35,997	39,890	411	386	797	20·0	19·6	5	16	20	813	20	25	24	48	15	19	29	36	—	—
Gelligaer Urban ..	34,656	34,500	297	309	606	17·6	17·6	6	13	21	619	16	26	26	28	5	8	17	27	—	—
Bridgend Urban ..	15,174	15,260	94	96	190	12·5	12·9	4	—	—	190	3	16	16	—	2	11	1	5	—	—
Maesteg Urban	21,625	21,220	185	172	357	16·8	17·5	6	7	19	364	7	20	18	45	6	17	12	33	—	—
Ogmore and Garw Urban	20,985	20,190	164	166	330	16·3	16·8	6	4	12	334	8	24	23	50	8	24	11	33	—	—
Porthcawl Urban ..	11,086	13,410	101	84	185	13·8	16·3	11	8	41	193	3	16	18	—	2	11	10	52	—	—
Penybont Rural ..	42,104	50,010	508	520	1,028	20·6	19·8	20	21	20	1,049	20	19	20	16	17	17	36	34	1	0·95
Neath Borough	30,935	29,690	216	164	380	12·8	13·3	6	5	13	385	9	24	25	—	6	16	9	23	—	—
Neath Rural	40,870	40,630	314	323	637	15·7	16·3	12	8	12	645	13	20	21	—	12	19	17	26	—	—
Llantrisant and Llantwit Fardre Rural ..	27,109	33,230	376	351	727	21·9	22·6	3	14	19	741	16	22	21	50	10	14	23	31	1	1·34
Pontypridd Urban ..	35,494	35,010	283	256	539	15·4	15·7	7	13	24	552	12	22	26	—	8	15	21	38	—	—
Glyncorrwg Urban ..	9,368	9,360	88	84	172	18·4	17·8	5	4	23	176	7	41	43	—	5	29	9	51	—	—
Port Talbot Borough ..	51,322	50,970	368	338	706	13·9	13·8	7	13	18	719	13	18	18	21	11	16	23	32	—	—
Barry Borough	42,084	42,500	321	328	649	15·3	15·8	10	6	9	655	10	15	15	15	9	14	13	20	—	—
Cardiff Rural	49,884	29,080	302	304	606	20·8	19·1	4	7	11	613	9	15	16	—	8	13	14	23	—	—
Cowbridge Borough ..	1,067	1,430	22	16	38	26·6	26·3	16	2	50	40	1	26	31	—	1	26	3	75	—	—
Cowbridge Rural ..	18,756	23,000	193	208	401	17·4	19·8	5	5	12	406	2	5	5	—	2	5	7	17	—	—
Penarth Urban	20,896	23,120	160	185	345	14·9	16·1	9	3	9	348	4	12	6	67	3	9	6	17	—	—
Gower Rural	12,656	16,100	134	127	261	16·2	17·0	3	1	4	262	5	19	20	—	5	19	5	19	—	—
Llwchwr Urban ..	25,013	26,030	187	193	380	14·6	15·6	4	10	26	390	9	24	22	67	8	21	16	41	—	—
Pontardawe Rural ..	30,687	29,640	192	186	378	12·8	14·5	4	4	10	382	5	13	14	—	4	11	7	18	—	—
Rhondda Borough ..	100,287	94,300	682	670	1,352	14·3	14·7	6	20	15	1,372	32	24	24	13	23	17	40	29	—	—

TABLE 81
VITAL STATISTICS, 1969

	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 ..	296,561	282,817	579,378	11·9	11·9	3·9	2·3	1·6	0·7	0·8	0·5	0·5	0·03	0·01
ADMINISTRATIVE COUNTY	5,383	4,489	9,872	13·3	15·2	4·7	2·3	1·7	1·0	0·7	0·5	0·4	0·05	0·01
Aberdare Urban ..	346	315	661	17·3	17·5	6·9	2·7	2·6	1·2	0·4	0·5	0·4	0·08	—
Mountain Ash Urban ..	234	164	398	14·1	16·9	4·9	2·5	1·5	1·4	0·6	0·7	0·3	0·1	0·07
Caerphilly Urban ..	230	200	430	10·8	13·5	3·5	1·7	1·3	0·7	0·6	0·3	0·4	0·05	0·03
Gelligaer Urban ..	257	190	447	13·0	16·9	4·8	1·6	1·7	1·5	0·7	0·1	0·4	0·09	—
Bridgend Urban ..	101	85	186	12·2	13·1	4·3	2·9	1·4	0·6	1·0	0·3	0·7	—	—
Maesteg Urban	141	127	268	12·6	15·5	4·6	2·6	1·4	0·9	0·5	0·9	0·3	—	—
Ogmore and Garw Urban	140	116	256	12·7	15·6	3·0	2·0	1·7	1·2	1·2	0·4	0·1	0·1	—
Porthcawl Urban ..	89	87	176	13·1	10·5	4·6	3·2	1·7	0·3	0·7	0·7	0·3	—	—
Penybont Rural ..	350	324	674	13·5	13·0	4·9	1·7	1·7	0·6	1·7	0·6	0·5	0·02	0·02
Neath Borough	233	210	443	14·9	16·1	4·7	3·0	1·8	1·0	1·0	1·0	0·4	—	—
Neath Rural	312	250	562	13·3	16·7	4·9	2·6	1·7	0·7	0·7	0·7	0·6	0·02	—
Llantrisant and Llantwit Fardre Rural ..	212	180	392	11·8	15·9	4·1	2·4	1·7	0·6	0·5	0·2	0·5	—	—
Pontypridd Urban ..	286	246	532	15·2	15·7	4·9	2·3	2·4	1·3	0·8	0·6	0·6	0·1	0·06
Glyncorrwg Urban ..	55	50	105	11·2	16·1	3·8	1·7	0·7	0·7	0·4	0·4	0·4	—	—
Port Talbot Borough ..	378	277	655	12·9	17·2	4·4	2·4	1·6	0·9	0·7	0·5	0·3	—	—
Barry Borough	261	225	486	11·4	12·3	4·1	2·4	1·4	0·8	0·6	0·2	0·6	—	—
Cardiff Rural	170	140	310	10·7	11·6	3·3	2·1	1·5	0·4	0·5	0·7	0·4	0·03	0·03
Cowbridge Borough ..	7	3	10	7·0	7·3	2·8	—	—	—	1·4	0·7	0·7	—	—
Cowbridge Rural ..	87	62	149	6·5	11·4	2·3	1·1	1·0	0·4	0·3	0·1	0·4	0·04	—
Penarth Urban	151	126	277	12·0	11·2	4·5	2·8	1·3	0·6	0·3	0·6	0·4	—	—
Gower Rural	100	95	195	12·1	13·4	5·2	1·6	1·1	0·7	0·4	0·9	0·4	0·06	—
Llwchwr Urban ..	215	157	372	14·3	15·6	5·3	2·3	2·7	1·1	0·7	0·3	0·3	—	—
Pontardawe Rural ..	236	202	438	14·8	15·2	5·9	2·4	1·9	1·6	0·6	0·5	0·3	0·03	0·07
Rhondda Borough ..	792	658	1,450	15·4	17·2	5·2	2·4	2·0	1·5	0·8	0·5	0·4	0·1	0·02

TABLE 82

CAUSES OF DEATH AT ALL AGES DURING THE YEAR 1969

	Enteritis and other Diarrhoeal Diseases	Tuberculosis of Respiratory System	Other Tuberculosis including Late Effects	Whooping Cough	Measles	Syphilis and its Sequelae	Other Infective and Parasitic Diseases	Malignant Neoplasm, Buccal Cavity, etc.	Malignant Neoplasm, Oesophagus	Malignant Neoplasm, Stomach	Malignant Neoplasm, Intestine	Malignant Neoplasm, Larynx	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Malignant Neoplasm, Prostate	Leukaemia	Other Malignant Neoplasms,	Benign and Unspecified Neoplasms	Diabetes Mellitus	Avitaminoses, etc.	Other Endocrine, etc. Diseases	Anaemias	Other Diseases of Blood, etc.	Mental Disorders	Meningitis	Other Diseases of Nervous System etc.	Active Rheumatic Fever	Chronic Rheumatic Heart Disease	Hypertensive Disease
ADMINISTRATIVE COUNTY	18	40	11	1	2	3	15	24	45	258	237	7	380	170	72	61	57	381	15	80	3	37	34	2	16	4	87	1	160	214
Aberdare Urban ..	–	3	–	–	–	–	–	2	1	14	19	–	23	10	8	2	3	21	3	9	–	4	4	–	–	2	3	–	13	26
Mountain Ash Urban ..	–	3	2	–	–	–	–	2	–	12	7	–	15	9	4	1	3	17	–	8	–	1	2	1	–	–	2	–	8	11
Caerphilly Urban ..	3	2	1	–	–	–	1	2	1	5	5	–	16	6	7	2	2	21	1	1	1	4	2	–	–	–	4	–	7	6
Gelligaer Urban	–	3	–	–	–	–	1	–	2	9	8	–	16	3	5	2	2	9	–	1	–	1	2	–	–	–	5	–	7	12
Bridgend Urban ..	–	–	–	–	–	–	1	–	2	6	5	–	10	5	4	1	2	9	–	–	–	1	–	–	–	–	1	–	2	1
Maesteg Urban	–	–	–	–	1	–	–	1	1	9	5	1	13	5	4	4	–	13	1	2	–	–	1	–	–	–	4	–	1	1
Ogmore and Garw Urban	–	3	–	–	–	–	–	–	2	8	4	–	6	5	2	1	2	11	–	2	–	2	2	–	–	–	1	–	3	2
Porthcawl Urban ..	1	–	–	–	–	1	–	–	2	7	5	–	12	3	1	1	2	10	1	1	–	2	–	–	–	–	2	–	2	2
Penybont Rural ..	2	1	1	–	–	–	–	1	1	8	13	–	19	12	3	2	4	20	–	7	–	1	–	–	5	–	9	–	13	5
Neath Borough	–	–	–	–	1	–	–	2	5	16	9	1	23	6	2	2	3	19	–	3	–	4	2	–	1	–	6	–	7	10
Neath Rural	–	1	–	–	–	–	4	2	2	18	14	1	18	10	4	6	4	25	1	4	–	2	2	–	–	–	6	–	8	15
Llantrisant and Llantwit Fardre Rural ..	1	–	–	–	–	–	1	–	1	11	9	–	19	10	3	6	4	17	1	2	–	2	1	–	2	–	8	–	8	9
Pontypridd Urban ..	1	4	2	–	–	–	–	2	3	15	10	–	17	3	2	4	2	21	1	3	–	2	2	–	2	–	6	–	4	8
Glyncorrwg Urban ..	–	–	–	–	–	–	–	–	–	4	3	–	2	2	–	–	1	4	–	3	–	–	–	–	1	–	–	–	4	1
Port Talbot Borough ..	–	–	–	–	–	–	–	1	2	20	24	1	24	11	5	4	2	29	2	7	–	3	3	–	–	–	7	–	9	14
Barry Borough	3	–	–	–	–	–	–	5	2	17	17	–	22	8	2	4	2	25	1	3	1	3	2	–	1	1	3	–	11	12
Cardiff Rural	2	1	1	–	–	–	–	–	3	10	12	–	18	6	–	–	3	9	1	–	–	1	1	–	2	–	7	–	4	10
Cowbridge Borough ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Cowbridge Rural ..	1	1	–	–	–	–	–	–	2	4	7	–	3	1	2	2	–	5	–	3	–	–	–	–	–	–	2	–	4	1
Penarth Urban	1	–	–	–	–	1	1	1	4	9	7	–	16	7	2	3	3	13	–	–	–	–	–	–	1	1	1	–	2	1
Gower Rural	–	1	–	–	–	–	–	–	–	6	2	–	4	4	1	1	1	7	–	1	–	1	–	–	–	–	–	–	2	5
Llwchwr Urban	2	–	–	–	–	–	1	–	–	11	9	–	12	6	2	3	3	13	–	1	–	–	–	–	–	–	3	–	6	5
Pontardawe Rural ..	–	1	2	–	–	–	2	–	2	9	8	1	19	13	1	3	2	12	1	5	–	2	1	–	1	–	–	–	11	16
Rhondda Borough ..	2	16	2	1	–	1	3	1	7	30	35	2	53	25	8	7	7	51	1	14	1	1	6	1	–	–	7	1	24	41

TABLE 82—*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	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	Other Complications of Pregnancy, etc.	Total all causes
ADMINISTRATIVE COUNTY	2,599	514	1,287	354	117	543	730	25	235	60	3	30	34	80	58	34	64	7	33	66	79	48	94	84	190	47	20	2	9,872
Aberdare Urban ..	156	71	100	20	3	15	46	3	24	3	–	2	2	5	3	5	1	–	2	2	5	1	6	2	13	1	–	–	661
Mountain Ash Urban ..	106	12	43	20	3	16	38	2	11	2	–	2	2	12	–	6	5	–	1	2	4	1	3	3	6	–	2	–	398
Caerphilly Urban ..	104	23	53	10	3	27	29	1	15	3	–	–	1	2	1	3	4	–	4	5	6	4	15	5	10	2	–	–	430
Gelligaer Urban	122	24	57	6	11	24	53	–	15	5	1	1	1	–	3	2	–	–	3	6	2	1	5	2	12	1	2	–	447
Bridgend Urban ..	51	11	22	5	2	16	9	–	1	1	–	1	1	2	–	–	1	–	1	–	1	–	–	3	7	1	–	–	186
Maesteg Urban	70	25	30	2	8	11	19	3	10	–	–	–	1	5	2	–	1	–	–	1	5	–	–	4	1	1	–	–	268
Ogmore and Garw Urban	71	4	34	8	1	24	24	2	4	3	–	–	3	1	3	–	1	–	–	–	7	–	6	–	3	–	1	–	256
Porthcawl Urban ..	51	7	23	10	1	9	4	–	4	–	–	–	2	2	1	–	3	–	–	–	–	1	–	1	1	2	–	–	176
Penybont Rural ..	200	30	83	32	7	83	29	1	6	5	–	2	2	4	7	1	8	–	1	4	5	6	6	8	15	1	–	1	674
Neath Borough	111	12	54	31	2	30	30	–	5	5	–	1	–	4	3	1	4	3	1	5	3	–	2	1	8	2	3	–	443
Neath Rural	146	32	69	30	5	28	27	2	15	3	–	2	3	3	6	2	3	–	1	5	5	–	2	4	19	1	2	–	562
Llantrisant and Llantwit Fardre Rural ..	104	16	55	5	2	17	20	1	9	–	1	1	–	3	1	2	5	–	–	5	4	3	6	5	9	2	–	1	392
Pontypridd Urban ..	126	33	85	21	4	29	47	1	17	3	–	3	2	3	1	2	1	–	3	1	1	6	6	4	12	6	1	–	532
Glyncorrwg Urban ..	25	6	7	4	–	4	7	–	3	–	–	–	1	2	4	–	2	–	1	4	1	3	1	1	3	–	1	–	105
Port Talbot Borough ..	174	25	81	24	12	35	45	2	13	7	1	4	2	13	5	5	4	–	–	5	4	4	1	2	12	3	4	–	655
Barry Borough	137	14	60	10	4	25	34	–	5	2	–	2	1	5	2	1	3	–	1	4	3	1	2	9	9	7	–	–	486
Cardiff Rural	70	11	44	20	4	14	13	–	2	–	–	1	3	4	3	2	1	–	3	3	3	3	3	6	4	1	1	–	310
Cowbridge Borough ..	2	–	1	–	2	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	3	1	1	1	–	–	10
Cowbridge Rural ..	48	1	24	3	–	8	9	1	1	–	–	–	1	–	1	–	–	1	–	1	1	–	1	5	3	2	–	–	149
Penarth Urban	94	8	30	13	3	7	14	2	4	1	–	1	2	3	–	–	1	–	3	–	2	1	4	3	4	3	–	–	277
Gower Rural	51	25	18	14	2	6	11	1	3	–	–	1	–	1	1	–	2	1	–	3	2	1	9	3	–	3	1	–	195
Llwchwr Urban	101	25	70	7	9	18	28	–	4	–	–	–	5	2	2	–	3	–	2	4	4	1	–	2	5	–	–	–	372
Pontardawe Rural ..	119	28	55	15	3	17	48	1	6	4	–	1	–	2	2	1	3	–	–	1	3	–	7	5	4	1	–	–	438
Rhondda Borough ..	360	69	190	43	28	78	146	2	58	13	–	3	1	11	7	1	8	2	6	5	8	11	9	5	30	6	2	–	1,450

TABLE 83

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1969

	Under 4 weeks		4 weeks and under 1 year		Age in Years																		Total all ages	
					1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 and over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Enteritis and other Diarrhoeal Diseases	2	–	1	1	3	4	–	–	–	–	–	–	–	–	1	–	–	–	–	2	–	3	8	10
Tuberculosis of Respiratory System	–	–	–	–	–	–	–	–	–	–	–	1	2	–	4	3	11	–	11	–	8	–	36	4
Other Tuberculosis, including late effects	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	1	2	1	3	–	1	–	8	3
Whooping Cough	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Measles	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Syphilis and its Sequelae	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	–	–	–	3	–
Other Infective and Parasitic Diseases	–	–	–	–	–	–	–	–	1	–	–	–	2	1	1	2	–	2	2	2	–	2	6	9
Malignant Neoplasm, Buccal Cavity, etc.	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1	2	8	4	4	2	1	10	14
Malignant Neoplasm, Oesophagus	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	2	6	3	11	7	10	3	30	15
Malignant Neoplasm, Stomach	–	–	–	–	–	–	–	–	–	–	–	–	3	1	10	3	48	12	62	34	36	49	159	99
Malignant Neoplasm, Intestine	–	–	–	–	–	–	–	–	–	–	–	–	3	3	14	6	21	21	41	50	39	39	118	119
Malignant Neoplasm, Larynx	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	–	1	–	1	1	6	1
Malignant Neoplasm, Lung, Bronchus	–	–	–	–	–	–	–	–	–	–	–	1	7	5	28	12	104	12	141	13	49	8	329	51
Malignant Neoplasm, Breast	–	–	–	–	–	–	–	–	–	1	–	1	–	8	–	33	1	43	1	47	–	35	2	168
Malignant Neoplasm, Uterus	–	–	–	–	–	–	–	–	–	–	–	2	–	3	–	15	–	20	–	21	–	11	–	72
Malignant Neoplasm, Prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	3	–	25	–	31	–	61	–
Leukaemia	–	–	–	–	–	2	2	2	4	2	–	1	–	–	3	3	6	6	9	4	5	8	29	28
Other Malignant Neoplasms	–	–	–	–	1	1	–	–	2	2	6	2	6	12	18	30	59	39	60	52	37	54	189	192
Benign and Unspecified Neoplasms	–	1	–	–	–	–	–	–	–	–	–	–	–	–	3	–	2	1	4	1	–	3	9	6
Diabetes Mellitus	–	–	–	–	–	–	–	1	–	–	–	–	3	–	1	3	5	9	8	19	4	27	21	59
Avitaminoses, etc.	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	2
Other Endocrine, etc., Diseases	–	1	1	–	–	–	1	–	–	–	–	–	1	1	1	–	1	6	2	10	2	10	9	28
Anaemias	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	3	3	3	4	6	14	13	21
Other Diseases of Blood, etc.	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	–
Mental Disorders	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	1	2	4	3	4	7	9
Meningitis	–	1	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	1	3
Other Diseases of Nervous System, etc.	–	–	4	–	–	2	–	1	7	1	3	2	3	3	4	1	9	10	7	11	9	10	46	41
Active Rheumatic Fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–
Chronic Rheumatic Heart Disease	–	–	–	–	–	–	–	–	2	–	3	2	8	8	11	24	18	26	11	19	8	20	61	99
Hypertensive Disease	–	–	–	–	–	–	–	–	–	–	–	1	5	3	6	6	28	19	36	34	29	47	104	110
Ischaemic Heart Disease	–	–	–	–	–	–	–	–	–	–	2	–	46	10	162	42	399	131	521	357	421	508	1,551	1,048
Other forms of Heart Disease	–	–	–	–	–	–	–	1	1	1	–	–	3	1	8	9	15	16	61	60	115	223	203	311
Cerebrovascular Disease	–	–	–	–	–	–	1	–	–	1	–	–	8	4	21	27	92	55	179	225	215	458	517	770
Other Diseases of Circulatory System	–	–	–	–	–	–	–	–	–	–	–	1	1	1	7	7	22	14	45	32	81	143	156	198
Influenza	–	–	1	–	–	–	–	–	–	–	1	–	3	2	4	4	7	8	29	20	24	14	69	48
Pneumonia	6	2	7	5	2	1	–	1	–	–	–	1	2	4	8	5	27	17	56	70	136	193	244	299
Bronchitis and Emphysema	–	–	–	1	–	–	–	–	–	–	–	–	4	3	21	6	136	16	276	37	182	48	619	111
Asthma	–	–	–	–	–	–	1	–	2	1	–	1	–	2	–	–	5	4	1	4	–	4	9	16
Other Diseases of Respiratory System	1	1	11	7	–	1	–	–	–	–	1	–	3	–	15	3	45	7	65	8	49	19	189	46
Peptic Ulcer	–	–	–	–	–	–	–	–	–	–	–	–	2	–	7	1	8	2	17	3	11	9	45	15
Appendicitis	–	–	–	–	–	–	–	–	–	–	–	1	–	–	2	–	–	–	–	–	–	–	2	1
Intestinal Obstruction and Hernia	3	1	1	–	–	1	–	–	–	–	1	–	–	–	–	1	2	2	6	1	2	9	15	15
Cirrhosis of Liver	–	–	–	–	–	–	–	–	–	–	–	–	1	1	7	1	8	5	3	4	2	2	21	13
Other Diseases of Digestive System	2	–	–	–	–	–	–	–	–	–	1	–	–	4	3	5	10	8	7	14	6	20	29	51
Nephritis and Nephrosis	–	–	–	–	–	–	–	–	–	1	2	2	4	2	2	2	11	7	5	8	7	5	31	27
Hyperplasia of Prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	7	–	26	–	34	–
Other Diseases of Genito-Urinary System	–	–	1	–	–	–	1	–	–	1	–	–	1	3	3	1	3	7	1	8	7	24	17	44
Other Complications of Pregnancy	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	2
Diseases of Skin, Subcutaneous Tissue	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	6	1	6
Diseases of Musculo-Skeletal System	–	–	–	–	–	–	–	–	–	1	–	1	–	–	1	3	2	3	4	9	3	9	10	26
Congenital Anomalies	22	17	4	1	3	4	1	1	1	–	–	2	–	–	2	1	1	2	3	–	–	1	37	29
Birth Injury, Difficult Labour, etc.	54	25	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	54	25
Other Causes of Perinatal Mortality	33	15	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	33	15
Symptoms and Ill-Defined Conditions	–	–	1	1	–	–	–	–	–	–	–	–	1	1	–	1	1	1	3	1	30	53	36	58
Motor Vehicle Accidents	–	–	1	–	4	2	4	2	18	5	5	1	4	2	6	4	8	3	3	5	3	4	56	28
All Other Accidents	–	–	6	2	1	4	4	1	13	1	4	1	10	–	19	2	17	6	9	16	15	59	98	92
Suicide and Self-Inflicted Injuries	–	–	–	–	–	–	–	–	1	1	4	–	6	5	5	7	6	5	3	1	2	1	27	20
All other External Causes	–	–	–	1	–	–	1	1	1	–	2	–	–	2	1	1	4	1	1	3	1	–	11	9
Total All Causes	123	64	41	20	14	23	18	12	55	20	36	25	143	96	418	279	1,165	563	1,753	1,224	1,617	2,163	5,383	4,489

GLAMORGAN COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

TABLE S.1

GENERAL STATISTICS

Population of the Administrative County 744,910

Numbers of schools and numbers of pupils on the registers, January, 1970 :—

Type of school	*Number of schools*	*Number of pupils on the register*
Nursery	11	468
Primary	436	84,102
Secondary Technical	–	—
Secondary Modern	53	20,052
Secondary Grammar	22	12,308
Grammar Technical	5	2,389
Comprehensive	13	15,449
Special Schools	7	579
	547	135,847

Staff employed in the School Health Service on 31st December, 1969 :—

Designation	*Numbers in terms of Whole-time Officers*
Medical Officers	17
Dental Officers	~~27~~ 18·3
Dental Auxiliaries	5
School Nurses	26

SCHOOL MEDICAL INSPECTION

Procedures for the routine medical examination and supervision of children at school have remained basically the same since 1908 when the school health service was established. It was then the duty of the school health service 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 the medical services from general practitioners, hospitals and the special services are given free. The routine medical examination in middle school life has been replaced by the examination of selected children at risk and by the screening of all children at the appropriate age for vision and hearing.

In 1969 the great majority of children were healthy and the difference in physique between the poorer and better off areas continued to lessen. Under nutrition in children which was the concern of the Department during the thirties has ceased to be a problem although it would appear that a substantial proportion of children, particularly those in secondary schools, have a very poor breakfast. Of the 22,024 children seen at routine examinations only fifteen were of unsatisfactory physical condition compared with forty-five the previous year. The general improvements in the health of children has enabled more attention to be given to handicapped children.

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)
1965 and later	3,172	3,171	1
1964	7,668	7,665	3
1963	3,062	3,061	1
1962	566	565	1
1961	312	312	—
1960	253	253	—
1959	161	160	1
1958	132	132	—
1957	100	100	—
1956	505	505	—
1955	3,171	3,167	4
1954 and earlier	2,922	2,918	4
Total	22,024	22,009	15
		Column 3 total as percentage of column 2. Total = 99·93	Column 4 total as percentage of column 2. Total = ·07

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 ..	2,742	2,742	—
Caerphilly and Gelligaer ..	2,697	2,697	—
Mid-Glamorgan	3,510	3,509	1
Neath and District	2,114	2,114	—
Pontypridd and Llantrisant ..	2,832	2,821	11
Port Talbot and Glyncorrwg ..	2,092	2,081	1
South-East Glamorgan	3,025	3,023	2
West Glamorgan	2,491	2,491	—
Rhondda	531	531	—
Total	22,024	22,009	15

TABLE S.3—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)

(I) SUMMARY IN AGE GROUPS

Age groups inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1965 and later	36	262	286
1964	155	669	793
1963	63	374	421
1962	13	62	73
1961	9	40	48
1960	17	18	33
1959	5	12	17
1958	4	12	16
1957	—	7	7
1956	17	34	51
1955	103	138	234
1954 and earlier	149	173	296
Total	571	1,801	2,275

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	61	247	294
Caerphilly and Gelligaer	60	265	313
Mid-Glamorgan	46	101	146
Neath and District	13	183	196
Pontypridd and Llantrisant	19	282	288
Port Talbot and Glyncorrwg	137	114	248
South-East Glamorgan	168	314	460
West Glamorgan	67	180	239
Rhondda	—	115	103
Total	571	1,801	2,275

TABLE S.4

OTHER INSPECTIONS

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash	1,077	916	1,993
Caerphilly and Gelligaer	208	3,579	3,787
Mid-Glamorgan	2,202	1,381	3,583
Neath and District	80	550	630
Pontypridd and Llantrisant	803	424	1,227
Port Talbot and Glyncorrwg	403	1,518	1,921
South-East Glamorgan	645	821	1,466
West Glamorgan	534	827	1,361
Rhondda	898	363	1,261
Total	6,850	10,379	17,229

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 1959–69

	1959	1964	1968	1969
A. MEDICAL INSPECTION				
(i) Routine examinations ..	27,469	24,722	23,008	22,024
(ii) Special examinations	3,682	4,966	5,558	6,850
(iii) Re-examinations	10,921	11,255	9,212	10,379
Totals	42,072	40,943	37,778	39,253
B. DENTAL INSPECTION				
(i) No. of children inspected by school dentists	32,320	40,026	36,598	45,724
C. TREATMENT				
(i) No. of treatment centres ..	58	68	79	77
(ii) Attendances at school clinics :				
(*a*) Dental	49,908	61,949	44,281	45,867
(*b*) Refraction	12,675	11,070	8,216	9,411
(*c*) Orthopaedic	14,084	11,665	7,144	6,521
(*d*) Minor ailments ..	4,924	2,647	—	—
(*e*) Speech therapy	11,628	8,057	7,827	9,721
Totals	93,219	95,394	67,547	71,520
(iii) Treatment :				
(*a*) No. of teeth extracted ..	25,987	23,819	17,986	18,004
(*b*) No. of fillings	12,494	25,772	37,601	38,231
(*c*) No. of teeth filled ..	10,404	22,698	31,503	33,836
D. SCHOOL NURSES				
(i) No. of examinations of children at school for uncleanliness	273,176	207,688	154,238	154,247
(ii) No. of re-examinations ..	12,757	10,994	4,546	2,558
(iii) No. of visits paid to homes ..	11,882	5,669	5,809	4,610

INFESTATION WITH VERMIN.

156,823 children were examined by school nurses and 2,907 children were found to have nits in their hair. 1·45 per cent of boys and 2·46 per cent of girls were infested. This was an improvement on the previous year when 4,060 children were found to have nits.

4,611 visits were made by nurses to the homes of parents so that advice could be given on personal cleanliness.

Diseases of Skin.

196 children at periodic medical inspections were noted as requiring treatment for skin disease. At special inspections forty 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 ..	94	67	35	196	40
requiring observation ..	553	101	44	698	124

Milk and Meals in School

Sixty per cent of school pupils received midday meals at school on 30th September, 1969. The proportion of the school population receiving meals varies by division. In Rhondda the proportion is low, 34 per cent whereas in West Glamorgan it is as high as 77 per cent. Where schools are built in densely populated areas it is possible for many children to have their dinners at home. In rural areas or where large comprehensive schools are built on the outskirts of towns, this is not possible. Other factors which determine meals being partaken at school are where mothers are gainfully employed or the children are eligible to receive meals free. Fifteen per cent of pupils in the Caerphilly and Gelligaer Division receive free meals which may be an indication that in this division a high proportion of parents are less well off than elsewhere.

The nutritional standard of school dinners is high, which is important, as for many, it is the main meal of the day, providing a substantial proportion of a child's energy requirements. These requirements vary according to the age and sex of the child; the needs of older children are greater than those of younger ones and older boys in general require more than girls of the same age. The school dinner must provide a sound diet for growing children and take into account the possibility of deficiences in a child's home diet.

70,744 infant and junior pupils were provided with milk on 30th September, 1969, representing 93 per cent of those in attendance.

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
1965 ..	117,773	66,066	56
1966 ..	123,490	72,088	58
1967 ..	119,534	71,423	60
1968 ..	120,253	73,850	61
1969 ..	123,289	73,782	60

Table S.8

Summary of Return made to the Department of Education and Science, 30th September, 1969

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 ..	10,331	5,550	6,111	53	12
Caerphilly and Gelligaer ..	13,392	9,685	3,051	72	15
Mid-Glamorgan	19,307	13,895	11,211	72	9
Neath and District	9,832	6,591	5,842	67	8
Pontypridd and Llantrisant ..	13,509	7,329	7,547	54	9
Port Talbot and Glyncorrwg ..	11,740	5,454	6,378	46	8
South-East Glamorgan	18,737	11,484	10,299	61	6
West Glamorgan	10,662	8,175	5,811	77	6
Rhondda	15,292	5,132	9,116	34	12
Special schools and Ogmore School Camp	487	487	378	—	—
Totals	123,289	73,782	70,744	60	9

HANDICAPPED CHILDREN

PROVISION OF SPECIAL EDUCATIONAL TREATMENT

The early discovery and assessment of handicapped children is of vital importance in relation to correct educational placement. Registers are kept in our eight divisional offices, as well as the Borough of Rhondda, of children with handicaps as well as of those children considered to be at risk of developing handicapping conditions. Handicaps are often reported at birth, discovered at infant welfare clinics, or brought to notice before school age, by the receipt of hospital reports or by health visitors. Thus the health visitor has an important role to play, particularly in gaining the confidence of the parents at the outset.

Some children, of course, will not be discovered until they actually start school, when the school health and school psychological services may be asked to check the reasons for educational retardation, e.g. defects of vision of hearing, intellectual subnormality. Where possible handicapped children are encouraged to attend ordinary schools and special provision is made accordingly for them, e.g. provision of daily door-to-door transport for the more severely physically disabled ; children with defects of hearing and vision sit in the front of the class ; and drugs, where necessary are administered to epileptic or asthmatic pupils during school hours.

Special provision has to be made, however, for those children whose handicap, whether it be of a physical, psychological, or mental nature, is such that they cannot cope with the normal school regime. This provision is of two types, special day classes often attached to ordinary schools and special schools. The former method accounts for the largest number of pupils, e.g. partially hearing, educationally subnormal, and maladjusted and is important in that it enables the handicapped to integrate with normal children. The establishment of special day units throughout the County for the physically handicapped is also being planned. The severely handicapped however, can only be catered for in special schools which in Glamorgan, apart from two day schools for the educationally subnormal, are residential.

Children recommended for admission to special schools maintained by this Authority are interviewed with their parents by a specialist selection panel consisting of a senior medical officer from the central office, the head teacher of the school concerned, and an educational psychologist. The panel, in addition to interviewing the children study comprehensive reports on each child from consultants, school medical officers, psychologist, and social history reports from health visitors.

The system of interviewing by the selection panel at each school was introduced five years ago and has proved very successful. Parents are given an opportunity to express their views and, at the same time, are given specialist advice on the most suitable educational placement for their children. As panel interviews are held at the particular special schools, parents are invited to

look around the school in detail and meet members of the staff and pupils. Both parents are encouraged to attend selection panel meetings and no decision is made regarding the placement of a child without consultation.

This Authority has for some time been aware of the need to bridge the gap between home and school once a child has been admitted to a residential school. In this connection two group adviser/health visitors have been appointed to undertake work of a medical/social nature at the two educationally subnormal residential schools and at the School for the Visually Handicapped (Ysgol Penybont) and the Physically Handicapped School (Ysgol Erw'r Delyn). Visits are undertaken to the homes of the pupils and the confidence of the parents is then gained. It is, in fact, the practice of these officers to visit parents before they have been invited to attend for interview by the selection panel.

At the Nursery School for the Deaf, which caters for children from the age of two, facilities are available for parents to stay for a week with their children immediately after admission "to acclimatise the pupils". Similar facilities also exist at the Ysgol Penybont School for Visually Handicapped Pupils.

During their stay at residential schools the progress of pupils is reviewed regularly by medical specialists and regular surveys are also undertaken by educational psychologists. Transfers are arrange for pupils who are considered to have improved to such an extent that they can manage in an ordinary school. When pupils approach school leaving age they are carefully screened by the specialist careers advisory officer for handicapped children who is responsible for the advice on and securing of employment for all the Authority's handicapped pupils. Indeed much success has been achieved in this field since the appointment of this specialist officer two years ago.

Handicapped pupils, on leaving school become the responsibility of the Welfare Services Department except in the case of the educationally subnormal, who if care and guidance after school leaving is considered necessary, are supervised by the Health Department.

Home tuition, which at best is a poor substitute for full-time education, is provided for children who are unable to attend school or are awaiting places at special schools where there are long waiting lists.

VISUAL DEFECTS

Children found to be Suffering from 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 and also at the age of 8 to 12 years, and on leaving school. The rapid development of myopia in some children from the age of 11 onwards is such that consideration has been given to a simple visual test being carried out annually in this age group as education performance can deteriorate rapidly if myopia is not detected.

The undermentioned table gives details of children found to be suffering from visual defects :—

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 ..	271	260	40	571	73
requiring observation ..	519	218	55	792	119
Squint—requiring treatment ..	101	9	16	126	30
requiring observation	225	25	21	271	78
Other—requiring treatment ..	25	5	3	33	10
requiring observation	62	42	13	117	24

Of the 6,349 children seen at clinics for eye diseases, defective vision and squint, 2,108 were prescribed with spectacles mainly by medical officers who have special experience in this work.

Blind and Partially Sighted Children

Blind pupils as defined in the "Handicapped Pupils and School Health Regulations" may have different degrees of blindness. Some may have true blindness where there is a total absence of light perception in either eye, but others may have an awareness of light, of movement or even an ability to perceive to some extent large objects in the distance and nearby. The definition of blindness in children is related to the kind of education required for their up-bringing. A blind child, therefore, is one who requires education by methods which do not involve the use of sight.

A medical officer who ascertains that a child is blind within the meaning of the regulations is making a vital decision concerning the future education of that child. The decision also implies that the blindness cannot be relieved to any significant extent by appropriate medical and surgical procedures. It is essential, therefore, that each case should be scrutinised with great care by an ophthalmic surgeon or medical officer experienced in the diagnosis and treatment of the conditions which lead to blindness in childhood.

The maternity and child welfare services are responsible for the welfare of handicapped children during the first two years of life. Unless circumstances are exceptional the blind child lives at home in the care of his parents. During these early years it is important that handicapped children should be brought up within the family receiving the love and affection which provides a sense of security which will enable them in later years to cope with their disability and to become as self-reliant as possible. This is particularly important for the blind infant who is unduly dependent upon his parents because of his disability.

Parents may need to be helped to get over the initial emotional stress from which they naturally suffer after they realise that their child is blind, and the importance of this has been stressed to health visitors. Blind children should be allowed to progress as far as possible in the normal way; undue protection and excessive pampering should be avoided at all costs. It will of course, be necessary for parents to cultivate the other senses to a degree greater than in a normal child to compensate for the loss of sight. The normal infant learns much from the appreciation of what he sees in his immediate surroundings. A blind child should therefore be handled more frequently, spoken to often in order to develop his powers of speech and be made aware of the noises around him. At a very early stage he should be taught the names of the objects he touches and be taught to be self-reliant so that he can move about the house by himself including the staircase. Obviously, as with sighted children of this age, it will be necessary to protect him from undue danger.

Ideally, blind children should remain with their parents until they reach compulsory school age, but if the home is over-crowded or if the parents cannot give the necessary time to the child's welfare it is better for him to be admitted to a residential nursery school such as the "Sunshine Home for Blind Babies" run by the Royal National Institute for the Blind at Southerndown.

When blind children reach the age of five a decision has to be made about their future education. There are no special classes in the County attached to ordinary day schools where partially sighted children receive edcuation since the incidence of blindness is too low for such classes except in highly urbanised areas. Ysgol Penybont, the Glamorgan Residential School for the Blind, which serves all of Wales, provides day school education to children in the Bridgend area, and Cardiff and Swansea also have special day classes and two partially sighted children from Glamorgan attend the Swansea special classes.

Children requiring special education are interviewed by the selection panel consisting of a senior medical officer, the headteacher and an educational, psychologist, who have before them all the relevant reports from ophthalmic surgeons, paediatricians, health visitors and social workers and school medical officers. Parents are invited to attend the selection panel meetings, to look round the school and meet members of the staff.

Children who are partially sighted may remain in ordinary day schools until they are eight or nine and are then transferred to the residential school. Those who are blind may be admitted at a much earlier age, i.e. five, though children

from the Sunshine Homes may remain there until they are eight. Blind children learn braille which is a medium for reading and writing. Print users are those who have some degree of sight.

Ysgol Penybont provides primary and secondary education for its pupils. Gifted children who can be educated at a school for sighted children attend the the Bridgend grammar schools while the others attend residential grammar schools, The Royal College, Worcester, for boys, and the Chorley Wood College, Hertfordshire. Less gifted children who can benefit from further education which prepare them for careers in typing or piano tuning attend the Royal Normal College, Shrewsbury and Queen Alexandra College, Birmingham.

Tables S.10 and S.11 give details of blind and partially sighted children receiving special education.

More blind children with multiple handicaps are surviving and they present difficult educational, medical and social problems. These children suffer from congenital defects because during pregnancy the mother contracted rubella (german measles) or the birth was premature or there was birth trauma or prolonged anoxia. Blind children with multiple handicaps may be physically deformed, mentally retarded or suffer from hearing loss. There is need for more specialised facilities for them.

During 1970 a reliable vaccine against rubella will be introduced for 13- and 14-year old schoolgirls and this should reduce the number of children born with greivous multiple handicaps.

Education of Blind and Partially Sighted Pupils

At the end of the year, 27 boys and 9 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	4	1	18	7
Royal College, Worcester	–	–	1	–
Queen Alexander College, Birmingham ..	–	–	1	–
Sunshine Home, Southerndown	–	–	1	–
Chorleywood College, Herts.	–	–	–	1

In addition, 13 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	–	2	8	8
Royal College, Worcester	–	–	1	–
Royal Normal, Shrewsbury	–	–	3	3
Sunshine Home, Southerndown	–	–	1	–

I am indebted to Mr. G. Exley, headmaster of Ysgol Penybont, for the following report :—

"The number of pupils in the school in 1969 was 117. Analysis of this figure shows :

TABLE S.12

PUPILS AT YSGOL PENYBONT

Blind category senior girls	9
Blind category junior girls	25
Partially sighted senior girls	11
Partially sighted junior girls	6
Total girls	51
Blind category senior boys	11
Blind category junior boys	19
Partially sighted senior boys	19
Partially sighted junior boys	17
Total boys	66
Pupils using Braille methods	64
Pupils using print	53
Pupils who can read print	56

The last time the Braille users outnumbered the print users was in 1961. This present position may be due to the intake of some pupils from the Bristol School for the Blind rather than a significant rise in the number of blind category pupils in Wales. Moreover, a proportion of partially sighted pupils who would have entered the school early are now being retained in ordinary schools, or at least are being retained in their early years and referred for S.E.T. at a later age, i.e. nine years and above. Approximately 50 per cent of the pupils now in the school have had some experience, for short or long periods, in a school for fully sighted children. Whether such experience is wholly beneficial is an open question.

The geographical distribution of the pupils' homes is as follows :

South Wales	89 pupils
North Wales	9 pupils
Middle England ..	3 pupils
South-west England	16 pupils

There are thirteen pupils who attend the school daily. This number tends to increase. It should be very interesting eventually to make comparisons between pupils who have had day or residential schooling. At present, among these day pupils one is five years of age, one is six, and two are seven.

The parents of two children attend with their children for two days a week, to prepare their children for eventual full-time attendance. This experiment is working well, and could suggest a way to overcome parents' fears about residential placement for their handicapped child. It could possible be considered in relation to a wider scheme of what is spoken of as 'Parent Counselling'.

The present 'waiting list', at the beginning of 1970, is fourteen. Twelve are boys and two are girls. Ten live in South Wales, one in Mid-Wales, and three in Bristol and the south-west.

The percentages of totally blind pupils has increased recently. The following figures refer to Blind Category pupils at present in the school:

TABLE S.13

BLIND PUPILS AT YSGOL PENYBONT

Number of pupils totally blind	26
Number of pupils with only "perception of light"	9
Number of pupils with vision more than "perception of light" but below 4/60	4
Number of pupils with 4/60 to 6/60 (including) vision	6
Highest visual acuity in the school	6/12

One of the significant trends, at the present time, apparent over the last eighteen months, is revealed by the increasing number of pupils with quite serious additional defects being referred to the selection panel of the school. Some re-organisation of provisions for young children at the school will need to be made if a significant number of these children with very special difficulties are to be admitted.

The work of the social worker at the school increases in importance and it is becoming obvious that she could well be employed full-time and not half-time as at present.

The education psychologist is only able to attend for one half-day per per week. His work and contribution is so valuable, and increasingly necessary, that he ought to be able to give more time to the school.

The new specialist teacher taking music in the school is making a very valuable contribution to this basic subject in any school for the blind. New instruments and facilities are now available, and at Christmas a very creditable concert was presented to parents and to friends of the school. The Handicraft room at the school has been largely re-equipped and very

stimulating and varied handicrafts can now be taught. A new post of nursery assistant has been established and filled very happily. Two teachers are now being In-trained for the College of Teachers of the Blind Diploma.

Visitors to the school continue to increase in number. The school is used for teaching practice by the Barry College and the Birmingham University Course for Teachers of the Visually Handicapped. In 1969 two teachers from Nigeria were successfully trained for the Overseas Diploma of the C.T.B. In September one of the male teachers at the school returned after a year's advanced training at the Birmingham University. During the year he had become fully trained as an instructor in the 'Long Cane Technique' in mobility.

Open Day functions were held in 1969 on which occasions parents were interested in lectures by the headmaster on facets of their children's development.

Eight children were successful in C.S.E. examinations in the subjects : Commerce, English, English Literature, History, Home Economics, and General Science. In September two girls started courses at the Bridgend Girls' Grammar School which will lead to G.C.E. examinations. Swimming successes by the pupils are now commonplace since the building of the new covered bath.

The number of pupils in the school and the wide variety of their needs is straining the resources of the school to the limit."

DEFECTIVE HEARING

At periodic medical inspections 279 children were found to require treatment for ear conditions, 206 for deafness, and seventy-three for middle ear infection. School entrants accounted for 158 children with hearing defects and forty-nine for middle ear infections. Three hundred-and-three children required treatment for nose and throat defects of whom 229 were entrants.

TABLE S.14

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 ..	158	33	15	206	160
requiring observation ..	433	80	47	560	859
Otitis Media—requiring treatment	49	10	14	73	26
requiring observation	373	33	52	458	107
Other—requiring treatment ..	10	2	1	13	79
requiring observation ..	35	4	10	49	83
Nose and Throat—requiring treatment ..	229	32	42	303	207
requiring observation	1,745	158	99	2,002	443

One-hundred and fifty-five children were known to have received operative treatment for diseases of the ear, 1,446 for tonsils and adenoids, and 105 for other nose and throat conditions. Three-hundred and eighty-seven children received other forms of treatment making a total of 2,039 children.

Hearing Aids

Twenty-five children were provided with hearing aids at the Authority's expense and 145 were provided with aids in previous years.

The Ministry of Health have now improved their range of Medresco aids so that these will in future reduce the number of occasions when it will be necessary for the Authority to purchase commercial aids for children.

Ascertainment of Children with Defective Hearing

Advances in electronics during the past decade or so has enabled the Authority to make substantial strides in helping and training children with defective hearing. These technological achievements allow hearing loss to be diagnosed at an early age and permit children with a hearing loss, including many of those previously considered to be completely deaf, to be exposed to as much sound as possible from babyhood so that they may learn words and language. The peak period of learning to hear sounds and therefore speech is within the first year of life. Spontaneous learning of speech is at its maximum at the age of three or four years. Children with hearing loss should therefore be given the chance of learning to hear and speak at an age when the ability to do so is at its peak. Otherwise normal speech development would be considerably delayed, with serious consequences educationally and psychologically.

Medical officers and health visitors make a determined effort to discover children with a hearing handicap well before the age of two and children are tested at stages in school life so that those who lose hearing through illness or injury are found in addition to those born with a perceptive loss. Health visitors screen babies for hearing loss at home or at the clinic between the age of six and twelve months. The tests used at this stage are relatively simple and involves the use of high and low pitched rattles which are quietly shaken at a distance of two- to three-feet of a child out of his sight to see if the child responds. Divisional medical officers also keep At Risk observation registers of children likely to develop handicapping conditions. The factors which put a baby at risk are more concerned with deafness than other disabilities and it is believed that there is a fourteen times greater chance of finding a hearing loss among children in this group than among those not considered at risk. The special examination of these children is carried out by a doctor and a full paediatric investigation is carried out on any child found with one congenital defect since other defects may also be involved.

When children attend school, a comprehensive medical inspection takes place and medical officers look for upper respiratory tract infections of the middle ear which are common in infancy and may produce a considerable degree of conductive deafness. If not discovered this may produce learning disability.

At the age of six years all children undergo an audiometric screening test and these screening tests are also undertaken on all children found to be educationally backward by surveys made by educational psychologists, children classified as educationally subnormal by assistant medical officers and those referred by doctors at school medical inspections, general practitioners, teachers, and parents who are worried. Medical officers also test children for hearing at the age of nine and twelve.

The following is an extract from a report by Dr. D. W. Foster, the divisional medical officer for the Pontypridd and Llantrisant Health Division. It will be noted from Dr. Foster's report that babies or children found with a suspected hearing loss are sent to an otologist for assessment and diagnosis.

Hearing Tests in Schools

During the year school medical officers tested 1,213 children in junior schools (aged 9–10 years) and 155 (12·1 per cent) hearing defects were found.

In secondary schools 1,194 children (aged 12–13 years) were examined and ninety-four (7·7 per cent) defects found.

A clinic nurse trained in the use of the audiometer carried out a survey of six-year-olds and sweep tested 1,107 children of this age and referred 115 (10·4 per cent) for further testing.

All the children mentioned above in whom defects were found were referred to our Hearing Assessment Clinics.

Hearing Assessment Clinics

Number of sessions held	151*
Number of children assessed ..	436
Number of attendances	933

* Includes twelve joint sessions with peripatetic teacher of deaf.

Of the 436 children assessed, eighty-nine were referred to an otologist. Cases seen at the clinic were referred from the following sources :—

(1) Routine hearing tests administered by health visitors at home, and infant welfare clinics.

(2) Hearing surveys in schools.

(3) Children found to be educationally backward by the education psychologist's survey.

(4) Children classified as educationally subnormal or examined for this purpose by assistant medical officers.

(5) School medical inspections.

(6) General practitioners.

The very good liaison already established with the teacher of the deaf for the area has continued.

If there is any suspicion of hearing loss the child should be fitted with a hearing aid and some form of auditory training and parent guidance made available. Parent guidance is considered to be most important since without their understanding and co-operation the child is unlikely to learn and will be severely handicapped in later life.

It will be noted from the report of the Superintendent of Whitchurch Nursery that parent guidance starts when the child is 18 months old.

The Authority have provided a residential nursery at Whitchurch which provides day and boarding education for young children who are deaf or have partial hearing and older children requiring residential education attend schools at Llandrindod Wells and elsewhere. In addition 105 boys and ninety-one girls attend nineteen classes attached to ordinary schools giving education for children with partial hearing. Ten of these classes are attached to primary schools and nine are attached to secondary or comprehensive schools. Five of the ten primary school classes provide infant school education. I am indebted to Mrs. P. Coxhead, the Superintendent of Whitchurch Nursery School, for the undermentioned report.

> In previous years, all children who had reached their seventh birthday were transferred to Llandrindod Wells. However, as the new school on the Penarth site had been planned to open by September 1971, it was felt that it would be detrimental to the progress of the four pupils of age for transfer if they were to be moved for such a short period. It was therefore decided to retain at Whitchurch all pupils who will be going on to Penarth. This means we have at present :—
>
> One child of 8 years
> Four children of 7 years
> Six children of 6 years
> Five children of 5 years
> Eight children of 4 years
> Four children of 3 years.
>
> Of these twenty-eight children, five have additional handicaps.

PRE-SCHOOL

> We continue to hold afternoon sessions weekly for younger children and their parents. We generally advise starting these sessions when the child is between 18 months old and 2 years old. The peripatetic teachers also give pre-school lessons in the pre-school child's home, and we are constantly in touch with the Glamorgan teachers. As a general rule, we try to admit children as near to their third birthday as possible. During the year a further nine children have been referred for selection.

TRANSFERS

> Of the six children transferred during the year, five were considered to be unsuitably placed in a school for the deaf, because of additional handicap.
>
> One child was considered suitable for transfer to a partially hearing unit.

Education of Children with Defective Hearing

One-hundred and five boys and eighty-nine girls attend twenty-one classes attached to ordinary schools giving special education for children with partial hearing. Six of the classes are for infants, six for junior school children, and nine for secondary school children. In addition to these special classes children also attend Whitchurch Residential Nursery School and residential schools outside the County. The children so educated include the deaf as well as those who have partial hearing as the following table shows :—

Table S15

Education of Deaf Children

Name of School	Boys	Girls
Day Provision other than at Special Classes		
Whitchurch Nursery	–	2
Boarding Provision		
Whitchurch Nursery	3	8
Llandrindod Wells	5	7
Burwood Park, Walton on Thames ..	1	–
Total	9	17

Table S16

Education of Partial Hearing Children

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

PHYSICALLY HANDICAPPED AND DELICATE CHILDREN

During the last decade there has been a remarkable change in the pattern of handicaps. Poliomyelitis has been controlled by vaccination and no new cases of children disabled by this disease have been reported for many years. On the other hand many more children with the congenital abnormality of spina bifida are surviving than formerly. The reasons for this are improvement in operative techniques which are undertaken in early life, antibiotics, and the effective control of hydrocephalus and urinary complications. There is no increase in the number of children born with this abnormality although the incidence is high in South Wales where it affects four per 1,000 live births. In the past most spina bifida children died in infancy but with modern treatment 40 per cent of children will reach the age of five, and mortality after that age is at a low rate.

Increasing numbers of these children will be admitted to schools. Babies born with spina bifida are kept under continuing review so that divisional medical officers are in a position to recommend what proportion of children will need considerable support either at a residential special school or at special units within ordinary schools.

Ysgol Erw'r Delyn, the Authority's residential school for physically handicapped children, will be unable to admit in the near future all physically handicapped children in South Wales who require residential education. Consideration has been given to a school being provided in Monmouthshire under the auspices of the Welsh Joint Education Committee.

The disabilities suffered by children nowadays tend to be congenital or hereditary and in the report of the Acting Headmaster of Ysgol Erw'r Delyn it will be seen that cerebral palsy (spacticity), spina bifida, muscular dystrophy, and heart and chest conditions and other congenital deformities are the chief causes of disability.

It is becoming increasingly recognised that the early diagnosis of these physical disabilities is of great importance. Early operation followed by intensive medical care, as in the case of spina bifida, not only increases life expectancy but permits the children to grow up to be mentally able and as physically independent as possible. Parents also need support and guidance and any guilt feelings on their part must be understood and countered. Handicapped children are particularly liable to suffer from lack of contacts and learning experience from other children. The parents and family are particularly prone to fatigue and breakdown of normal life because of the additional strain imposed on the parents of a handicapped or multiple handicapped child. For this reason there is need to establish in large towns day nurseries where handicapped children can attend during the mornings for encouragement and developmental training. Two nurseries for handicapped children run by voluntary bodies have been provided in the County.

The resources of the health department are fully geared to deal with the considerable problems presented by children with physical and mental handicaps. 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 each handicapped child with the parents before finally making recommendations as to the suitable type of education and also the most suitable kind of employment on leaving school. Not all physically handicapped children will need boarding education and it is hoped that many ordinary day schools will be able to cope with these children.

The following table indicates the number of physically handicapped and delicate children in the Administrative County attending the various day and residential schools :—

TABLE S17

PHYSICALLY HANDICAPPED CHILDREN AT SPECIAL SCHOOLS

School	Boys	Girls
Day Pupils		
Ysgol Erw'r Delyn, Penarth	16	4
Greenhill House, Cardiff	–	1
Total	16	5
Boarders		
Ysgol Erw'r Delyn, Penarth	43	24
Florence Treloar, Hants.	–	1
Halliwick, London	–	1
Penhurst, Oxford	1	–
Total	44	26

TABLE S18

DELICATE CHILDREN AT SPECIAL SCHOOLS

School	Boys	Girls
Day Pupils		
Grange, Swansea	–	1
Boarders		
Mounton House, Chepstow	1	–

TABLE S19

HOSPITALS PROVIDING EDUCATIONAL FACILITIES FOR CHILDREN

Position in January 1970

Hospital	Delicate children		Physically handicapped children		Children other than handicapped children	
	Boys	Girls	Boys	Girls	Boys	Girls
Llandough	1	–	–	–	6	5
Sully	1	–	–	–	4	5
East Glamorgan ..	–	–	–	–	4	5
Tonna	–	–	–	–	5	1
Prince of Wales ..	–	–	–	–	37	24

Nineteen boys and eighteen girls who are physically handicapped received home tuition. In addition six boys and one girl who are delicate receive home tuition.

I am indebted to Mrs. J. W. Palmer, Acting Headteacher of Ysgol Erw'r Delyn, Penarth, for her report :—

Pupils

332 pupils have been admitted to this School since it opened in September 1958. There are 132 pupils in the School at present and 200 pupils who have left.

The present pupils are drawn from the following Local Authorities in South Wales and Monmouthshire :—

Glamorgan ..	85	Carmarthenshire	3	Cardiganshire ..	1
Monmouthshire	25	Newport ..	5	Radnorshire ..	1
Breconshire ..	4	Swansea ..	2		
Cardiff ..	5	Pembrokeshire ..	1		

Total = 132 pupils

TABLE S20

HANDICAPPING CONDITIONS GIVING COMPARISON OF NUMBERS OF PRESENT AND PAST PUPILS AS ON 1ST JANUARY, 1970

Physical Handicap	Present Pupils			Past Pupils			Combined Total			% (app.)
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	
Cerebral Palsy ..	28	21	49	45	38	83	73	59	132	39·76
Spina Bifida ..	22	15	37	9	7	16	31	22	53	15·96
Muscular Dystrophy	12	2	14	18	2	20	30	4	34	10·24
Congenital Deformities and Bone Diseases	5	4	9	9	2	11	14	6	20	6·03
Heart and Chest conditions	8	1	9	12	6	18	20	7	27	8·13
Miscellaneous incl. Post-Polio. ..	12	2	14	31	21	52	43	23	66	19·88
	87	45	132	124	76	200	211	121	332	100

There are nineteen day children and 113 boarders at the School.

Co-operation with Penarth Secondary Modern School.

The scheme, which started three years ago where children who were capable of profiting from further study joined the third year classes at the County Secondary School, has now reached its first full cycle. Two boys are taking C.S.E. or G.C.E. examinations in June 1970 and, if successful, one of these boys hopes to study for "A" level examinations during the next two years. There are a further three boys in the fourth year and two in the third year, making a total of seven boys. The co-operation of the Headmaster and his staff at the Secondary School have ensured the success of this project.

Visiting Consultants.

Regular visits have been paid throughout the year by a consultant in physical medicine, an orthopaedic surgeon, and a paediatrician. Due to the increase in the number of spina bifida children and since the opening of a spina bifida unit at Cardiff Royal Infirmary, monthly visits are now made by a doctor from this unit to test for urinary tract infections and prescribe the necessary treatment. Weekly visits are made by the School Medical Officer and a dental officer.

The Educational Psychologist visits for one half-day per week and a consultant psychiatrist visits for half-a-day every fortnight. Chiropody treatment has been provided where necessary and refraction clinics have been held regularly.

Placement of Old Scholars.

TABLE S21

	Boys	Girls	Total		Percentage
A. In employment	25	17	42		
Remploy	3	—	3	46	23
Government sponsored training centres	–	1	1		
B. Ordinary schools	13	5	18		
Special schools and classes ..	10	9	19	37	18·5
C. Ministry of Health Training centres	15	16		31	15·5
D. Glam. Welfare Services Hostel ..	5	1	6		
Monmouthshire Welfare Services Work Centre & Hostel ..	5		5		
Spastic Society work centres and hostels	4	4	8	20	10
Cheshire Homes	1	—	1		
E. At home	23	17		40	20
F. Deceased	20	6		26	13
Total	124	76		200	100

ORTHOPAEDIC AND POSTURAL DEFECTS.

3,232 children were treated for orthopaedic and postural defects.

At periodic medical inspections forty-five children were in need of treatment for posture, 292 for foot defects, and 144 for orthopaedic defects.

During the year the school orthopaedic service was reviewed because it was considered that treatment was not the responsibility of the School Health Service. Since the hospital and general practitioner services in certain health divisions were often unable to deal with minor defects, the Authority had continued to do so because it had a responsibility for preventing the development of defects and ensuring that treatment was available.

In most health divisions the orthopaedic service is regarded as providing an essential service and some orthopaedic surgeons had indicated that many defects among children might have passed unnoticed but for the school clinics.

It is important that the school orthopaedic service should not be involved in unnecessary effort. It nevertheless has a valuable role as a screening service and in health education. Two orthopaedic nurses are engaged by the Authority.

TABLE S22

ORTHOPAEDIC DEFECTS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Orthopaedic—Posture	T	30	11	4	45	8
	O	98	24	10	132	27
Feet	T	233	30	29	292	40
	O	655	81	31	767	109
Other	T	109	22	13	144	97
	O	487	83	42	612	163

T = Requiring Treatment O = Requiring Observation

DEVELOPMENTAL DEFECTS.

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

TABLE S23

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Developmental—Hernia ..	T	22	3	1	26	16
	O	70	5	2	77	19
Other ..	T	19	2	9	30	33
	O	408	30	33	471	273

T = Requiring Treatment O = Requiring Observation

OTHER DEFECTS FOUND BY PERIODICAL AND MEDICAL INSPECTIONS, 1969.

Forty-four school entrants required treatment for heart conditions and 605 entrants required to be placed under observation for this condition.

TABLE S24

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Lymphatic Glands	T	39	6	—	45	3
	O	883	26	24	933	99
Heart	T	44	9	8	63	40
	O	605	139	51	795	228
Lungs	T	15	9	7	31	40
	O	501	94	60	655	184
Abdomen	T	15	2	3	20	16
	O	139	32	8	179	69
Other	T	144	100	23	267	67
	O	251	92	40	383	215

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. 5,667 children received B.C.G. vaccinations.

TABLE S25

OTHER TREATMENT GIVEN

	Number known to have been treated
(*a*) Pupils with minor ailments	12
(*b*) Pupils who received convalescent treatment under school health service arrangements ..	–
(*c*) Pupils who received B.C.G. vaccination ..	5,667
(*d*) Others, viz. : Respiratory	155
Digestive	187
Circulatory	69
Genito Urinary	297
Accidents and Injuries	142
Others	202
Total	6,731

Educationally Subnormal Children

Educationally subnormal children are the slow learners and are the largest group of children who require special education. Except in cases of marked mental retardation educationally subnormal children are not ascertained before they enter the junior school. Children, however, are screened by an educational psychologist for backwardness during the first year in the junior school. The children considered to be backward are referred to a panel consisting of the divisional education officer, the divisional medical officer, school inspector, and the educational psychologist. The medical officer is concerned with the diagnosis of the cause of backwardness so that he can advise the officials of the Education Service. The divisional medical officer will wish to make sure whether or not the children concerned are suffering from defects of hearing, of sight or speech or other factors which have contributed to the difficulties in learning. Treatment of the underlying condition with supportive advice from the teacher may enable a child to overcome his difficulties.

The divisional medical officer and the educational psychologist for the division work in close harmony. There will be children of average intelligence who have a poor school performance because of a disturbance in emotional or intellectual development and provision is made for these maladjusted children to received education at remedial classes until they are improved sufficiently to return to their former school. Other children will have difficulty in learning because they are below average intelligence and will need to be educated as educationally subnormal pupils. The panel will consider the requirements of each child and recommend whether he should be educated in a special day school or a special class attached to an ordinary school or at a residential school.

A high proportion of educationally subnormal children tend to come from families from socially disadvantaged homes which lack intellectual and physical stimulus for child development. Language is often poorly developed in these impoverished homes so that in later school life they are inadequately equipped to deal with academic subjects. The following tables indicate the number of educationally subnormal pupils attending special day and boarding schools.

TABLE S26

EDUCATIONALLY SUBNORMAL PUPILS ATTENDING SPECIAL DAY SCHOOLS

School	Boys	Girls
Ysgol Maes Dyfan, Barry ..	44	22
Ysgol Maesgwyn, Aberdare ..	43	30
Total	87	52

TABLE S27

EDUCATIONALLY SUBNORMAL PUPILS ATTENDING BOARDING SCHOOLS

	Boys	Girls
Ysgol Hendre	70	—
Ysgol Cefn Glas	—	54
Pontville Roman Catholic, Lancs.	2	—
Total	72	54

In addition there are 1,695 slow learners attending special classes forming part of ordinary day schools and observation units (excluding Rhondda).

I am grateful to Mr. E. O. James, Acting Headmaster of Ysgol "Hendre-Bryncoch" and Miss Elizabeth Sharkey, Headmistress of Ysgol "Cefn Glas" for the following reports :—

"Ysgol 'Hendre-Bryncoch'

During 1969 we had the usual number of pupils ill and needing sick-bay treatment. Towards the end of the Autumn term an influenza epidemic commenced but was fortunately broken up by the Christmas vacation. Otherwise the general health of the pupils has been good.

A number of visits with various boys were made to local E.N.T. and Refraction Clinics and the local casualty department had a number of not serious injuries which could not be dealt with at school. A few pupils were admitted for surgical treatment at the orthopaedic ward of Neath General Hospital.

A great aid to the dental health of our boys was the regular monthly visit of the Mobile Dental Service which commenced in September and at the same time a regular once-a-term visit was established by the Chief County Chiropodist who advised for and treated foot problems. We also had visits from audiometric and speech therapists, while the A.T.S. inoculation and B.C.G. programmes progressed under the guidance of the Divisional Medical Officer."

"Ysgol 'Cefn Glas'

The school roll fluctuated considerably during 1969.

TABLE S.28

YSGOL 'CEFN GLAS'—NUMBER OF PUPILS ON ROLL

Beginning of Spring Term 1969	93
End of Spring Term 1969	88 (5 leavers)
Beginning of Summer Term 1969	90 (2 admissions)
End of Summer Term 1969	79 (11 leavers)
Beginning of Autumn Term 1969	84 (5 admissions)
End of Autumn Term 1969	84 (1 admission ; 1 death)

TABLE S.29

SUBSEQUENT HISTORY OF PUPILS WHO HAVE LEFT 'CEFN GLAS' AFTER REACHING THE STATUTORY AGE OF 16

Number of pupils who have left aged 16	43
Number of pupils who have found employment	28
(Factories, private schools, private hotels, one at hairdressing, one working with children)	
Number at Adult Training Centres	11
Number at home	4

Two of our former pupils, now in employment, have successfully attended a course at the Industrial Rehabilitation Unit at Port Talbot. The course lasted from September to December 1969.

Social Occasions and Leisure Occupations

These have continued as usual. It is worth noting that one of our pupils was awarded the shield as Cadet of the Year by the local branch of St. John Ambulance Brigade.

School Van—Generous Gift by members of Bridgend Round Table

We had collected £370 towards the price of a school van. The members of the Bridgend Round Table heard of this and made up the price of a Ford Transit 12-seater bus. This was formally presented to our Chairman, Mr. W. D. Richards, on 29th July, 1969. It has proved invaluable already and it has carried groups of girls on many enjoyable and instructive outings. All of in us 'Cefn Glas' are extremely grateful to the Round Table members for their generosity."

MALADJUSTED CHILDREN

Maladjusted children are often insecure and unhappy and, because of their inability to make satisfactory personal relationships, they make poor progress in school. The degree of disturbance in the children can vary considerably since maladjustment is a term covering a wide range of abnormal behaviour. When these conditions are excessive and prevent a child from living a normal life, then he is in need of skilled help. Medical officers and health visitors look for abnormalities in development in early childhood when many behaviour difficulties have their roots. They give support and guidance to parents during these early years and also advise head teachers when these children attend school since they may be made aware of the children's needs. Where these symptoms of maladjustment continue the aid of the school psychological service is sought in addition to the school health service and severe cases are referred to the child guidance clinic where the child psychologist leads the team which consists of psychologists and social workers.

The Authority have a boarding hostel for maladjusted children, at the "Lindens", Penarth. Two classes are held at the "Lindens" and twelve classes for maladjusted children are held elsewhere in the County.

The children are taught in a relaxed atmosphere away from ordinary schools where they learn gradually to develop confidence and trust in other people. Once confidence has been established, the children can succeed in personal relationships, trust their teacher and benefit from education.

Where the degree of maladjustment is due to poor parent/child relationships or abnormal behaviour, it may be advisable to move the child from home surroundings. The children are then admitted to The "Lindens" Hostel or to residential schools.

The following tables give details of maladjusted children attending special day classes, The "Lindens" Hostel and special residential schools. Children are admitted to The "Lindens" or to boarding schools if the degree of maladjustment is due to poor parent-child relationship or if there is abnormal behaviour which makes it advisable to do so :—

TABLE S30

MALADJUSTED PUPILS

A. ATTENDING SPECIAL DAY CLASSES AS FULL-TIME PUPILS

Name of Class	Boys	Girls	Age range
Old Boys Grammar School, Aberdare	4	6	8–15
Maesglas, Ystrad Mynach	5	5	12–15
Ty Morfa, Bridgend	7	6	8–16
Child Guidance Clinic, Neath	5	3	7–16
Pontsionnorton, Pontypridd	7	2	11–16
Margam House, Port Talbot	13	3	9–16
Cadoxton House, Barry	15	3	9–16
Penygraig Junior School	7	4	9–16
The Lindens, Penarth	16	–	8–15
Ty Einon, Gorseinon	12	3	7–15
Total	89	35	

B. ATTENDING SPECIAL DAY CLASSES AS PART-TIME PUPILS

Name of Class	Boys	Girls	Age range
Margam House, Port Talbot	2	4	9–16
Penygraig Junior School	2	1	9–16
Total	4	5	

C. RESIDENT AT A HOSTEL

	Boys	Girls
The Lindens, Penarth	16	–

(*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	–
Besford Court, Worcester	1	–
Boxmoor House, Hertfordshire ..	1	–
Camphill, Aberdeen	1	–
Heanton, Devon	2	–
St. Christophers, Bristol	1	–
Philpots Manor, Sussex	1	–
Total	8	–

Psychological Defects

At routine and special inspection eighty-eight children required treatment for developmental psychological defects and thirty-four required treatment for instability.

Table S31

Children found to have Psychological Defects

Defect or Disease		Entrants	Leavers	Others	Total	Special Inspections
Psychological—Development ..	T	14	5	3	22	66
	O	124	24	40	188	46
Stability ..	T	8	2	7	17	17
	O	124	24	40	188	46

T = Requiring Treatment O = Requiring Observation

I am grateful to Mrs. R. M. Matthews, Warden of The "Lindens" for the following report :—

"*Provision*

The unit was open for forty-nine weeks in this year, the average number of children in residence in term time was 19·6 and the average number of children in residence during the holiday periods was 7·9.

TABLE S32

Referrals—	
Glamorgan Child Guidance Service, Dr. K. W. Aron ..	7
Glamorgan Children's Department	0
Other agencies	2
Total	9
Admissions—	
Glamorgan	7
Swansea	1
Cardiff	1
Total	9
Discharges—	
To their parents	7
Employment	2
Special schools	1
Children's Department	3
Total	13

Length of Stay

The average length of stay at the unit has remained at fifteen months. One would imagine that this period will be fairly constant now that the long term placement by the Children's Department has ceased. However, there is still need for provision for residential special education for a longer period than is at present possible at The 'Lindens'.

Referring Symptoms

A new category of referring symptom has appeared, that of the inconsequential child. Many of these children have evidence of brain damage, their behaviour is unpredictable and they are very distractable.

The Adjustment Classes

There are two classes attached to the unit for the purpose of :—

(*a*) Diagnosis of individual children's intelligence, attainments, aptitudes and discovery of their special interests.

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

TABLE S33

ADJUSTMENT CLASSES AT "THE LINDENS"

Average attendance per session	17·3
Highest number on roll	22
Lowest number on roll	16
Number of children who attended the class in the year	28
	26 Resident, 2 Day
	25 Boys, 3 Girls

Glamorgan – 26 : Swansea – 1 : Cardiff – 1.

The difficulties of the children have been such that very few children have been able to attend the local primary and secondary schools.

The Panel

A panel meets twice a term to review the progress of the children and decide on children for admission and discharge. The members of the panel are the Deputy Principal School Medical Officer, the Consultant Child Psychiatrist, the Consultant Clinical Psychologist, the Senior Educational Psychologist, the Divisional Educational Psychologist, the Warden, and the teacher-in-charge.

Clinics

Dr. Graham Melville-Thomas, Consultant Child Psychiatrist holds a clinic every Thursday and Mrs. A. M. Jones, Clinical Psychologist, every Monday. Parents and children are seen regularly and liaison with the home is maintained by the social workers from Dr. Aron's clinic. Some of the older boys have attended group therapy sessions at "Preswylfa" Child and Family Guidance Centre at Cardiff run by Dr. Tudway and supervised by Dr. Melville-Thomas.

Mr. John Davies, Educational Psychologist, also attends the clinic each week for supervision of the adjustment classes and the assessment of individual children.

Dr. W. G. Westall, Assistant Medical Officer, examines each child twice a term and takes considerable interest in the physical health of the children. Professor O. P. Gray continues to see pupils at his Paediatric Out-Patient Clinics.

The Adventure Playground

In August 1969, a party of students built an adventure playground within the grounds. These students who came from Czechoslovakia, Holland, Italy, and Spain, were organised by the International Voluntary Service Organisation. The whole cost of this project was met by the Cardiff Branch of the Association of Mental Health.

Research

A study of the physical health of fifty children on admission to the unit and on discharge from the unit revealed.

	Admission	*Discharge*
"Unsatisfactory"	21 (42%)	6 (12)
"Satisfactory"	29 (58%)	44 (88%)
Total	50	50

A study of the incidence of mental illness in the family and extended family of fifty maladjusted children is in progress. Preliminary results show that in twenty-six of the fifty families there was such a history in the mother or father's case. It is hoped to show incidence in both parents and also the extended family."

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 :—

"The period covered by this report is now identical with that covered by the Annual Report of the Glamorgan Child Guidance Clinics which is published separately and to which reference should be made for further details.

As regards *Medical Staff*, during 1969 steps were at last taken to divide into two the very large area hitherto covered by me and the long-awaited appointment of a consultant psychiatrist for the East Glamorgan area was made in the person of Dr. Margaret Morgan. Unfortunately this was not done until November 1969 so that Dr. Morgan was only able to take up her appointment after the close of the period under review. Hence this report still deals with a year in which I had to cover all the clinics for which I had hitherto been responsible.

With regard to junior staff, Dr. Peter Jones continued to work with me as Clinical Assistant and was joined in the same capacity by Dr. E. Hartley in June. Dr. R. Dearden left in September and her two sessions in Neath were at first taken over by Dr. Hartley in addition to the latter's three existing sessions in Bridgend. Unfortunately, however, Dr. Hartley had to relinquish her work in Neath again shortly afterwards owing to ill-health, though she was able to retain the Bridgend sessions. The vacancy thus created at Neath has only been filled since the end of the period under review.

I have been fortunate in finding competent staff to fill these posts but it is once again necessary to point out that between them the three clinical assistants did seven sessions per week instead of the eleven sessions previously done by a whole-time Registrar and that this has meant a continuing curtailment of turnover at some of the clinics and longer waiting lists than would otherwise be necessary. As in past years an attempt has been made to overcome the latter problem as much as possible by allocating priority appointments to urgent cases.

As regards *Psychologists*, in May 1969, Mr. R. T. Birch left and was subsequently replaced as Educational Psychologist for the Bridgend Division by Mr. N. Coulson, Miss M. Ricketts returning to the Aberdare Division after a short spell in Bridgend.

During the period under review the psychologists employed by Glamorgan Education Authority in the various divisions covered by this Service have continued to work both as part of the Child Guidance Team as well as in the School Psychological Service. With regard to the latter, the number of referrals to the Child Guidance Service for more intensive and comprehensive investigation and treatment has continued to be high and effective co-ordination between the two services has continued to be maintained.

Miss E. A. Workman, Miss D. M. Evans, and Miss J. I. Bulley have continued to work with us as *Social Workers*. Nevertheless, as pointed out last year, the extent of the social case-work required in a service such as this as well as the amount of travelling which their duties involve still makes this by no means a generous staffing and they were indeed fully stretched. Moreover, an increasing amount of their time has continued to be given to the important task of supervising social work students seconded to the clinics for this purpose (see below). While this is in every way a desirable development it has constituted a further demand on the social workers' time. Another aspect of their work to which reference is made below is the maintenance of liaison with staff at The 'Lindens' Unit for Maladjusted Children.

As from 1st October, 1969 Glamorgan Education Authority in anticipation of the proposed developments in the East Glamorgan area described above, appointed Mrs. D. Buttwell, Psychiatric Social Worker, to work with Dr. Margaret Morgan when the latter takes over the clinics in that area and in the meantime to be employed as part of our team in the Pontypridd, Aberdare, and Rhondda Clinics.

Once again I should like to draw attention to the fact that the abolition of the post of *Play Therapist* (*Child Psychotherapist*) on the establishment has been to the detriment of the Service, financial stringency, and the nationwide shortage of people trained in this work notwithstanding. It should be remembered that difficulties of recruitment of a particular type of staff at any given time do not necessarily mean that such a situation will always prevail or that one need give up hope of eventually obtaining suitable applicants (at one time we were quite unable to get psychiatric social workers and social workers but now the position in this respect has changed considerably.) The extent to which a child psychotherapist can make both a valuable individual contribution to the work of the team and relieve other members of the latter of some of their case-load should not be under-estimated and has already been the subject of comment in a number of previous annual reports.

In the matter of *Accommodation* it was possible to report last year that work had commenced on the project of making available a larger room for diagnostic purposes on the ground floor of the Neath Clinic instead of the of the first floor room which had been used until then and which was far too small for this purpose ; during the present year this work was completed and the diagnostic room on the ground floor is now in use. The second stage of the planned improvements in accommodation at the Neath Clinic, i.e. that of providing communicating dry and wet play rooms as well as a social workers' room on the ground floor (instead of the present unsatisfactory arrangements in the basement and on the first floor respectively) has not, however, been completed so far in spite of the fact that the rooms concerned have now been vacated.

In the Rhondda we continued to have, during the period under review, the use of the improved facilities at the Carnegie Clinic, Trealaw. As already reported previously, however, these are still somewhat inadequate in that the present premises involve a splitting of the accommodation between the rooms on the ground floor suite and those in the basement, with an outside stairway as the only communication between the two. This is particularly unsatisfactory in the case of children and in rough weather. As already reported last year, the possibility of better accommodation within this building has been under consideration but nothing further has been done in this respect during the present year.

In the remainder of the East Glamorgan area, i.e. at Aberdare and Pontypridd, the situation has remained very unsatisfactory from the accommodation point of view, as already described in previous reports, although during the present year an agreement was concluded between the Welsh Hospital Board and Glamorgan County Council for the lease by the latter to the former of a building ('Brynffynnon') in Merthyr Road, Pontypridd. This was envisaged as a central clinic for Dr. Margaret Morgan when the latter was due to commence work in the area but the building was not ready by the end of the period under review.

Regular case conferences in each clinic dealing with all newly referred cases and, where necessary, with old cases under treatment or follow-up have continued to be a regular feature of our work. These conferences are attended by all the members of the Child Guidance Team as well as the Adjustment Class Teachers in each area. Members of other educational, social and medical agencies involved with particular children attend on an *ad hoc* basis and may do so at their own or our request.

Liaison has also been maintained with the Residential Unit for Maladjusted Children at The 'Lindens', Penarth, by frequent consultation with the staff there with a view to maintaining continuity of treatment. Miss Workman, P.S.W., and the two Social Workers have played a considerable part in this as they attend regular conferences dealing with the children resident there and the problems affecting their families, with most of whom they do regular case work prior to admission, during treatment and after discharge.

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 period under review I again conducted lecture-seminars for the postgraduate students in Psychiatry in connection with the tutorial course run by the Department of Extra-Mural 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 Psychiatry in connection with their preparation for the D.P.M. examination. Undergraduate students and those training for qualifications in Educational Psychology have worked with our Educational Psychologists and have

assessed cases under the supervision of the latter and participated in case-conferences. Miss Workman, P.S.W., has supervised the field work of students for the Cardiff 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.

Throughout the year under consideration there has, of course, been been a great deal of discussion and speculation concerning the impending developments in connection with the implementation of the Government's Green Papers and the related plans under the Seebohm Committee's and Radcliffe–Maud Commission's Reports. During 1969 all this was still very much in flux, particularly where the Child Guidance Services were concerned."

Table S.34

Number of Cases Referred During 1969

Clinic	Boys	Girls	Total
Tynygarn	43	20	63
Neath	38	24	62
Rhondda	7	11	18
Aberdare	14	10	24
Pontypridd	31	18	49
Total ..	133	83	216

These figures as well as their breakdown in terms of the different clinics are given in Table S.34.

Table S.35

Number of Cases Discharged During 1969

Clinic	Boys	Girls	Total
Tynygarn	15	18	33
Neath	14	11	25
Rhondda	3	8	11
Aberdare	9	6	15
Pontypridd	15	10	25
Total ..	56	53	109

These figures are given in Table S.35. They include 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.36

SOURCES OF REFERRAL

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
General practitioners ..	23	17	7	4	14	65
Divisional medical officers	10	20	4	12	7	53
Paediatricians and other medical sources ..	6	3	2	2	3	16
Schools (via Educational Psychologists)	19	13	4	3	21	60
Juvenile courts and probation officers	2	3	—	2	3	10
Children's Department ..	2	5	—	—	1	8
Others	1	1	1	1	—	4
Total	63	62	18	24	49	216

These are given in Table S.36 and include both medical and other agencies. Difficulties in compiling this table arise from the fact that (*a*) a particular agency, e.g. Glamorgan County Children's Department or the Probation Service, may refer via the local Divisional Medical Office or some other agency, and (*b*) two or more agencies may simultaneously refer a case. In compiling this table therefore, an attempt has been made as far as possible to reduce each to its original source of referral, but the figures are subject to the above-mentioned provisos.

TABLE S.37

AGE DISTRIBUTION OF CHILDREN REFERRED

Clinic	1–5 years	5–10 years	10–15 years	Over 15 years	Boys	Girls	Total
Tynygarn ..	3	33	27	–	40	23	63
Neath	4	24	33	1	38	24	62
Rhondda ..	2	5	10	1	7	11	18
Aberdare ..	2	6	14	2	14	10	24
Pontypridd ..	10	19	17	3	31	18	49
Total ..	21	87	101	7	130	86	216

This is given in Table S.37. There is no hard and fast age limit for the acceptance of children and generally speaking, cases up to the age of 16 are seen. (Sometimes adolescents even older than this continue to be seen at the Clinics if they were referred at an earlier stage and are subsequently still under treatment or follow-up.)

Table S38

Causes of Referral

Aggressiveness	15	Hyperactivity	5
Attention-seeking behaviour	8	Sleeplessness	10
Infantile eczema	2	Sleep walking	4
Asthma	3	Lack of concentration	3
Migraine	2	Jealousy and resentment of other children	13
Other psychosomatic symptoms	9	Poor work at school	8
Backwardness	12	Poor speech development	4
General shyness and timidity	5	Stammering and stuttering	3
Disregard of danger	1	Non-communicating	2
Destructiveness	3	Other speech defects	1
Generally difficult behaviour	36	Withdrawn	5
Breaking and entering	5	School refusal	12
Stealing and pilfering	26	Truancy	10
Other offences against property	7	Obsessive-compulsive symptoms	3
Enuresis (wetting)	40	Cruelty to animals	1
Encopresis (soiling)	18	Violence	1
Disobedience	8	Transvestism	1
Defiance	6	Other sexual difficulties	10
Fits	3	Drug Taking	1
Head-banging	5	Depression	15
Nail-biting	11	Suicidal attempts and gestures	8
Rocking	1	Lying and romancing	15
Thumb-sucking	4	Running away	7
Other habit disorders	6	Wandering	4
Tics	3	Fears and phobias	12
Nightmares	6	Generalised anxiety	15
Miscellaneous	3	Temper tantrums	24

These frequently overlap and a given child may, of course, be referred for more than one complaint. Bearing these points in mind, however, Table S.38 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.39

Psychiatrist's Interviews with Children

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
Diagnostic	52	48	11	16	39	166
Therapeutic	213	264	51	63	222	813
						979

These are given in Table S.39 which refers to the diagnostic and therapeutic work of the medical staff.

TABLE S.40

PSYCHOLOGISTS' INTERVIEWS WITH CHILDREN

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
32	69	19	10	45	175

Interviews of children by the Educational Psychologists are given in Table S.40.

TABLE S.41

INTERVIEWS WITH PARENTS

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
511	476	132	152	251	1,522

A good deal of this work is carried out by the Social Workers ; at the same time, the fact that when other members of the staff see children it is often desirable for them to deal with the family as a whole means that they also interview parents to a considerable extent. This also imparts a certain amount of artificiality to attempts to compute interviews with parents separately and the figures must be viewed in this light.

INTERVIEWS WITH CHILDREN OTHER THAN AT CLINICS.

The number of interviews with children other than at Clinics during the period under consideration was twenty-three. This figure includes such work as domiciliary visits, visits to children in various hospital wards, homes, etc."

SPEECH DISORDERS.

At periodic and special medical inspections, 199 children were noted as requiring treatment for speech defects. 468 children were placed under observation.

TABLE S42

CHILDREN FOUND TO SUFFER FROM SPEECH DISORDERS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Speech	T	95	9	22	126	73
	O	305	13	25	343	125

T = Requiring Treatment O = Requiring Observation

SPEECH THERAPY

The establishment of speech therapists is seven, although it is considered that a speech therapist could be fully engaged in each of the nine health divisions. At the end of the year there were four full-time and two part-time speech therapists who together gave a whole-time equivalent of 4·5 therapists.

Apart from children in order day schools, there is need to deal with children at observation and partial hearing units. A part-time speech therapist attends at Aberkenfig Junior Training Centre to help subnormal children with speech defects but subnormal children at other training centres are not receiving therapy.

There is no training school in Wales for speech therapists although the need for such a school is being examined by the authorities concerned. There is a disincentive to enter the profession since the salary is well below that of teachers although the standard of entry and length of training is the same.

Most children treated by speech therapists have a mild form of speech disorder but serious cases of aphasia, rare in children, dysarthria and stammer occur. Current case loads average between sixty and eighty, the desirable being fifty.

It is considered that a proportion of children suffering from defects of articulation could be dealt with by school teachers who had a special interest and who could be suitably trained.

The career prospects in the profession could be improved if speech therapists were not regarded as being engaged wholly by the school health service since the majority of school children have milder disabilities and their work is not therefore sufficiently challenging, or varied. Their work could be far more rewarding if they also dealt with mentally subnormal children, old people, and others who have severe speech defects. Unfortunately the extreme shortage of speech therapists means that they must deal almost exclusively with school children.

Table S.43

Analysis of Work by Speech Therapists during 1969

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	203	112	183	23	52	173	34	208	211	1,149
Total number of attendances	1,216	481	1,505	1,166	386	1,598	788	940	1,641	9,721
Number of current cases at 31st December, 1969	41	36	69	85	17	67	23	54	41	433
Total number of cases remaining on waiting list at 31st December, 1968	28	12	35	52	4	37	17	19	26	230
Number of cases under observation (immediate treatment not necessary)	43	49	83	70	35	—	33	—	18	331
Analysis of discharged cases:										
(*a*) Non-treatment cases—										
(i) Treatment not considered necessary	10	3	5	23	2	—	7	7	31	88
(ii) Failed to attend after diagnosis	22	—	—	3	—	—	—	2	17	44
(iii) Travelling difficulties and loss of school work	—	—	—	—	—	—	—	—	1	1
(iv) Unsuitable for treatment	—	2	—	1	—	—	1	1	—	5
Total	32	5	5	27	2	—	8	10	49	138
(*b*) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health	—	—	—	—	—	—	—	—	—	—
(ii) Lack of parental co-operation	11	—	—	1	2	—	—	—	4	18
(iii) Poor attendance or non-attendance	9	27	4	9	5	27	—	3	8	92
(iv) Pressure of school work	—	—	—	—	—	—	—	—	—	—
(v) Left district	4	1	—	7	—	8	2	4	1	27
(vi) Left school	—	—	—	—	—	4	1	—	1	6
2. Discharged—speech improved	12	18	7	—	10	7	20	2	11	87
3. Discharged—speech normal (cured)	7	15	48	14	8	21	18	12	18	161
4. Temporarily discharged	16	9	58	70	8	40	7	23	47	278
Total	59	71	119	101	33	107	48	44	90	669

TABLE S.43—*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	14	15	15	27	8	17	9	18	16	139
Satisfactory	22	13	12	26	5	39	14	21	20	172
Little improvement	5	8	32	32	4	10	5	15	5	116
Total	41	36	59	85	17	66	28	54	41	427
Table of symptoms of cases treated at clinics:										
Stammering	13	21	49	16	7	20	11	15	24	176
Dyslalia	38	56	79	72	29	69	44	48	61	496
Cleft palate	4	4	3	3	—	4	1	3	4	26
Deafness	2	—	1	1	1	12	1	—	1	19
Lateral "s"	3	12	9	8	5	5	5	7	5	59
Interdental "s"	10	3	11	9	2	14	3	4	7	63
Rhinolalia (nasality)	1	—	1	—	1	3	—	—	6	12
Dysarthria	1	—	1	5	—	—	—	2	1	10
Dysphonia	—	—	1	2	—	1	—	—	—	4
Low I.Q.	4	4	—	20	3	3	—	—	7	41
Retarded speech	23	7	19	48	2	37	3	3	13	173
Aphasia	1	—	4	2	—	1	—	—	2	10
Cerebral Palsy	—	—	—	—	—	—	—	—	—	—
Total	100	107	178	186	50	169	76	98	131	1,095

EPILEPSY AND OTHER DISEASES OF THE NERVOUS SYSTEM

At periodic and special medical inspections, sixty-five children were noted as needing treatment for epilepsy and 180 were placed under observation. Two boys and one girl with severe epilepsy attend the Lingfield Hospital School for Epileptics and although educable they require special care and educational treatment which can only be given at this type of boarding school.

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 school. Where epilepsy is associated with severe subnormality the children attend junior training centres.

Most epileptic children discovered at medical inspections are not considered sufficiensly handicapped to be regarded as requiring special education.

Table S44

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	17	3	1	21	44
	O	54	26	7	87	93
Other ..	T	9	5	5	19	24
	O	103	26	25	154	97

T = Treatment O = Observation

HEALTH EDUCATION IN SCHOOLS

The development of the improvement of health in this country has progressed in three stages. First came the curing of infectious disease and many diseases are now being cured or alleviated. Second came the prevention of disease by public health activities such as clean water, efficient sanitation facilities, immunisation, good housing. The third and present stage, how to persuade people to avoid illnesses such as lung cancer, coronary thrombosis, bronchitis, mental breakdown, and drug addiction.

In our advanced society, the diseases which kill are those which people can be taught to avoid by adopting sound and healthy habits. Unlike community measures such as the provision of a sanitation system or a national health service providing hospitals and medical and nursing staffs, the adoption of sound healthy habits requires a positive and sustained effort on the part of every citizen. This requires a measure of self-discipline and this is not easily achieved.

Healthy habits are most easily learned from childhood hence the importance of health education being provided in schools. This should be given by the school teachers as part of the general lessons but there will be occasions when such talks and discussions should be given by health department staffs such as health visitor, dental auxiliary and medical officer.

The following table shows the considerable increase in the number of school talks given by health department staffs since 1967 :—

TABLE S45

SCHOOL HEALTH EDUCATION PROGRAMME

	1967	1968	1969
Dental hygiene	651	1,195	1,396
General hygiene and nutrition	539	1,006	1,200
Preparation for parenthood including talks on menstruation and venereal disease	288	385	617
Prevention of accidents	112	242	254
Smoking and health	106	140	410
Feet and posture	97	197	252
Drug addiction	—	41	165
Others	253	218	365
Total	2,046	3,424	4,651

Thirty per cent of the talks were devoted to dental hygiene. From the report of the Principal School Dental Officer on p. 184 it will be noted that a quarter of five-year-old children have suffered from gross caries experience, that is they have had ten or more teeth which have decayed, been extracted or filled. A dental campaign has been inaugurated aimed at these young children with a view to their being trained in good dental habits and each child during his first school year is presented with a dental pack consisting of a tooth brush, a tube of toothpaste and a beaker and the co-operation of the parents is sought to the children cleaning their teeth regularly. There was also an increase in the number of talks given on the preparation for parenthood, smoking and health, and drug addiction.

In May 1969 the County Health Committee asked each health division to embark on a campaign in schools on the health hazard of smoking. Each health division was authorised to hold poster or essay competitions among school children and book tokens to the value of £6 6s. 0d. were awarded as prizes in each division.

The campaign was started in the Autumn term and the following advice was given to divisional medical officers in conducting their campaign :—

(*a*) In dealing with older children one should avoid trying to alter their attitudes by direct instruction since this is to imply that they are wrong. A direct attack is therefore not recommended.

(*b*) Children should be taught in small groups. After a brief talk, illustrated if necessary by a film, there should follow a discussion during which the audience should be invited to voice its opinions as to the dangers of smoking and also whether smoking has advantages. (It would be unwise to seek to convince them that smoking has no advantages.) As a result, the facts become *their* facts and the decision *theirs* instead of somebody else's.

(*c*) Among adolescents a principal motive for smoking is to appear grown up. This social confidence motive begins to decline in later adolescence and this fact, carefully emphasized may be usefully presented as an anti-smoking theme for older pupils. This theme alone however, should not be relied upon.

(*d*) Anti-smoking appeals should draw on a variety of appeals with varying emphasis.

(*e*) Emphasis should be laid on the relatively minor effects of smoking and how it affects athletic prowess. Stress should be made on the truth of the proposition that smoking causes lung cancer.

(*f*) Expense theme should figure prominently but not alone.

(*g*) Anti-smoking propaganda would be more convincing if they accept the views of smokers that it has helpful aspects.

(*h*) Care should be taken in using such themes as the nuisance value of smoking, for example, dirty ash trays, stained fingers, etc. These themes should not be employed against adults.

(*i*) Medical officers should lead these discussions unless the staffing situation prevents this, as well as health visitors.

At the end of the year the Authority's health education tactics concerning drug abuse underwent revision. It was considered that :—

(*a*) Talks or discussions on drug abuse should form part of a wider scheme for preparing pupils for the responsibilities of adulthood.

(*b*) Junior pupils would be too immature to appreciate the dangers of drug taking and in all probability talks given on the subject would stimulate in them a morbid curiosity or desirability to experiment.

(*c*) Talks should be confined to older adolescents, teachers, and groups of parents.

SCHOOL DENTAL SERVICE

Staff

The staffing position of the dental service remained fairly constant during 1969, as far as numbers were concerned, but there were a few changes of dental personnel. Miss Stephanie Phillips, a graduate of the Cardiff Dental School, was appointed to the Caerphilly and Gelligaer Health Division in place of Mr. D. Hoskin, who replaced Mr. T. Pugh on his resignation as Senior Dental Officer in the Rhondda Excepted District.

The resignation of Mr. K. M. Morgan as Dental Officer in the Mountain Ash district of the Aberdare and Mountain Ash Health Division, resulted in a reduction in the dental services in this area.

An unusual loss of dental manpower was Mr. A. Pittard Davies, the Area Dental Officer for the Pontypridd and Llantrisant Health Division, who was granted leave of absence for one year to take up an appointment as Senior House Officer in the Orthodontic Department at Cardiff Dental School. This followed Mr. Davies' success in the Primary Examination of the Fellowship in Dental Surgery, which enabled him to study for his Diploma in Orthodontics. Mr. Davies had been attending an orthodontic course at Cardiff Dental School on a part-time basis for an academic year, and sat for his primary examination on completion of the course.

Miss D. G. Davies was appointed as a sessional dental officer in Pontypridd during the year and also Mr. J. F. Doran for a limited period in the Caerphilly and Gelligaer Division.

The dental auxiliaries, Miss C. A. Bellamy of Neath, and Mrs. A. J. Macbean, of Aberdare, terminated their appointments, the latter being replaced by Miss C. B. Morgan. Miss V. Roberts was appointed as dental auxiliary in the Rhondda Excepted District.

At 31st December the dental staff, including the Principal Dental Officer, consisted of :—

14 Whole-time Officers
13 Sessional Officers
5 Dental Auxiliaries
29 Dental Surgery Assistants.

The whole-time equivalent of the sessional officers was 4·3, giving a total whole-time equivalent of 18·3. This is half of our ideal establishment of thirty-six, and gives a ratio of one dental officer to 7,300 children for the school population of 132,000.

Thus staffing is still the main weakness of the dental service and renewed efforts must be made to attract not only the newly-qualified graduate but also experienced personnel.

Premises and Equipment

The health centre at Gorseinon, in the West Glamorgan Division, was opened in September and was the first in the County to include provision for dental services. Dual surgeries and recovery/dark room, together with a separate waiting area in a self-contained unit was a great improvement on the previous clinic which was operative for so many years in Gorseinon.

The equipment in the main surgery of Stirling Air Chair and Satellite Unit also gave considerably improved working conditions for the School Dental Service.

There are now twenty-five single surgery clinics in the County, eleven dual surgeries, and one mobile dental clinic. Of the forty-seven surgeries available, forty-two are in use, the unused surgeries being those provided for dental auxiliaries.

Inspection and Treatment

The number of children inspected during the year showed an improvement over recent years and the total of 40,561 was about 30 per cent of the school population. This is still far too low a figure, but if it were doubled the dental manpower situation in Wales is such that neither the general dental services nor the local authority services could provide treatment for the additional children inspected.

25,368 children were inspected at school, an increase of 12,292 over 1968, and the figures of 15,293 for children inspected at clinics was similar to that of the previous year.

In 8,608 treatment sessions 26,079 fillings were inserted to conserve 22,072 permanent teeth ; 12,152 fillings were inserted to conserve 10,964 deciduous teeth.

4,642 permanent teeth and 13,362 deciduous teeth were extracted, and of the 14,900 who attended our clinics, courses of treatment were completed for 11,321.

Priority for inspection and treatment was still continued for infant and primary schools, and schools and centres for handicapped and socially deprived children.

Where school children could not be treated by the school dental service, they were referred, by agreement with the local dental committee, to private general dental practitioners.

One of the main reasons for the increase in school inspections was the dental examination of the five-year age group to note the incidence of dental caries in school entrants. Although the procedure adopted was similar to that suggested by the Department of Education and Science for the quinquennial surveys, the survey was undertaken on our own initiative to provide baseline data prior to the gradual introduction of fluoridation of the water supplies.

Approximately 500 children were examined in each health division, giving a total of 4,292 children examined by the fifteen whole-time dental officers.

The D.M.F. system of caries examination was employed, i.e. the number of D (= decayed), M (= missing) and F (= filled) teeth found in the mouth of each child examined.

The findings were expressed as shown in the headings of Table S.46 which also shows the overall results and enables comparison to be made between the divisions.

It is a matter of concern that the percentage of children who have not experienced dental decay, i.e. "no D.M.F. deciduous teeth found" should be so low, in the region of 8 per cent. It is a matter of even greater concern that the percentage of children with a gross experience of dental decay, i.e. D.M.F. count of ten or more, should be as high for the whole County as 25·6 per cent, and for the Rhondda Borough as high as 38 per cent.

Table S.47 which shows the breakdown of D.M.F. into decayed, missing, and filled teeth, illustrates forcibly that the majority of the decayed teeth are untreated, and that when treatment does occur, extractions are necessary, rather than fillings for relief of pain.

The survey shows that the five-year old child will have experienced dental decay in six or seven of the twenty deciduous teeth present in the mouth and that the majority of these decayed teeth will be untreated.

The sample of 4,292 children inspected is about 33⅓ per cent of the average intake of 13,500 children and enables us to conclude that a quarter of the five-year age group in Glamorgan will be entering school with half of their deciduous teeth affected by decay.

The only answer to the ravages of dental decay is preventive dentistry on a community basis, for which fluoridation of the domestic water supplies is the safe and most effective measure, and preventive dentistry on an individual basis by dental health campaigns.

These measures, allied to a considerable increase in our dental manpower, will, over a long period, result in a considerable improvement in the present depressing figures.

ORTHODONTICS

The liaison between the Authority and Cardiff Dental School continued. Ninety-three orthodontic cases were referred to hospital consultants, and 213 cases were completed during the year. The number of removeable appliances fitted dropped by ninety-nine to 205. These figures appear to be low when the number of children attending our clinics is taken into account.

When the staffing position permits, the appointment of a full-time orthodontist for the County is essential to provide a more comprehensive service.

Dental Health

The "Happy Smile Club" dental health campaign, which was introduced in 1968, was repeated successfully in November 1969, when 15,000 packs were distributed to the five-year age group in infants' schools by members of the dental staff and health visitors and clinic nurses.

The pack again contained a letter to parents from the Principal Dental Officer, a toothbrush, a large tube of fluoride toothpaste, but the bathroom card was replaced by a colourful beaker, which bore a dental health message in rhyme.

Parents were again invited to sign a card indicating that toothbrushing, morning and night, had been carried out, and return of this card to the class teacher was rewarded with a "Happy Smile" Club badge.

The distribution of the packs provided an additional opportunity to give dental health talks to the school children.

Press coverage was again very good for this campaign and one national daily coupled the "Happy Smile Club" campaign with the results of our survey of five-year old children showing the necessity for preventive dentistry.

In addition, dental health posters and leaflets were distributed to schools and clinics, and additional talks illustrated by films and flannelgraphs, were given by health visitors and dental auxiliaries.

In conclusion I wish to thank all members of the dental staff and nursing staff for their efforts during the year. The assistance of the Education Department and Health Department personnel has also been invaluable during the year.

Table S.46

Incidence of Dental Caries in School Entrants

Results of Dental Examination of 5 Years-Age Group

Division	Number of children examined	Number of children showing no D.M.F. deciduous teeth	Number of D.M.F. deciduous teeth found	Percentage of children showing no D.M.F. deciduous teeth	Average number of D.M.F. deciduous teeth per child examined	Percentage of children with D.M.F. of ten or more gross caries experience	Number of children with D.M.F. of ten or more gross caries experience
				%		%	
Aberdare and Mountain Ash	494	41	3,436	8·3	6·9	27·0	135
Caerphilly and Gelligaer	421	27	2,859	6·4	6·8	23·8	100
Mid-Glamorgan	496	55	2,838	11.0	5·7	18·0	93
Neath	491	57	3,161	11·6	6·44	24·4	120
Pontypridd and Llantrisant	512	67	2,949	13·0	5·7	22·6	116
Port Talbot and Glyncorrwg	478	37	3,175	7·74	6·6	24·4	117
South-East Glamorgan	477	21	3,577	4·6	7·5	26·0	125
West Glamorgan	464	34	3,230	7·3	7·0	25·2	118
Rhondda	459	5	3,949	1·09	8·6	38·13	175
Totals	4,292	344	29,174	8·0	6·79	25·6	1,099

Of the 4,292 children examined, the breakdown of D.M.F. total into Decayed, Missing and Filled, does not include Pontypridd Division, is not fully available for the Aberdare, South-East, and Rhondda Divisions, and refers to 3,458 children.

The additional breakdown of the D.M.F. total into Decayed, Missing and Filled for boys and girls does not include Mid-Glamorgan, Pontypridd, Port Talbot, and South-East Glamorgan and refers to 2,086 children.

Table S.47

Incidence of Dental Caries in School Entrants

Breakdown of D.M.F. into Decayed, Missing, and Filled

Division	Number of children	Boys			Girls			Boys and Girls Combined		
		D.	M.	F.	D.	M.	F.	D.	M.	F.
Aberdare and Mountain Ash	261	616	131	103	738	172	99	1,354	303	202
Caerphilly and Gelligaer	421	1,224	176	72	1,127	186	74	2,351	362	146
Mid-Glamorgan	496	—	—	—	—	—	—	2,310	370	158
Neath	491	1,273	316	76	1,185	232	79	2,458	548	155
Pontypridd and Llantrisant	—	—	—	—	—	—	—	—	—	—
Port Talbot and Glyncorrwg	478	—	—	—	—	—	—	2,563	568	44
South-East Glamorgan..	398	—	—	—	—	—	—	2,150	477	415
West Glamorgan	464	1,474	250	148	1,094	174	90	2,568	424	238
Rhondda..	449	1,703	305	33	1,572	233	21	3,275	538	54
Totals	3,458	6,290	1,178	432	5,716	997	363	22,029	3,590	1,412

Refers to 2,086 children

TABLE S.48

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	805	1,716	1,980	1,714	1,794	1,565	1,954	1,428	1,936	14,900
Subsequent visits	4,231	4,650	3,305	2,272	3,397	2,198	3,957	3,137	3,825	30,972
Total visits	5,036	6,366	5,285	3,986	5,191	3,763	5,911	4,565	5,761	45,872
(2) Additional courses of treatment commenced	9	23	98	145	161	41	353	125	154	1,109
Fillings in permanent teeth ..	3,456	2,706	2,625	1,856	2,402	2,174	4,354	1,962	4,484	26,079
Fillings in deciduous teeth ..	1,094	1,623	1,108	805	535	582	1,927	2,256	2,222	12,152
Permanent teeth filled	2,997	2,482	2,075	1,736	1,992	1,837	3,427	1,823	3,603	22,172
Deciduous teeth filled	949	1,567	1,069	733	513	513	1,686	2,140	1,794	10,964
Permanent teeth extracted ..	445	421	587	921	473	363	427	310	689	4,642
Deciduous teeth extracted	1,221	1,731	1,416	1,815	2,003	1,237	1,224	1,331	1,384	13,362
(3) General anaesthetics	474	288	766	766	680	590	385	486	563	5,001
Emergencies	126	225	227	749	314	249	477	846	321	3,534

TABLE S.48—*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	—	5	4	2	—	1	1	2	16
Pupils supplied with other dentures (first time)	6	2	12	15	6	2	7	17	13	81
Number of dentures supplied ..	7	5	19	22	8	2	8	18	15	104
(5) (*a*) First inspection at school—number of pupils	3,441	4,611	1,758	1,660	518	6,211	2,797	3,913	459	25,368
(*b*) First inspection at clinic—number of pupils	799	1,967	2,043	1,642	2,964	441	2,000	1,432	2,005	15,293
Number of (*a*) and (*b*) found to to require treatment	3,252	5,017	2,621	2,614	1,998	2,320	3,462	3,847	2,458	27,589
Number of (*a*) and (*b*) offered treatment	1,179	4,748	2,621	2,104	1,998	2,316	3,460	3,772	2,002	24,200
(*c*) Pupils re-inspected at clinic ..	209	595	937	328	988	214	910	690	192	5,063
Number of (*c*) found to require treatment	136	262	563	242	514	159	496	366	161	2,899
(6) (i) Sessions devoted to treatment	900	878	1,112	591	892	660	1,313	1,000	1,262	8,608
(ii) Sessions devoted to inspection	30	104	20	20	7	72	26	49	72	400
(iii) Sessions devoted to dental health education	52	28	61	31	—	25	21	22	76	316

TABLE S.48—*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 ..	51	188	243	68	50	13	107	82	270	1,072
(ii) Prophylaxis	619	658	1,094	132	328	154	823	824	510	5,142
(iii) Teeth otherwise conserved ..	534	45	323	311	1,792	—	116	400	416	3,937
(iv) Number of teeth roots filled ..	3	21	—	18	2	—	74	4	155	277
(v) Inlays	—	1	—	2	—	—	4	—	1	8
(vi) Crowns	—	21	10	9	4	2	25	1	39	111
(vii) Courses of treatment completed	487	1,097	1,462	1,281	1,797	1,120	1,920	956	1,201	11,321
(8) (i) Cases remaining from previous year	9	5	35	54	23	5	65	129	91	416
(ii) New cases commenced during year	4	10	5	22	18	22	19	27	37	164
(iii) Cases completed during year ..	1	2	10	20	13	12	19	7	32	213
(iv) Cases discontinued during year	—	1	—	2	2	8	3	1	5	22
(v) Number of removable appliances fitted	4	16	3	30	46	22	37	20	27	205
(vi) Number of fixed appliances fitted	—	—	1	—	—	—	—	—	6	7
(vii) Pupils referred to hospital consultant	39	6	4	8	1	15	7	9	4	93
Anaesthetics	—	—	—	—	—	—	—	—	—	—

TABLE S.49

NEW SCHOOLS OR ADDITIONS COMPLETED DURING 1969.

Barry College of Further Education—extensions.
Blaen Baglan Junior School.
Blaen Baglan Infants' School.
Litchard Infants' School.
Penrhys Infants' School (Rhondda).
Penarth Secondary School—extensions.
Plasyfelin Junior School.
Plasyfelin Infants' School.
Pontypridd College of Further Education—extensions.
Ystrad Mynach College of Further Education—extensions.
Glamorgan College of Education—Music and Drama annexe.
The Evenlode Primary School.
Radyr Primary School—extensions.
Hirwaun Junior School.
Cwmbach Junior School.
Bettws Junior School.
Gelligaer Primary School.
Knelston Primary School.
New Ferndale Grammar School.
New Gellidawel Secondary School.
Cefn Glas Infants' School.
Aberdare Boys' Grammar—extensions to hall, kitchen, etc.
Gowerton Boys' Grammar—three classroom block and toilets.
Gowerton Girls' Grammar—Domestic Science Classroom, Needlework Room, and classrooms
Neath Psychological Centre—new centre.
Pontardawe Grammar—two laboratories.

TABLE S.50

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
B. Partially sighted	5	2	4	1	—	1
C. Deaf	1	—	1	—	—	1
D. Partially hearing	1	—	1	—	—	—
E. Physically handicapped ..	17	5	9	4	—	2
F. Delicate	1	—	—	—	2	—
G. Maladjusted	3	—	3	—	—	—
H. Educationally Subnormal	29	10	21	9	6	5
I. Epileptic	2	—	1	—	—	—
J. Speech Defects	—	—	—	—	—	—
Total	61	17	41	14	8	11

TABLE S.50—*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	—	—	1	—
B. Partially sighted	—	—	1	1
C. Deaf	—	—	—	—
D. Partially hearing	—	—	—	—
E. Physically handicapped ..	1	—	4	1
F. Delicate	—	—	1	1
G. Maladjusted	—	—	1	—
H. Educationally subnormal ..	—	—	9	7
I. Epileptic	—	—	1	—
J. Speech Defects	—	—	—	—
Total	1	—	18	10

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION

OBSERVATIONS OF THE BOROUGH SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1969

1. Establishment of Medical Officers.

The following medical officers were available for work within the school medical service during 1969 :—

(1) Dr. S. Sarkar (part year)

(2) Dr. V. S. Hawkes (part year)

(3) Dr. J. Williams (sessional)

(4) Dr. N. C. Osborn (sessional)

The type of work carried out by session and individual doctor is shown in Table SR1.

Table SR1

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. S. Sarkar.. ..	98	—	31	119	36
(2) Dr. V. S. Hawkes ..	33	—	12	132	55
(3) Dr. J. Williams ..	—	—	—	—	88
(4) Dr. N. C. Osborn ..	14	—	2	276	—

2. Routine Medical Inspection

During 1969, this type of examination was again restricted to entrants and any pupils at primary schools who had not been previously examined. Table SR2 shows the number of pupils examined by year of birth.

TABLE SR2

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.
1965 and later ..	213	213	—
1964	226	226	—
1963	92	92	—
Total	531	531	—

3. AUDIOLOGICAL SERVICE

(i) *Routine testing of children for hearing defects.*

The screening of pupils for hearing defects was continued during the year at primary schools with particular attention being paid to "new entrants" and to those pupils who were absent during previous visits to their schools. The same method of screening was used as in previous years, namely, the "picture-card whisper test", and the fact that it is a very acceptable test for children is well illustrated in that only four out of nearly 1,600 pupils were reluctant to co-operate. The overall absentee rate at slightly under 6 per cent was rather better than has been found in the past, and every effort is made to try to see the absentees during subsequent visits to their schools.

TABLE SR3

The following table summarises the total number of children tested in the schools visited, the number of absentees, the number of unco-operative children and the number who failed the "whisper test".

Number of children tested	Number of unco-operative children	Number of absentees	Number of failures
1,581	4	101	88

(ii) *Hearing Assessment Clinics*

The assessment of hearing by pure-tone audiometry was continued in sessions held at the Authority's clinics manned by the teacher of the deaf and a clinic nurse qualified to undertake this assessment. The children examined

included eighty-six of the eighty-eight pupils who failed the "whisper-card test" at school (the other two were unco-operative) and 114 pupils referred from other sources, e.g. school medical inspections, educational psychology service, parents and teachers, making a total of 200 children.

Any child who is thought to have a condition amenable to treatment is referred for E.N.T. specialist examination, while other children with significant hearing loss are kept under observation and re-examined periodically. Significant hearing loss is usually accepted as a hearing loss greater than 30 decibels in both ears, but any child with a lesser loss who gives a history of an ear, nose, or throat condition will also be kept under observation, just as will any child who may have normal hearing in one ear but relatively poor hearing in the other.

The results of assessments during 1969 were as follows :—

Satisfactory hearing	44
Referred for E.N.T. specialist opinion ..	82
Referred for further observation ..	74
	200

The seventy-four children referred for further observation were all seen again during the year with results as follows :—

Satisfactory hearing	17
Referred for E.N.T. specialist opinion ..	22
To continue under observation	35
	74

4. Dental Treatment

During the summer term, the Authority was asked to co-operate in a survey the dental inspection at school of pupils in the five-year age group, using the DMF system of caries estimation, i.e. D (decayed), M (missing), and F (filled) deciduous teeth found in the mouth of each child examined. Of the 459 Rhondda pupils examined, only five, a mere 1·09 per cent, had no DMF deciduous teeth, while 175 pupils had ten or more DMF deciduous teeth, a percentage of 38·13. The average number of DMF deciduous teeth per child examined was 8·6. Table SR4 shows the figures for the individual schools visited, while Table SR5 shows separately the numbers of decayed, missing and filled teeth, revealing that the majority of decayed teeth are untreated so that extractions become necessary for the relief of pain.

TABLE SR4

DENTAL INSPECTION JUNE 1969

INCIDENCE OF DENTAL CARIES IN SCHOOL CHILDREN

FIVE-YEAR AGE GROUP

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
School	Number of pupils	Number absent refused etc.	Number inspected	Number showing NO DMF deciduous teeth	Number of DMF deciduous teeth	Number showing 10 DMF or more	Column (7) as a per cent of Column (4)
Maerdy ..	88	5	83	1	705	34	40·96
Cymmer ..	49	6	43	0	371	14	32·56
Rhiwgarn ..	47	3	44	1	372	17	38·64
Hendrefadog	57	10	47	1	342	13	27·66
Craig-yr-Eos	60	6	54	1	476	17	31·48
Treherbert..	46	3	43	0	424	22	51·16
Penyrenglyn	43	9	34	0	314	17	50·00
Cwmclydach	52	7	45	0	354	15	33·33
Treorchy ..	38	5	33	1	306	14	42·42
Ton Pentre	55	22	33	0	285	12	36·36
TOTALS ..	535	76	459	5	3,949	175	38·13

Percentage of children inspected showing *no* DMF deciduous teeth — 1·09

Average number of DMF deciduous teeth per child examined .. 8·60

Details of the year's working at dental clinics are shown in Table SR15 of the Appendix of this report.

TABLE SR5

School	Boys				Girls			
	Number charted	D	M	F	Number charted	D	M	F
Maerdy	39	300	78	7	44	278	40	2
Cymmer ..	25	189	31	4	18	116	30	1
Rhiwgarn ..	27	198	21	—	17	144	9	—
Hendrefadog ..	23	147	31	2	24	143	19	—
Craig-yr-Eos ..	26	200	29	5	27	211	28	1
Treherbert ..	20	190	43	—	21	141	22	3
Penyrenglyn ..	16	134	36	—	18	129	10	5
Cwmclydach ..	21	135	15	3	23	174	23	—
Treorchy ..	15	99	9	7	15	131	41	—
Ton Pentre ..	15	111	12	5	15	105	11	9
TOTALS ..	227	1,703	305	33	222	1,572	233	21

Excludes ten children *not charted* with a total of 82 DMF deciduous teeth

5. DEFECTIVE VISION

During 1969, 1,583 children were examined at local authority refraction clinics compared with 1,659 in the previous year and 608 prescriptions for glasses were issued.

Seventy-five children were referred for further investigation by the Consultant Ophthalmologist at Llwynypia Hospital.

6. SPEECH THERAPY

The Authority continued to have the services of a speech therapist for six sessions each week and, during 1969, 211 pupils were seen at her clinics. Of these, 131 received treatment, forty-one remaining under treatment at the end of the year while the other ninety had been discharged as having improved or been cured or where treatment had been discontinued for other reasons.

The other children seen, but not treated, numbered eighty. Thirty-one were not considered to need treatment and eighteen failed to attend after diagnosis. Eighteen other pupils were placed under observation as not being in need of immediate treatment while the remaining thirteen chilren were on the waiting list for treatment at the end of the year.

Table SR6 analyses the symptoms of cases treated :—

TABLE SR6

SYMPTOMS OF CASES TREATED AT CLINICS

Stammering	24
Dyslalia	61
Cleft Palate	4
Deafness	1
Lateral "S"	5
Interdental "S"	7
Rhinolalia (Nasality)	6
Dysarthria	1
Low I.Q.	7
Retarded speech	13
Aphasia	2
	131

The following observations on the service have been made by Mrs. S. E. Demetriou, Speech Therapist :—

"The speech therapy clinics at Ystrad, Trealaw, Ferndale, and the School Psychological Centre at Penygraig have been well attended throughout the year.

As there is an increasing awareness in the population of the anxiety that a speech disorder can cause a young child, referrals are numerous, and it appears that children are now referred at an earlier age—which is favourable from a speech therapist's point of view. The patients range from 2 to 16 years. They are brought to the clinic by parents so that discussion regarding speech and language stimulation in the home can take place. Because of the large numbers continually referred and the consequent waiting list, 20 minutes only, once a week, is allocated to a patient—although in many cases intensive therapy is indicated. At least the child is being seen individually which appears to me to be an asset in a large percentage of cases. There is still the problem of the general shortage of speech therapists and the inability to meet the need for a full-time therapist in the area. Because of the time problem, it has not been possible to carry out school visits but these are planned for the near future when speech and language stimulation can be discussed with the teachers.

I am grateful to the Borough School Medical Officer for his prompt arrangements for the further investigation of so many of the patients, where this has been indicated, and for the co-operation of my colleagues."

7. INFECTIOUS DISEASES

Table SR7 shows numbers of notifications of various diseases amongst children during the year.

TABLE SR7

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1969
(UNDER 15 YEARS)

Notifiable Disease	*Total*
Measles	295
Scarlet Fever	28
Whooping Cough	6
Infective Jaundice	44
Tuberculosis	2
Dysentery	3

8. CHILD GUIDANCE

During 1969, sixty-four children were seen by Dr. K. W. Aron, Consultant Child Psychiatrist for Glamorgan, at his regular clinics in Rhondda, now held at Carnegie Welfare Centre, Trealaw, while close co-operation continues to be maintained with Mr. Brian Tew, the Borough's Educational Psychologist.

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 three tables with comparative data for 1968 and the seven previous years :—

TABLE SR8

TABLE SHOWING AGE AND SEX DISTRIBUTION
OF HOSPITALISED ACCIDENTS

Age Group Years	Male			Female			Total		
	1961–67	1968	1969	1961–67	1968	1969	1961–67	1968	1969
0—	10	1	—	7	—	1	17	1	1
1—	165	12	38	107	12	21	272	24	59
5—	126	5	13	63	1	6	189	6	19
10—15	77	7	6	45	1	2	122	8	8
All ages	378	25	57	222	14	30	600	39	87

Table SR9

Table Showing Distribution of Accidents by Day of Occurrence

Day of week	Number of accidents		
	1961–67	1968	1969
Monday	83	1	9
Tuesday	90	6	13
Wednesday	75	5	12
Thursday	92	5	7
Friday	87	6	14
Saturday	97	7	14
Sunday	76	9	18
Total	600	39	87

Table SR10

Table Showing Distribution of Hospitalised Accidents by Place of Occurrence

A. *Accidents at home* — 67

(1) *Inside*—

(*a*) basement 1

(*b*) Ground floor 46

(*c*) Upper floor 12

(2) *Outside* (Garden, etc.)—

(*a*) rear 7

(*b*) Front 1

The injuries sustained fall into the following groups :—

(*a*) Falls 9

(*b*) Burns and scalds .. 1

(*c*) Others 57

B. *Accidents outside home* — 20

(1) *In the roadway*—11, 9 of which were due to falls, with 2 due to other causes.

(2) *Vehicular injuries*—1, of which the association vehicle is shown below.

(*a*) Pedal cycle 0

(*b*) Motor cycle 0

(*c*) Car 1

(*d*) Bus 0

(*e*) Goods vehicle 0

TABLE SR10 (*cont.*)

(3) *Playground injuries*—8

The nature of injury is shown below with comparative data for 1961–67 and 1968 :—

Nature of injury	Number affected		
	1961–67	1968	1969
Contusion	—	2	—
Concussion	8	3	8
Fracture	149	6	13
Dislocation and sprain ..	62	—	—
Internal injury	43	1	—
Wounds and lacerations ..	282	6	8
Foreign bodies in orifice ..	56	2	1
Ingestion of foreign bodies ..	—	18	55
Superficial	—	1	2
Total	600	39	87

STATISTICAL APPENDIX TO BOROUGH SCHOOL MEDICAL OFFICER'S OBSERVATIONS

TABLE SR11

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups :—

Entrants	531
Second age group	—
Third age group	—
Total	531
Number of other periodic inspections	—
Grand total	531

B. OTHER INSPECTIONS

Number of special inspections	898
Number of re-inspections	363
	1,261

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 (excludnig squint) (2)	For any of the other conditions recorded in Table SR3 (3)	Total individual pupils (4)
Entrants	—	115	103
Second age group	—	—	—
Third age group	—	—	—
Total	—	115	103
Additional periodic inspection	—	—	—
Grand total	—	115	103

Table SR11 (*cont.*)

D. Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table 1A.

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	531	531	100·0	—	—
Second age group	—	—	—	—	—
Third age group	—	—	—	—	—
Total	531	531	100·0	—	—

Table SR12

Infestation With Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	22,168
(ii) Total number of individual pupils found to be infested	349
(iii) Number of individual pupils in respect of whom cleansing notices were issued (section 54(2) Education Act, 1944)	2
(iv) Number of individual pupils in respect of whom cleansing orders were issued (section 54(3) Education Act, 1944)	—

Table SR13

Return of Defects Found by Medical Inspection in the Year

Defect or disease	Periodic inspections		Special inspections	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
(1)	(2)	(3)	(4)	(5)
Skin	2	19	—	—
Eyes—				
(*a*) Vision	—	6	—	—
(*b*) Squint	4	18	—	—
(*c*) Other	1	6	—	—
Ears—				
(*a*) Hearing	8	18	—	—
(*b*) Otitis media ..	—	8	—	—
(*c*) Other	1	9	—	—
Nose or throat	74	282	—	49
Speech	5	11	—	—
Lymphatic glands ..	6	234	—	—
Heart	2	63	—	—
Lungs	1	50	—	—
Development—				
(*a*) Hernia	—	6	—	—
(*b*) Other	1	15	—	—
Orthopaedic—				
(*a*) Posture	7	21	—	—
(*b*) Feet	11	100	—	—
(*c*) Other	1	22	—	—
Nervous system—				
(*a*) Epilepsy	3	9	—	—
(*b*) Other	—	7	—	—
Psychological—				
(*a*) Development ..	—	17	—	—
(*b*) Stability	—	13	—	—
Abdomen	—	—	—	—
Other	2	18	—	—

Table SR14

Treatment of Pupils Attending Maintained Primary and Secondary Schools

Group 1—Eye Diseases, Defective Vision and Squint

	Number of pupils known to have been treated
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint) ..	1,583
Total	1,583
Number of pupils for whom spectacles were prescribed	608

Group 2—Diseases and Defects of Ear, Nose and Throat

	Number of pupils known to have been treated
Received operative treatment:	
(*a*) for disease of the ear	—
(*b*) for adenoids and chronic tonsillitis ..	—
(*c*) for other nose and throat conditions	—
Received other forms of treatment ..	106
Total	106

Group 3—Orthopaedic and Postural Defects

	Number of pupils known to have been treated
Number of pupils known to have been treated at clinics or out-patient departments	364

GROUP 4—DISEASES OF THE SKIN (excluding uncleanliness)

	Number of pupils known to have been treated
Ringworm—	
(*a*) Scalp	—
(*b*) Body	—
Scabies	3
Impetigo	—
Other skin diseases	27
Total	30

GROUP 5—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

	Number of pupils known to have been treated
Pupils treated—	
(*a*) Under Child Guidance arrangements	64
(*b*) Under Speech Therapy arrangements	131
Total	195

GROUP 6—OTHER TREATMENT GIVEN

	Number of pupils known to have been treated
(*a*) Miscellaneous minor ailments	—
(*b*) Other—	
(1) Genito-urinary system	181
(2) Digestive system	80
(3) Infections	93
(4) Epilepsy	37
(5) Other medical conditions	157
(6) Accidents	90
Total	638

Table SR15

Dental Inspection and Treatment Carried Out by Authority, 1969

A. Attendances and Treatment

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First visit	958	741	237	1,936
Subsequent visits	1,752	1,455	618	3,825
Total visits	2,710	2,196	855	5,761
Additional courses of treatment commenced	56	83	15	154
Fillings in permanent teeth	1,221	2,153	1,110	4,484
Fillings in deciduous teeth	1,971	251	—	2,222
Permanent teeth filled	963	1,700	940	3,603
Deciduous teeth filled	1,610	184	—	1,794
Permanent teeth extracted	203	332	154	689
Deciduous teeth extracted	1,197	187	—	1,384
General anaesthetics	376	158	29	563
Emergencies	185	97	39	321
Number of pupils X-rayed	..	..	..	270
Prophylaxis	..	..	..	510
Teeth otherwise conserved	..	..	..	416
Number of teeth root filled	..	..	..	155
Inlays	..	..	..	1
Crown	..	..	..	39
Courses of treatment completed	..	..	..	1,201

B. Orthodontics

Cases remaining from previous year	91
New cases commenced during year	37
Cases completed during year	32
Cases discontinued during the year	5
Number of removable appliances fitted	27
Number of fixed appliances fitted	6
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)	—	1	1	2
Pupils supplied with other dentures (first time)	–	5	8	13
Number of dentures supplied	–	6	9	15

D. Anaesthetics

General anaesthetics administereed by— (i) dental officers	—
(ii) Medical officers	563

E. Inspections

First inspection at school. Number of pupils	459
(*b*) First inspection at clinic. Number of pupils	2,005
Number of (*a*) plus (*b*) found to require treatment	2,458
Number of (*a*) plus (*b*) offered treatment	2,002
(*c*) Pupils re-inspected at school/clinic	192
Number of (*c*) found to require treatment	161

F. Sessions

Sessions devoted to treatment	1,262
Sessions devoted to inspection	72
Sessions devoted to dental health education	76

Table SR16

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 1970	No. awaiting places at Special Schools or Boarding Homes
A. Blind	1	1	4	1
B. Partially sighted ..	1	–	6	1
C. Deaf	–	–	3	–
D. Partially hearing ..	–	–	4	–
E. Physically handicapped	–	–	8	–
F. Delicate	–	–	–	1
G. Maladjusted	1	–	3	–
H. Educationally subnormal	1	2	21	2
I. Epileptic	–	–	–	–
J. Speech defects	–	–	–	–
Total	4	3	49	5

CLINICS HELD IN GLAMORGAN

KEY :

Aud :	Audiometry	H :	Handicapped Children
AN :	Ante-natal classes	Ob :	Obesity
CH :	Child Health	Op :	Ophthalmic
CG :	Child Guidance	Or :	Orthopaedic
Ch :	Chiropody	S :	Speech Therapy
Cyt :	Cytology	Sp :	Special Examinations
D :	Dental	Vac :	Vaccination and Immunisation
FP :	Family Planning	Ver :	Verruca

Clinic address	*Sessions held*
ABERDARE AND MOUNTAIN ASH HEALTH DIVISION	
Aberdare Road, Mountain Ash	AN CH Ch D Op Sp Vac
Avondale Street, Ynysboeth	Aud CH Or Sp Vac
Community Centre, Llwydcoed	CH
Cwmcynon Hall, Penrhiwceiber	Aud AN CH Ch Cyt FP Or Sp Vac
Derlwyn, Penywaun	Aud AN CH Ch Or Sp Vac
Godreaman Unemployed Social Club, Brynmair Road, Cwmaman	Aud AN CH
Health Centre, Brecon Road, Hirwaun	Aud AN CH Ch D H Op Or Sp Vac
Mountain View, Perthcelyn	CH
Red Cross Hall, Cwmdare	CH
Rock Grounds, Aberdare	Aud AN CH Ch Cyt D FP Op Or Sp Vac
Walter Street, Abercynon	AN CH Ch Op Sp Vac
Workman's Hall, Cwmbach	Aud AN CH Ch Or Sp Vac
Y.M.C.A., Aberaman	AN CH
CAERPHILLY AND GELLIGAER HEALTH DIVISION	
All Saints Church Hall, Llanbradach	CH
Bethel Baptist Church, Cefn Hengoed	CH
Church Hall, Pontlottyn	AN CH Ch
Community Centre, Aneurin Bevan Avenue, Gelligaer	CH
Community Hall, Taffs Well	CH Ch
County Council Clinic, Bryncelyn, Nelson	Aud AN CH Ch Sp
County Council Clinic, Denscombe Estate, Caerphilly	Aud CH Ch Cyt D FP Op Or S Sp
County Council Clinic, Gwern Avenue, Senghenydd	Aud CH Ch Sp
County Council Clinic, Park Road, Bargoed	Aud AN CH Ch Cyt FP Op S Sp
County Council Clinic, Plantation Terrace, Fochriw	Aud AN CH Ch Cyt FP Or
County Offices, Caerphilly Road, Ystrad Mynach	Aud Ch Cyt D FP Op Or Sp
Former Infants School, Mill Road, Deri	CH
Gosen Galvanistic Methodist Church, Bedlinog	CH
Memorial Community Hall, Glanynant, Pengam	AN CH
Oxford Hall, Rhydrhelig, Nantgarw	CH
Penyrheol Clinic, Trecenydd	Aud CH S Sp
Siloh Calvanistic Methodist Church, Ystrad Mynach	AN CH
Trinity Baptist Church Hall, Trelewis	CH
Welfare Hall, Rudry	CH
Workmen's Institute, Brithdir	CH
Workmen's Institute, Tirphil	CH
Y.M.C.A., Brynhafod Road, Abertridwr	CH Ch

Clinic address	*Sessions held*
MID-GLAMORGAN HEALTH DIVISION	
Ainon Chapel, Heolycyw	AN CH
Ambulance Hall, Llangeinor	CH
Bridgend Urban District Council Offices, Glanogwr, Bridgend	CH
Church Hall, Blackmill	CH
Church Hall, Laleston	AN CH
Church Hall, Wick	AN CH
Community Hall, Heol Glannant, Bridgend	CH
County Council Clinic, Mynydd Cynffig Infants' School, Kenfig Hill	D
County Council Clinic, Quarella Road, Bridgend	Aud AN CH Ch D FP Op Or S Sp
Elm Crescent, Bryntirion, Bridgend	CH
Litchard Mobile Clinic, Link Road, between Garfield Avenue, Litchard, Bridgend	CH
Hope Congregational Vestry, Porthcawl	CH
Maesteg Park Social Club, Park Estate, Maesteg	CH
Maternity and Child Welfare Clinic, Alexandra Road, Pontycymmer	AN CH Ch D Sp
Maternity and Child Welfare Clinic, Bryncwils, Sarn	AN CH Sp
Maternity and Child Welfare Clinic, Church Street, Maesteg	AN CH Ch D Op Or S Sp
Maternity and Child Welfare Clinic, Dyffryn Road, Caerau	AN CH Ch Sp
Maternity and Child Welfare Clinic, Glanrhyd, Nanty-moel	AN CH Ch Sp
Maternity and Child Welfare Clinic, Greenfield Terrace, Cornelly	AN CH Ch FP Sp
Maternity and Child Welfare Clinic, New Street Aber-kenfig	AN CH Ch Sp
Maternity and Child Welfare Clinic, Park Avenue, Ogmore Vale	AN CH Ch D Sp
Maternity and Child Welfare Clinic, South Place, Porth-cawl	AN CH Ch D Sp
Maternity and Child Welfare Clinic, Waunbant Road, Kenfig Hill	AN CH Ch Sp
Maternity and Child Welfare Clinic, West Side, Bettws	CH Sp
Maternity and Child Welfare Clinic, Wimbourne Road, Pencoed	AN CH Ch Sp
Pantyrawel Welfare Hall, Lewistown	CH
Penybont Rural District Council Offices, Greenmeadow, Coity Road, Bridgend	AN CH Cyt Sp
Social Services Hall, Llangynwyd	AN CH
Tabernacle Vestry, Blaengarw	CH
The Old School, St. Brides	AN CH
The Sports Pavilion, Cae Goff, Recreation Ground, Cefn Cribbwr	AN CH
NEATH AND DISTRICT HEALTH DIVISION	
Addoldy Road, Clinic, Glynneath	Aud AN CH Ch Cyt D FP H Op S Sp Vac
Ambulance Hall, Crynant	CH
Cefn Parc, Skewen	Aud AN CH Ch Cyt D H Op Sp Vac
Croesffordd Community Centre, Rhigos	CH

Clinic address	*Sessions held*
NEATH AND DISTRICT HEALTH DIVISION—*continued*	
Cwmbedd Clinic, Cwmbedd, Briton Ferry	Aud AN CH Cyt H S Sp Vac
Dyfed Road, Neath	Aud AN CH Ch Cyt D FP H Op Or S Sp Vac Ver
Health Centre, Commercial Road, Resolven	Aud AN CH Ch Cyt FP H Sp Vac
Hunter Street, Briton Ferry	Aud AN CH Ch Cyt D H Op Sp Vac
Longford, Neath Abbey	Aud AN CH Cyt D H Sp Vac
Mary Street, Seven Sisters	Aud AN CH Ch Cyt D FP H Op S Sp Vac
St. Anne's Church Hall, Tonna	CH
St. Catherine's Parish Hall, Neath	CH
Welfare Hall, Cimla	AN CH
Y.M.C.A., Onllwyn	CH
Ysgol Hendre, Bryncoch	CH
PONTYPRIDD AND LLANTRISANT HEALTH DIVISION	
Bethania Congregational Church, Evanstown, Gilfach Goch	CH
Central Clinic Ynysangharad Park, Pontypridd	Aud AN Ch D FP Op Or S Sp Vac
County Council Clinic, Ash Square, Rhydyfelin	Aud CH Ch D Ob Op Sp Vac
County Council Clinic, Cefn Lane, Glyncoch	Aud CH Ch Sp Vac
County Council Clinic, Gelliarael Road, Gilfach Goch	Aud AN CH Ch Sp Vac
County Council Clinic, Llwyn-yr-Eos, Church Village	Aud AN Ch Sp Vac
County Council Clinic, Mount Pleasant, Beddau	Aud AN CH Ch Op Sp Vac
County Council Clinic, School Street, Tonyrefail	Aud AN CH Ch D Or Sp Op Vac
County Council Clinic, The Square, Talbot Green	Aud AN CH Ch D FP Op Or S Sp Vac
County Council Clinic, Thompson Street, Ynysybwl	Aud AN CH Ch Sp Vac
County Council Clinic, Ty Gwyn, Scarborough Road, Pontshonnorton	CH Ch Vac
Old Age Pensioners' Hall, Foundry Road, Hopkinstown, Pontypridd	CH Vac
Saron Chapel Vestry, Saron Street, Treforest	CH Vac
St. John's Church Vestry, Graig Street, Graig, Pontypridd	CH Vac
PORT TALBOT AND GLYNCORRWG HEALTH DIVISION	
Boys' Club, Abercregan	AN CH
Brynseion Chapel Vestry, Bryn	AN CH
Community Centre, Margam	AN CH
Council Offices, Taibach, Port Talbot	Aud AN CH Ch Cyt D FP Op S
Depot Road, Cwmavon	Aud AN CH Ch Cyt D Op
Dew Road, Sandfields	Aud AN CH Ch Cyt D FP Op S
Duffryn Afan Primary School, Duffryn Rhondda	CH
Fairwood Drive, Baglan	Aud AN CH Ch Cyt Op
Health Centre, Glyncorrwg	Aud AN Ch
Jerusalem Chapel Vestry, Pontrhydyfen	CH
Old Council Offices, Cymmer	Aud AN CH Ch Op
Pendarvis Terrace, Aberavon	Aud AN CH Ch Cyt D Op
South Avenue, Croeserw	Aud AN CH D FP S
Tonmawr Primary School, Tonmawr	CH
Villiers Road, Blaengwynfi	Aud AN CH Ch Cyt
Ynys Street, Port Talbot	AN CH Ch Or

Clinic address	*Sessions held*
South-East Glamorgan Health Division	
Ambulance Station, Cowbridge	Ch
Beecroft, 112 Stanwell Road, Penarth	Aud AN CH Ch Cyt D FP Op Or S Sp Vac
Boverton Road, Llantwit Major	Aud AN CH Ch Cyt D Op Or Sp Vac
Church Hall, Radyr	CH Vac
Church Road, Cadoxton, Barry	AN CH Ch S Vac
Elm Road, Llanharry	Aud CH Ch Sp Vac
Fontygary Road, Rhoose	AN CH Ch Vac
Former County Primary School, Lisvane	CH Vac
Friars Road, Barry Island	CH Ch Vac
Horeb Chapel Vestry, Pentyrch	CH Ch Vac
Methodist Church Hall, Albert Road, Penarth	CH Vac
Methodist Church Hall, Porthkerry Road, Barry	CH Vac
Pensioners' Hall, Llanharan	CH Vac
Reading Room, Harriet Street, Cogan, Penarth	CH Vac
Trinity Church Hall, Stanwell Road, Penarth	Ch
Village Hall, Pendoylan	Ch
Village Hall, Tongwynlais	CH Ch Vac
Winston Road, Colcot, Barry	CH Ch Sp Vac
Wyndham Street, Barry Dock	Aud AN CH Ch Cyt D FP Op Or Sp
Youlden House, Dinas Powis	CH
Youth House, Dinas Powis	CH Ch Vac
Mobile Dental Clinic. Cowbridge Ambulance Station, Llanharry, Pendoylan, Lisvane, Llanharan.	
Mobile Child Care Clinic. Llandough, Lower Penarth, Cowbridge, St. Nicholas, R.A.F. St. Athan, Litchard, Brynna, Treoes, Llangan, St. Athan, Penllyne, Llanblethian, Colwinston, Llandow, Castleton, St. Mary Church, Sigginston, Gwaelodygarth, Porthkerry, Llancarfan, Sully, Creigiau, Pendoylan, Peterston, Wenvoe.	
West Glamorgan Health Division	
Carmel Chapel Vestry, Gwauncaegurwen	CH Ch
Chapel Vestry, Reynoldston	CH
County Council Clinic, Dulais Road, Pontardulais	Aud AN CH Ch Cyt FP Or S Sp Vac
County Council Clinic, Murton Green, Bishopston	Aud AN CH Ch Cyt D Or S Sp
County Council Clinic, Tirbach Road, Ystalyfera	Aud AN CH Ch D Or S Sp Vac
County Council Clinic, Sybil Street, Clydach	Aud AN CH Ch Or S Sp Vac
Health Centre, Princess Street, Gorseinon	Aud AN CH Ch Cyt D FP Op Or S Sp Vac
Infants' School, Pontardawe	Ch D Op Or S Sp Vac
Old School House, Cwmllynfell	AN CH Ch
Rechabites Hall, Gowerton	CH Ch
Tabernacle Church Vestry, Penclawdd	AN CH
Unemployed Welfare Centre, Dunvant	CH
Village Hall, Rhossili	CH
Village Hall, Upper Killay	CH
Welfare Hall, Penclawdd	Ch
Ynisderw House, Pontardawe	AN CH Cyt FP

Clinic address	*Sessions held*
BOROUGH OF RHONDDA	
Carnegie Welfare Centre, Trealaw	Aud AN CH CG Ch FP Sp Vac
Clydach Court, Home for the Aged	Ch
Court House, Tonypandy	AN CH Ch Sp Vac
Fairfield, Home for the Aged	Ch
Ferndale House, Home for the Aged	Ch
Hendrecafn Road, Penygraig	Aud AN CH Ch Sp Vac
Oakland Terrace, Ferndale	Aud AN Ch CH D FP Op Sp Vac
Pentre, Home for the Aged	Ch
Trafalgar, Terrace, Ystrad	Aud AN CH Ch D FP Op Sp Vac
Welfare Centre, Ynys Villas, Ynyshir Road, Ynyshir	Aud AN Ch CH Sp Vac
Y.M.C.A., Porth	CH
Ynyswen, Treorchy	Aud AN CH Ch Cyt D Op Sp Vac

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