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**MONTGOMERYSHIRE COUNTY COUNCIL**



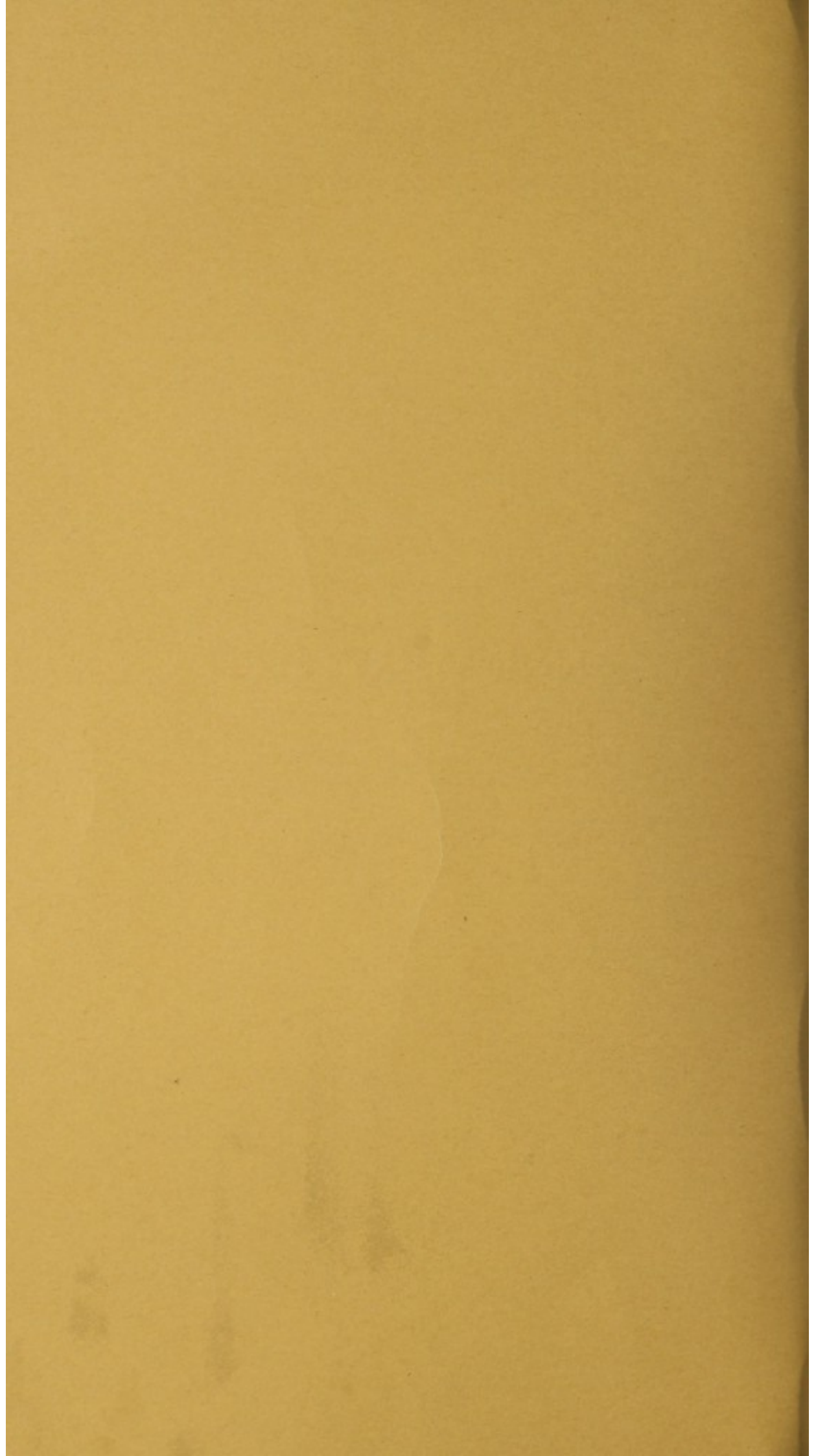
# **ANNUAL REPORT**

on the

## **HEALTH OF THE COUNTY**

### **FOR THE YEAR 1970**

**COUNTY HEALTH OFFICES,  
NEWTOWN,  
MONTGOMERYSHIRE.  
SEPTEMBER, 1971.**



**MONTGOMERYSHIRE COUNTY COUNCIL**

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**HEALTH OF THE COUNTY**

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E. S. LOVGREEN  
M.B., Ch.B., D.P.H.

MONTGOMERYSHIRE COUNTY COUNCIL



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HEALTH OF THE COUNTY

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COUNTY HEALTH OFFICES,  
NEWTOWN,  
MONTGOMERYSHIRE,  
SEPTEMBER, 1971.

L. S. FOLGREN  
MR. C.A. DAVE

To The Chairman and Members of the Montgomeryshire County Council

Mr. Chairman, Ladies and Gentlemen,

I N D E X

I have the honour to present to you the Annual Report on the Health of the County and the work of the School Health Service for the year 1970.

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Two important developments took place during the year. In April the Ambulance Service passed from the agency of the St. John Ambulance Brigade and became a full time service of paid personnel employed by the County Council. This ended a continuous period of service to the County Council by the St. John Brigade from the inception of the Ambulance Service under the National Health Service Act in 1948. Indeed individual divisions had provided such facilities before this date.

To mark the occasion a special parade of the County Brigade took place on April 30th. Personnel of the six divisions of the Brigade from Caerwes, Llanddole, Llanfyllin, Mostynllech, Newtown and Walspool, together with representatives of the British Red Cross Society, all of whom had taken an active part in the duties of the ambulance service, attended at the Pavilion, Newtown.

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To The Chairman and Members of the Montgomeryshire County Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County and the work of the School Health Service for the year 1970.

The picture presented in the body of this report on the health of the County is, in general, a satisfactory one. The statistical indices relating to deaths and infectious diseases recorded are, in most instances, below the national averages. The demands on the home nursing, health visitors and other services reflect the changing pattern of disease over the past decade with increasing visits to the elderly and a changing pattern of care in the young with more selective and intensive care of the child at risk or handicapped.

The implementation of full attachment of nursing staff to general practitioners has made only slow progress during the year and it is evident that until, in many instances, accommodation for a nurse is available at Practice premises, further development will be slow.

The delays in health centre plans at Llanidloes, due to difficulties over land acquisition are regretted but it is hoped that progress will be made and building commenced in 1971. Alterations to Llanfair Caereinion Clinic to adapt it as a Health Centre have been approved and provision for health centre accommodation in the Cemmaes Road School/Community Centre complex is also approved. Both these schemes should bear fruit in 1971 and contribute to the integration of the local authority and general practice services in these areas. Experience at Welshpool shows the benefit of this closer working relationship to the patients and not least to doctor/nurse relationships.

Two important developments took place during the year. In April the Ambulance Service passed from the agency of the St. John Ambulance Brigade and became a full time service of paid personnel employed by the County Council. This ended a continuous period of service to the County Council by the St. John Brigade from the inception of the Ambulance Service under the National Health Service Act in 1948. Indeed in many areas the individual divisions had provided such facilities independently long before this date.

To mark the occasion a special parade of the County Brigade took place on April 5th. Personnel of the six divisions of the Brigade from Caersws, Llanidloes, Llanfyllin, Machynlleth, Newtown and Welshpool, together with representatives of the British Red Cross Society, all of whom had taken an active part in the duties of the ambulance service, attended at the Pavilion, Newtown.



Alderman J.E. Jones, Chairman of the County Council, paid tribute to the Brigade for the outstanding services they had rendered to the County throughout the years. The Right Hon. George Thomas, Secretary of State for Wales, presented to each division a commemorative plaque and the ambulances were formally handed over to Alderman H.R. Humphreys, Chairman of the County Health Committee by the County Commissioner of the St. John Ambulance Brigade, Mr. W.E. Neale.

An old era has ended, a new era with perhaps only a short expectation of life before further changes overcome it, has begun. The Ambulance personnel have shown themselves to be a genuinely keen and dedicated group of men. Much remains to be done to continue to improve a service that has developed from voluntary service to professionalism in recent years.

In September the Mental Health Service marked up a milestone in its development in the County with the completion of the purpose built premises for the Adult Training Centre. This brought to fulfilment plans developed by my predecessor, Dr. D.F. Richard and it was only fitting that at the formal opening on 1st December, 1970 by Mrs. Emyln Hooson, tribute should be paid to his work in the form of a memorial gift by the Montgomeryshire Society for Handicapped Children.

The new premises provide workshop and educational facilities for up to 45 - 50 mentally handicapped adults who are in this way helped to remain in the community.

The publication of the Green Paper on the Reorganisation of the Health Services in Wales and the passing of the Local Authority Social Services Act mark further stages in the changing pattern of the Health and Welfare Services of the future. The Social Services Act provides for the formation of an enlarged Social Services Department in the County taking over functions from Welfare, Children's and Health Committees. The case for and against some of the projected changes in services have been made many times and I can only say that both the Health Department and the Social Services Department will need to work in close co-operation and I hope that this will develop right from the start of the new Department's life.

The proposals for the health services in the Powys Area emphasize the special problems presented by the scattered rural population without major hospital provision within its boundaries and a great deal of care will need to be taken to ensure that arrangements for specialist services are maintained and not in any way impaired by the change in administrative responsibilities that are envisaged.

The Medical Staff of the Department remained under strength throughout the year and it was again necessary to utilize the services of Dr. J. Milton Jones and Dr. J.E. Hughes of Llanfair Caereinion and Drs. B. Parsons and R. Spivey from Gobowen on a sessional basis to carry out duties in the school health service. Their help has been greatly appreciated.

In November, Dr. E.V. Woodcock was appointed Deputy County Medical Officer of Health, to commence duties in February, 1971.

Voluntary Societies in the County have again supported the work of the Department in many ways, in particular the British Red Cross Society, the W.R.V.S., the St. John Ambulance Brigade and the Montgomeryshire Society for Handicapped Children. Each, in its own sphere, has provided a service that helps the less fortunate members of the community to lead a fuller and more active life, viz., nursing aids on loan; meals on wheels; holidays for groups and individual help with transport; clubs for the handicapped and many other supportive and individual items of assistance. All these groups work in close contact with the members of my staff and, by their efforts, contribute much to the community. Family Planning Services also owe a great deal to the Voluntary Workers who assist the medical staff at the clinics in the County and deal with the administrative burdens of this often undervalued service.

The School Health Service Report shows details of much routine, unspectacular, yet rewarding work. The general pattern of health in the school child is good, with only a small percentage being classed as unsatisfactory. Many remedial defects are picked up at routine and special examinations and early treatment instituted to the benefit of the child's future health and education. Continued surveillance of the handicapped child enabled educational needs to be related to his physical problems. Many children are now in ordinary schools who, in the past, would have required special schooling but there must still be provision for those children that the ordinary school cannot adequately cater for. The presence of many educationally subnormal children in ordinary schools is not to the advantage of either the individual child or the school and there is need for consideration of whether day facilities can be provided in the County for such children from an earlier age than is at present possible.

The passing of the Education (Handicapped Children) Act, 1970 ends the era of children being classed as unsuitable for education in school and brings all children under the provision of the Education Authority. The Junior Training Centre and the hospital provision at Llys Maldwyn bring problems of their own special field into the hands of the expert in education. Both will gain from this new venture - hospital staff and teaching staff by a combined approach to the individual child's learning problems and, in so doing, the children will have additional help and opportunities to develop their limited skills to their utmost.

The Principal School Dental Officer's Report provides information on a service which continues to fight a battle against the tide of sweet materials that sweep over children's teeth with such deleterious effect. The efforts of health education by the staff at schools and in meetings of parents and others is lost in the face of the constant commercial blandishments to eat more and more confectionary of one sort or another. The dental staff can only endeavour to cope with the resulting incidence of dental caries apparent in even quite young children.

Developments at Llanidloes, where outside dental surgery work has ceased, highlight the suggestion made by Mr. Reece for thoughts towards a more integrated dental service, with provision for general dental services at health clinics alongside facilities for the school child. With the future developments in the Health Service field as a whole still to be finally settled, such thoughts could point the way to a possible solution to special problems in providing services in rural areas such as this.

The co-operation of the teaching profession, the staff of the Education Department and all other departments of the County Council is greatly appreciated. Without the help of the many individuals in these other departments the work of the staff in the Health Department would be impossible.

My thanks are also expressed to the staff in the Department itself who have given me their loyal support and contributed to the success of the service in its many aspects throughout the year.

To the members of the Health Committee and the Education Committee of the County Council I also wish to say how much their support to the staff is appreciated and trust that this is justified by the facts in this report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

E.S. LOVGREEN

County Medical Officer of Health and  
Principal School Medical Officer.

COUNTY HEALTH STAFF

County Medical Officer of Health & Principal School Medical Officer: E.S. Lovgreen, M.B., Ch.B., D.P.H.

Medical Officers: Amelia Evans, B.Sc., M.B., B.Ch., D.P.H.  
Elinor M. Greville, M.R.C.S., L.R.C.P., D.P.H.

Principal Dental Officer: J.A. Reece, L.D.S., (V.U.Manc)

Area Dental Officer: A.G.D. Swift, L.D.S.

Dental Officer: N.J. Riches, L.D.S., R.C.P.S., B.D.S.

Assistant Dental Officers (Part-time): E. Davies-Thomas, T.D., M.R.C.S., L.R.C.P.  
L.D.S., R.C.S.  
Mrs. S.J. Robertson, L.D.S.

Superintendent Nursing Officer: Miss S.D. Wilson, S.R.N., S.C.M., H.V.

Health Visitors: Miss G.E. Bryan, S.R.N., S.C.M., H.V.  
Miss M.E. Cravelle, S.R.N., S.C.M., H.V.  
Mrs. E.F. Humphreys, S.R.N., S.C.M., H.V.  
Miss M.E. Jones, S.R.N., H.V., (Pt 1 Midwif.)  
Miss N.L. Jones, S.R.N., S.C.M., H.V.  
Mrs. B.R. Kaktins, S.R.N., S.C.M., H.V.  
Miss M.E. Lewis, S.R.N., S.C.M., H.V.  
Mrs. M.E. Ryder, S.R.N., S.C.M., H.V.

District Nurse Midwives:

a - State Certified Midwife	d - Queen's Nurse
b - State Registered Nurse	e - District Trained.
c - State Enrolled Nurse	

<u>DISTRICT</u>	<u>NURSE-MIDWIFE</u>	<u>QUALIFICATION</u>
BERRIEW	Miss M.E. Lewis	abd
CAERSWS	Mrs. B. Davies	bd
CHURCHSTOKE/MONTGOMERY	Mrs. B.A. Evans	ab
LLANBRYNMAIR/CARNO	Mrs. J. Jones	ab
LLANDINAM	Mrs. J.A. Griffiths	ac
LLANDYSILIO	Mrs. P. Davies	ab
LLANWDDYN/LLANRHAEDR	Miss S.J. Watkins	ac
LLANDLOES	Mrs. O. Hamer	ab
LLANFAIR CAEREINION/MEIFOD	1.Mrs. M.A. James 2.Mrs. L. Morris	ab ce
LLANSANTFFRAID/LLANFYLLIN	Mrs. M.L. Jones	ac
MACHYNLETH	Mrs. E. Humphreys	b
NEWTOWN/TREGYNON	1.Miss C. Lloyd Jones 2.Mrs. D. Haynes	abd ce
WELSHPOOL	Mrs. M.G. Harding	ab
<u>Reliefs:</u>	Mrs. P. Edwards	b
	Mrs. G. Jones	ab
	Mrs. P.M. Owen	b
	Mrs. G.M. Picken	b
	Mrs. M. Price	c
	Mrs. M.S. Richards	ab
	Miss E. Roberts	c

Home Help Supervisor: Miss E. Davies

Food & Drugs Inspector: L.O. Bright

Senior Mental Welfare Officer: Idris E. Evans, M.S.M.W.O., R.M.N., R.M.P.A.

Mental Welfare Officers: Gordon Pryce, M.S.M.W.O., R.M.N.  
Erys E. Hughes, M.S.M.W.O.  
Mrs. E.D. Davies (from 1st April 1970)

Senior Chiropodist: D. Jones Williams

Ambulance Officer: T.C. Davies

Dental Assistants: Miss P.M. Lewis  
Mrs. J.M.D. Stephens  
Mrs. G. Wilson (Part-time)  
Miss H. Gregory  
Miss J.A. Davies

Adult Training Centre:  
Supervisor Mr. K. Morris, N.A.M.H.Dip., T.C.F.H.Dip.  
Assistants: Miss A. Brenner  
Mrs. N. Parry  
Mr. K. Kirkpatrick (from Sept. 1970)

Junior Training Centre:  
Supervisor Mrs. D. James  
Assistant Mrs. G. Gittins

Speech Therapist: Miss P.K. Evans, L.C.S.T.

Office Staff:

D.W. Rees, S.B.St.J., F.I.A.O. (Chief Clerk)  
W.B. Davies  
B. Owen, A.I.A.O., A.F.I.C.D.  
H.V.B. Lee  
Mrs. E.G. Pratt  
Mrs. C.M. Rees,  
Mrs. M.J. Davies  
Mrs. M. Owen  
Miss E.I. Percival

CONSULTANTS AVAILABLE FOR COUNTY HEALTH SERVICE:

Chest Physicians: Dr. G.O. Thomas, M.D., M.B., Ch.B.  
Dr. E. Clifford Jones, M.B., B.S., M.R.C.S., L.R.C.P.

E.N.T. Surgeon: Mr. R. Barraclough, M.B.E., T.D., D.L.C., M.B., Ch.B.

Ophthalmic: Mr. J.F. Cogan, F.R.C.S., D.O., M.B., Ch.B.  
Dr. Mary Rowland Hughes, M.B., Ch.B., D.O., M.S.  
Dr. Kenyon Jones, M.B., Ch.B., D.O.

Paediatric Consultant: Dr. E.G. Gerald Roberts, M.R.C.P., M.B., B.Ch., D.C.H.

Orthodontic Consultant: Mr. B.J. Broadbent, F.D.S., R.C.S.

Child Guidance:  
(North Wales Child  
Guidance Clinics): Dr. E. Simmons  
Dr. G.J. Pryce (Consultant Psychiatrist)  
Dr. W.I.D. Scott (Clinical Assistant)

## PART I

### VITAL STATISTICS AND INFECTIOUS DISEASES

#### VITAL STATISTICS:

The Registrar General's estimate of the population in 1970 (43,270) is 400 more than for mid 1969 and 470 more than for mid 1968, which was the lowest population figure since the first Official Census of 1801, when the figure was 48,184.

In recent years the population of the Rural Districts of the County has fallen steadily but, in 1970, this trend was reversed, an increase of 100 over the previous year being recorded. The population of the Urban Districts in 1969 was 240 higher than in 1968 and a further increase of 300 occurred in 1970. That the County's population has increased by 70 in 1969 and 400 in 1970 is an encouraging sign that efforts made to reverse depopulation trends are meeting with success.

It should be stressed that the figures quoted are as estimated by the Registrar-General and one awaits the findings of the 1971 Census with interest to see whether this optimistic note is confirmed.

The crude live birth rate, 13.4 per 1000 population, was the lowest recorded this century and lower than the rate for England and Wales. The adjusted live birth rate was also 1.3 per 1000 lower than the National Rate. The previous lowest figure was 13.6 per 1000 in the year 1940 due no doubt to the call-up of the young men and the uncertainties of the early war period. Is it too naive to wonder if the present uncertainties in relation to the much publicised population trends in the world and in Britain and the increasing awareness of family planning is having its effect, or is this just the result of the prolonged drift away from the county of young people of child-bearing age?

Deaths in the county totalled 585, four more than the total births, resulting in a natural decrease in the population, thus emphasising the fact that the increase in the population of the county during the past year is entirely due to immigration from other areas.

For the first time since 1964 there was one maternal death in the county.

The deaths of infants under one year of age numbered five, an infantile mortality rate of 8.6 per 1000 live births, comparing favourably with the rate of 18 for England and Wales.

The neonatal rate, e.g. deaths of infants under 4 weeks of age per 1000 live births at 7.4 was also well below national figures (12).

The still-birth rate of 6.9 per 1000 total births was half the figure for England and Wales and the peri-natal mortality rate of 13.7 for the County compared with 23 for England and Wales also showed an improvement on the previous years figures.

There were 42 illegitimate births during the year, a decrease

of 1 on the 1969 figure but reflected as a percentage of total births an increase from 6.5% in 1969 to 7.2% in 1970. Of these 42 births none was stillborn but two babies died before the age of 4 weeks.

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY:

Area of Administrative County	.....	510,110 Acres
Rateable Value 1970/71	.....	£964,853
Product of 1d Rate do	.....	£3,958

POPULATION:

Census	Urban Districts	Rural Districts	Whole County
1901	20,095	34,806	54,901
1951	18,008	27,982	45,990
1961	18,343	25,885	44,228

Registrar General's Estimate:

1967	18,500	25,090	43,590
1968	18,360	24,440	42,800
1969	18,600	24,270	42,870
1970	18,900	24,370	43,270

Decrease:

1901 - 1970	1,195 (5.1%)	10,436 (29.9%)	11,631 (21.2%)
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	MONTGOMERYSHIRE						RATES		ENGLAND & WALES	
	1969			1970			1969	1970	1969	1970
	Male	Female	Total	Male	Female	Total				
<u>LIVE BIRTHS</u>										
Legitimate	307	310	617	285	254	539				
Illegitimate	17	26	43	16	26	42				
Live birth rate per (Crude) 1000 population (Adjusted)							15.4	13.4	16.3	14.8
Illegitimate live births per cent. of total live births							6.5	7.2		
<u>STILL BIRTHS</u>										
Legitimate	4	4	8	3	1	4				
Illegitimate	1	-	1	-	-	-				
Still birth rate per 1000 total live and still births							13.0	6.9	13.0	13.0
Total live & still births	329	340	669	304	281	585				
Infant Deaths (Deaths under 1 year)	4	1	5	3	2	5				

INFANT MORTALITY RATES:	RATES		England & Wales	
	1969	1970	1969	1970
Total Infant Deaths per 1000 total live births	18.0	8.6	18.0	18.0
Legitimate Infant Deaths per 1000 legitimate live births	6.5	5.6		17.0
Illegitimate Infant Deaths per 1000 illegit. live births	23.3	47.6		26.0
Neonatal Mortality Rate (deaths under 4 weeks per 1000 total live births)	7.6	7.4	12.0	12.0
Early Neonatal Mortality Rate (deaths under 1 week per 1000 total live births)	7.6	7.4	10.0	11.0
Perinatal Mortality Rate (Still births & deaths under 1 week combined per 1000 total live + still births)	21.0	13.7	23.0	23.0
<u>MATERNAL MORTALITY (including abortions)</u>				
Number of deaths	Nil	1		
Rate per 1000 total live + still births	-	1.7		

SANITARY DISTRICTS	DEATHS OF INFANTS					
	1969			1970		
	Under 4 weeks	4 weeks - 1 year	Total under 1 year	Under 4 weeks	4 weeks - 1 year	Total under 1 year
Llanfyllin M.B.	-	-	-	-	-	-
Llanidloes M.B.	-	-	-	-	-	-
Machynlleth U.D.	-	-	-	-	-	-
Mortgomery M.B.	-	-	-	-	-	-
Newtown & Llanll. U.D.	-	1	1	-	-	-
Welshpool M.B.	2	-	2	2	1	3
URBAN AREAS	2	1	3	2	1	3
Forden R.D.	-	-	-	-	-	-
Llanfyllin R.D.	-	-	-	1	-	1
Machynlleth R.D.	2	-	2	-	-	-
Newtown & Llanidloes R.D.	-	-	-	1	-	1
RURAL AREAS	2	-	2	2	-	2
WHOLE COUNTY	4	1	5	4	1	5

#### DEATHS:

There was an increase of 53 in the total deaths for the year and a corresponding increase in the rate per 1000 population to 11.7% compared with a similar figure of 11.7% for England and Wales as a whole. The major contributory causes of death remain as in the previous year - heart diseases, vascular lesions of the nervous system and cancer. It is unlikely that there will be any great change in this pattern until such time as there is a major break through in both the prevention and treatment of these conditions and there are few signs that such a break through is near at hand.



<u>Deaths</u>	<u>1969</u>	<u>1970</u>
Males	288	303
Females	244	282
	<u>532</u>	<u>585</u>

Death Rate per 1000 of estimated population :-

	<u>1969</u>	<u>1970</u>
Crude	12.4	13.5
Adjusted	11.0	11.7

CHIEF CAUSES OF DEATH

CAUSES OF DEATH	1969		1970	
	No. of Deaths	Percentage of Total Deaths	No. of Deaths	Percentage of Total Deaths
Cancer - all forms	112	21.1	105	17.9
Heart diseases and circulatory diseases	205	38.5	225	38.0
Vascular lesions of nervous system	101	19.0	113	19.0
Pneumonia	16	3.0	17	2.9
Bronchitis	9	1.7	14	2.4
Other defined and ill-defined diseases	10	1.9	16	2.7
Motor Vehicle and other accidents	18	3.4	19	3.2
Suicide	5	0.9	2	0.3

Deaths from motor vehicles and other accidents and suicides

	1962	1963	1964	1965	1966	1967	1968	1969
Motor vehicle accidents	3	9	8	4	12	4	10	5
All other accidents	10	11	15	13	8	11	8	13
Suicide	8	9	5	5	2	2	3	5

DEATHS FROM VEHICULAR AND OTHER ACCIDENTS:

Years	Vehicular Accidents						Other Accidents					
	1969			1970			1969			1970		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0 - 1	-	-	-	-	-	-	-	-	-	-	1	1
1 - 4	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	1	-	1	-	-	-
15 - 24	-	1	1	1	-	1	2	-	2	2	-	2
25 - 44	2	-	2	2	-	2	1	1	2	1	-	1
45 - 64	-	-	-	1	-	1	1	1	2	4	1	5
65 - 74	-	1	1	-	2	2	2	-	2	2	-	2
75 & over	1	-	1	-	-	-	1	3	4	-	2	2
TOTALS	3	2	5	4	2	6	8	5	13	9	4	13

DEATHS FROM CANCER, ACCORDING TO AGE, SEX & LOCALISATION OF DISEASE - 1970

LOCALISATION	Sex	1-4 yrs	5-14 yrs	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75 & over	TOTAL
Buccal cavity etc.	F	-	-	-	-	-	-	-	1	1	2
Esophagus	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	1	3	1	5
Stomach	M	-	-	-	-	-	-	1	3	3	7
	F	-	-	-	-	-	-	-	1	4	5
Intestine	M	-	-	-	-	-	1	-	5	1	7
	F	-	-	-	-	1	1	1	5	5	13
Lung, Bronchus	M	-	-	-	-	-	1	6	4	3	14
	F	-	-	-	1	-	-	1	1	2	5
Breast.	F	-	-	-	-	-	3	5	3	2	13
Uterus	F	-	-	-	-	-	-	5	1	-	6
Prostate	M	-	-	-	-	-	-	-	1	1	2
Other	M	-	-	-	1	-	3	2	1	3	10
	F	-	-	-	-	1	1	6	2	4	14
Leukaemia	M	1	-	-	-	-	-	-	-	-	1
	F	-	1	-	-	-	-	-	-	-	1
TOTALS	M	1	-	-	1	-	5	9	14	11	41
	F	-	1	-	1	2	5	19	17	19	64

DEATHS FROM CANCER AND LEUKAEMIA, 1963 to 1970

LOCALISATION OF DISEASE	Number of Deaths (Montgomeryshire)							
	1963	1964	1965	1966	1967	1968	1969	1970
Stomach	17	20	13	14	13	18	14	12
Lung, Bronchus	21	16	18	19	18	15	22	19
Breast	10	6	4	7	8	10	15	13
Uterus	1	8	6	2	3	6	5	6
Other Forms	47	40	52	64	46	44	55	53
Leukaemia	1	3	2	1	7	3	1	2
ALL FORMS	97	93	95	107	95	96	112	105

ANALYSIS OF VITAL STATISTICS FOR THE TEN LOCAL SANITARY AUTHORITIES - 1970

SANITARY DISTRICTS	Popul- ation	Live Births	Rate per 1000 pop- ulation	Still Births	Perce- tage of live births	Illeg- itimate births	Perce- tage of total births	Infant deaths under 1 year	Rate per 1000 live births	Deaths (all causes)	Rate per 1000 pop- ulation.
Llanfyllin M.B.	1080	7	6.5	-	-	-	-	-	-	21	19.4
Llanidloes M.B.	2330	25	10.7	-	-	2	8.0	-	-	46	19.3
Machynlleth U.D.	1770	27	15.3	-	-	1	3.7	-	-	24	13.6
Mortganey M.B.	1020	16	15.7	-	-	2	12.5	-	-	13	12.7
Newtown & Llanll. U.D.	5690	94	16.5	-	-	5	5.3	-	-	77	13.5
Welshpool M.B.	7010	112	16.0	2	1.8	7	6.1	3	26.8	103	14.7
UREAN DISTRICTS	18,900	281	14.9	2	0.7	17	6.0	3	10.7	284	15.0
Fordeu R.D.	5230	68	12.3	-	-	3	4.4	-	-	61	11.7
Llanfyllin R.D.	8680	110	12.7	1	0.9	9	8.1	1	9.1	119	13.7
Machynlleth R.D.	2610	24	9.2	-	-	-	-	-	-	42	16.1
Newtown & Llanidloes R.D.	7850	98	12.5	1	1.0	13	13.3	1	10.2	79	10.2
RURAL DISTRICTS	24,370	300	12.3	2	0.7	25	8.3	2	6.7	301	12.4
MIDDLE COUNTY	43,270	581	13.4	4	0.7	42	7.2	5	8.6	585	13.5
1970 Comparative Figures	42,870	660	15.4	9	1.4	43	6.6	5	7.6	532	12.4

POPULATION TRENDS IN THE TEN SANITARY AREAS OF NONCONFORMING  
1901 - 1970

DISTRICTS	Population 1901	Population 1946	1901-1946 Percentage Increase or Decrease	Population 1970	1946-1970 Percentage Increase or Decrease	1901-1970 Percentage Increase or Decrease
Llanfyllin M.B.	1632	1379	-15.5	1080	-21.7	-33.8
Llanidloes M.B.	2770	2148	-22.5	2330	+ 8.5	-15.9
Machynlleth U.D.	2038	1827	-10.4	1770	- 3.1	-13.2
Mortgomerly M.B.	1034	841	-18.7	1020	+21.3	- 1.4
Newtown & Llanllwchaetan U.D.	6500	4901	-24.6	5690	+16.1	-12.5
Welshpool M.B.	6121	5474	-10.6	7010	+28.1	+14.5
URBAN DISTRICTS	20,095	16,570	-17.5	18,900	+14.1	- 5.9
Fordeu R.D.	5784	4788	-17.2	5230	+ 9.2	- 9.6
Llanfyllin R.D.	12817	10420	-18.7	8680	-16.7	-32.5
Machynlleth R.D.	4357	3224	-26.1	2610	-29.0	-40.1
Newtown & Llanidloes R.D.	11848	9678	-18.3	7850	-18.9	-33.7
RURAL DISTRICTS	34,806	28,110	-19.2	24,370	-13.3	-29.9
WHOLE COUNTY	54,901	44,680	-18.6	43,270	- 3.2	-21.2





Cerebrovascular disease	M	52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of circulatory system	M	61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Influenza	M	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	M	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bronehritis and Emphysema	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bronehitis and Emphysema	M	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of respiratory system	M	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Asthma	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of respiratory system	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pepsic Ulcer	M	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amereititis	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Intestinal obstruction and hernia	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cirrhosis of liver	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of digestive system	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nephritis and Nephrosis	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hemeralasia of prostate	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of genito-urinary system	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Complications of pregnancy etc.	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of musculo-skeletal system	M	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Coronerit al armalies	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Liver injury, difficult labour etc	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Symptoms and Ill defined Conditions	M	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Motor Vehicle accidents	M	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other accidents	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other accidents	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Suicide and self-inflicted injuries	M	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CAUSES OF DEATH -		AGE AND SEX DISTRIBUTION											
	Sex	ALL AGES	Under 4 yrs	4 yrs & under 1 year	1 - 4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75 years & over
Tuberculosis of respiratory system	T	2	-	-	-	-	-	-	-	-	-	-	2
Other infective & parasitic diseases	M	2	-	-	-	-	-	-	-	-	-	-	2
Malignant neoplasm -	F	5	-	-	-	-	-	-	-	-	-	-	1
oesophagus	F	2	-	-	-	-	-	-	-	-	-	-	1
buccal cavity etc.	M	7	-	-	-	-	-	-	-	-	-	-	1
stomach	M	5	-	-	-	-	-	-	-	-	-	-	1
INTESTINE	M	7	-	-	-	-	-	-	-	-	-	-	1
Larynx, Epiglottis	M	15	-	-	-	-	-	-	-	-	-	-	1
Larynx, Epiglottis	M	14	-	-	-	-	-	-	-	-	-	-	1
Larynx, Epiglottis	M	5	-	-	-	-	-	-	-	-	-	-	1
breast	F	13	-	-	-	-	-	-	-	-	-	-	2
uterus	F	6	-	-	-	-	-	-	-	-	-	-	1
prostate	M	2	-	-	-	-	-	-	-	-	-	-	1
Leukaemia	M	2	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
F	M	10	-	-	-	-	-	-	-	-	-	-	1
F	M	14	-	-	-	-	-	-	-	-	-	-	1
Other malignant neoplasms	M	2	-	-	-	-	-	-	-	-	-	-	1
Bertram & unspecified neoplasms	M	2	-	-	-	-	-	-	-	-	-	-	1
Diabetes Mellitus	M	2	-	-	-	-	-	-	-	-	-	-	1
M	M	2	-	-	-	-	-	-	-	-	-	-	1
Avitaminosis	F	1	-	-	-	-	-	-	-	-	-	-	1
Other endocrine etc. diseases	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
Arterias	F	1	-	-	-	-	-	-	-	-	-	-	1
Multiple Sclerosis	F	1	-	-	-	-	-	-	-	-	-	-	1
Other diseases of the nervous system	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	3	-	-	-	-	-	-	-	-	-	-	1
M	M	2	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
M	M	1	-	-	-	-	-	-	-	-	-	-	1
Chronic rheumatic heart disease	M	1	-	-	-	-	-	-	-	-	-	-	1
Hypertensive disease	M	8	-	-	-	-	-	-	-	-	-	-	1
M	M	8	-	-	-	-	-	-	-	-	-	-	1



INFECTIOUS DISEASES:

A total of 191 cases of infectious diseases were notified in the county during 1970, an increase of 111 on the previous years figures. The major part of this increase was in the figures for measles which rose from 26 to 130. These figures may not be completely accurate, as returns of notifications of some of the common infectious diseases such as measles and scarlet fever are not always being made by general practitioners and our figures rely entirely on information sent in to the District Medical Officers. However, this has always been so and the general pattern of disease is reflected yearly in these returns.

The recrudescence of measles is disappointing, coming so soon after the introduction of a vaccination procedure against the disease, but may well be related to the difficulties of supply of the vaccine late in 1969 and early 1970. The withdrawal of one of the vaccines because of side effects arising from its use led to a shortage of supplies and also to some loss of confidence in the vaccine by the public.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1970

SANITARY DISTRICTS	Scarlet fever	Whooping Cough	Measles	Infective Jaundice	Dysentary	Food Poisoning	Tuberculosis Respiratory	Tuberculosis Other Forms	Acute Meningitis
Llanfyllin M.B.	1	-	18	1	-	-	-	-	-
Llanidloes M.B.	-	-	-	-	-	1	1	-	-
Machynlleth U.D.	-	-	-	-	-	-	-	1	-
Mortgomery M.B.	1	-	4	-	-	-	-	-	-
Newtown & Llanllwcha- iarn U.D.	-	-	20	1	-	1	1	-	-
Welshpool M.B.	2	10	51	-	-	-	1	-	1
Forden R.D.	1	6	9	-	-	1	-	1	-
Llanfyllin R.D.	6	-	13	-	-	1	1	-	2
Machynlleth R.D.	1	-	-	-	-	5	3	-	-
Newtown & Llanidloes R.D.	-	2	15	3	3	-	2	-	-
TOTALS	12	18	130	5	3	9	9	2	3

PART II

CARE OF MOTHERS AND YOUNG CHILDREN

CHILD HEALTH SERVICE:

The number of Child Health Clinics operating at the end of the year throughout the County was 14, and they are as follows :-

CAERSWS	Methodist Schoolroom	2.30	last Friday in each month
CREWE GREEN	Brynhafren School	3.30	Third Tuesday in each month
LLANBRYNMAIR	The Institute	2.30	Second Tuesday in each month
LLANDRINIO	Llandrinio Hall	2.00	Third Tuesday in each month
LLANFAIR CAER.	Health Clinic	2.30	Second & Fourth Tues. in each month
LLANFYLLIN	Health Clinic	2.30	Second & Last Tues in each month
LLANIDLOES	Health Clinic	2.30	Second & last Weds. in each month
LLANSANTFFRAID	Village Hall	2.30	First Tuesday in each month
LLANWDDYN	The Oaks	2.30	Second Friday in each month
MACHYNLLEITH	Health Clinic	2.30	Second & Fourth Tues. in each month
MEIFOD	Church Room	2.30	Last Friday in each month
NEWTOWN	Health Clinic	2.30	Every Wednesday in each month
TREWERN	Community Centre	2.30	First Thursday in each month
WELSHPOOL	Health Clinic	2.30	Every Friday in each month

Number of Children who attended During the Year

Born in 1970	.....	302
1969	.....	462
1965-68	.....	407
Total individual children	...	1171
Total attendances	...	4652

Attendances at Clinics in the County in the last Five Years:

	<u>1966</u>	<u>1967.</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Children under 1 year	... 303	282	324	354	302
TOTAL individual children	... 988	982	1014	1046	1171
TOTAL Attendances	4992	4746	4415	4800	4652

WELFARE FOODS:

The County Council continued to arrange the distribution of Welfare Foods to expectant and nursing mothers and children under the age of five years. This is carried out at the Child Health Clinics and at 21 other centres throughout the County, through the good offices of many voluntary workers and private individuals.

CONGENITAL MALFORMATIONS:

The Scheme whereby all children notified as having congenital abnormalities apparent at birth are reported to the Registrar General's Office, continued throughout the year. The information required is obtained from details entered on the notification cards completed by the midwife or doctor present at the birth.

Since 1964 the returns have been as follows :-

Number of Malformed Live and Stillborn Infants:-

<u>Year</u>	<u>No. of Malformed Live &amp; Stillborn Infants</u>	<u>Percentage Total Live &amp; Stillbirths</u>
1965	12	1.8
1966	19	3.0
1967	18	2.9
1968	16	2.6
1969	10	1.5
1970	9	1.5

The types of abnormalities notified are detailed below :-

<u>Abnormality</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
<u>Central Nervous System</u>						
Anencephalus	1	4	2	1	-	-
Hydrocephalus	1	3	2	-	-	-
Spina Bifida	2	1	-	2	2	-
<u>Alimentary System</u>						
Hare Lip and Cleft Palate	1	1	1	-	-	1
Anal Stricture	-	-	1	-	-	-
Oesophageal Atresia	-	1	-	-	-	-
<u>Heart and Circulatory System</u>						
Congenital Heart Defects	-	1	-	1	-	-
<u>Urino-Genital System</u>						
Hypopadias	-	-	-	-	-	2
<u>Limbs</u>						
Talipes	5	4	5	4	2	1
Polydactyly, Syndactyly	1	1	1	1	2	1
Reduction Deformities	-	1	2	-	1	-
Congenital Dislocated Hip	-	1	-	1	-	-
<u>Musculo Skeletal System</u>						
Malformation of Sternum & Ribs	-	-	-	-	-	1
<u>Other Systems</u>						
Defects of Skin	1	1	4	5	2	1
<u>Other Malformations</u>						
Down's Syndrome (Mongolism)	-	-	1	1	1	2

AT RISK REGISTER:

A central register is kept in the Health Department of those children who are considered to be at risk of developing any condition that might affect their development physically, mentally, socially and educationally. This register is compiled from information from many sources - birth notifications, hospital and general practitioners' reports, health visitors, midwives and parents.

Constant review is kept of these children and the register kept up to date by transfers to the register of handicapped children needing special help and facilities, or to the normal child health and school health records, whichever is indicated.

#### SCREENING TESTS - PHENYLKETONURIA:

Since 1961 a phenistix urine test has been carried out by the Health Visitors on every baby to screen for the presence of this metabolic disorder which, if untreated, results in the child growing up as a mentally handicapped person. Early detection and modification in diet can overcome this and enable the child to develop normally.

Recent changes in techniques in screening for this condition have been introduced, one being a blood test now used by many authorities.

In Wales the Welsh Hospital Board and the Welsh Office, in consultation with Professor Mahler at the Department of Metabolic Medicine in Cardiff, held a joint meeting with Medical Officers of Health to discuss proposals to designate Professor Mahler's laboratory as the regional laboratory to carry out Screening for Phenylketonuria by the Woolf Test.

The Scheme also covers screening for a number of other metabolic abnormalities, and it is hoped to be able to assess the incidence of inborn errors of metabolism in Wales, the significance of some of the, at present, less well documented and perhaps transient errors found, as well as to continue to provide early recognition and treatment for phenylketonuria.

Montgomeryshire joined the Scheme in July 1970 and urine specimens from each baby born are now sent to Cardiff for this detailed investigation. No abnormalities were reported in 1970 under these screening procedures.

#### NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1968

Under the above Regulations there are now nine Playgroups registered with this Authority, at Montgomery, Guilsfield, Kerry, Llangyniew, Llanfyllin (2), Welspool, Llanfair Caereinion and Churchstoke.

These groups are mainly held in village halls or old school premises and play an important part in bringing together pre-school children for organised play. Children have a basic need to learn from their environment and the world around them. The right type of play group provides an atmosphere in which they can develop their imagination, creative talent, learn to master materials and to co-operate with others in group activities and performs an invaluable task in introduction to the infant school atmosphere.

Child minders care for children in their own homes and three individuals have been registered in 1970 under this section of the regulations.

FAMILY PLANNING: The returns have been as follows :-

The arrangements agreed with the Family Planning Association whereby they act as agents for the County Council in providing a service at clinics in the County continued throughout 1970. In September the National Council of the Family Planning Association circulated to all authorities a National Family Planning Agency Scheme which they had drawn up in the light of their experience. The North Wales Branch of the Association expressed concern about the new proposals and wished to continue with the present agreement with the six North Wales Counties. However, the National body informed them that they must make new agreements under the proposed Agency Scheme.

Under the new scheme to be implemented from April 1st, 1971 the Family Planning Association will provide services on a per capita charge to the local authority and Montgomeryshire has agreed to a service being provided to all persons attending

- a) without restriction by residence.
- b) for free consultation and free supplies to medical cases; and free consultation only to non-medical cases

which provides a service corresponding to that already being given under the existing agreement.

Clinics in the County were held at

Newtown	The Health Clinic, Park Street	First, Third & Fourth Tuesday Evenings
Welshpool	The Health Centre, Salop Road	Every Tuesday Evening
Llanidloes	Out-Patients Dept., War Memorial Hospital	Second Friday in the month
Machynlleth	Out-Patients Dept., District Hospital	First & Third Tuesday Evenings

At the Annual Meeting of the Montgomeryshire Division of the North Wales Branch on March 2nd, the position at the clinic at Llanidloes was discussed. Only 9 patients were on the clinic register after nearly two years and it was felt that it was not a viable proposition to continue this clinic after the end of the month. An additional session was agreed at Newtown, making three clinics a month.

Provision is now available for the insertion of in-utero uterine types of appliances (I.U.D.) at Welshpool Clinic and this is carried out by appointment for patients attending from elsewhere.

Concern was also felt about the future of the clinic at Machynlleth where numbers attending were small.

The number of patients seen by the doctors at the clinics during 1970 were :-

New Patients	- 40	Total Visits	- 233
Old Patients	--126		

UNMARRIED MOTHERS:

Provision for the care of the unmarried mother wishing to have her child away from home has for many years been available at Bersham

Hall and during 1970 ten Montgomeryshire mothers were helped in this way.

It has become apparent, however, that in the North Wales Counties as a whole, the demand for places at Bersham Hall has dropped over the years and the cost of continuing this establishment was becoming uneconomic. Alternative facilities exist, provided by other organisations and these also are not fully utilised. Whilst the Montgomeryshire figures may not have changed much in the last few years, the average daily bed occupancy for the first six months of 1970 was 6 out of the 18 beds available.

Following discussions at the Management Committee it was recommended to all the constituent authorities that Bersham Hall cease to function as a Home for Unmarried Mothers as from 31st March 1971.

The number of admissions in recent years is :-

<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
7	12	8	6	11	11	10

#### MIDWIFERY:

Thirteen midwives were employed by the County Council during 1970 and particulars of qualifications are given on page 5.

#### ANTE-NATAL AND POST-NATAL CLINICS:

These were conducted by general medical practitioners at the local hospitals and their own surgeries. Close liaison was maintained between the various authorities concerned with the welfare of the expectant mother. District Nurse/Midwives also, in some districts, attend and assist at ante-natal sessions held at the general medical practitioners' surgeries.

#### ANTE-NATAL VISITS TO HOMES:

149 ante-natal visits were made by District Nurse/Midwives to patients in their own homes in 1970.

#### CONFINEMENTS:

Home confinements continue to be a very small proportion of the total and only twelve babies were delivered at home during 1970 out of a total of 591.

Whilst the duties of the midwife at confinements in the home has dwindled to such small proportions, the number of early discharges of mothers and babies delivered in hospital continues to rise. In 1970 323 mothers were discharged before the tenth day. These cases were nursed by the domiciliary midwives during the remainder of the lying-in-period. Good co-operation exists between hospital authorities and this department over the discharge of these patients and consideration is given to the suitability of the home conditions in each case before early discharge is agreed to.

Domiciliary and Institutional Confinements

Year	Total Births (Live & Still)	Domiciliary Confinements		Hospital Confinements	
		Number	Percentage of Total Births	Number	Percentage of Total Births
1939	709	504	71.1	205	28.9
1949	793	307	38.7	486	61.3
1959	716	160	22.3	556	77.7
1969	669	13	1.9	656	98.1

No. of Domiciliary Cases Attended by Midwives

	1964	1965	1966	1967	1968	1969	1970
Doctor not booked	3	3	2	-	-	2	2
Doctor booked	66	55	41	13	12	11	10
	<u>69</u>	<u>58</u>	<u>43</u>	<u>13</u>	<u>12</u>	<u>13</u>	<u>12</u>
Doctor present at delivery				4	3	3	4
Doctor not present				9	9	10	8
				<u>13</u>	<u>12</u>	<u>13</u>	<u>12</u>

Medical Aid was summoned twice under Section 14 (1) of the Midwives Act, 1951.

INHALATION ANALGESIA (GAS & OXYGEN, TRILENE)

Gas and Oxygen was administered to ten patients in 1970 in their own homes.

PETHIDINE:

Pethidine or Pethilorfan was administered to seven patients in 1970.

MATERNITY OUTFITS:

Maternity outfits were available free of charge of all women confined at home. The outfits contain dressings needed at the confinement and during the lying-in period. A modified pack is issued to mothers who are discharged early from hospital. Packs are also available on the ambulance.

CARE OF PREMATURE INFANTS:

Total numbers of premature live births notified during the year:

	1966	1967	1968	1969	1970
(a) Born at home	-	-	2	1	3
(b) Born in hospital	41	42	34	34	26
<b>TOTALS</b>	<b>41</b>	<b>42</b>	<b>36</b>	<b>35</b>	<b>29</b>
<u>Number born at home:</u>					
(a) Nursed entirely at home	-	-	-	-	-
(b) Died in first 24 hours	-	-	-	1	-
(c) Died 2nd to 28th day	-	-	1	-	-
(d) Survived at 28 days	-	-	1	-	-
<u>Number born in hospital:</u>					
(a) Died within 24 hours	1	3	2	1	1
(b) Died in 1 & under 7 days	1	-	1	-	-
(c) Died in 7 & under 28 days	-	-	-	-	-

## SUPERVISION OF MIDWIVES:

The Superintendent Nursing Officer continues to act as non-medical Supervisor of Midwives and carried out inspections of all midwives who have notified their intention to practice in this County.

## POST GRADUATE COURSES:

No District Nurse/Midwives attended approved refresher courses during 1970.

## HEALTH VISITING:

Particulars of Health Visiting Staff are given on page 5.

A Health Visitor is a woman who visits persons in their homes for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant and nursing mothers, and to measures necessary to prevent the spread of infection. The effect of the Section 11 of the Health Services and Public Health Act, 1968, is to widen the areas in which she may work by removing limitations conveyed by the words "at home". Health Visitors may be expected in the future to carry out their functions not only in peoples home but in doctors surgeries and health centres.

Attachment schemes to general practitioners are being widely developed throughout the country. In Montgomeryshire no formal attachment yet exists but steps towards this have been made at Welshpool with the development of the Health Centre concept there and it is envisaged that as Health Centres develop in other areas, Health Visitors will take their place in the team of doctors, nurses and other staff working from the centre.

Contact is made on a personal basis by the Health Visitors with the General Practitioners in the areas they serve but the number of direct referral of cases by doctors to the health visitors does not reflect in the statistics. This may partially be due to general practitioners traditionally making contact via the Health Department Offices and to the Health Visitors own laxity in classification in recording the type of visits made.

All the health visitors also act as school nurses under the School Health Service and their work in that sphere is reflected elsewhere.

<u>Cases Visited by Health Visitors During 1970</u>	<u>No. of Cases</u>	<u>Visits</u>
(a) Children born in 1970	549	3274
(b) Children born in 1969	468	2218
(c) Children born in 1965-68	1050	2702
	<u>2067</u>	<u>8194</u>
(e) Persons 65 and over	209	1141
(f) Persons included under (e) who were visited at the special request of a G.P. or hospital	16	
(g) Mentally disordered persons	70	269
(h) Persons included under (g) who were visited at the special request of a G.P. or hospital	-	-
(i) Persons excluding maternity cases, discharged from hospital (other than mental hospitals)	35	96
(j) Persons included under (i) who were visited at the special request of a G.P.	-	-
(k) Number of tuberculous households visited	67	196
(l) Number of households visited on account of other infectious diseases	8	10
(m) Problem families	31	246
(n) Any other cases	509	603
(o) Ineffective visits		925



REFRESHER COURSES FOR HEALTH VISITORS:

The Superintendent Nursing Officer, together with three Health Visitors, attended a Refresher Course in Shrewsbury from the 12th - 14th May, 1970. This Course was arranged by Salop County Council and the theme was "The Team Approach to the Future Pattern of the Community Nursing Services".

A Health Visitor... the purpose of giving advice... in the course of your visit... to visit the home of the patient... and to provide the patient with... The effect of the visit... in the home... in which the visitor... Health for 1968... to which the words "in home"... Health Visitors may be expected... in the future to carry out... the only important factor...

Assignment of health visitors... developed through the years... attachment of health visitors... with the development of the health visitor... it is envisaged that an... Health Visitors will have their... and other staff working...

Contact is made on a personal basis... when the general practitioners... in the area they serve... of about 2000 of cases to the health visitor... does not refer to the... general practitioners... Department Officers and to the Health Visitors... classification in recording the type of visits made...

All the health visitors... in the... and that... in... to others... health visitors...

(a) Children born in 1970  
(b) Children born in 1969  
(c) Children born in 1968

	1971	1972	1973	1974
(a) Persons aged 15 years and over	...	...	...	...
(b) Persons aged 15 years and over at the special review	...	...	...	...
(c) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(1) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(2) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(3) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(4) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(5) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(6) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(7) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(8) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(9) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(10) Persons aged 15 years and over at the special review who were visited	...	...	...	...
(11) Persons aged 15 years and over at the special review who were visited	...	...	...	...

### PART III

#### PREVENTION OF ILLNESS, CARE AND AFTERCARE

##### HOME NURSING:

The total number of patients nursed at home during 1970 was 1,885. This is slightly lower than last year and may well be due to the fact that nurses in certain areas are now attending patients at the Health Centre and the General Practitioners' Surgery.

The number of attendances for nursing treatment such as dressings, injections etc. at these centres during 1970 was 1,614.

Although the total number of patients nursed during the year has not increased, the total number of patients over 65 years has increased from 1,014 to 1,380 and the total visits to patients over 65 from 26,378 to 28,581.

The total number of nursing visits paid increased from 36,636 to 37,900.

Some progress has been made to further attachment of District Nursing Staff to General Practice and each scheme needs adequate preparation and discussions with Nursing Staff to prepare them for a closer working relationship with general practitioners and for any extension of rôle which may be envisaged in the formation of a Community Health Care Team.

The basis of each attachment would be a nurse or nurses, being responsible to a practice for all the nursing care required by the patients of the practice, irrespective of where the patients lived. This will mean that nurses will no longer be confined to geographical boundaries. Although we would not expect practitioners to alter their practice boundaries they possibly will eventually look more realistically at these when accepting new patients or when patients move out of their areas and still wish to retain their services.

Discussions with Nursing Staff continued and it is not surprising that anxieties arise regarding the change of pattern of Community Care but fears are being allayed by the enthusiastic reports from members of the nursing staff who are already attached to a Health Centre and who feel the sense of belonging to a Health Team.

Nearly all the equipment now used for domiciliary nursing is pre-packed and sterilised, such as syringes, catheters, gloves, dressings etc.

The demand continues to increase for Incontinence Pads, which are invaluable in the care of the incontinent patient at home and where, in a rural community such as this, it would be uneconomical to administer a laundry service.

The nursing staff hold a small supply of articles such as bedpans, back rests, urinals and polythene sheeting, for distribution to patients on loan. There is an increasing demand for home nursing aids and appliances such as beds, dunlopillo mattresses, commodes, walking aids, wheelchairs etc. and these requests are referred to the British Red Cross Society, who administer the service. The St. John Ambulance

Brigade also hold a certain amount of articles on loan. My thanks are again due to these Voluntary Societies for the way in which their officers deal with the requests.

HOSPITAL LIAISON SCHEMES:

It is also important where possible for nursing staff who are attached to General Practitioners to pursue their own special interests in hospital. Where patients are discharged from hospital on special treatment it is beneficial for the nurse and the patient for a member of the nursing team to visit hospital prior to his discharge in order to discuss his nursing care with the Hospital Nursing Staff.

NURSING STATISTICS:

	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
No. of persons nursed	1,667	1,727	1,767	1,953	1,885
No. of visits	34,905	33,279	35,217	36,636	37,900

	<u>No. of Persons</u>				<u>No. of Visits</u>			
	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Persons who were 65 or over at time of first visit	777	865	1014	1380	23715	25180	26378	28581
Children who were under 5 at time of first visit	192	148	150	161	767	423	455	373

IMMUNISATION AND VACCINATION:

The schedule of immunisation and vaccination procedures which are offered to all infants against a variety of conditions now includes a vaccine against rubella (German Measles).

In July 1970 the Welsh Office informed the local health authorities in Wales that on the advice of the Joint Committee on Vaccination and Immunisation they are recommended to offer vaccination against rubella to all girls between their 11th and 14th birthday and that initial priority be given to those in their 14th year. The purpose of this proposal is to ensure that as many girls as possible are offered protection against rubella before reaching child bearing age, because

of the association of certain congenital abnormalities with rubella infection during pregnancy.

Vaccine was not immediately available, but preparations were put in hand to carry out these vaccinations in the high schools as soon as was practicable in 1971.

The level of vaccination in the other groups showed no great change from previous years. Measles vaccinations were a little lower than in 1969 and reflect the difficulties that arose over supplies and the effect that the withdrawal of a batch of vaccine in 1969 had on the acceptance by the public of this particular immunisation procedure.

TABLE SHOWING THE NUMBER OF CHILDREN IMMUNISED AGAINST DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS, MEASLES & RUBELLA DURING 1970

Type of Vaccine	1970	1969	1968	1967	1963-1966	Others Under Age 16	Total
<u>Primary Courses:</u>							
Measles	2	143	127	53	119	20	464
Rubella						5	5
Diphtheria	20	369	38	6	13	2	448
Whooping Cough	20	368	38	5	13	2	446
Tetanus	20	369	38	7	14	8	456
Polio	18	368	37	7	22	6	458
<u>Re-inforcing Doses</u>							
Measles	-	-	-	-	-	-	-
Rubella	-	-	-	-	-	-	-
Diphtheria	-	6	38	6	327	22	399
Whooping Cough	-	4	15	2	18	1	40
Tetanus	-	6	41	7	347	61	462
Polio	-	5	21	5	358	24	413

TABLE SHOWING THE NUMBER OF CHILDREN VACCINATED AGAINST SMALLPOX DURING 1970

Age at date of Vaccination	0 - 3 mths	3 - 6 mths	6 - 9 mths	9 - 12 mths	1 - 2 years	2 - 4 years	5 - 15 years	Total
No. vaccinated	1	7	1	3	214	22	12	260
No. re-vaccinated	-	-	-	-	1	3	5	9

TABLE SHOWING THE PERCENTAGES VACCINATED FOR MONMOUTHSHIRE TOGETHER WITH THE EQUIVALENT NATIONAL FIGURES

	PERCENTAGE OF CHILDREN BORN IN 1968 AND VACCINATED BY 31.12.70			SMALLPOX (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
England and Wales	78	80	79	34
Wales	73	74	71	21
Monmouthshire	86	86	87	34

TUBERCULOSIS:

Over the past seven years there has been little change in the number of notifications of tuberculosis. It would appear that the benefits of the general improvement in living standards, the developments that have taken place in the services for diagnosis and treatment of the disease, and in preventative measures such as B.C.G. have reached their peak. The occasional case will continue to appear and remain a potential threat to the community if there is any slackening in our preventive measures.

11 cases were notified in 1970 and each case was followed up by a visit from the Health Visitor to have the contacts traced and to arrange for their examination by the Chest Physician. Works contacts were followed up by the District Medical Officers and, when necessary, arrangements made for screening of a group of contacts by the Mass Radiography Unit.

In only one case was it possible to trace with any degree of certainty the likely source of infection. In this instance a single man living at home with his parents, both of whom had been notified as having tuberculosis in recent years, was found to have also developed the disease. The close and frequent contact in a close family unit made it relatively clear that he was infected at home. In most other cases no contact history was obtained and no cause found on subsequent follow-up.

Two deaths occurred from tuberculosis, both in elderly people and in neither case diagnosed prior to death. Only at post-mortem was the true nature of their complaint ascertained. Perhaps a timely reminder that as tuberculosis becomes less common it may easily be overlooked in considering the nature of some ill defined symptomatology.

NEW CASES OF TUBERCULOSIS BY AGE AND SEX

	1969						1970					
	Pulmonary		Non-Pulmonary		TOTAL		Pulmonary		Non-Pulmonary		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F
0 - 1 year	-	-	-	-	-	-	-	-	-	-	-	-
1 - 5 yrs	-	-	-	-	-	-	-	-	-	-	-	-
5 - 15 yrs	-	1	-	-	-	1	-	-	-	-	-	-
15 - 45 yrs	2	1	-	-	2	1	3	-	-	1	3	1
45 - 65 yrs	2	2	-	1	2	3	2	1	1	-	3	1
65 & over	-	1	-	1	-	2	1	2	-	-	1	2
TOTALS	4	5	-	2	4	7	6	3	1	1	7	4

TABLE SHOWING ACTUAL NUMBER OF NEW CASES NOTIFIED AND DEATHS REGISTERED FROM PULMONARY AND NON-PULMONARY TUBERCULOSIS SINCE 1971

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1951	35	15	16	2
1952	42	11	6	2
1953	37	10	8	1
1954	37	6	8	1
1955	27	5	8	-
1956	25	9	4	-
1957	22	9	4	-
1958	16	10	3	-
1959	17	7	4	-
1960	13	4	2	-
1961	15	5	1	-
1962	14	7	-	-
1963	9	4	3	1
1964	6	5	4	-
1965	8	3	2	1
1966	13	2	3	-
1967	8	1	2	-
1968	10	1	1	-
1969	9	2	-	-
1970	9	2	2	-

B.C.G. VACCINATION:

Vaccination against tuberculosis, using B.C.G. vaccine, is offered to school children at the age of 13 years and is one of the most valuable weapons in the battle against tuberculosis, having played a substantial part in the reduction in the new cases of tuberculosis, particularly in the adolescent and young adult age groups.

TABLE SHOWING NUMBER OF CHILDREN TESTED AND VACCINATED WITH B.C.G. AT THE SCHOOLS MENTIONED

SCHOOL	Tuberculin Tested	Positive	Negative	Vaccinated With B.C.G.
Newtown High	138	19	114	112
Welshpool High	158	12	139	139
Llanfair High	-	-	-	-
Llanfyllin High	-	-	-	-
Machynlleth High	58	11	47	46
Llanidloes High	67	10	53	53
College of Further Education	4	-	4	4
Brynllwarch Residential	13	5	8	8
Cyfronydd Residential	-	-	-	-
TOTAL	438	57	365	362

### MASS RADIOGRAPHY:

The Welsh Hospital Board continued to provide a mobile unit in the North Wales area and visits were made by the unit during May to factories at Llanidloes, Newtown and Welshpool. A total of 1,144 people were x-rayed. No case of tuberculosis was reported as a result of these surveys.

Later in the year the unit was recalled to the Courty to x-ray contacts of a notified case of tuberculosis working at a factory not previously visited. On this occasion 38 contacts were examined and the opportunity taken to offer a chest x-ray to the staff at two newly opened factories on the same estate. A further 88 people attended as a result. Again no case of tuberculosis was found.

The future of this unit remained uncertain at the end of the year but it is hoped that facilities will remain available for the contact examinations of groups of people, as was possible in the above instance. To arrange for a large group of people to be x-rayed by the hospital service would be much more difficult, entail loss of working time and lower the effective response.

### AFTER-CARE OF CANCER CASES - THE MARIE CURIE MEMORIAL FOUNDATION:

The "Area Welfare Grant Scheme" continues to operate in the Courty to meet the urgent needs of necessitous cancer patients who are nursed at home. The principal aim of the Scheme is to give help "in kind" to a necessitous cancer patient immediately the need is apparent and without administrative delay.

During 1970 a supply of extra milk was supplied over a period of six months to one patient.

All district nurse/midwives are aware of the Scheme and are requested to make recommendations as and when necessary.

### HOME HELP SERVICE:

The Home Help Service continues to expand and, as will be seen by the figures given below, the number of persons receiving help has, over the last five years, increased by 50%. This is entirely due to the larger number of elderly persons receiving help.

TABLE SHOWING NUMBER OF HOME HELP CASES  
PROVIDED TOGETHER WITH COMPARABLE FIGURES  
FROM 1966

Year	Aged 65 & over	Under 65				Total
		Chronic Sick & T.B.	Mentally Disordered	Maternity	Other	
1970	379	20	9	4	11	423
1969	356	20	8	9	12	405
1968	333	25	9	8	19	394
1967	259	18	7	3	31	318
1966	216	19	12	15	21	283

No full-time Home Helps were employed, the service being run entirely by the employment of part-time helps. This involves more organisation but it has its advantages, the main one being that it is possible to help elderly persons in the mornings when it is most needed. Persons of extreme old age and handicapped persons require the Home Help to go in several times a day to attend to their needs. The number of Home Helps who are able to give this service is limited and such Helps are to be commended for the dedicated manner in which they discharge their responsibilities. The co-operation of the District Nurses in relieving Home Helps of occasional evening visits is much appreciated.

In some of the sparsely populated areas the recruiting of Home Helps is often difficult and the continuing reduction of public transport facilities creates a further problem. Home Helps using their own transport are paid mileage allowance and those using public transport receive reimbursement of fares.

During 1970 the number of visits made by the Home Help Organiser was 3,022. This included first investigations, subsequent supervisory visits to householders receiving help and to Home Helps in their homes.

#### HEALTH EDUCATION:

Health Education is considered to be an integral part of the work of each member of the field staff of the Department, be they health visitors, doctors, nurses, mental welfare officers, staff of training centres, dentists or chiropodist. All are encouraged to take part in organised lectures, discussion groups or demonstrations with the staffs of school and voluntary bodies and organisations who may call on them for assistance.

In schools medical staff and health visitors found ready co-operation from teaching staff and requests for assistance in talks and discussions on a wide variety of subjects are regularly received and responded to.

#### CHIROPODY:

Mr. E. Graham Jones left the County's service on 31st January following his appointment to a Senior post with the Salford Health Department. His successor, Mr. D.J. Williams, commenced duties on 16th March and has settled down in his post and maintained the service throughout the County.

Clinics have been held regularly throughout the County at Welshpool, Newtown, Llanidloes, Machynlleth, Llanfyllin, Llanfair Caereinion and Montgomery.

Domiciliary visits are made at the request of the general practitioners to patients who are so handicapped that they cannot leave their homes to attend at a clinic.



TABLE SHOWING FIGURES FOR TREATMENT  
CARRIED OUT AT VARIOUS CENTRES DURING  
THE YEAR 1970

Clinic	Old Age Pensioners		Registered Handicapped		Expectant Mothers	
	1969	1970	1969	1970	1969	1970
Newtown	593	501	3	2	-	--
Welshpool	493	437	5	1	-	1
Llanfyllin	376	239	-	-	-	-
Llanidloes	318	265	-	-	-	-
Machynlleth	197	199	-	1	-	1
Llanfair Caereinion	205	161	-	-	-	-
Mortgomerly	26	35	-	-	-	-
	2,208	1,837	7	4	-	2
Domiciliary Visits	198	156	7	3	-	-
Welfare Homes	142	143	-	-	-	-
	2,548	2,136	14	7	-	2

			<u>1969</u>	<u>1970</u>
TOTAL NUMBER of Treatments	.....	2,562	2,145	
TOTAL NUMBER of Patients	.....	518	731	

## PART IV

### MENTAL HEALTH SERVICE

Throughout 1970 the Mental Health Service continued to develop in every respect and the close working relationship between the staff and both the Psychiatric Hospitals that receive Montgomeryshire patients (Mid-Wales Hospital, Talgarth and Shelton Hospital, Shrewsbury) remained quite firm.

The Mental Welfare Officers regularly attend the Psychiatric out-patients clinics held in the County, weekly at Newtown Infirmary and monthly at Machynlleth; also weekly out-county at Oswestry with the respective Consultant Psychiatrist. This excellent working arrangement continues to prove of great benefit to Montgomeryshire patients attending these clinics and every opportunity is afforded them of forming a good relationship with the officer who may be concerned, under the guidance of the Consultant in supportive care in the community. So many social factors are involved in an illness of this nature which can be solved, or to some extent alleviated, by discussions with a Mental Welfare Officer at the out-patient clinic. Both Consultants have indicated how essential it is for the Mental Welfare Officer to be in attendance at each clinic session and have spoken very highly of the duties they perform in providing special reports and social case histories that contain valuable information (e.g. home circumstances and environmental factors, marital difficulties etc.) that may assist in the diagnosis and treatment of this illness.

The Mental Welfare Officers continue to attend the Psychiatric Hospitals at regular intervals and are encouraged in every way during ward rounds to discuss the treatment and progress of all Montgomeryshire patients. These visits, although time consuming, have proved most beneficial to the patients concerned, as it assures them of regular contact with someone in the community who can assist them in various ways, e.g. family counselling, preparing for their discharge home and return to their employment etc. Experience has shown that the Mental Welfare Officer is an important member of the team of responsible persons in the treatment of a psychiatric illness.

The good relationship with the family doctors in the County has been maintained to the full and this is evidenced by the number of requests from them for Mental Welfare Officers to investigate probable cases of mental illness. This service by the Mental Welfare Officers has proved invaluable and the Family Doctors throughout the County continue to voice their appreciation of this important part of a Mental Welfare Officer's duties.

Hospital case conferences are attended regularly by the Mental Welfare Officers at Talgarth and Shelton, where every encouragement and opportunity is afforded them to discuss the treatment of Montgomeryshire patients with the Consultant Psychiatrists.

Clinical presentations of patients continued at Shelton Hospital throughout 1970 at weekly intervals and were regularly attended by the Mental Welfare Officer. These meetings organised by Dr. M. David

Enoch continue to be of a very high standard, interesting and educative, bringing together all specialists in the medical field, as well as other workers dealing with psychiatric illnesses. The theme for 1970 was "Drugs in Psychiatry"; the speakers throughout the year included Professor Munro, Professor Trethowan, Dr. Bluglass - Consultant in Forensic Psychiatry, as well as other eminent Consultants from Paediatric, Geriatric and Drug Addiction Units. These meetings are followed by open discussion on all points raised and are beneficial in many ways from the point of view of diagnosis, treatment and the future care and management in hospital or community.

The quality of these clinical meetings is evidenced by the continued weekly attendance of members of the Medical Profession and ancillary workers.

#### SUB-NORMALITY AND SEVERE SUB-NORMALITY:

Throughout 1970 the Mental Welfare Officers carried out friendly supervision of 192 sub-normal persons in the community. An excellent relationship was maintained with the hospitals that accept these patients for long and short term care for treatment and holiday relief for families.

Out-patients' clinics were held regularly in the county by Dr. M. Craft, Consultant Psychiatrist for North and Mid-Wales, at both the Adult and Junior Training Centres as well as at both hospitals for the sub-normal within the county. This service is of vital importance, particularly to the young, retarded child and parents. Good relationship has been maintained with Dr. Craft and his co-operation and understanding with very difficult problems is greatly appreciated by all.

#### JUNIOR TRAINING CENTRE:

The 20 pupils attending the Junior Training Centre throughout 1970 included four children attending daily from Llys Maldwyn Hospital (in return the hospital is prepared to accept Montgomeryshire patients on a "weekly boarder" basis and to admit cases for short term care). All the children continue to show marked progress and are benefiting in every respect from the social contact and the teaching and training efforts of such understanding staff. The Parents, Teachers and Friends Association meetings were held at regular intervals and the general interest shown by all is greatly appreciated.

Thanks once more must be expressed to all the kind people who assisted during the pupils' holidays at Ty Gwyn, Llwyngrwl.

#### ADULT TRAINING CENTRE:

The Adult Training Centre continued to expand in every respect throughout 1970. Trainees attending increased to 46 and an additional member of staff was appointed as Craft Instructor.

The eagerly awaited purpose built centre to cater for the needs of up to 50 trainees was officially opened in December 1970 by Mrs. Emlyn Hooson. Many parents, friends and local industrialists attended, along with members of the County Council.

A new venture for the trainees in 1970 was a weeks stay at a Holiday Camp in Kent. This was made possible by the generous support of the Montgomeryshire Society for Handicapped Children, who provided

/both

both voluntary workers who helped with the care of groups of trainees, and financial aid to cover the costs of the venture.

The Centre held its Annual Fayre, Sports Meeting and Open Day which were all well supported, whilst other organised events such as Harvest Supper, Guy Fawkes Party, Garden Social and Christmas Sale gave the trainees and parents and friends attending every opportunity of meeting and working together.

The Christmas Celebrations were, once again, a great success, the trainees taking part in a concert and also a Nativity Play, followed by a party when presents supplied by the Montgomeryshire Society for Handicapped Children were distributed. Both the Society and the Parents' Association continued to give their much appreciated support throughout 1970, along with other organisations.

Throughout the year a small number of trainees were able to leave the Centre to take up employment in the community, which is a great credit to the Centre Staff and the Social Workers who work very closely together.

STAFF TRAINING:

One officer attending a Certificate in Social Work Course at Cardiff College of Commerce (2 year Course commenced September 1969).

Idris E. Evans

Senior Mental Welfare Officer

MENTALLY ILL PATIENTS ADMITTED TO HOSPITALS DURING 1970, DEALT WITH  
BY MENTAL WELFARE OFFICERS

	Male	Female	Total
Under Section 5 of the Mental Health Act 1959 (Informal)	24	38	62
" " 29 " " " " " " (Emergency)	7	6	13
" " 25 " " " " " " (Observation)	5	5	10
" " 26 " " " " " " (Treatment)	-	1	1
" " 60 " " " " " " (Court Order)	-	-	-
Patients discharged from Hospital (Requiring After-Care)	34	47	81
Patients receiving After-Care up to December 1970	57	78	135

NEW PATIENTS REFERRED TO THE HEALTH DEPARTMENT  
DURING 1969/70

	During 1969			During 1970		
	Male	Female	Total	Male	Female	Total
By General Practitioners	54	78	132	44	70	114
From Out-Patients Clinics	23	32	55	19	31	50
Police and Courts	11	4	15	5	1	6
By Others	25	23	48	13	23	36
Local Education Authority	5	4	9	10	3	13

VISITS MADE TO PATIENTS, TO RELATIVES AND OTHER AGENCIES  
ON THEIR BEHALF BY MENTAL WELFARE OFFICERS DURING 1970

NUMBER OF VISITS			NUMBER OF PATIENTS						
Investigations	Home Visits	Other Visits	SUBNORMAL AND SEVERELY SUBNORMAL			Mentally ill	Subnormal and severely subnormal	Total patients	Total visits
			Investigations	Home Visits	Other Visits				
84	1,554	378	18	528	87	154	188	342	2,649

MONTGOMERYSHIRE SUBNORMAL PATIENTS IN HOSPITAL UP TO  
DECEMBER, 1970

Brynhyfryd Hospital, Forden		Llys Maldwyn Hospital, Caersws		Oakwood Park Hospital, Corway		Garth Angharad Hospital, Dolgellau		Mid-Wales Hospital, Talgarth		Hensol Castle, Glam.	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
12	6	2	6	2	-	1	-	4	4	1	1

## PART V

### AMBULANCE SERVICE

The St. John Ambulance Brigade continued to provide a Voluntary Ambulance Service as Agents of the County Council for the period from January 1st to March 31st.

During this period preparations were made for the change over to full-time personnel on April 1st. 21 Ambulance Driver/Attendants were appointed in February, amongst them a number of experienced members of the St. John Ambulance Brigade. Four of these men were sent on a six weeks training course at the Glanorgan Ambulance Training School, Bridgend. The remaining men were given a few weeks intensive induction course and those not already holding a First Aid Certificate took the appropriate examination with the St. John Ambulance Brigade. By April 1st all the newly appointed staff held the appropriate certificate and were ready to take up duties on the road.

Four men attended a six weeks training course at the Cheshire Ambulance Training School later in the year and it is hoped to be able to send the remaining staff on this basic training during the forthcoming year.

The Ambulance Control continued in the Health Department Offices until September. Following the vacation by the Adult Training Centre of their old premises at Kirkdams Field, these were adapted to act as an Ambulance Station and County Control room, with the Ambulances stationed at Newtown garages in the adjacent building. Continued delays were experienced with the provision of the radio equipment at the Mochdre site and it was not until December that radio communications between Ambulance Control and the vehicle on duty was operational during office hours.

Emergency calls outside normal office hours at night and weekends continued to be dealt with by the Fire Service Control at Newtown. During 1970 1,013 calls were handled in this way and the help and co-operation of the Fire Service is greatly appreciated.

Ambulance Stations were set up at Newtown, Welshpool, Machynlleth (2 ambulances at each), Llanidloes and Llanfyllin (one ambulance).

Machynlleth, Llanidloes and Llanfyllin stations are based at the St. John Ambulance Headquarters with the kind co-operation of the Brigade. Difficulties arose in Welshpool and temporary garage accommodation had to be found and a room at County Offices made available for the man on duty. Plans were put in hand for a purpose built station at Welshpool and it is hoped that these premises will be ready in 1971. Permanent purpose built ambulance stations will be required in due course at each of the locations.

Three new ambulances were purchased during the year as replacements for vehicles that had given long service with the St. John Brigade.

### SITTING-CASE CAR SERVICE:

The sitting-case car service provided by voluntary car owners and commercial taxi owners had continued to carry a large percentage of persons requiring transport to and from hospital. With the introduction of full-time staff in the Ambulance Service it has been possible to utilise the ambulances for many of the local journeys and this is reflected in the statistical table on page

In this sparsely populated county with all the major hospital facilities outside the county boundaries, the use of sitting-case cars will remain a feature of the service as the most practical and economical way of dealing with many of the requests for transport.

### RAIL TRANSPORT:

On long distance journeys it is often quicker, more convenient and more economical to carry patients by rail. 172 patients were conveyed in this way in 1970 to hospitals in Birmingham, Oxford and London. The co-operation of British Rail and the Local Authorities at the receiving end is readily forthcoming and enables this service to function smoothly and efficiently.

### STATISTICAL INFORMATION:

<u>Hospital Journeys</u>	<u>1969</u>			<u>1970</u>		
	<u>Journeys</u>	<u>Mileage</u>	<u>Patients</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Patients</u>
St. John Ambulance Brigade	1,623	69,231	2,485	378	15,517	591
Full-Time Ambulance Staff	-	-	-	2,898	130,004	12,051
Sitting-Case Cars	6,795	372,911	28,422	4,347	289,966	17,773
Rail	84	10,936	124	112	14,794	172
<b>TOTAL</b>	<b>8,502</b>	<b>453,078</b>	<b>31,031</b>	<b>7,735</b>	<b>450,281</b>	<b>30,587</b>
Persons carried for other services - School Health, Training Centre, Chiropody, Welfare and Children's Dept.						
Full Time	-	-	-	387	8,982	2,311
Sitting- Case Cars	4,494	196,179	23,810	4,170	193,696	23,062
<b>TOTAL</b>	<b>4,494</b>	<b>196,179</b>	<b>23,810</b>	<b>4,557</b>	<b>202,678</b>	<b>25,373</b>
<b>GRAND TOTAL</b>	<b>12,996</b>	<b>649,257</b>	<b>54,841</b>	<b>12,292</b>	<b>652,959</b>	<b>55,960</b>

### SUMMARY OF THE SERVICE FROM 1950 - 1970

<u>Year</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Total Patients</u>	<u>Miles per Patient</u>
1950	2,183	119,290	2,408	49.5
1955	4,570	218,933	8,068	27.1
1960	6,322	316,060	17,580	18.0
1965	8,406	405,741	27,376	14.8
1970	12,292	652,959	55,960	11.6

The increase in total demand in 1970 has been slight and due almost entirely to the additional numbers of trainees at the Adult Training Centre.

PART VI

FOOD AND DRUGS ACT, 1955

Report of the Food and Drugs Inspector for the  
Year Ended 31st December, 1970

It is the duty of the Department to see that the general public receives adequate protection under the Food and Drugs Act.

Under Section 2 of the statute it is an offence to sell a food or drug which is not of the nature, substance or quality demanded by the purchaser. Every endeavour is made to sample a wide variety of foodstuffs and these are submitted to the Public Analyst at Chester for analysis. One must endeavour to be selective in the purchase of articles for sampling as the cost of analysis of each individual food sample has now risen to £5.65 per sample.

During the year under review 202 samples were taken for analysis, 145 being of milk and the remainder were miscellaneous foods and drugs. 143 samples of milk and 56 samples of food and drugs were reported as genuine. 10 of the milks reported as genuine were sub-standard in quality.

All non-genuine samples were investigated with the following results :--

<u>Sample</u>	<u>Nb.</u>	<u>Analyst's</u> <u>Report</u>	<u>Result of Investigation</u>
Milk	218	Deficient in fat and solids not fat	This was a sample of milk taken from a producer retailer which was deficient in both fat and solids not fat content. An appeal to cow sample was taken and this proved that the cows were giving milk of poor quality. The advisory service of the Ministry of Agriculture, Fisheries and Food were called in. Subsequent samples taken proved to be genuine.
Butter Shortcake	270	Butter Shortcake should contain at least 20% of butter- fat and no other fat	This informal sample reported as non-genuine was followed up with a formal sample which the Public Analyst certified as genuine.
Milk	272	Contained extraneous water	This was a sample of milk taken from a bulk tank and was found to contain 4% of extraneous water. All appeal to cow samples taken at the farm were reported as being genuine milk of good quality. Having regard to all the facts it was decided to issue a warning in this case.



### Milk samples - genuine but sub-standard

Milk which falls below the prescribed legal standard of 3% for fat and 8.5% for solids not fat but has not been adulterated in any way is described as genuine milk but sub-standard in quality.

All those in the dairy industry will realise that many factors affect the quality of milk but when milk falls below the standard it is often necessary for the farmer to have the advice of the milk advisory experts in order to find the quickest method of raising the quality of his milk. 9 samples of milk taken from retailers and one wholesaler were reported as genuine but sub-standard. The wholesaler's milk was only slightly below in solids not fat and he was advised accordingly. One retailer has stopped selling milk and in the other 8 cases follow up samples have been taken and reported by the Public Analyst as genuine.

### Milk Antibiotic Tests

All 52 samples of milk submitted for test were reported as satisfactory.

### Brucella Ring Test

In order to ensure that no infected milk is sold to the public several samples a year are taken from all retailers of untreated milk.

Where a sample is reported as positive a follow up visit is made to the farm and individual samples taken from all the cows in the herd. The farmer is advised to isolate all infected animals and to withdraw the infected milk from the main supply. Whenever brucellosis has been reported the farmer concerned has been most anxious to do everything necessary to see that the infected milk is not sold to the public.

Where milk is sold for pasteurisation there is no risk to the general public although the milk may be infected. In some cases, however, the farmer's own family may be drinking the infected milk and in such cases samples are taken from the herd to advise the farmer as to which cows are free from brucellosis.

230 samples of milk were submitted to the Health Laboratory at Shrewsbury on behalf of the County Medical Officer of Health. Of these samples 163 were taken from milk vendors selling milk direct to the public. 2 samples were reported as positive on the Brucella Ring Test and were followed up at the respective farms concerned where a total of 101 cows were tested and 3 positive results were reported.

One farm visited was from a producer who sends all his milk for pasteurisation but an investigation was carried out at the farm as the family consume a small quantity of the untreated milk. Nine individual cow samples were taken, one was reported as a doubtful positive and two as positive. The farmer was advised accordingly.

An investigation was carried out at another farm after a request by the Health Department. At this farm 7 bulk samples were initially taken from the 22 cows in the herd of which 4 samples were reported

/as positive

as positive. 16 individual cow samples were taken, 10 were reported as negative, 2 as doubtful positive and 4 as positive. The farmer was advised accordingly.

#### Milk (Special Designation) Regulations.

537 samples of milk were taken from licensed vendors during the year and sent to the Public Health Laboratory for the required keeping quality tests. Of this number 28 failed the test and follow up samples were taken from all these milk vendors. It was found necessary to give advice to one vendor on the method of storage of his milk cartons and in another case a full investigation was carried out at the farm subsequent to several samples failing the test.

The methylene blue test for untreated and pasteurised milk could not be carried out on 25 samples submitted as the atmosphere shade temperature at the time exceeded 70° F.

#### School Milk

25 samples of school milk were taken for the keeping quality test and all were reported as satisfactory.

L. O. BRIGHT

Food and Drugs Inspector

PART VII

SCHOOL HEALTH SERVICE

Registrar-General's Mid Year Estimate of Population, 1970 - 43,270  
Area of Administrative County 510,110 acres  
Number of children on School Registers at December 1970 :-

	<u>No. of Schools</u>	<u>No. of Children</u>
Primary Schools	63	4,518
Secondary Schools	6	3,166
Special Schools	2	99
	<u>71</u>	<u>7,783</u>

MEDICAL INSPECTION OF SCHOOL CHILDREN:

In 1970 periodic medical inspections of pupils were carried out at the following stages of a child's educational life.

- i) In the pupil's first year of attendance at school
- ii) In the pupil's last year of attendance at the primary school
- iii) In the pupil's last year of attendance at the High School.

In addition medical examinations were carried out on pupils who were missed at routine examinations the previous year.

"Re-inspections" were carried out on pupils found to be suffering from a defect requiring treatment or observation at previous inspections.

"Special Inspections" were carried out on pupils at the request of parents, teachers, health visitors, etc.

An invitation to be present during the inspection was sent to the parents or guardians of each child examined. Although attendance by the parents was good at inspections carried out in primary schools, few took advantage of this invitation in the secondary schools.

Parents were also requested to give details of any physical or mental conditions in their children that might have caused them concern so that the Medical Officer was made aware of any such condition should no-one accompany the pupil.

Lists of pupils suffering from defects requiring treatment or observation were sent to the Head Teacher and the School Nurse after the medical inspection.

Pupils found to require treatment for any defect (apart from those referred to Ophthalmologists because of an error of refraction) were initially referred to their family doctors and, subject to the approval of the general practitioners concerned, appointments were made with the appropriate Consultants by the Health Department.

Copies of reports on children referred were obtained in the majority of cases.

The following inspections were carried out on pupils attending maintained schools in the County.

	<u>1968</u>	<u>1969</u>	<u>1970</u>
Periodic Medical Inspections	1801	1908	2061
Re-inspections	1143	1530	1387
Special Inspections	23	51	45

DEFECTS FOUND AT PERIODIC MEDICAL INSPECTIONS  
DURING 1970 BY YEAR OF BIRTH

Age Groups Inspected (By year of Birth)	No. of Pupils Medical-ly Examined	Physical Condition of Pupils Inspected		Pupils found to require treatment (excl. dental diseases & Infestation with Vermin)		
		Satis- factory	Unsatis- factory	For defec- tive vision (ex. Squint	For other condition recorded at Part II	Total Individual Pupils
		No.	No.			
1966 & over	61	61	-	4	3	7
1965	346	344	2	12	33	41
1964	181	179	2	8	17	22
1963	39	38	1	1	7	7
1962	41	41	-	2	2	4
1961	43	43	-	-	1	1
1960	207	205	2	3	16	15
1959	293	293	-	10	10	19
1958	201	201	-	8	8	15
1957	66	66	-	4	3	7
1956	49	49	-	2	2	4
1955 & earlier	534	534	-	20	19	38
TOTAL	2,061	2,054 99.6%	7 0.4%	74	121	180

DEFECTS FOUND AT PERIODIC AND SPECIAL INSPECTIONS  
DURING 1970 BY TYPE OF DEFECT

Defect Code No.	Defect or Disease		Periodic Inspections			Total	Special Inspection
			Entrants	Leavers	Others		
4	Skin	T	-	2	3	5	-
		O	24	18	17	59	-
5	Eyes - a) Vision	T	24	20	30	74	2
		O	90	65	92	247	-
		T	8	-	4	12	1
		O	23	4	15	42	1
6	Ears - a) Hearing	T	-	-	1	1	-
		O	-	-	3	3	1
		T	5	-	2	7	-
6	b) Otitis Media	O	29	3	19	51	1
		T	1	-	-	1	-
		O	12	2	2	16	-
6	c) Other	T	1	-	1	2	-
		O	3	-	2	5	-
7	Nose and Throat	T	6	1	4	11	-
		O	109	33	53	195	-
8	Speech	T	12	1	1	14	-
		O	12	1	12	25	-
9	Lymphatic Glands	T	-	-	-	-	-
		O	35	4	12	51	1
10	Heart	T	1	3	4	8	-
		O	18	7	16	41	-
11	Lungs	T	2	-	2	4	1
		O	14	9	12	35	-
12	Developmental - a) Hernia	T	4	-	2	6	-
		O	7	1	2	10	-
		T	5	1	13	19	-
12	b) Other	O	27	5	22	54	-
		T	1	2	-	3	-
		O	4	12	16	32	-
13	Orthopaedic - a) Posture	T	3	6	7	16	1
		O	22	21	29	72	1
		T	1	1	1	3	-
13	b) Feet	O	8	7	4	19	-
		T	-	-	-	-	-
		O	3	3	5	11	-
14	Nervous System	T	-	-	-	-	-
		O	1	1	5	7	-
		T	-	-	1	1	-
15	Psychological -	O	13	1	10	24	1
		T	1	1	3	5	1
		O	13	-	7	20	2
16	Abdomen	T	-	-	-	-	-
		O	7	1	5	13	-
17	Other	T	-	1	-	1	-
		O	-	-	4	4	-

#### GENERAL PHYSICAL CONDITION:

School medical officers are asked to assess clinically the "General Physical Condition" of each pupil examined at the periodic medical inspections in terms of satisfactory or unsatisfactory. The number of children whose condition was considered to be unsatisfactory was again small. Each of these children is followed up by the School Health Visitor and Medical Officer to try and remove the underlying causes of their unsatisfactory condition, whether they be social or physical. Efforts are then made to build up improved standards of care in the home so that the child's future development does not continue to be adversely affected.

	<u>1968</u>	<u>1969</u>	<u>1970</u>
Percentage of pupils considered unsatisfactory	0.72%	0.58%	0.4%
Percentage of pupils considered satisfactory	99.28%	99.42%	99.6%

#### CLEANLINESS AND INFESTATION:

Regular visits are made to the schools by the Health Visitor to carry out cleanliness inspections, to detect any evidence of infestation and to advise on the general cleanliness and personal hygiene of the pupils.

The families of children found to be infested are visited and parents instructed how to cleanse their children. Parental co-operation in the majority of cases is readily forthcoming and it has not been necessary to take further action against parents for failing to carry out the required treatment.

	<u>1968</u>	<u>1969</u>	<u>1970</u>
Nb. of individual inspections of pupils by school nurse	8,448	9,279	9,843
Nb. of pupils found to be infested	37	45	76
Nb. of cases of scabies	-	8	1

#### DEFECTIVE VISION:

Routine vision testing is carried out on all children shortly after entry to the infant school and at intervals during the school life. Any children found to have defective vision requiring further clinical assessment or treatment are referred to the Consultant Ophthalmologist.

This service is provided in part by the Hospital Consultants, Mr. Coan at the Victoria Memorial Hospital, Welshpool and Dr. Kenyon Jones at the Montgomery County Infirmary, Newtown and also at the County Eye Clinics held by Dr. Mary Rowland Hughes in Welshpool and Newtown.

The numbers of such children referred for appointments at the Eye Clinics are shown in the following table.

	<u>1968</u>	<u>1969</u>	<u>1970</u>
No. of pupils dealt with at clinics for errors of refraction, squint and other eye conditions	450	550	704
No. of pupils for whom spectacles were prescribed	208	271	322

Children requiring operative treatment for squints or other eye conditions are treated at Dronglais Hospital, Aberystwyth, the Maelor General Hospital, Wrexham, or the Eye, Ear and Throat Hospital, Shrewsbury.

Orthoptic exercises are carried out at the Montgomery County Infirmary, Newtown, in conjunction with the clinics held there.

Routine colour vision tests are given to all boys during their last year in the primary school. Testing at this stage enables the child and his parents to be aware of this handicap well in advance of any decisions as to choice of career and advice can be given early about types of occupation that are unsuitable for those unable to identify certain colours.

#### DEFECTIVE HEARING:

351 children were given audiometry screening tests at 25 decibel level and 44 children who failed this test were referred for more detailed testing. Of 56 children examined by medical officers for more detailed tests, 19 were discharged as having hearing within normal limits, 29 were placed under observation and 8 referred to hospital E.N.T. clinics for treatment.

Hearing aids were issued to 3 pupils during the year and 22 children with hearing aids were attending school in the county. 4 pupils with more severe hearing losses were being taught in special schools for the deaf or partially hearing.

A new advance in this field was the introduction in one of the County primary schools of a type of portable radio aid designed for use by a partially hearing pupil and class teacher. This has proved of great benefit to the child and staff concerned and a further trial is being given the use of this equipment with a child in one of the secondary schools.

Representatives of the six North Wales Local Education Authorities met during the year to discuss provisions for the deaf and partially hearing child in the area and proposals were put forward to establish an integrated service, along similar lines to the North Wales Child Guidance Service. The service would include the provision of peripatetic teachers of the deaf, employed by individual authorities, a diagnostic unit with hostel accommodation and teaching units associated with primary schools in the various authorities. Montgomeryshire has approved this in principle and during the forthcoming year will be making provision for the appointment of a peripatetic teacher of the deaf.

#### SPEECH THERAPY:

The provision of facilities for advice and treatment of children with difficulties of communication by means of speech is an essential part of the school health services. Difficulties with speech develop-

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ment may arise from many causes, prolonged illness and hospitalisation during early infancy, slow development, emotional causes, lack of motivation, mixed languages in the home, as well as any physical causes and associated hearing defects.

Miss Evans in her report makes the following observations :-

This year by reducing the number of school visits to a minimum and increasing the number of clinical sessions held in Newtown and Welshpool, it has been possible to reduce the waiting list of children in need of therapy.

The number receiving treatment remains constant. Broadly this number could be subdivided into short term and long term patients. The typical defect of the former being a mild articulatory disorder which may interfere with reading and writing ability rather than impede communication. The patients attending on a long term basis have multiple difficulties caused by a number of factors including physical abnormalities, hearing loss, low intelligence and, in many cases, a poor general environment with lack of motivation or interest in speech. The results are that language development is retarded and becomes inadequate as a tool of communication and articulation defective to a degree where the child may be unintelligible.

Of the total number of children receiving therapy, approximately 23 would benefit from intensive treatment. The ideal would be for a group of children with similar disorders to receive daily therapy, further reinforced by others in the child's environment. The practical problems of organising such a system are difficult in a county where the children requiring this treatment are so widespread, but it is a thought for the future.

The following table gives the numbers for the year ending  
31st December, 1970

		<u>1969</u>	<u>1970</u>
Awaiting Therapy	.....	44	27
Receiving Therapy	.....	57	57
Deferred Cases	.....	53	55
Discharged Cases	.....	82	77

Awaiting Therapy:

Where it is possible, all the children referred for Speech Therapy following School Medical Inspection, make one visit to the clinic, or are visited in school for assessment purposes. This enables the more urgent and severe cases to receive priority treatment. It also provides a valuable opportunity for parents and therapist to meet and discuss the child's speech problems; and the therapist may offer suggestions and advice which may be of benefit to the parent in helping them to treat the child's speech defect themselves.

Deferred Cases:

These may be subdivided into two groups. Firstly children who have received weekly treatment are placed under review and seen periodically prior to being discharged. Secondly, children who, following the initial interview of assessment, are to be seen periodically only, the therapist having decided that weekly therapy is not indicated, the defect in this case is usually mild.



#### HANDICAPPED PUPILS:

The Local Education Authority has the duty to ascertain the educational needs of those who are handicapped by some physical or mental defect.

Whenever possible, every effort is made to enable such pupils to continue education in the ordinary schools and we are indebted to the staff of the schools in this County who are only too willing to make every effort to help a handicapped child continue his education in as normal a way as possible. Where this is not practicable, special educational facilities must be provided. In this County, with its scattered population, day schools or classes are not practicable for the small number of children concerned and residential placement is therefore necessary.

#### BLIND PUPILS:

Of the two blind pupils from the County being educated in special residential schools, the girl's family moved out of the area during the year and is no longer our responsibility. The young boy who was admitted to Lickey Grange School in January 1970 has settled in well and has become a lively, happy member of his class and the school reports on his progress are very encouraging. A special Braille writing machine was purchased for his use, both at school and at home and he is reported to have quickly mastered the Braille alphabet and to enjoy using his Perkins Writer to write his own news.

#### PHYSICALLY HANDICAPPED PUPILS:

Five children from the County are now receiving their education at the North Wales School for the Physically Handicapped, Yscol Gogarth, Llandudno. A number of children with moderate handicaps have continued their education in the ordinary schools in the County and in general the teaching staff are most co-operative and anxious to do all they can to help. In one particular instance during this year where a handicapped child was transferring from junior to secondary school levels, meetings were held with medical and teaching staff in both schools and the parents, to discuss the problems that might arise, and a review of the high school buildings was carried out. Some minor physical alterations in the school, such as extra handrails at stairs were recommended and put in place during the holiday break so that every facility was present to help the pupil move around the school building.

#### HOME TUITION AND SPECIAL SCHOOL TRANSPORT:

A small number of children may require tuition at home, being unable because of ill-health, to attend at ordinary or special schools. This is, in the main, a temporary expedient covering a period of months. It is of value to the child's physical recovery, by providing mental stimulation and overcoming long periods of boredom and it also prevents the child falling too far behind with his studies and being unduly handicapped on return to normal school. The number of pupils provided with home tuition during 1970 was 2.

Other children, whilst fit to attend classes at school, may yet not be able to travel to and from school unless provided with transport. If this is recommended by the School Medical Officer the Authority are

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very ready to respond to this need. During 1970 the Medical Officers recommended that 19 children should be conveyed to school on medical grounds.

EPILEPTIC CHILDREN:

The great majority of children suffering from epilepsy can be educated in the ordinary school situation. The school medical officer has a part to play in explaining the child's condition to the school teacher and ensuring the correct balance between over protection and exposing the child to undue risks, particularly in activities where sudden loss of consciousness would involve risk or possible injury. The number of children known to the Authority as suffering from epilepsy and attending the ordinary schools during the year was 33.

TABLE SHOWING CHILDREN NEWLY ASSESSED IN THE VARIOUS CATEGORIES OF HANDICAPS DURING THE YEAR AND THE TOTAL NUMBER OF CHILDREN IN SPECIAL RESIDENTIAL SCHOOLING

TABLE A

	Blind	Part. Sight	Deaf	Part. Hear.	Phys. Handi.	Delicate	Maladjusted	E.S.N.	Epileptic	Speech Disorders	TOTAL
Boys	-	-	1	-	-	-	2	14	-	-	17
Girls	1	-	-	-	-	-	1	2	-	-	4

TABLE B  
Children Newly Placed in Special Schools

1) Those included in (A) Above

Boys	-	-	-	-	-	-	1	3	-	-	4
Girls	-	-	-	-	-	-	1	1	-	-	2

11) Those Assessed Prior to January 1970

Boys	1	-	-	-	-	-	1	1	-	-	3
Girls	-	-	-	-	-	-	-	1	-	-	1

111) Total

Boys	1	-	-	-	-	-	2	4	-	-	7
Girls	-	-	-	-	-	-	1	2	-	-	3

TABLE SHOWING SPECIAL SCHOOLS AND  
INDEPENDENT SCHOOLS AT WHICH MONTGOMERYSHIRE  
CHILDREN ARE ACCOMMODATED

	Jan. 1st 1970		Admitted During Year		Discharged During Year		Dec. 31st 1970	
	B	G	B	G	B	G	B	G
<u>Deaf Pupils</u>								
Royal Residential School Old Trafford, Manchester	1	1	-	-	-	-	1	1
Larchmore School, Stoke Poges, Bucks	1	-	-	-	-	-	1	-
<u>Partially Deaf Pupils</u>								
Summerfield House, Lower Howsell, Malvern	1	-	-	-	1	-	-	-
<u>Educationally Sub-Normal Children</u>								
Drynllywarch Residential School	31	-	4	-	9	-	22	-
Cyfronydd Residential School	-	8	-	1	-	2	-	7
Children's Hospital, Eryri Hospital, Caernarvon	3	1	-	-	1	-	2	1
<u>Physically Handicapped Pupils</u>								
Ysgol Gogarth, Llandudno	2	3	-	-	-	-	2	3
<u>Maladjusted Pupils</u>								
Gwynfa Residential Clinic, Old Colwyn	1	-	2	1	-	-	3	1
<u>Blind Pupils</u>								
Ysgol Perybort, Bridgend	-	1	-	-	-	1	-	1
Lickey Grange School for the Blind, Bramsgrove.	-	-	1	-	-	-	1	-

### EDUCATIONALLY SUBNORMAL PUPILS:

Educationally subnormal pupils by definition are those pupils "who by reason of limited ability or other conditions resulting in educational retardation, require some operational form of education." Such children form in the region of 10 per thousand of the actual population. 73 pupils are on the register as having been ascertained educationally subnormal and 57 recommended for admission to special schools.

Residential schooling is provided by the Authority for boys and girls at the schools at Brynllwarch, Kerry and Cyfrondd respectively. These schools take in pupils from outside Montgomeryshire and the numbers in residence during 1970 from the various counties are shown below :-

#### CYFRONDD

Montgomeryshire	7
Derbichshire	4
Merionethshire	8
Herefordshire	4
Flintshire	7
Caernarvonshire	3
Radnorshire	2
Breconshire	1

#### BRYNLLWARCH

Montgomeryshire	22
Derbichshire	6
Merionethshire	5
Herefordshire	3
Flintshire	11
Caernarvonshire	2
Radnorshire	4
Breconshire	1
Anglesey	2
Cardiff	1
Newport	1
Cardiganshire	1
Shropshire	1
Plymouth	1

Many Montgomeryshire children do not obtain the benefit of these schools because their parents refuse to accept residential treatment. It would be to their advantage if provision could be made for attendance on a day basis for children from this County, except in those cases where there was a definite need to remove the child from the home background. The present age of admission to the school means that children ascertained in the infant and early primary school stage must continue in the ordinary schools. The teaching staff of the primary schools co-operate very willingly in doing all they can to help these children but cannot give the child all the attention it may need. I would like to see the age level for admission brought down to the age of transfer from infant to junior school.

	1969			1970		
	Boys	Girls	TOTAL	Boys	Girls	TOTAL
Number of pupils submitted to mental tests by Medical Officers	29	8	37	41	9	50
Number recommended for admission to Special Schools	5	1	6	14	2	16
Number admitted to Special Schools	3	1	4	3	1	4
Number reported to Local Health Authority under Sec. 57 of the Education Act 1944 as requiring friendly supervision on leaving school.	5	2	7	5	2	7

#### SEVERELY SUBNORMAL CHILDREN:

At present children who are so severely handicapped that they cannot benefit from schooling in the Educationally Subnormal Schools are cared for in the Junior Training Centre at Newtown.

The Education (Handicapped Children) Act, 1970 made provision to bring these children into the field of the Education Authority for provision of their teaching and training. In Montgomeryshire this includes not only children attending the Junior Training Centre but also the responsibility for the Education of the Children at Llys Maldwyn Hospital for the Subnormal at Caersws.

Meetings were held in the closing months of 1970 with the representatives of the Hospital to consider means of implementing the new Act.

A plan has been put forward comprising the formation of a new special school to take in both the Training Centre and the Hospital and to allow flexibility of movement of both staff and children between the two. The implementation of the new arrangements dates from April 1st, 1971 and from then onwards will be an Education Authority responsibility. This brings to fruition many years of working towards the ideal of all children being provided with educational facilities commensurate with their abilities and no longer will any child be labelled as unsuitable for education.

#### HANDICAPPED SCHOOL LEAVER:

The co-ordinating Committee for the Handicapped set up in 1969 has met at regular intervals throughout the year. An additional member of the Committee has been the newly appointed Specialist Careers Advisory Officer to North Wales with responsibility for the handicapped.

24 individual cases have been discussed. Of these 12 have been placed in jobs, three have gone on to the College of Further Education, two have been admitted to the Adult Training Centre, two have left the area and efforts are still being made to place the others in suitable posts. Each placement in a suitable job has entailed a considerable amount of effort on the part of the Careers Officer and in some cases the Disablement Resettlement Officer and the difficulties of a scattered population in an area of limited work opportunities in general does not help. However the overall problem has been one of encouragement and it is hoped that the more difficult placements will eventually be satisfactorily catered for.

#### CHILD GUIDANCE SERVICE:

Difficulties in staffing of the service persisted into the year and were reflected in the number of clinics held in the County in 1970.

Number of Clinics Held - 16 - 32 Sessions

<u>Attendances</u>	<u>New</u>	<u>Further</u>	<u>Total</u>
Seen by Psychiatrist	11	91	102
Seen by Psychologist	2	-	-
Parents Seen by Social Worker	18	103	121
No. of individual children seen -	26		
Educational Referral to Psychologist -	30		

GWYNFA RESIDENTIAL CLINIC:

Three children were admitted for periods of treatment to the residential unit at Gwynfa during the course of the year. One was discharged and two remained in residence at the end of the year.

OTHER SERVICES

Medical Examination - New Members of the Staff:

Arrangements are made for the clinical examination and x-ray of the chest of every newly appointed teacher and canteen worker. The purpose of these examinations is to ensure, as far as possible, that the person concerned is (a) physically fit for the appointment concerned, (b) in the case of candidates taking up their first appointment as teachers, are suitable for inclusion in the Superannuation Scheme, and (c) that the person concerned is, at the time of appointment, free from infectious pulmonary diseases.

The following table shows the number of such examinations during the year 1970 :-

	<u>Males</u>	<u>Females</u>	<u>Total</u>
School Teachers	20	25	45
School Canteen Workers and Supervisory Assistants	-	40	40

Training College Entrants:

Arrangements are also made to submit to a clinical examination and chest x-ray examination applicants for admission to Training Colleges and others who last attended school in this County. These arrangements are made on behalf of the Ministry of Education. The clinical examinations are carried out by the Medical Officers of the Local Education Authority and the chest x-rays at the nearest suitable Mass x-ray unit. The number of persons examined by Medical Officers during the year under review was as follows :-

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Applicants for admission to Training Colleges	17	34	51

Seventy-one other persons were examined on their appointment to the staff of other Departments of the County Council and thirteen firemen were examined on behalf of the Denbighshire and Montgomeryshire Joint Fire Service.

School Meals Service:

At present, Pengbortfawr Church School is the only school in the County which receives the mid-day meal from another school. All the remaining schools in the County have canteens, or share a canteen with another school.

The following table shows the number of children attending school on a specified day and the number of those children taking meals on the same day :-

	<u>1969</u>	<u>1970</u>
Number of children present	6,918	7,165
Number of children taking meals	6,157	6,179
Percentage of children taking meals	89.6%	86.2%

Milk in Schools Scheme:

The following table shows the number of primary and special school children receiving milk under the Scheme on a specified day and the type of milk received :-

	<u>1969</u>	<u>1970</u>
Number of children present	4,140	4,143
Number of children receiving milk	3,728	3,716
Number of children receiving -		
(a) Pasteurised milk	3,728	3,716
(b) Sterilised untreated milk	Nil	Nil
(c) Milk Tablets	Nil	Nil
(d) Dried Milk	Nil	Nil
Percentage of children receiving milk	90.4%	89.7%

All the milk supplied under the Milk in Schools Scheme is pasteurised milk supplied in one-third pint bottles. Samples of milk provided under this Scheme are submitted to the Phosphatase and Methylene Blue Tests periodically.

School Clothing Grants:

Grants have been made in necessitous cases for the provision of clothing to school pupils as follows :-

	<u>1969</u>	<u>1970</u>
Number of Grants	68	34

REPORT ON AN INVESTIGATION INTO A SUSPECTED OUTBREAK OF FOOD POISONING

In July 1970 investigations were carried out into an outbreak of vomiting and abdominal pain amongst pupils at an infants school in the County.

Twenty five children were taken ill during the night with a history of vomiting and abdominal pains but no diarrhoea was reported. Most of the children were fit to return to school within two days.

Investigations were made into the school dinner served on the day of the outbreak.

Specimens were sent for bacteriological examination from all the affected children and the staff of the canteen; from the water supply, and from the food remaining from the meal. No pathogenic organisms were isolated.

No further cases of illness occurred in the school but similar cases of illness amongst the general public in the area were subsequently reported during the following week.

No definite conclusions as to the nature of this illness can be made but a virus infection was not ruled out by the investigations above. In view of the rapid recovery and cessation of the outbreak no further investigations were carried out.



PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT  
FOR THE YEAR ENDING 31st DECEMBER, 1970

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I have the honour to present my ninth Annual Report.

It was a matter of some concern when Dr. Davies Thomas was taken very ill towards the end of the year. He had been working in a part-time capacity as Dental Officer in the Machynlleth Clinic since his retirement as Principal School Dental Officer in 1962 and had maintained a service in this area during a difficult staffing period. It is reported that he has made very good progress since then but it is not surprising that he has finally submitted his resignation after a total of eighteen years service. I am sure members will join me in wishing him a very happy retirement and good health in the years to come.

Another loss to the Dental Staff came towards the end of the year when Miss C.A. Davies resigned from her post as Dental Surgery Assistant at the Welshpool Clinic. Although she only held the post for a short while she was an enthusiastic member of staff and succeeded in passing her Dental Assistant's Examination during the time she was with us.

The loss of Dr. Davies Thomas from the staff has meant a decrease in the whole time equivalent of Dental Officers from 3.5 to 3.2 but as the Establishment is at present only for three full time dental officers and a part-time orthodontist, it is not going to be possible to replace this part-time dental officer at Machynlleth. Mr. Riches has agreed to take over this clinic in addition to his Llanidloes and Llanfair Caereinion Clinics, which means that he will have the dental care of some 2,500 school children covering a very large area of the County and involving him in a great deal of unproductive travelling time. This reduction in effective manpower is bound to cause a reduction in the amount of dental care that it will be possible to give in 1971. It is pertinent, therefore, to examine the degree of coverage that it has been possible to provide in 1970 before making any recommendations for the future.

In 1970 7,279 school children were inspected in the County - virtually the whole school population. Of these 5,758 (79%) were found to have dental defects of one sort or another. A proportion of these were so minor that treatment was not considered necessary and another proportion were already obtaining regular treatment from the General Dental Services. Treatment, therefore, was offered to the remaining 4,121 and of these 3,191 (77%) were recorded as receiving treatment through the school dental service. This figure of 77% roughly corresponds to the acceptance rate as recorded at the time of the school dental inspection, as the number of parents intimating that they wished their children to have treatment from the School Dental Service. Of the remaining 930 children a very large proportion stated that they intended to seek treatment elsewhere and in many cases the visit of the School Dentist did fulfil its purpose in that it prompted a visit to the General Dental Surgeon. There are, however, still a few 'hard core' cases where no treatment is being given nor is it in fact desired. These cases cannot be many in number and our constant aim is to reduce them to such a minority that they themselves will eventually recognise the oddity of their behaviour. Dental Health Education and regular visits by the School Dental Officer will go a long way towards achieving this aim. It is gratifying to find that

in recent years those children (of all ages) who attend the clinics during holiday periods, i.e. without the impetus of their Head Teachers, do so very willingly and a considerable reduction in failed appointments at these times is now apparent in most areas.

The statistics generally are similar to 1969 but an increase in the amount of work on deciduous teeth shows that more work has been done this year on the younger children. The number of treatment visits for the 5 - 9 age group has increased from 2,587 to 3,757 but at the same time the other age groups have not suffered any reduction. The number of permanent teeth filled remains very much the same again this year and the ratio of permanent teeth filled to those extracted (7.2 : 1) was exactly the same as in 1969. The last reported National figures for this ratio in "The Health of the School Child, 1966-68" was 6.2 : 1 for England and only 4.3 : 1 in Wales. A National comparison of the amount of work done in the last few years shows that our dental officers were working something like 30% harder per treatment session than their colleagues in the rest of England and Wales but, at the same time, barely coming with the problem. I would hesitate to ask them to do more than they are already doing but with a staff reduction and an increase in school population imminent, it is quite clear that there will be more work to be done per dental officer in the course of the next few years unless there is an increase in our establishment.

As far as the clinics are concerned it was heartening this year to have agreed a planned phased programme of re-equipping of all the six static clinics and plans are going ahead to completely modernise the surgery layout at Llanidloes Clinic, the clinic which was in most need. I hope to report progress on this matter in my next Annual Report. Llanfair Caereinion Clinic remains a problem in that although it is ideally situated in relation to the High School pupils, it is in a poor situation within the school and has very limited accommodation. Mr. N.J. Riches who uses this clinic has this to say in a report on the subject, "A surgery situated directly above the boiler room, having a temperature in the 90<sup>o</sup>s at times, and a 'waiting room' which is, in fact, three benches in a poorly lit, draughty corridor, is conducive to neither good dentistry nor a calm, relaxed patient. Young children coming in groups from the outlying schools may have to wait for up to two hours in those conditions. I feel urgent consideration should be given to the possibility of renewing the accommodation in this clinic." The Health Clinic in the town was built in such a position that dental accommodation could be added at a later date and perhaps if this were now done it would finally solve this problem, which the Committee have been concerned about for a number of years. There would be a certain amount of inconvenience in that the High School children would not be quite so near at hand but other benefits would far outweigh this disadvantage. Perhaps under the new National Health Service administration it might be possible to provide an adult treatment service at this centre at certain times other than when it is being used solely for the treatment of school children.

At Llanidloes with the closing down of the only National Health Service dental practice, the problem of attracting a dentist to set up in practice becomes a very real one indeed for the adult population of the town. With no practice to advertise there is no means of letting interested dentists know of the vacancy and if it is left to chance it might be many years before a dentist happens to hear that an opportunity exists for him to practice in this pleasant market

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town. It is, however, possible to advertise premises suitable for dental practice and these frequently appear in the British Dental Journal, particularly in connection with new towns, etc. I can see a possible solution to the Llanilloes problems when the medical rooms at the existing clinic become vacant as a result of the building of the new Health Centre in the town. If these rooms were to be offered as a dental suite (in the same way that the County Council lease the Health Centres at Welshpool and Llanfair Caereinion to the Doctors), a dentist might well be attracted to the town again after a very short interval of time. With the shared waiting room, heating and toilet facilities the rental need not be too high and could be quite competitive compared with the cost of accommodation that a dentist might have to find elsewhere. All dental treatment would be available at one centre for all ages and a truly unified dental service would be in operation, bringing with it all the accepted attendant benefits for patients and staff alike.

In my last report I raised the question of the purchase of a second Mobile Dental Clinic and a decision was made during this year to take no further action on this matter. In an attempt to increase its usage the clinic has been purposely restricted to the use of one dental officer only and Mr. A.G.D. Swift has had the use of it for the whole year. He has covered all the rural schools in Northern Montgomeryshire and the total number of half-day sessions it has been in use has increased from 170 in 1969 to 258 in 1970. This would seem to be the maximum possible for a dental officer with additional responsibilities (i.e. the treatment of town children at the fixed clinics in Welshpool and Llanfyllin) and is very close to the average figure for Mobile Clinics in the whole of England and Wales (i.e. 260 sessions per annum). All the children in rural schools elsewhere in the County have had treatment at the fixed clinics to which they have been transported by the County Ambulance Service. This has meant loss of educational time and disruption of classes to an extent that some primary school head teachers, having experienced the convenience of the Mobile Clinic in previous years, have missed the facility to such an extent that they are asking for the service to be restored. There is, however, no possibility of doing this (let alone extending it to all the other rural schools on a regular annual visit basis) unless either a second Mobile Clinic be provided or alternatively, an additional dental officer and dental surgery assistant be appointed to work full-time in the existing Mobile Clinic. I have been opposed to this latter course in the past on the grounds that much time would be wasted in travelling if one dental officer had to cover the whole County from a fixed base but with the further development of the area school concept I am now of the opinion that this method would be feasible.

Dental Health Education has remained the responsibility of the dental officers and with heavy obligations to those already suffering from the disease it has not been possible to spend very much time on those for whom some of it could be prevented. However, some effort was made and although the Committee were not prepared to appoint extra ancillary personnel to teach dental health to school children in this County the existing methods of promoting dental health were continued. Pamphlets were distributed to every child appropriate to his age and understanding and a free toothbrush, muc and tube of toothpaste were distributed to all the infant entrants in the County.

In addition, this year, the Committee took advantage of an offer by Gibbs to provide every primary school child with a tube of fluoride toothpaste free of charge. Trials have been conducted in this country to show that regular use of a fluoride toothpaste has been shown to produce a reduction in dental decay of up to 30% and although this is not as effective as the 60% reduction of water fluoridation, this is at least a step in the right direction. The Committee also agreed, during the year, that head teachers should be asked to persuade and encourage parents not to allow their children to take sweets onto school premises. Research has now proved beyond all doubts that cane sugar is the one substance which is almost entirely responsible for dental decay - the more we can do without it the better our teeth will be. I have continued to 'talk' dental health at evening meetings of Parent/Teacher Associations and Women's Institutes on a number of occasions and I am sure that these sessions do some good, but it is a very small proportion of the population that is reached in this way and the results hardly justify the effort involved.

I again thank Mr. Iorwerth Davies, the County Librarian, for keeping the clinics well supplied with bright and cheerful reading matter in the waiting rooms and Mr. Merfyn Roberts, the County Architect, for his ready assistance in the maintenance of the clinic buildings.

The Head Teachers, teaching staffs and school secretaries have again assisted us in every way possible and my thanks are due to all of them.

Mr. Jack Owen has done sterling work with the towing and care of the Mobile Dental Clinic. His work as Mobile Groundsman makes varying demands on his time but he has always been able to move the caravan with the minimum of delay.

Mr. T.A.V. Evans, the Director of Education, has continued to give his full co-operation in matters of administration and I owe a debt of gratitude both to him and his staff. The Health Department staff have also always been ready to assist whenever asked and Dr. Lovgreen has given me all the support and encouragement that I could wish for in matters dental. I must, in particular, mention the County Ambulance Staff, who have made every effort to fit in dental trips amongst their many other commitments. It is not always easy and their efforts are appreciated.

I thank the two full-time dental officers, Mr. A.C.D. Swift and Mr. N.J. Riches for a creditable years work. Dr. Davies-Thomas, who completed three quarters of the year before being taken ill, and Mr. B.T. Broadbent, the part-time Orthodontic Consultant, both played an important part in looking after our children's teeth. I thank the three full-time Dental Surgery Assistants, Miss P.M. Lewis, Mrs. J.D. Stephens and Miss C.A. Davies, also Mrs. C. Wilson and Mrs. B. Reece in their part-time capacities.

I thank the Committee for the help they have been able to give during the year and look forward to another year of enlightened support in 1971.

I remain,  
Yours faithfully,

J.A. REECE, L.D.S., V.U.Manc.  
Principal School Dental Officer

DENTAL INSPECTION & TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT	Ages			TOTAL
	5 - 9	10 - 14	15 & over	
First Visit	1,424	1,352	415	3,191
Subsequent Visits	2,333	2,700	802	5,835
TOTAL Visits	3,757	4,052	1,217	9,026
Additional Courses of				
treatment commenced	104	114	22	240
Total courses commenced	1,528	1,466	437	3,431
Courses Completed				2,620
Fillings in permanent teeth	1,725	3,265	1,250	6,240
Fillings in deciduous teeth	1,634	120		1,754
Permanent teeth filled	1,252	2,696	1,105	5,053
Deciduous teeth filled	1,363	106		1,469
Permanent teeth extracted	87	488	127	702
Deciduous teeth extracted	2,321	843		3,164
General anaesthetics	71	40	2	113
No. of emergencies	159	89	17	265

Number of Pupils x-rayed	.....	310
Prophylaxis	.....	242
Teeth otherwise conserved	.....	284
Teeth root filled	.....	49
Inlays	.....	1
Crowns	.....	20

ORTHODONTICS:

New cases commenced during the year	.....	85
Cases completed during the year	.....	90
Cases discontinued during the year	.....	18
No. of removable appliances fitted	.....	60
No. of fixed appliances fitted	.....	61
Pupils referred to Hospital Consultants		-

PROSTHETICS	Ages			TOTAL
	5 - 9	10 - 14	15 & over	
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	2	5	1	8
Number of dentures supplied (First or Subsequent Time)	2	6	1	9

ANAESTHETICS:

General Anaesthetics administered by Dental Officers	107
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INSPECTIONS:

(a) First inspection at school. Number of Pupils	6868
(b) First inspection at clinic. Number of Pupils	353
Number of (a) + (b) found to require treatment	5713
Number of (a) + (b) offered treatment	4076
(c) Pupils reinspected at school or clinic	58
Number of (c) found to require treatment	45

SESSIONS:

Sessions devoted to treatment	1229
Sessions devoted to inspection	108
Sessions devoted to Dental Health Education	7

