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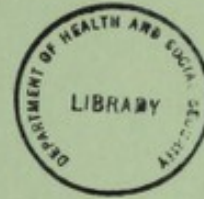
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**MONTGOMERYSHIRE COUNTY COUNCIL**



**ANNUAL REPORT**

on the

**HEALTH OF THE COUNTY**

**FOR THE YEAR 1971**

COUNTY HEALTH OFFICES,  
NEWTOWN,  
MONTGOMERYSHIRE.  
SEPTEMBER, 1972



**MONTGOMERYSHIRE COUNTY COUNCIL**



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**HEALTH OF THE COUNTY**

**FOR THE YEAR 1971**

COUNTY HEALTH OFFICES,  
NEWTOWN,  
MONTGOMERYSHIRE.

**E. S. LOVGREEN**  
M.B., Ch.B., M.F.C.M., D.P.H.

MONTGOMERYSHIRE COUNTY COUNCIL



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HEALTH OF THE COUNTY

FOR THE YEAR 1911

MONTGOMERYSHIRE COUNTY HEALTH DISTRICT  
HEALTH OF THE COUNTY  
FOR THE YEAR 1911

To The Chairman and Members of the Montserrat Health Council

My Chairman, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the Health of the District of St. John of the School Health Service for the year

I N D E X

The picture of the health of the community as shown by the statistics relative to births, deaths, infectious diseases and immunisation levels shows little change from recent years and a general satisfactory picture may be taken as indicating that the District Health Service provided in any way and continuing efforts to be made to maintain and improve these with an eye to the

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changes in practice of care and treatment. It is hoped that this working will continue to improve.

Health Centre development has continued during the year. The work of District Council was completed and the District and Health are working there as an integrated team with all the benefits that accrue to both patients and themselves. Domestic food building operations were well under way and it is hoped that this centre will be ready for use prior to 1971.

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To The Chairman and Members of the Montgomeryshire County Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the Health of the County and the work of the School Health Service for the year 1971.

The pattern of the health of the community as shown by the statistics relating to births, deaths, infectious diseases and immunisation levels shows little change from recent years and is, overall, satisfactory. This must not be taken as indicating that we can neglect the services provided in any way and continued efforts must be made to maintain and improve them both in extent and quality.

Many administrative changes have taken place during the year and the many reports on both individual services and the impending changes in the National Health Service structure have meant a continued year of uncertainty as regards the future both of certain aspects of the service and for individuals.

The departure of the Home Help staff and the Mental Health staff to the newly created Social Services Department was not without regrets in the Health Department side. However, during the initial changes in the administrative structure and work patterns of the new Department there has been close contact between staffs of the two departments at all levels and a desire of all to make the new arrangements work to the benefit of the patients in the community.

In the Nursing field the proposals for management in the Mayston Report were considered and implemented in line with policies indicated. The implementation of a District Nurse Training Scheme, in conjunction with the Nurse Training School in Denbighshire, enabling our District Nurses to continue to carry out duties in their own districts during the practical part of the training, resulted in an increased willingness from staff to take up this additional training. The success of the first entrants to this scheme has also improved the general morale of the nurses in the field and encouraged others to be forward looking and to respond to changes in problems of care and treatment. It is hoped that this training will continue in future years.

Health Centre developments have continued during the year. The work at Llanfair Caereinion was completed and the doctors and nurses are working there now as an integrated team with all the benefits this brings to both patients and themselves. Cemnaes Road building operations were well under way and it is hoped that this centre will be ready for occupation in 1972.



At Llanidloes there has been a year of continuing frustration and despite the detailed planning some three years ago, there was still no sign of any building work commencing throughout 1971. Hopes are now raised that at least a start will be made in 1972.

The Ambulance Service passed through a year of settling down in its new form as a full time service. Teething troubles are inevitable and the report explains the need for improvement in the control cover. The increased work load on the service also indicates that consideration will have to be given to increasing the number of vehicles in service.

The report on the School Health Service again shows that the general health of the school child is very satisfactory. Developments in this field during 1971 include the improved facilities available for the partially hearing child following the appointment of a peripatetic teacher for the partially hearing. He has worked in close liaison with the School Health Department and has contributed a great deal to the service during the short period he has been working with us.

Transfer of responsibility for the education of the Severely Subnormal children to the Education field has also become a reality during the year and the Newtown Special School has extended its sphere to assist in the training of the children in hospital at Llys Maldwyn. This has created a new link between the hospital and the Education Service which has shown every sign of being of great benefit to the children. The introduction of day pupils at the two Educationally Sub-Normal Schools is also a welcome change in tradition and one which I anticipate will encourage more parents to allow their children to benefit from the special educational facilities provided for them.

In the Dental Service the Dental Officers not only maintain their work load in the schools but at Llanidloes, with the agreement of the Education Authority, took on the additional commitments of providing general dental treatment for the adult population, pending the replacement of the general dental service in the area.

Many voluntary workers and Organisations have helped the Department in carrying out the duties laid upon it. These include the Montgomeryshire Branch of the British Red Cross Society, St. John Ambulance Brigade, Montgomeryshire Society for Handicapped Children, W.R.V.S. and many other individuals. They have contributed in no small way to such services as the meals on wheels; provision of transport for the handicapped; holidays for handicapped children; distribution of articles of nursing equipment on loan; clubs for the handicapped and at Child Health and Family Planning Clinics. They deserve a very big thank you for their efforts.

The work of the Department could not be carried out without the continuing efforts of the staff. Dr. E.V. Woodcock commenced duties as Deputy County Medical Officer of Health in February and has taken over much of the work associated with the handicapped children and the At Risk Register in addition to her clinical and school duties.

At all levels there has been a continued effort by the staff to maintain the standards and traditions of the Department and I am grateful to all for this support.

The co-operation of all departments of the County Council and in respect of the School Health Service, of teachers and staff throughout the schools of the County is greatly appreciated.

The interest, advice and guidance of the Chairman and Members of the Health and Education Committees have encouraged all in the service to give of their best and I ask you to accept my appreciation of your continued support.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

E.S. LOVGREEN

County Medical Officer of Health  
and Principal School Medical Officer

August, 1972.

COUNTY HEALTH STAFF

County Medical Officer of Health & Principal School Medical Officer :	E.S. Lovgreen, M.B., Ch.B., M.F.C.M., D.P.H.
Deputy County Medical Officer & Deputy Principal School Medical Officer:	E. Valma Woodcock, M.B., Ch.B., M.F.C.M., 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 School Dental Officer:	J.A. Reece, L.D.S., (V.U.Manc)
Area Dental Officer:	A.G.D. Swift, L.D.S., (to 12.10.71) N.J. Riches, L.D.S., R.C.P.S., B.D.S.
Dental Officer	J.H. Bronner, B.D.S., Lond. (from 1
Director of Nursing Services:	Miss S.D. Wilson, S.R.N., S.C.M.
Home Help Supervisor (came under Social Services Dept. 1/4/71)	Miss E. Davies (to August 1971)
Food & Drugs Inspector:	Mrs. C.M. Rees (from August, 1971) L.O. Bright
Senior Chiropodist:	D. Jones Williams
Ambulance Officer:	T.C. Davies
Senior Mental Welfare Officer: (Came under Social Services Dept. 1/4/71)	Idris E. Evans, M.B.A.S.W., R.M.N., R.M.P.A.
Mental Welfare Officers (Came under Social Services Dept. 1/4/71)	Gordon Price, M.B.A.S.W., R.M.N. Erys E. Hughes, C.S.W., M.B.A.S. Mrs. E.D. Davies
Adult Training Centre: (Came under Social Services Dept. 1/4/71)	
Supervisor:	K. Morris., N.A.M.H. Dip. T.C.F.H. Dip.
Assistants:	Miss A. Brenner Mrs. N. Parry K. Kirkpatrick
Junior Training Centre: (Now Newtown Special School, under L.E.A.)	
Supervisor	Mrs. D. James
Assistant	Mrs. G. Gittins
Speech Therapist:	Miss P.K. Evans, L.C.S.T.
Dental Assistants:	Miss P.M. Lewis Mrs. J.M.D. Stephens Mrs. G. Wilson (part time) Miss C. Edwards (to July, 1971) Mrs. B. Jones (from Aug. 1971) Mrs. B. Reece
<u>Office Staff:</u>	
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 (to August 1971)	
Mrs. M.J. Davies	
Mrs. M. Owen	
Miss E.I. Percival (to 30.6.71)	
Miss E.B. Evans (from 12.7.71)	

COMMUNITY HEALTH VISITING AND NURSING STAFF:

Health Visitors: Miss G.E. Bryan, S.R.N., S.C.M., H.V.  
Miss M.E. Gravelle, 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. I 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.

HEALTH CENTRE,  
G.P. PREMISES  
OR DISTRICT

NURSING STAFF

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MACHYNLLETH	Mrs. E. Humphreys, S.R.N. Mrs. J. Jones, S.R.N., S.C.M. (to 11.6.71)
CEMMAES ROAD	Mrs. P. Edwards, S.R.N. Mrs. E. Edwards, S.C.M (Part time) from 12.7.71)
LLANIDLOES	Mrs. O. Hamer, S.R.N., S.C.M. Mrs. M.S. Richards, S.R.N., S.C.M.
LLANDINAM CAERSWS	Mrs. J.A. Griffiths, S.E.N., S.C.M. Mrs. B. Davies, S.R.N., Q.N.
NEWTOWN	Miss C. Lloyd Jones, S.R.N., S.C.M., Q.N.(to 17.11.71) Mrs. M. Finucane, S.R.N., S.C.M., Q.N.(from 1.11.71) Mrs. D. Haynes, S.E.N., Q.N.(E)
MONTGOMERY	Mrs. B.A. Evans, S.R.N., S.C.M. (to 31.8.71) Mrs. J.A. Yewdall, S.R.N., S.C.M. (from 23.8.71) Mrs. R.M. Picken, S.R.N.
BERRIEW	Miss M.E. Lewis, S.R.N., S.C.M., Q.N.
WELSHPOOL	Mrs. M.G. Harding, S.R.N., S.C.M. Mrs. P. Owen, S.R.N. Mrs. D.M. Lum, S.R.N., S.C.M., (part time) from 4.3.71
FOUR CROSSES	Mrs. A. Evans, S.R.N. (part time) from 11.3.71 Mrs. P. Davies, S.R.N., S.C.M.
LLANFAIR CAEREINION	Mrs. M.A. James, S.R.N., S.C.M. Miss L. Hughes, S.R.N. from 11.7.71 to 1.12.71) Mrs. L. Williams, Q.N. (E)
LLANFYLLIN	Mrs. M.L. Jones, S.E.N., S.C.M. Mrs. M. Price, S.E.N.
LLANWDDYN/ LLANRHAADR	Miss S.J. Watkins, S.E.N., S.C.M Miss E. Roberts, S.E.N.

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CONSULTANTS AVAILABLE FOR COUNTY HEALTH SERVICES

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

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

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

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

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

Child Guidance: Dr. E. Simmons, M.D., L.R.C.P., L.R.C.S., L.R.F.P.  
(North Wales Child Dr. G.J. Pryce, M.B., Ch.B., D.P.M., D.C.H., D.O.C.O.G.  
Guidance Clinics): Dr. W.I.D. Scott, M.D., M.B., Ch.B., D.C.H.

COMMUNITY HEALTH SERVICES

Mr. J. J. ...  
Mrs. ...  
Mr. ...  
Mrs. ...  
Mr. ...  
Mrs. ...

DEPARTMENT OF HEALTH

Mr. ...  
Mrs. ...  
Mr. ...  
Mrs. ...

Mr. ...  
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COMMUNITY HEALTH SERVICES

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Mrs. ...

PART I

VITAL STATISTICS

The Registrar General's estimate of the population in mid 1971 - 43,110, was 160 less than for mid 1970. The population figure obtained from the 1971 Census taken on April 25th was 42,761, the lowest Census figure since the first Census in 1801.

The population of the Rural Districts showed a further decline. The Urban District figures, whilst showing an increase on those of 1970, had still not regained the level of 1901.

The crude live birth rate of 15.4 per 1000 population was higher than the previous years figure though still below the rate for England and Wales. The total number of live births - 660, showed an increase of 79 over the 1970 figure.

Deaths in the County totalled 562 - 23 less than in 1970. There was thus a natural increase in the population (total live births minus deaths) of 98.

The statistics relating to infants, i.e. infant mortality rate, neonatal rate, still birth rate and perinatal mortality rate, all show levels well below the national average. This reflects the standard of maternity care given to the mothers in the County by their general practitioners, hospital staff and the local authority midwives and health visitors as well as the general standard of living in the community.

The number of illegitimate live births increased from 42 in 1970 to 63 in 1971. The rate of illegitimate births per 100 live births rose to 9.5 and was above the national average of 8. Over the past ten years in Montgomeryshire this figure has fluctuated from 4.4% to 10.4% (in 1968) with an average of 7.2%.

There were no maternal deaths during the year.

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY:

Area of Administrative County	.....	510,110 Acres
Rateable Value - 1971/72	.....	£1,028,361
Product of 1p Rate	.....	£9,696

POPULATION:

<u>Census</u>	<u>Urban Districts</u>	<u>Rural Districts</u>	<u>Whole County</u>
1901	20,095	34,806	54,901
1951	18,008	27,982	45,990
1961	18,343	25,885	44,228
1971	19,011	23,750	42,761

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
1971	19,450	23,660	43,110

Census Decrease:

1901 - 1971	1,084 (5.4%)	11,056 (31.8%)	12,140 (22.1%)
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BIRTHS IN MONTGOMERYSHIRE COMPARED WITH ENGLAND AND WALES 1971/2

	MONTGOMERYSHIRE						RATES		ENGLAND & WALES	
	1970			1971			1970	1971	1970	1971
	Male	Fem.	Total	Male	Fem.	Total				
<u>LIVE BIRTHS</u>										
Legitimate	285	254	539	287	310	597				
Illegitimate	16	26	42	29	34	63				
Live birth rate per (Crude) (Adjusted) 1000 population							13.4	15.8	16.0	16.0
Illegitimate live births, % of total live births							7.2	9.5	8.0	8.0
<u>STILL BIRTHS</u>										
Legitimate	3	1	4	3	3	6				
Illegitimate	1	-	1	-	2	2				
Rate per 1000 total live & still births							6.9	12.0	13.0	12.0
Total live and still births	304	281	585	319	349	668				
Infant deaths (deaths under 1 year)	3	2	5	7	2	9				

INFANT MORTALITY RATES:

	RATES		England & Wales	
	1970	1971	1970	1971
Total Infant Deaths per 1000 total live births	8.6	13.6	18.0	18.0
Legitimate Infant Deaths per 1000 legitimate live births	5.6	15.1	17.0	17.0
Illegitimate Infant Deaths per 1000 illegitimate live births	47.6	0.0	26.0	24.0
Neonatal Mortality Rate (deaths under 4 weeks per 1000 total live births)	7.4	3.0	12.0	12.0
Early Neonatal Mortality Rate (deaths under 1 week per 1000 total live births)	7.4	3.0	11.0	10.0
Perinatal Mortality Rate (Still births and deaths under 1 week combined per 1000 total live + still births)	13.7	15.0	23.0	22.0
<u>MATERNAL MORTALITY (including abortions)</u>				
Number of deaths	1	Nil		
Rate per 1000 total live + still births	1.7	-		

INFANT DEATHS IN THE TEN SANITARY DISTRICTS, 1970 - 1971

SANITARY DISTRICTS	DEATHS OF INFANTS					
	1970			1971		
	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.	-	-	-	1	-	1
Montgomery M.B.	-	-	-	-	1	1
Newtown & Llan-llwchaiarn U.D.	-	-	-	-	2	2
Welshpool M.B.	2	1	3	-	1	1
URBAN AREAS	2	1	3	1	4	5
Fornden R.D.	-	-	-	-	-	-
Llanfyllin R.D.	1	-	1	-	1	1
Machynlleth R.D.	-	-	-	-	-	-
Newtown & Llanidloes R.D.	1	-	1	1	2	3
RURAL AREAS	2	-	2	1	3	4
WHOLE COUNTY	4	1	5	2	7	9



DEATHS:

There was a decrease of 23 in the total number of deaths for the year 1971 compared with 1970 and a corresponding decrease in the crude and adjusted death rates. There is little change in the pattern of deaths from the various causes as shown in the tables. This pattern has remained remarkably constant over the last few years and it is difficult to see any likelihood of changes in the near future.

<u>Deaths</u>	<u>1970</u>	<u>1971</u>
Males	303	300
Females	282	262
	<u>585</u>	<u>562</u>

Death Rate per 1000 estimated population :-

Crude	13.5	13.0
Adjusted	11.7	11.6

CHIEF CAUSES OF DEATH

CAUSES OF DEATH	1970		1971	
	No. of Deaths	Percent. of Total Deaths	No. of Deaths	Percent. of Total Deaths
Cancer - all forms	105	17.9	103	18.3
Heart diseases and circulatory diseases	225	38.0	218	38.8
Vascular lesions of nervous system	113	19.0	105	18.7
Pneumonia	17	2.9	17	3.0
Bronchitis	14	2.4	21	3.7
Other defined and ill-defined diseases	16	2.7	14	2.5
Motor Vehicle and other accidents	19	3.2	20	3.6
Suicide	2	0.3	3	0.5

Deaths from Motor Vehicles and Other Accidents and Suicides:

	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
Motor Vehicle accidents	9	8	4	12	4	10	5	6	4
All other accidents	11	15	13	8	11	8	13	13	16
Suicide	9	5	5	2	2	3	5	2	3

DEATHS FROM VEHICULAR AND OTHER ACCIDENTS

Years	Vehicular Accidents						Other Accidents					
	1970			1971			1970			1971		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0 - 1	-	-	-	-	-	-	-	1	1	1	-	1
1 - 4	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	-	-	-	1	-	1
15 - 24	1	-	1	2	-	2	2	-	2	-	-	-
25 - 44	2	-	2	-	-	-	1	-	1	3	-	3
45 - 64	1	-	1	-	-	-	4	1	5	6	-	6
65 - 74	-	2	2	1	-	1	2	-	2	1	1	2
75 & over	-	-	-	1	-	1	-	2	2	-	3	3
TOTALS	4	2	6	4	-	4	9	4	13	12	4	16

DEATHS FROM CANCER, ACCORDING TO AGE, SEX & LOCALISATION OF DISEASE - 1971

LOCALISATION	Sex	1-4 yrs	5-14 yrs	15-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65-74 yrs	75 yrs & over	Total
Buccal Cavity etc.	M	-	-	-	-	-	-	-	2	1	3
	F	-	-	-	-	-	-	1	1	-	2
Oesophagus	M	-	-	-	-	-	-	1	-	-	1
	F	-	-	-	-	-	-	-	-	1	1
Stomach	M	-	-	-	-	-	-	1	3	2	6
	F	-	-	-	-	-	-	1	1	2	4
Intestine	M	-	-	-	-	-	3	3	2	4	12
	F	-	-	-	-	-	-	1	1	2	4
Lung, Bronchus	M	-	-	-	-	-	1	1	6	5	13
	F	-	-	-	-	-	-	-	2	1	3
Breast	F	-	-	-	-	-	-	3	6	3	12
Uterus	F	-	-	-	1	-	-	2	-	2	5
Prostate	M	-	-	-	-	-	-	-	1	3	4
Other	M	-	-	-	1	2	1	1	8	4	17
	F	-	1	-	-	-	-	5	4	3	13
Leukaemia	M	-	1	-	-	-	-	-	-	1	2
	F	1	-	-	-	-	-	-	-	-	1
TOTALS	M	-	1	-	1	2	5	7	22	20	58
	F	1	1	-	1	-	-	13	15	14	45

DEATHS FROM CANCER AND LEUKAEMIA, 1963 - 1971

LOCALISATION OF DISEASE	Number of Deaths (Montgomeryshire)									
	1963	1964	1965	1966	1967	1968	1969	1970	1971	
Stomach	17	20	13	14	13	18	14	12	10	
Lung, Bronchus	21	16	18	19	18	15	22	19	16	
Breast	10	6	4	7	8	10	15	13	12	
Uterus	1	8	6	2	3	6	5	6	5	
Other Terms	47	40	52	64	46	44	55	53	57	
Leukaemia	1	3	2	1	7	3	1	2	3	
ALL FORMS	97	93	95	107	95	96	112	105	103	

ANALYSIS OF VITAL STATISTICS FOR THE TEN LOCAL SANITARY AUTHORITIES - 1971

SANITARY DISTRICTS	Popula- tion	Live Births	Rate per 1000 pop- ulation	Still Births	Percent- age of live births	illeg- itimate births	percent- age of total births	Infant deaths under 1 year	Rate per 1000 live births	Deaths (all causes)	Rate per 1000 pop- ulation
Llanfyllin M.B.	1130	11	9.7	-	-	1	9.1	-	-	18	15.9
Llanidloes M.B.	2280	25	11.0	-	-	5	20.0	-	-	60	26.3
Maengyllleth U.D.	1750	24	13.7	-	-	2	8.3	1	41.7	32	18.3
Montgomery M.B.	980	18	18.4	1	5.6	-	-	1	55.6	10	10.2
Newtown & Llanllwchaearn UD	6120	97	15.8	1	1.0	12	12.2	2	20.6	89	14.5
Welshpool M.B.	7190	133	18.5	1	0.8	15	11.2	1	7.5	86	12.0
<b>URBAN DISTRICTS</b>											
	19,450	308	15.8	3	0.97	35	11.3	5	16.2	295	15.2
<b>RURAL DISTRICTS</b>											
Forsten R.D.	4800	70	14.6	1	1.4	3	4.2	-	-	61	12.7
Llanfyllin R.D.	8220	119	14.5	1	0.8	10	8.3	1	8.4	97	11.8
Maengyllleth R.D.	2460	34	13.8	-	-	2	5.9	-	-	30	12.2
Newtown & Llanidloes R.D.	8180	129	15.8	3	2.3	15	11.4	3	23.3	79	9.7
<b>RURAL DISTRICTS</b>											
	23,660	352	14.9	5	1.4	30	8.4	4	11.4	267	11.3
<b>MIDDLE COUNTY</b>											
	43,110	660	15.3	8	1.2	65	9.7	9	13.6	562	13.0
<b>1970 Comparative Figures</b>											
	43,270	581	13.4	4	0.7	42	7.2	5	8.6	585	13.5

POPULATION TRENDS IN THE TEN SANITARY AREAS OF MONTGOMERYSHIRE  
1901 - 1971

DISTRICTS	Population 1901	Population 1946	1901-1946 Percentage Increase or Decrease	Population 1971 (Census)	1946-1971 Percentage Increase of Decrease	1901-1971 Percentage Increase or Decrease
Llanfyllin M.B.	1632	1379	-15.5	1117	-19.0	-31.6
Llanidloes M.B.	2770	2148	-22.5	2333	+ 8.6	-15.3
Machynlleth U.D.	2038	1827	-10.4	1766	- 3.3	-13.3
Montgomery M.B.	1034	841	-18.7	968	+15.1	- 6.4
Newtown & Llanllwchaearn U.D.	6500	4901	-24.6	6122	+24.9	- 5.8
Welshpool M.B.	6121	5474	-10.6	6705	+22.5	+ 9.5
URBAN DISTRICTS	20,095	16,570	-17.5	19,011	+14.7	- 5.4
Forden R.D.	5784	4788	-17.2	4769	- 0.4	-17.5
Llanfyllin R.D.	12817	10420	-18.7	8277	-20.6	-35.4
Machynlleth R.D.	4357	3224	-26.1	2499	-22.5	-42.6
Newtown & Llanidloes R.D.	11848	9678	-18.3	8205	-15.2	-30.7
RURAL DISTRICTS	34,806	28,110	-19.2	23,750	-15.5	-31.8
WHOLE COUNTY	54,901	44,680	-18.6	42,761	- 4.3	-22.1

Other Diseases of Circulatory System	-	8	-	-	-	5	5	18	2	6	-	5	13	31
Influenza	-	-	-	-	-	-	1	1	2	-	-	-	2	3
Pneumonia	1	-	-	-	1	1	2	4	3	5	1	4	13	17
Bronchitis and Emphysema	-	2	-	1	3	4	10	2	2	5	-	4	11	21
Other Diseases of Respiratory System	1	1	-	-	1	-	3	3	2	-	-	-	2	5
Peptic Ulcers	-	-	-	1	-	3	4	4	-	-	-	-	-	4
Cirrhosis of Liver	-	-	-	-	-	-	-	-	2	1	-	-	3	3
Other Diseases of Digestive System	-	-	-	-	-	1	1	1	1	1	-	-	2	3
Hepatitis and Nephrosis	-	-	-	-	1	-	1	1	-	1	-	-	1	2
Hyperplasia of Prostate	-	1	-	-	-	2	2	2	-	-	-	-	-	2
Other Diseases of Genito-Urinary System	-	1	-	-	-	1	2	2	-	2	-	-	2	4
Diseases of Musculo-Skeletal System	-	-	-	-	1	-	1	1	-	-	2	-	2	3
Congenital Abnormalities	-	-	-	-	-	-	-	-	1	-	-	1	2	2
Birth Injury, Difficult Labour etc.	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Other Causes of Perinatal Mortality	-	-	1	-	-	-	1	1	-	-	-	-	-	1
Symptoms and Ill-Defined Conditions	3	5	-	-	-	1	9	4	-	4	-	1	5	14
Motor Vehicle Accidents	-	2	1	-	-	1	4	-	-	-	-	-	-	4
All Other Accidents	-	2	1	1	2	2	0	1	1	4	1	2	6	16
Suicides and Self-Inflicted Injuries	-	-	-	-	-	-	-	-	-	-	2	1	3	3
All Other External Causes	-	-	-	-	-	-	-	-	-	2	-	1	3	3
TOTAL - ALL CAUSES	18	60	32	10	89	86	295	61	97	30	79	267	562	





CASES OF DEATH - 1971  
AGE AND SEX DISTRIBUTION

	Sex	All Ages	Under	4 wks &	1 - 4	5 - 14	15-24	25-34	35-44	45-54	55-64	65-74	75 years
			4 wks	under 1 year	years	years	years	years	years	years	and over		
Enteritis & Other Diarrhoeal Diseases	M	1	-	1	-	-	-	-	-	-	-	-	-
Malignant Neoplasm - Oesophagus	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
	M	3	-	-	-	-	-	-	-	-	1	2	1
	F	2	-	-	-	-	-	-	-	-	1	1	-
	M	6	-	-	-	-	-	-	-	-	1	3	2
	F	4	-	-	-	-	-	-	-	-	1	1	2
	M	12	-	-	-	-	-	-	-	3	3	1	4
	F	4	-	-	-	-	-	-	-	-	1	1	2
	M	13	-	-	-	-	-	-	-	1	1	1	5
	F	3	-	-	-	-	-	-	-	-	1	1	1
	M	12	-	-	-	-	-	-	-	-	3	6	3
	F	5	-	-	-	-	-	-	1	-	2	-	2
	Leukaemia	M	4	-	-	-	-	-	-	-	-	-	1
F		2	-	-	-	-	-	-	-	-	-	1	1
Other Malignant Neoplasms	M	17	-	-	1	-	-	-	-	-	-	-	1
	F	13	-	-	-	1	-	1	2	1	1	5	4
	M	1	-	-	-	-	1	-	-	-	-	-	1
Benign and Unspecified Neoplasms	M	4	-	-	-	-	-	-	-	1	-	-	3
	F	5	-	-	-	-	-	-	-	1	2	1	3
Diabetes Mellitis	M	1	-	-	-	-	-	-	-	1	1	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Avitaminosis	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	1
Other Endocrine etc. Diseases	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Mental Disorders	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	1	-	-	1
Multiple Sclerosis	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	3	-	-	-	1	1	-	-	1	-	-	-
Other Diseases of the Nervous System	M	4	-	1	-	-	-	-	1	1	-	-	2
	F	1	-	-	-	-	-	-	-	1	-	-	-
Chronic Rheumatic Heart Disease	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	5	-	-	-	-	-	-	-	1	1	2	1
Hypertensive Disease	M	4	-	-	-	-	-	-	-	1	1	1	2
	F	1	-	-	-	-	-	-	-	1	1	1	2
Ischaemic Heart Disease	M	56	-	-	-	-	-	2	1	7	14	33	25
	F	56	-	-	-	-	-	2	1	7	14	33	25



INFECTIOUS DISEASES:

A total of 281 cases of infectious diseases were notified in 1971, an increase of 90 on the previous year. The major factor responsible for this increase was the continuation of the measles outbreak that started in late 1970 in the Northern part of the County and spread south westerly across the County in the early months of 1971.

Scarlet Fever, a streptococcal infection of the tonsils associated with a rash, gave rise to a localised outbreak in a school in the Welshpool Area and steps were taken to examine the children in the school and exclude carriers of the organism until they had received treatment.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1971

SANITARY DISTRICTS	Scarlet Fever	Whooping Cough	Measles	Infective Jaundice	Food Poisoning	Tuberculosis Respiratory	Tuberculosis Other Forms	Acute Meningitis
Llanfyllin M.B.	-	1	-	-	-	-	-	-
Llanidloes M.B.	-	-	5	-	-	-	-	-
Machynlleth U.D.	-	-	-	-	-	-	-	-
Montgomery M.B.	-	-	5	1	-	-	-	-
Newtown & Llanllwchaiarn U.D.	-	-	90	-	1	1	-	-
Welshpool M.B.	10	1	5	1	1	-	-	-
Forden R.D.	6	1	30	-	-	-	-	1
Llanfyllin R.D.	4	-	5	-	-	-	-	-
Machynlleth R.D.	-	2	6	-	1	5	1	-
Newtown & Llanidloes R.D.	-	-	95	1	1	-	-	-
TOTALS	20	5	241	3	4	6	1	1

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 16, and they are as follows :-

CARNO	Village Hall	2.30	1st Wed. in each month
CAERSWS	Methodist Schoolroom	2.30	last Fri. in each month
CREWE GREEN	Brynhafren School	3.30	3rd Tues. in each month
GUILDSFIELD	Old School	2.00	3rd Weds. in each month
LLANBRYNMAIR	The Institute	2.30	2nd Thurs in each month
LLANDRINIO	Llandrinio Hall	2.00	3rd Tues. in each month
LLANFAIR CAER.	Health Clinic	2.30	2nd & 4th Tues each month
LLANFYLLIN	Health Clinic	2.30	Last Thurs. in each month
LLANIDLOES	Health Clinic	2.30	2nd & last Weds. each month
LLANSANTFFRAID	Village Hall	2.30	1st Tues. in each month
LLANWDDYN	The Oaks	2.30	2nd Fri. in each month
MACHYNLLETH	Health Clinic	1.30	2nd & 4th Tues each month
MEIFOD	Church Room	2.30	last Fri. in each month
NEWTOWN	Health Clinic	2.30	Every Weds. in each month
TREWERN	Community Centre	2.30	1st Thurs in each month
WELSHPOOL	Health Clinic	2.30	1st & 3rd Fri. each month

Number of Children who attended during the year :-

Born in 1971	.....	361
1970	.....	383
1966-69	.....	447
Total individual children	...	1191
Total attendances	...	4628

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

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
Children under 1 year	282	324	354	302	361
TOTAL individual children	982	1014	1046	1171	1191
TOTAL Attendances	4746	4415	4800	4652	4628

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 at the Child Health Clinics and at 21 other centres throughout the County.

The Welfare Food Order, 1971 altered the range of provision of welfare milk, the provision of cheap welfare milk for expectant mothers and young children ceasing. The entitlement to free milk for the third and each additional child under school age continues and for low income families the need is assessed at a higher level and more families qualify on this ground.

Provision of cod liver oil and orange juice was also replaced by Vitamin A, C, D drops for babies and tablets for expectant and nursing mothers.

CONGENITAL ABNORMALITIES:

The Scheme whereby all children notified as having 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 1965 the returns have been as follows :-

Number of Malformed Live and Stillborn Infants :-

<u>Year</u>	<u>No. of Malformed Live and 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
1971	14	2.1

The types of abnormalities notified are detailed below and are grouped under general headings as follows :-

<u>ABNORMALITY</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
Central Nervous System	4	8	4	3	2	-	3
Eye & Ear	-	-	-	-	-	-	2
Alimentary System	1	2	2	-	-	1	2
Heart & Circulatory System	-	1	-	1	-	-	-
Respiratory System	-	-	-	-	-	-	-
Urinogenital System	-	-	-	-	-	2	2
Limbs	6	7	8	6	5	2	2
Other parts of Musculo Skeletal System	-	-	-	-	-	1	-
Other Symptoms	1	1	4	5	2	1	-
Other Malformations	-	-	1	1	1	2	3

#### 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 FOR PHENYLKETONURIA:

The scheme to screen all infants in Wales carrying out the Woolf Test continued and health visitors have sent the test material regularly to the Cardiff Laboratory of the Department of Metabolic Medicine, Welsh National School of Medicine.

No case of Phenylketonuria was detected during the year. One case of Histidinuria was reported and is being closely followed up. To date the baby's development has been normal.

#### FAMILY PLANNING:

The arrangements agreed with the North Wales Branch of the Family Planning Association whereby they acted as agents for the County Council in providing a service at clinics in the County continued into 1971.

From April 1st, The National Family Planning Agency Scheme came into force and with it the introduction of the per capita charge for services to patients, in place of payment of doctor and nurses fees and expenses.

Montgomeryshire agreed to implement a service

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

this being the scheme adopted by the majority of the North Wales Counties and in line with our previous arrangements.

In March it was agreed to cease holding a clinic at Machynlleth. A clinic had been held here from June 1968 but despite publicity and the work of a loyal band of doctors, nurses and voluntary workers, attendances at this clinic remained low. At 22 sessions in 1970 only 27 people sought advice, making 46 attendances - an average of two patients per clinic. With only four new patients

enrolling in the first three months of 1971 it became evident that it was not a viable clinic and with reluctance sessions ceased at the end of that month.

The experience at Machynlleth followed that of Llanidloes and Llanfyllin where similar ventures had met with little support.

Newtown and Welshpool Clinics continue to flourish and are fulfilling a very apparent need. In December the Newtown Clinic changed the day on which sessions were held from Tuesday to Thursday.

Family Planning Association Clinics are now held at :-

- Newtown - The Health Clinic, Park Street, First, Third and Fourth Thursday in each month, from 7 p.m.
- Welshpool - The Health Centre, Salop Road, Every Tuesday from 7 p.m.

The number of patients seen at the Clinics in 1971 was :-

CLINIC	New Patients	Total of all patients attending during year	Total patient visits	No. of Sessions	Patients per Session
Newtown	58	102	307	31	10
Welshpool	75	193	565	51	11.7
Machynlleth(Jan. to March only)	4	10	15	6	2.5
TOTAL	137	305	887	88	

## PART III

### NURSING SERVICES

Following publication of the Mayston Report on Management Structure in the Local Authority Nursing Services it was decided that the size of the Authority and the number of staff employed did not warrant first and middle line managers. The designation of the Superintendent Nursing Officer as Chief Nursing Officer was accepted, later to be redesignated Director of Nursing Services.

#### EDUCATION AND TRAINING:

##### District Nurse Training:

Application was made during the year to the Department of Health and Social Security for registration of Montgomeryshire as a Practical Training Centre for District Nurse Training in conjunction with the Denbighshire County Council District Nurse Training School at Wrexham. Approval was granted and two District Nurses with the necessary qualifications were designated as Practical Work Instructors.

Four nurses from the districts were seconded to take the three week Theoretical Course at Wrexham and followed this up with Practical Training in their own areas in the County and sat the examination for the National Certificate in District Nursing. It is gratifying to report that all were successful and it is hoped to hold further such Courses during the ensuing year. In this way it is anticipated that District Nurse Training will be more readily available and accepted by the Department's Staff, some of whom have found it difficult in the past to leave their homes to take a more prolonged residential course. Our thanks are due to Denbighshire for setting up their Training School and encouraging the rural counties such as ourselves to participate in this way.

##### Refresher Courses:

Three District Nurses attended a refresher course at Cardiff organised by Glamorgan County Council on the theme "Meeting the Needs of the Community". Three District Nurse/Midwives attended approved refresher courses for Midwives at Bangor and Liverpool.

##### Pre-Nursing Course:

In association with the Principal and Staff of the College of Further Education in Newtown, members of the Nursing Staff of this Department have participated in the Pre-Nursing Course. This involvement has included formal lectures in the College and observation visits by the students to clinics, health centres and on home visits with the district nurses.

### MIDWIFERY:

Fifteen midwives were employed by the County in 1971 in combined district/nurse/midwife posts.

The number of home confinements continues to be a very small proportion of the total births and only 12 babies were delivered at home. The small number of domiciliary confinements over the past five years gives rise to some concern as many of our midwives have only infrequent opportunities to maintain their skills. It, however, remains important to have skilled midwives in the community as some of the home deliveries arise in emergency situations.

Whilst the duties of the midwife at confinements in the home have been drastically reduced, the number of early discharges of mothers and babies delivered in hospital continues to rise. In 1971, 378 mothers were discharged before the tenth day. These cases were nursed by the domiciliary midwives during the remainder of the lying-in period. The total number of visits to all midwifery cases nursed at home for all or part of the lying-in period was 1918.

### ANTE-NATAL CLINICS:

These were carried out by general practitioners at the local hospitals and in their own surgeries. District Nurse/Midwives, in some districts, attend and assist at ante-natal sessions held at the general practitioners' surgeries.

156 ante-natal visits were made by the midwives to patients in their own homes.

### 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

	1965	1966	1967	1968	1969	1970	1971
Doctor not booked	3	2	-	-	2	2	1
Doctor booked	55	41	13	12	11	10	11
	<u>58</u>	<u>43</u>	<u>13</u>	<u>12</u>	<u>13</u>	<u>12</u>	<u>12</u>
Doctor present at delivery			4	3	3	4	2
Doctor not present			9	9	10	8	10
			<u>13</u>	<u>12</u>	<u>13</u>	<u>12</u>	<u>12</u>

### CARE OF PREMATURE INFANTS:

Total numbers of premature live births notified during 1971

	1967	1968	1969	1970	1971
Born at home	-	2	1	3	1
Born in hospital	42	34	34	26	25
<b>TOTALS</b>	<b>42</b>	<b>36</b>	<b>35</b>	<b>29</b>	<b>26</b>
<u>Number born at home:</u>					
Nursed entirely at home	-	-	-	-	-
Died in first 24 hours	-	-	1	-	-
Died 2nd to 28th day	-	1	-	-	-
Survived at 28 days	-	1	-	-	1
<u>Number born in hospital:</u>					
Died within 24 hours	3	2	1	1	-
Died in 1 & under 7 days	-	1	-	-	1
Died in 7 & under 28 days	-	-	-	-	-

### COMMUNITY NURSING CARE:

During 1971 further progress has been made to achieve the aim of attachment of nursing staff to general practitioners throughout the County and to play our part in the building up of the group practice teams as envisaged in the report on Organisation of Group Practice. Nurses are now attached to Practices at Welshpod, Llanfair Caereinion, Montgomery, Newtown and Llanfyllin. Where patients from these Practices live across the County Boundary, agreement has been reached with the neighbouring authority for the attached nurse to provide continuous nursing care for these patients in their own homes.

Attachment schemes reduce the problems of communication within the team, the General Practitioners having their attached nurses, who attend to the patients' nursing needs both at Health Centres, or Practice premises, and in their homes.

The nursing staff feel that attachment has given them an improved sense of job satisfaction and that they can give a more comprehensive service to the patients. In doing so they have accepted changes in their working patterns, some after many years of traditional district nurse practice. I should like to pay tribute to the way in which they have responded to the challenge. In all the ultimate goal can only be an improved service to the patients under their care and I am sure that this is already apparent to the patients themselves.

To complete attachment throughout the County additional nursing staff will be necessary and approval has been given by the County Council to an increase in the Establishment for 1972 - 73.



### NURSING STATISTICS:

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
No. of persons nursed	1,727	1,767	1,958	1,885	1,906
No. of visits	33,279	35,217	36,636	37,900	39,543

	<u>No. of Persons</u>				<u>No. of Visits</u>			
	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
Persons who were 65 or over at time of first visit	865	1014	1380	1079	25180	26378	28581	2865
Children who were under 5 at time of first visit	148	150	161	136	423	455	373	40
Treatments at Health Centres and G.P. Clinics				1913				

### LOANS OF NURSING EQUIPMENT:

Small stocks of nursing equipment such as bed pans, back rests, urinals etc. are held by the individual nurses for issue to patients in need. Larger items of equipment such as beds, mattresses, hoists, wheel chairs, walking aids are issued from central Health Department store or from the loan depots of the British Red Cross Society and St. John Ambulance Brigade. The demands for such aids continue to increase as the range of aids available widens. We are indebted to the Voluntary Societies for their help in administrating this scheme.

### HEALTH VISITING :

With the advent of the new Social Services Department Health Visitors have felt somewhat insecure and threatened in their roles of advisers. The Report of the Working Party of the Royal College of Nursing emphasises that the role of the Health Visitor remains an important one in the broad field of promotion of health. With her nursing background and specialised training her skills cover four main areas -

- a) observation and assessment, particularly in regard to child development and the "at risk" groups in the population.
- b) communication - of establishing relationships, counselling and teaching.
- c) technical expertise in the promotion of health and prevention of ill health.
- d) planning and co-ordination in working out programmes of care for groups or individuals.

The transfer of responsibility for day nurseries, play groups and the care of unmarried mothers to Social Services Departments has not in any way changed the responsibility of the Health Visitor for the healthy development of the young child, or the advice and counselling of the mother-to-be. In the same way the Health Visitors continue to be involved with the handicapped, the chronic sick and the elderly, whose health needs are met by the practice based community health team.

To provide full group attachment of Health Visitors in the County approval has been sought for an increase of Health Visitor Establishment during 1972/73. At present Health Visitors work in close liaison with the General Practitioners in their areas.

Cases Visited by Health Visitors During 1971:

	<u>No. of Cases</u>	<u>Visits</u>
Children born in 1971	658	3826
Children born in 1970	559	2208
Children born in 1966-69	1278	2980
	<hr/>	<hr/>
	2495	9014
	<hr/>	<hr/>
Persons aged 65 and over	237	823
Mentally disordered persons	47	187
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	32	134
Number of tuberculous households visited	60	162
Number of households visited on account of other infectious diseases	3	10
Problem families		263
Any other cases	523	1442
Ineffective visits		1202

PART IV

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

IMMUNISATION AND VACCINATION:

From time to time changes in the prevalence of infectious diseases and availability of new vaccines brings with them the need for reappraisal of immunisation needs and practices. 1970 saw the introduction of a vaccine against Rubella (German Measles) and this has become an integral part of the schedule for girls in the ages 11 - 13 during 1971.

In July 1971 The Joint Committee on Vaccination and Immunisation reviewed the indications for continuing to offer smallpox vaccination to infants in the country. In view of the progress internationally in eradicating smallpox and the few countries in which smallpox is now endemic and with it the substantially diminished risks of the introduction of smallpox to Britain, the Committee advised that routine vaccination against smallpox in infancy was no longer justifiable.

All travellers to areas where smallpox is still endemic will continue to be advised to be protected by vaccination. Staffs of hospitals and health departments liable to come into contact with patients are also advised to have regular vaccination and revaccination.

The table showing the number of children vaccinated against smallpox reflects this change in the drop in numbers vaccinated and this table will not appear in future reports.

TABLE SHOWING THE NUMBER OF CHILDREN VACCINATED  
AGAINST SMALLPOX DURING 1971

Age at date of vaccination	0-3 mths	3-6 mths	6-9 mths	9-12 mths	1-2 yrs	2-4 yrs	5-15 yrs	Total
No. vaccinated	-	2	-	1	123	57	38	221
No. re-vaccinated	-	-	-	-	-	-	19	19

TABLE SHOWING THE NUMBER OF CHILDREN IMMUNISED AGAINST DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS, MEASLES AND RUBELLA, DURING 1971

Type of Vaccine	Year of Birth					Others Under Age 16	Total
	1971	1970	1969	1968	1964-1967		
<u>Primary Courses:</u>							
Measles	-	130	128	57	124	18	457
Rubella	-	-	-	-	-	191	191
Diphtheria	23	364	117	6	11	3	524
Whooping Cough	23	364	116	6	9	3	521
Tetanus	23	364	117	6	13	8	531
Polio	15	364	123	5	9	1	517
<u>Re-inforcing Doses</u>							
Diphtheria	3	-	8	2	429	48	490
Whooping Cough	3	-	8	1	18	3	33
Tetanus	3	-	10	4	440	83	540
Polio	2	-	7	2	435	59	505

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

	PERCENTAGE OF CHILDREN BORN IN 1969 and VACCINATED BY 31.12.71		
	Whooping Cough	Diphtheria	Poliomyelitis
England & Wales	78	80	78
Wales	77	78	80
Montgomeryshire	83	83	83

## TUBERCULOSIS:

Notifications of tuberculosis during the year numbered 7, the lowest total yet recorded. Despite this small number of cases the distribution and the nature of the cases gave rise to some concern.

It was noticed at the onset of the year and looking back at the cases notified from August 1970 to May 1971, four out of five were from the area of Llanbrynmair - Machynlleth. Whilst follow-up of home contacts and individual contacts at work gave no common source it was felt advisable, following discussions with the Chest Physician, Dr. Thomas, to write to the General Practitioners in the area and draw to their attention the possibility of tuberculosis in cases showing perhaps vague symptomatology. Of the 7 notifications for 1971, six were from this same area, covering Llanbrynmair, Commins Coch, Penegoes, and Machynlleth. Individually there were cases of particular interest. A young man of eighteen - a student at the Technical College on a day release course, was notified early in the year. His school records showed that he had been given B.C.G. vaccine in school in 1965 and a post vaccination tuberculin test was recorded as positive in 1966. Arrangements were made for his contacts at the College and at his place of work to be examined. No further cases were found amongst them. However follow-up of his family has led to both his father and mother being notified and the probability is that infection originated in the family with the father.

Two school teachers have been notified as suffering from tuberculosis during the year - one resident outside the County but teaching in Machynlleth. Steps were taken to examine children and members of staff of the schools concerned. No further new cases were found.

The youngest notification was a child of two years. Examination of all the family contacts - grandparents and neighbouring families did not reveal any source case, despite this child's contacts being localised to a small group of people.

One case was notified following post-mortem examination. Death had occurred from a carcinoma but evidence of active pulmonary tuberculosis was found in the lungs. Again all the family contacts were examined and cleared but a history of a sister having died from tuberculosis some years previously was elicited and could have been the source case in this instance.

No one common link has been found in all these investigations but it is evident that whereas tuberculosis has become relatively rare in the County as a whole, there is still a pocket of infection in the West of the County.

NEW CASES OF TUBERCULOSIS BY AGE AND SEX.

	1970						1971					
	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 "	-	-	-	-	-	-	1	-	-	-	1	-
5 - 15 "	-	-	-	-	-	-	-	-	-	-	-	-
15 - 45 "	3	-	-	1	3	1	1	1	-	-	1	1
45 - 65 "	2	1	1	-	3	1	2	-	-	-	2	-
65 & over	1	2	-	-	1	2	1	-	-	1	1	1
<b>TOTALS</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>5</b>	<b>2</b>

TABLE SHOWING ACTUAL NUMBER OF NEW CASES NOTIFIED AND DEATHS REGISTERED FROM PULMONARY AND NON-PULMONARY TUBERCULOSIS SINCE 1952

Year	New Cases		Deaths					
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary				
1952	42	11	6	2				
1953	37	10	8	1				
1954	37	6	8	1	33.6	8.2	6.8	0.8
1955	27	5	8	-				
1956	25	9	4	-				
1957	22	9	4	-				
1958	16	10	3	-				
1959	17	7	4	-	16.6	7.0	2.8	0.0
1960	13	4	2	-				
1961	15	5	1	-				
1962	14	7	-	-				
1963	9	4	3	1				
1964	6	5	4	-	10.0	4.2	2.4	0.4
1965	8	3	2	1				
1966	13	2	3	-				
1967	8	1	2	-				
1968	10	1	1	-				
1969	9	2	-	-	8.4	1.4	1.0	0.0
1970	9	2	2	-				
1971	6	1	-	-				

#### 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	112	12	99	98
Welshpool High	147	10	130	130
Llanfair High	78	11	67	63
Llanfyllin High	99	16	82	81
Machynlleth High	55	4	51	51
Llanidloes High	75	8	64	62
College of Further Education	6	-	6	6
Brynallywarch Residential	11	1	10	10
Cyfronydd Residential	13	3	10	10
TOTAL	596	65	519	511

#### MASS RADIOGRAPHY:

The Mobile Mass Radiography Unit based in North Wales remained available early in the year and was in fact called upon to assist in x-raying works contacts of one of the cases of tuberculosis notified during the year. With the rationalisation of this service being completed during 1971 there is now no Mobile Unit in North Wales. The Mobile Unit retained in South Wales will however be available for such circumstances as x-ray contacts of cases of tuberculosis in closed communities or works contacts in large numbers where it would be difficult to provide x-ray facilities in any other way.

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

The Marie Curie Foundation established an "Area Welfare Grant Scheme" to meet urgent needs of cancer patients being nursed at home, and to give help in kind to necessitous cancer patients immediately the need is apparent without any administrative delay. A Block Grant is received from this fund and control rested in the Medical Officer of Health and Director of Nursing Services, so that immediate purchases can be made to meet the specific needs of the cancer patient which cannot be met from statutory or other sources. Throughout the years this scheme has been in operation it has enabled help to be readily forthcoming to many families in Montgomeryshire.

During 1971 four patients were assisted under the scheme receiving help with extra milk, special articles of clothing, bed linen and extra dressings.

#### 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 doctors, health visitors, nurses, dentists or chiropodist. All are encouraged to take part in organised lectures, discussion groups or demonstrations with the staff of schools or members of voluntary bodies and organisations who may call on them for assistance.

In schools medical staff and health visitors find ready co-operation from teaching staff and requests for assistance in talks and discussions on a wide range of subjects are regularly received and responded to. The W.E.A. arranged a further series of courses on Child Development from birth to adolescence in conjunction with medical staff from the Health Department and teachers and also held a one-day school on the problems associated with misuse of drugs. This was attended by magistrates, teachers, social workers, nurses and health visitors and Speakers from the Welsh School of Pharmacy, Cardiff gave papers and led the discussions that followed.

#### CHIROPODY:

The Chiropody Service was continued during 1971 by Mr. D.J. Williams, the County Chiropodist. Clinics were held in various centres in the County. Welfare Homes, namely Bryntirion, Plas-cae-crwn and Newlands were also visited periodically. Domiciliary visits were also continued on the request of the District Nurse or General Practitioner to people who were too handicapped to attend the Clinic.

Attendances throughout the year were high, although there was a slight decrease during the winter months.



TABLE SHOWING FIGURES FOR TREATMENT  
CARRIED OUT AT VARIOUS CENTRES DURING  
THE YEARS 1970/71

Clinic	Old Age Pensioners		Registered Handicapped		Expectant Mothers	
	1970	1971	1970	1971	1970	1971
Newtown	501	623	2	4	-	-
Welshpool	437	566	1	-	1	-
Llanfyllin	239	324	-	1	-	-
Llanidloes	265	442	-	-	-	-
Machynlleth	199	301	1	6	1	-
Llanfair Caer.	161	190	-	-	-	-
Montgomery	35	66	-	-	-	-
TOTAL	1837	2512	4	11	2	-
Domiciliary Visits	156	180	3	-	-	-
Welfare Homes	143	95	-	-	-	-
	2136	2787	7	11	2	-

		<u>1970</u>	<u>1971</u>
TOTAL NUMBER OF TREATMENTS	...	2145	2798
TOTAL NUMBER OF PATIENTS	...	731	814

MEDICAL EXAMINATIONS OF STAFF:

Arrangements were continued for the medical examination of all staff on appointment to the service of the County Council.

The purpose of these examinations is to ensure that as far as is possible staff appointed are fit to undertake the duties of the post concerned, where indicated are suitable for inclusion in the superannuation scheme and in certain categories, e.g. staff of schools and welfare homes, children's homes, canteens, that staff are free from infectious diseases.

In addition to staff employed by the County Council, examinations are carried out on behalf of the Department of Education and Science on all applicants for admission to teachers' training colleges and in some cases on entrants to other University and College Courses.

The following table details the number of examinations carried out in 1971 :-

School Teachers	53
School Canteen Workers	25
Entrants to Training Colleges	64
Other County Council Staff	87
Firemen	15
For Heavy Goods Vehicle Licences	9

## PART V

### AMBULANCE SERVICE

The full-time personnel manning the ambulances have, during the year, settled into the operational duties of the service and carried out their work most efficiently. A further six men attended for their basic six weeks training at courses held by the Cheshire County Ambulance Training School at Wrenbury. This brought the total number who have attended such courses to fourteen.

A team entered the National Ambulance Competitions and Ambulanceman P. Allsworth gained the distinction of being the best attendant in the Individual Tests in the Welsh Competitions and represented Wales in the All British Finals.

Discussions took place during the year with the men's Union regarding the duty rotas and to implement the changes agreed a further two ambulance drivers are to be appointed early in 1972.

Two new ambulances came into service during the year and the ambulance fleet increased by one to nine vehicles, to allow coverage for servicing requirements and breakdown of vehicles.

Radio communication between day time control and the vehicles has now been in operation for a full year and has proved invaluable in maintaining close contact with the vehicles away from base. The radio frequency is shared with the Water Board and the Surveyor's Department and this at times gives rise to some difficulties for all parties.

Control outside office hours at night and weekends continued to be dealt with by the Fire Service Control at Newtown and a total of 1174 calls were handled in this way during the year. There is concern that during this period Radio Communication is not available from the Fire Service Control. I have reported to the Health Committee the desirability of extending the hours of duty of the Ambulance Control to cover at least from 8.00 a.m. to midnight every day, including Saturday and Sunday. To implement this will require additional control room staff and I hope that this can be implemented during 1972.

The purpose built Ambulance Station at Welshpool was almost ready for occupation by the end of the year and is expected to become operational in January 1972. This will improve the conditions under which the personnel operate from Welshpool and will also provide better facilities for rapid turn-out of vehicles in an emergency. It is hoped that the plans for Machynlleth and Newtown will make progress during the next year to provide equally good facilities as Welshpool.

SITTING CASE CAR SERVICE:

The demands on the Ambulance Service in this rural county with very limited public transport facilities are such that the use of a specialised ambulance vehicle is not always warranted and transport by car is arranged. This service is provided by a number of voluntary car owners and commercial taxi owners and has for many years been a valuable adjunct to the ambulance service.

RAIL TRANSPORT:

Long distance journeys can often be arranged more economically and to give a quicker journey by rail. 127 patients were carried in this way during the year to hospitals in Birmingham, Liverpool, Manchester and London. British Rail Services do everything possible to help in making the journeys as comfortable as possible and the Local Authorities at the receiving end co-operate fully in transporting patients from the stations to hospital.

STATISTICAL INFORMATION:

Hospital Journeys	1970			1971		
	Journeys	Mileage	Patients	Journeys	Mileage	Patients
St. John Ambulance Brigade	378	15,517	591	-	-	-
Full-Time Ambulance Staff	2,898	130,004	12,051	8,847	234,428	24,020
Sitting Case Cars	4,347	289,966	17,773	3,919	218,412	9,064
Rail	112	14,794	172	108	11,693	127
	7,735	450,281	30,587	12,874	464,533	33,211
Persons carried for other services - School Health, Chiropody and Social Services						
Full Time	387	8,982	2,311	1,600	20,443	4,467
Sitting Case Cars	4,170	193,696	23,062	4,250	202,169	27,273
TOTAL	4,557	202,678	25,373	5,850	222,612	31,740
GRAND TOTAL	12,292	652,959	55,960	18,724	687,145	64,951

SUMMARY OF THE SERVICE FROM 1950 - 1971

<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
1971	18,724	687,145	64,951	10.5

The increase in total demand over 1970 shows a further sharp rise, both in the Hospital Journeys and journeys on behalf of other departments of the Council. The increase in hospital journeys arises from the continuing developments in early discharges, with emphasis on community nursing care and more outpatient hospital visits, and also changes in diagnostic patterns requiring patients to travel to the district general hospitals for many of the procedures at one time carried out in the local small hospitals.

That the mileage increase was kept down relative to the increased number of patients carried and journeys undertaken is a credit to the Control Staff and their handling of the variety of demands. To achieve this with the small fleet of ambulances available means making the maximum use of each vehicle but does lead to some criticism of journey times and distances involved for individual patients.

PART VI

FOOD AND DRUGS ACT, 1955

Report of the Food and Drugs Inspector for the  
Year ended 31st December, 1971

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Enforcement duties are carried out in connection with certain sections of the Food and Drugs Act in order to see that members of the public receive proper and adequate protection with regard to the articles of food and drugs which they purchase.

In order to give this protection the department samples a wide variety of articles of food which are sent to the Public Analyst for analysis and in addition are constantly scrutinising labels for misleading statements and also watching for new articles of sophisticated foodstuffs which appear on the market from time to time.

During the year under review 180 samples were taken for analysis, 133 being of milk and the remainder were miscellaneous food and drugs. 2 samples of milk and 1 miscellaneous food were found to be non-genuine and a further three samples of milk were reported as genuine but sub-standard.

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

<u>Sample</u>	<u>No.</u>	<u>Analyst's Report</u>	<u>Result of Investigation</u>
Milk	408	Deficient in fat	It was found that this dealer was selling milk with abnormal variations in fat content and after investigation it was discovered that it was due to faulty mixing of the milk before putting into cartons.
Milk	418	Contained carbon particles together with dried milk residue.	The dairy concerned was warned to take particular care in the cleansing of their milk bottles.
White Stilton Cheese	546	Blue Stilton Cheese	On investigation it was accepted that it had been sold in error by an inexperienced assistant.

The prescribed standard for genuine milk is a minimum of 3% for fat and 8.5% for solids not fat but where unadulterated milk is reported to be deficient in solids not fat the Analyst describes the milk as genuine but substandard in quality.

The three samples which the Analyst had certified as substandard were reported to advisory experts of the Ministry of Agriculture, Fisheries and Food. I am pleased to report that subsequent samples taken from all these retailers were reported by the Public Analyst as genuine.

### Milk Antibiotic tests.

All 39 samples of milk submitted for test were reported as satisfactory and no requests for sampling were received during the year from the larger dairies who occasionally suspect the presence of antibiotics in milk delivered to them.

### Brucella Ring Test.

In order to ensure that no infected milk is sold to the public samples of milk are regularly taken from all retailers who sell untreated milk to the public.

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. This often entails subsequent visits where certain animals are dry at the time of the original sampling. The farmer is advised to isolate all infected animals and to withdraw the infected milk from the main supply. Every effort is made to assist the farmer with regard to the sampling of any suspected animals or any additions to the herd.

364 samples of milk were submitted to the Public Health Laboratory at Shrewsbury on behalf of the County Medical Officer of Health and of these 133 were taken from milk vendors selling milk direct to the public. 3 of these samples were reported as positive on the Brucella Ring Test and these necessitated visiting the farms concerned where 332 samples were taken. As one herd was found to be badly infected a number of animals were tested on more than one occasion and 34 positive results were reported. These results were reported to the County Medical Officer who considered it advisable for the producer/retailer to stop selling untreated milk until the herd was found to be clear of infection. This is an extremely serious matter for anyone in the dairy industry and it is gratifying to report that every assistance was given at the farm to your officers in what proved to be a lengthy investigation of the herd and the owner agreed that all the milk produced at the farm should be sent for pasteurisation.

Officers of the Ministry of Agriculture, Fisheries and Food are now carrying out a detailed investigation of the whole herd and every effort is being made to eradicate the source of infection. This department is being kept fully informed of the results of the tests carried out and when a satisfactory report is received from the Ministry your officers will retest the herd and submit samples to the Public Health Laboratory before the milk supply is allowed to be sold to the public.

At the request of the District Medical Officer of Health another farm was visited and 16 individual cow samples were taken and the Public Health Laboratory reported that 14 samples were negative and 2 were positive on the ring test. The farmer concerned has been advised accordingly.

Two samples were taken from a producer who sends all his milk for pasteurisation except for a small quantity which is for family usage and both samples were reported as positive. The farm was visited and 9 individual cow samples were taken, three of which were reported as positive and the farmer was advised to use the milk of the non-infected cows.

#### Milk (Special Designation) Regulations.

462 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 25 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 two other cases it was necessary to ask the Ministry of Agriculture, Fisheries and Food to give advice to two producer retailers. All the other samples followed up were reported as satisfactory.

The methylene blue test for untreated and pasteurised milk could not be carried out on 14 samples submitted as the atmospheric shade temperature at the time exceeded 70°F.

#### School Milk.

34 samples were taken from milk delivered to schools in the County and five of these samples failed the keeping quality test. A follow up sample of one of these failures proved to be satisfactory and the other four in investigation were found to be from the same supplier. It was ascertained that following the stoppage of milk to senior pupils the dairy concerned had decided for economic reasons to bottle school milk on alternate days and this new practice had caused the failures. When the matter was brought to the attention of the firm concerned they immediately agreed to resort to their original practice of daily bottling in order to avoid any risk of their milk failing the keeping quality test.

#### Prosecutions.

It was found necessary to institute proceedings under Section 2 of the Food and Drugs Act, 1955 against a retailer for the sale of a piece of meat which was not of the nature demanded by the customer. This involved the sale of a piece of New Zealand Lamb which was labelled as Welsh Lamb. The defendant was convicted and fined £10.

Proceedings taken against a bakery for selling a loaf of bread containing a rusty nail was dismissed by the magistrates.

L. O. BRIGHT

Food and Drugs Inspector



PART VII

SCHOOL HEALTH

Registrar-General's Mid Year Estimate of Population	1971 - 42,761	
Area of Administrative County	510,110 acres	
Number of children on school registers at December, 1971 :-		
	<u>No. of Schools</u>	<u>No. of Children</u>
Primary Schools	59	4,607
Secondary Schools	6	3,253
Special Schools	3	175
	<u>68</u>	<u>8,035</u>

MEDICAL INSPECTION OF SCHOOL CHILDREN:

In 1971 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.

Prior to each inspection parents were asked to complete a questionnaire giving information about their child's health and invited to bring to the Medical Officers attention any problems, physical or otherwise about which they were concerned. Parents were also asked to be present at the examination of their child. The majority of parents readily accepted this invitation in the infant and junior schools but with the growing independence of the adolescent, few parents attended medical inspections in the High Schools.

Information concerning defects that require treatment or observation and which may influence the child's educational progress was, with parental permission, passed to head teachers and the school nurses so that appropriate help can be given in schools to alleviate as far as possible the adverse effects a particular defect may cause.

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 were obtained in the majority of cases.

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

	<u>1969</u>	<u>1970</u>	<u>1971</u>
Periodic Medical Inspections	1908	2061	2005
Re-inspections	1530	1387	1295
Special Inspections	51	45	56

DEFECTS FOUND AT PERIODIC MEDICAL  
INSPECTIONS DURING 1971 BY YEAR OF BIRTH

Age Groups Inspected (By year of Birth)	No. of Pupils Medically Examined	Physical Condition of pupils inspected		Pupils found to require treatment (excl. dental diseases and infestation with vermin.)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (ex. Squint)	For other condition recorded at Part 11	Total Individual pupils
1967 & over	54	54	-	-	7	6
1966	432	432	-	10	43	48
1965	213	213	-	10	20	25
1964	33	33	-	2	4	3
1963	29	29	-	2	5	6
1962	20	20	-	3	6	6
1961	157	157	-	2	13	12
1960	313	313	-	5	20	22
1959	171	171	-	8	7	15
1958	52	52	-	2	4	6
1957	52	52	-	3	5	6
1956	479	479	-	23	22	44
TOTAL	2,005	2,005 100%	- Nil %	70	156	199

DEFECTS FOUND AT PERIODIC AND SPECIAL INSPECTIONS  
DURING 1971 - BY TYPE OF DEFECT

Defect Code No	Defect or Disease		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	3	6	7	16	1
		O	21	25	26	72	-
5	Eyes - a. Vision	T	20	23	27	70	8
		O	109	68	91	268	2
	b. Squint	T	5	1	1	7	-
		O	22	3	15	40	-
	c. Other	T	1	-	1	2	-
O		3	-	4	7	-	
6	Ears - a. Hearing	T	8	1	4	13	-
		O	24	3	24	51	-
	b. Otitis Media	T	2	-	1	3	--
		O	31	5	9	45	-
	C. Other	T	4	4	6	14	-
O		15	13	13	41	1	
7	Nose and Throat	T	4	1	7	12	-
		O	88	17	48	153	1
8	Speech	T	11	-	4	15	2
		O	26	2	17	45	-
9	Lymphatic Glands	T	-	-	2	2	--
		O	11	2	8	21	-
10	Heart	T	4	-	5	9	-
		O	24	6	13	43	-
11	Lungs	T	5	1	1	7	-
		O	26	10	13	49	-
12	Developmental - a. Hernia	T	2	-	-	2	-
		O	4	-	5	9	-
	B. Other	T	6	2	14	22	-
		O	37	2	17	56	-
13	Orthopaedic - a. Posture	T	2	1	1	4	1
		O	7	2	7	16	-
	B. Feet	T	9	2	5	16	-
		O	23	29	11	63	-
	c. Other	T	2	2	2	6	1
		O	12	10	14	36	-
14	Nervous System-a.Epilepsy	T	-	-	-	-	-
		O	4	-	6	10	-
	b.Other	T	1	-	1	2	-
		O	4	2	7	13	-
15	Psychological-a.Development	T	-	-	2	2	-
		O	15	6	10	31	2
	b.Stability	T	1	-	-	1	1
		O	9	2	12	23	-
16	Abdomen	T	-	-	-	-	-
		O	4	3	7	14	1
17	Other	T	-	1	-	1	-
		O	2	4	1	7	-

#### GENERAL PHYSICAL CONDITION:

School Medical Officers are asked to assess clinically the "General Physical Condition" of each pupil examined at the periodic medical inspections as satisfactory or unsatisfactory. In recent years the number of children whose condition was considered unsatisfactory has been small and in the year under review no child was so classed.

	<u>1969</u>	<u>1970</u>	<u>1971</u>
Percentage of pupils considered unsatisfactory	0.58%	0.4%	Nil
Percentage of pupils considered satisfactory	99.42%	99.6%	100%

#### CLEANLINESS AND INFESTATION:

Regular visits are made to the schools by the Health Visitors 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>1969</u>	<u>1970</u>	<u>1971</u>
No. of individual inspections of pupils by school nurse	9,279	9,843	9,035
No. of pupils found to be infested	45	76	76
No. of cases of scabies	8	1	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. Cowan 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>1969</u>	<u>1970</u>	<u>1971</u>
No. of pupils dealt with at clinics for errors of refraction, squint and other eye conditions	550	704	606
No. of pupils for whom spectacles were prescribed	271	322	303

Children requiring operative treatment for squints or other eye conditions are treated at Bronglais 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 occupations that are unsuitable for those unable to identify certain colours.

#### DEFECTIVE HEARING:

264 children were given audiometric screening tests at 25 decibel level and 21 children who failed this test were referred for more detailed testing.

140 children were examined by Medical Officers and more detailed testing carried out. Of these 55 were discharged as having hearing within normal limits, 67 were kept under observation for repeat assessment and 18 were referred to the hospital E.N.T. departments, or to the Shrewsbury Audiology Clinic for specialised investigation and treatment.

#### 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 development 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. The Speech Therapist, reports as follows :-

Having now worked in the county for three years, I feel that the Speech Therapy Service provided could be improved if it was re-structured in order to cater for those children who

require therapy more frequently than once a week. Of the 59 children at present receiving weekly treatment, there are approximately twenty that I feel would benefit from intensive treatment, ideally three or four sessions each week. In this way progress, I am sure, would be more rapid. The problems of organising such a service are many, predominantly one has to consider the geography of the county, and appreciate that these twenty children in need of intensive therapy are situated in small numbers throughout the county from Machynlleth to Llanfyllin. Taking this into consideration the economic outlay involved in transporting these children to and from schools and clinics would be very great.

I feel that future consideration could possibly be given to providing a purpose built unit adjoining an Infant School in a central town such as Newtown, where children requiring specialist help could be brought daily and receive treatment from the remedial teachers, the teacher of the deaf and the Speech Therapist, as well as being integrated in the normal school.

The following table gives the numbers for year ending 31st December, 1971

	<u>1969</u>	<u>1970</u>	<u>1971</u>
Awaiting Therapy . . . . .	44	27	27
Receiving Therapy . . . . .	57	57	59
Deferred Cases . . . . .	53	55	49
Discharged Cases . . . . .	82	77	47

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.

The following tables show the number of children assessed in the various handicaps during the year and the total number of children in Special Schools.

CHILDREN NEWLY ASSESSED DURING 1971 AS IN NEED OF SPECIAL  
EDUCATIONAL TREATMENT

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	Blind	Partial Sight	Deaf	Partial Hearing	Physical Handicap	Delicate	Maladjusted	E.S.N.	Epileptic	Speech Disorders	TOTAL
<b>TABLE A</b>											
Boys	-	-	-	-	1	-	-	10	-	-	11
Girls	-	-	-	-	-	-	-	11	-	-	11
<b>TABLE B</b>											
<b>Children Newly Placed in Special Schools</b>											
<b>1) Those included in (A) above -</b>											
Boys	-	-	-	-	-	-	-	4	-	-	4
Girls	-	-	-	-	-	-	-	3	-	-	3
<b>11) Those Assessed Prior to February 1971</b>											
Boys	-	-	1	-	-	-	-	4	-	-	5
Girls	1	-	-	-	-	-	-	1	-	-	2
<b>111) Total</b>											
Boys	-	-	1	-	-	-	-	8	-	-	9
Girls	1	-	-	-	-	-	-	4	-	-	5

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

	Jan. 1st 1971		Admitted During year		Discharged During Year		Dec. 31st 1971	
	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	-
Royal Schools for the Deaf, Cheadle Hulme, Cheshire	-	-	1	-	-	-	1	-
<u>EDUCATIONALLY SUB-NORMAL PUPILS</u>								
Brynllwarch Residential School	23	-	8	-	3	-	28	-
Cyfronydd Residential School	-	7	-	4	-	2	-	9
<u>SEVERELY SUB-NORMAL PUPILS</u>								
Newtown Special School (1.4.71)	11	9	1	1	-	-	12	10
Bryn y Neuadd Hospital, Llanfairfechain	2	1	1	1	2	1	1	1
<u>PHYSICALLY HANDICAPPED PUPILS</u>								
Ysgol Gogarth, Llandudno	2	3	-	-	-	1	2	2
<u>MALADJUSTED PUPILS</u>								
Gwynfa Residential Clinic, Old Colwyn	2	1	-	-	2	1	-	-
<u>BLIND PUPILS</u>								
Pathways, Conover Hall, Conover, Shrewsbury	-	-	-	1	-	-	-	1
Lickey Grange School for the Blind, Bromsgrove	1	-	-	-	-	-	1	-

BLIND PUPILS:

A girl, aged 5 with, in addition to her blindness, a marked hearing loss, was admitted at the beginning of 1971 to Pathways, Conover Hall, Near Shrewsbury, a special unit for blind/deaf children. This child had been under the care of Consultants in both fields since early infancy and her handicaps are familial in origin, her mother being similarly handicapped and having attended the Llandrindod Wells School for the Deaf in her early years.



One other blind pupil, a boy of 8, is attending a residential school for the Blind, Lickey Grange, Bromsgrove. His report for the year from school shows that he is progressing well with his Braille Machine and shows a good memory for Braille contractions, enjoys writing his own news using a Perkins Writing Machine.

#### DEAF AND PARTIALLY HEARING PUPILS:

No children were assessed during the year as deaf or partially hearing in need of special educational treatment in special schools. One deaf boy, aged 3 years, was admitted to the Royal School for the Deaf, Cheadle Hulme, Cheshire and there were three other pupils resident in special schools outside the county.

Hearing aids were issued to six pupils during the year and 27 children with hearing aids were attending schools in the county.

Following the recommendations made in 1970 that a Peripatetic Teacher for the Deaf and Partially Hearing be provided to care for such children within the county, Mr. K. Davies was appointed to this post and took up his duties in September 1971. He has worked in close association with the staff of the School Health Service and his report on his first three months in the County is as follows :-

"The partially hearing service was established in September 1971 with the appointment of a peripatetic teacher.

Initially the 28 children known by the School Health Department to have some form of hearing impairment were seen so that the nature and degree of their handicap could be assessed to determine what effect this was having upon their educational progress. From this original number, 13 children, ranging from pre-school to secondary school age were found to be in need of some form of educational help and these were nearly all seen at least once a week. The help given varied considerably from child to child. Some of the children, through having misheard and misunderstood were not making the educational progress expected of them and were given some individual remedial help in the basic subjects. Instruction was given in the care, use and maintenance of hearing aids so that the best auditory patterns could be obtained to facilitate not only scholastic progress but the growth of language and speech, which are so markedly underdeveloped in hearing-impaired children. However, as a hearing aid merely is what it says, an aid to hearing, assistance was also given to the children in developing their lip-reading skills so that they have more opportunity to interpret the imperfect auditory patterns which they receive.

The work of a peripatetic teacher of the deaf is not confined to the remedial education and auditory training of the children but also involves helping both class teachers and parents understand the many problems imposed by hearing impairment and the help and consideration that they can give to them, not only with their school work but their psychological, social and personality development. Therefore, where possible, informal conversations

were held with all concerned which benefited not only the parents in learning to understand how they can best help their children but also enabled the teacher of the deaf to learn something of the home background, which is essential when trying to help the children to come to terms with their handicap.

Links were developed with the Consultant Otologists in both Wrexham and Shrewsbury so that medical information pertinent to the children's education was known. Contact with the hearing aid technicians in both these centres was also developed so that replacement hearing aids, spare parts and batteries etc. could be obtained with the maximum speed and the least disruption to the children's education.

The children attending residential schools for the deaf were visited in their school holidays in order to advise the parents over any problems that they were experiencing with their children, to help them to understand the aims of the children's schools and to suggest possible ways in which they might help the children during the vacation period.

As the partially hearing service developed more children were referred by the School Health Department for audiological and educational assessment so that a total of 63 children were seen during the period from September to December, in addition to the fifteen who were managing satisfactorily in their schools and did not require any additional help except to make sure that their teachers were fully aware that they experienced hearing difficulties and knew what they could do for the children.

Most of these children have conductive hearing losses which may well fluctuate throughout the year presenting the child with occasional considerable difficulty. The teachers were made aware of this but in order that any deterioration which might affect educational progress should not go unnoticed, it is intended that these children should be seen at least once a year for further assessments.

The Partially Hearing Service must progress in the future with the establishment of special classes but these should not be developed unless considerable educational and social value can be obtained from them. It is essential that hearing impaired children have as much contact as possible with other children to help the growth of speech and language as well as their social development, therefore, they would need to be integrated into the normal school environment and withdrawn for only short periods for extra help. Many of the handicapped children are in small classes in their present schools and would seem to be better placed, provided that they receive adequate peripatetic help, than in a Partially Hearing Unit attached to a large school where they would have to be integrated into large classes. Therefore, there must be careful consideration before any Partially Hearing Unit is established.

#### PHYSICALLY HANDICAPPED PUPILS:

Four children from the County are now receiving education at the North Wales School for the Physically Handicapped, Ysgol Gogarth, Llandudno.

During the year one child receiving education at the school was reassessed and recommended transfer to the Special School, Newtown, as her progress at Ysgol Gogarth had been very limited and her I.Q. level was such that it was felt she would not benefit further by remaining and would be better placed in the school for the subnormal.

A number of children with physical handicaps are in attendance at ordinary day schools in the County, receiving help from the staff and able to benefit by being in the ordinary school community. These cases are kept under regular review, to ensure that satisfactory progress is maintained.

#### 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, in the main, is 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 1971 was 4.

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 very ready to respond to this need. During 1971 the Medical Officers recommended that 9 children should be conveyed to school on medical grounds.

#### EDUCATIONALLY SUB-NORMAL PUPILS:

Educationally sub-normal pupils form the major group of handicapped pupils requiring special educational facilities. The number of pupils on the register as having been ascertained educationally sub-normal at the end of 1971 was 81.

Residential schooling for educationally sub-normal children has been provided by the Authority for many years at Brynllwarch, Kerry, for boys and Cyfronydd School for girls.

Consideration was given during the year to the admission of pupils to these schools on a day basis and it was agreed to admit a limited number of pupils on a day basis from the Autumn Term and that this position be reviewed in the light of the experience gained in this admixture of residential and day pupils.

The schools also take in pupils from outside the county and the numbers of children in attendance at the schools at December 31st 1971 with their counties of origin is shown in the table below :-

<u>Cyfronydd</u>		<u>Brynllwarch</u>	
Montgomeryshire	9 (1 day pupil)	Montgomeryshire	28 (6 day pupils)
Merionethshire	7	Merionethshire	7
Denbighshire	2	Denbighshire	4
Flintshire	4	Flintshire	10
Herefordshire	8	Herefordshire	6
Caernarvonshire	3	Caernarvonshire	2
Radnorshire	2	Radnorshire	2
Anglesey	2	Anglesey	1
		Breconshire	3
		Newport (Mon.)	2
		Monmouthshire	1
		Cardiganshire	1
		Walsall	1
		Shropshire	1

	1970			1971		
	Boys	Girls	TOTAL	Boys	Girls	TOTAL
Number of pupils submitted to mental tests by Medical Officers	41	9	50	46	25	71
Number recommended for admission to special schools	14	2	16	9	6	15
Number admitted to special schools	3	1	4	4	2	6
Number reported to Local Health Authority under Sec. 57 of the Education Act 1944 as requiring friendly supervision on leaving school	5	2	7	1	1	2

#### SEVERELY SUBNORMAL PUPILS:

During the year the implementation of the proposals for a new Special School to cater for the needs of the severely subnormal child following the transfer of responsibility for such children from the Health Department to the Education Department went ahead as planned. On April 1st the Junior Training Centre, Newtown and the children in Llys Maldwyn Subnormality Hospital became linked in the Newtown Special School. The existing staff of the Training Centre and those responsible for training the patients in the hospital were taken on to the Education Department staff. The post of Head Teacher was advertised and Mr. E.M. Edwards took up his appointment in September. Liaison meetings have been held with the staff of the hospital teaching staff and representatives

from the Education and Health Departments and the transition period passed over without any major problems. Future plans and policy will be presented to the Committee as the total needs of the hospital patients are assessed. It is clear that additional staff and more appropriate buildings will be required.

Liaison regarding admission of pupils to the Special School and aspects of their care related to the field of the new Social Services Department also requires more detailed consideration as the school develops. However, as the staff of both the new school and the Social Services Department contains ex-Health Department Staff there is already a good working relationship that can be built on.

#### EPILEPTIC PUPILS:

The number of children known to the Authority as suffering from epilepsy and attending normal schools during the year was 31. Modern treatment controls the attacks and enables these children to take their place in the normal school situation. Advice is given to the staff of the school concerning the possible effects of the drugs taken to control the attacks on the child's school progress and regular medical review maintained. Guidance is given regarding the situations that might place a child at risk where sudden loss of consciousness might place the child in danger of injury. Particular care is needed during the period of adolescence and includes guidance to Careers Officers in helping placement of the child in a suitable job on leaving school.

In general everything is done to encourage as normal a life as possible accepting that there are some risks attached to this policy. An unfortunate example of this occurred in 1971 when a boy died on the school playing field during an attack of epilepsy. On investigation it was evident that this was entirely unavoidable and all reasonable care and attention had been given. This is a rare occurrence and should not influence schools to impose too rigid restrictions on such children's activities.

#### Maladjusted Pupils:

The definition of this group of children describes them as pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Children with such difficulties may be referred to the School Medical Officer from many sources - Parents, Teachers, Health Visitors, School Nurses, Social Workers, General Practitioners or Hospital Consultants.

The assessment of their problems requires the assistance of the Child Guidance Team and in Montgomeryshire we are fortunate in being associated with the service provided by the North Wales Child Guidance Service.

Improvement in the clinical staffing situation with the appointment of Dr. W.I.D. Scott has enabled more frequent and regular clinic sessions to be resumed at Welshpool and 57 sessions were held during the year.

Three children received residential treatment at Gwynfa during the year and were discharged to their homes to attend the ordinary day schools and remain under outpatient supervision at the Child Guidance Clinic.

North Wales Child Guidance Service Statistics - 1971

Sources of Referral

School Medical Officer .....	15
General Practitioners .....	4
Consultant Paediatrician .....	2
Other Medical Specialists .....	-
Courts & Probation Officers....	-
Social Services Departments....	-
Parents .....	4
School & Education Officers....	1
Psychologists .....	2
Others .....	-
	28

Clinic Attendances

Clinic	No. of Individual Children	PSYCHIATRIST				PSYCHOLOGIST		P.S.W.	
		First	Further	C	P	First	Further	First	Further
WELSHPOOL	37	21	25	137	67	-	-	30	184
WREXHAM	1	-	-	1	1	-	-	-	2
<b>TOTAL</b>	<b>38</b>	<b>21</b>	<b>25</b>	<b>138</b>	<b>68</b>	<b>-</b>	<b>-</b>	<b>30</b>	<b>186</b>

No. of clinic sessions - Welshpool ... 57  
Home visits etc. by Psychiatric Social Workers - 94

The North Wales Joint Committee on Special Education considered a report from the Principal Psychologist on the Psychological Service. It was agreed that an establishment of eight Educational Psychologists were required, distributed throughout the counties on the following basis :-

Flintshire	2	Denbighshire	2
Anglesey	1	Caernarvonshire	1
Merionethsire	1	Montgomeryshire	1

This will mean a considerable improvement in the service in Montgomeryshire where we have been sharing an Educational Psychologist with Merionethshire. Mr. I.M. Ferguson was appointed as Educational Psychologist to Montgomeryshire, to commence duties in September, 1972.

#### HANDICAPPED SCHOOL LEAVERS:

The Co-ordinating Committee for the Handicapped met on three occasions during the year. Fourteen new cases were considered of children due to leave school in the near future and who presented problems associated with some physical or mental handicap. In addition many of the cases previously considered were reviewed.

The Committee continues to be a useful forum where all the departments concerned with the handicapped can meet and in addition to dealing with individual cases, discuss common problems and create an integrated local policy of action in such cases.

#### OTHER SERVICES:

##### School Meals Service:

A School Meal Service is provided at all the schools in the County and on a specified day the number of children taking meals in schools were :-

	<u>1970</u>	<u>1971</u>
Number of children present	7,165	7,322
Number of children taking meals	6,179	5,894
Percentage of children taking meals	86.2%	80.4%

##### Milk in Schools:

Under revised regulations the provision of milk in schools was altered as from the 1st September, 1971. Provision is now made only for pupils in the following classes :-

- a) pupils in special schools
- b) pupils in maintained schools up to the end of the Summer Term after they attain the age of seven.
- c) other pupils in primary schools where a School Medical Officer certifies that the pupil's health requires that he should be provided with milk at school.

In respect of section (c) Medical Officers, Health Visitors and teaching staff were asked to inform the department of any children they considered required milk in school under this clause. Children referred have been examined by the Medical Staff and by the end of 1971 concessionary milk was approved in five cases.

All the milk provided to the schools is pasteurised and a report on the quality of the milk is included with the report of the Food and Drugs Inspector.

SCHOOL CLOTHING GRANTS:

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

	<u>1970</u>	<u>1971</u>
Number of Grants .....	34	51



PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT  
FOR THE YEAR ENDING 31st DECEMBER, 1971

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I have the honour to present my tenth Annual Report.

The Staffing position, although remaining static in other parts of the County, has been somewhat erratic in the Welshpool Area. A newly appointed Dental Surgery Assistant, Miss Cerys Edwards, only remained in the post for a matter of seven months before submitting her resignation, which was the third Dental Surgery Assistant resignation in two years at this clinic. The Area Dental Officer, Mr. A.G.D. Swift, resigned his post shortly afterwards and the overall effect has been to reduce the amount of productive work that the service has been able to achieve this year. However, Mr J.H. Bronner was interviewed and appointed within a short space of time and the service did not, therefore, suffer to quite the extent that was at first anticipated. Mrs. Beti Jones was appointed to replace Miss Edwards and has settled into public health dentistry very well after a number of years in general practice. Mr. Bronner's previous experience was also in general practice but he has already shown an aptitude for children's dentistry in the public health sector and the future augurs well for the Welshpool (Llanfyllin) area.

Despite the disruption caused by these changes the number of children receiving treatment has remained static and, in fact, has been so now for the last six years, as the histogram shows. This figure of approximately 3,000 children is double what it was at the beginning of the present decade and it will also be seen that the number of children not receiving treatment annually has declined also. This latter figure varies according to the number of children inspected during the year but in recent years it has been virtually possible to inspect all schools annually. However, not all children receive treatment promptly and treatment given is not always as full as it could be if the service were better staffed and I make my annual plea for an extra dental officer to cope with the heavy demand which my service receives in this rural county. It is to the Authority's credit that the demand for treatment is so high but it is purposeless to create a demand if the facilities are not available to satisfy it.

As a result of my report on ancillary personnel the Committee agreed that the part-time Dental Surgery Assistant, Mrs. G. Wilson, be allowed to remain on the staff as an additional help at the Newtown Clinic and as a relief nurse at other clinics as required. This was a welcome decision but it was a disappointment that this did not help to increase or improve dental health education in the County, which was the main purpose of the report. However, the distribution of pamphlets and oral hygiene packs have again been made throughout the County and although not perhaps as effective as personal contact, at least an 'awareness' has been attempted which, together with the regular visit of the dentist to schools for inspection purposes, does not allow our school children to forget for long the existence and importance of their teeth.

The statistics generally are fractionally lower than in recent years but still remain higher than any year previous to 1969. After a number of record breaking years it was clear that sooner or later progress would become either slower or even halted unless a further increase in staff were to be made. The steadily increasing school population now makes this increase in establishment imperative.

The re-equipping of Llanidloes Dental Clinic is proceeding apace but it is expected that there will be some delay in installing some of the modular fitted cabinets which have been ordered for this clinic. A considerable saving has been made by purchasing certain items of new equipment from the dental practice which closed down in Llanidloes recently. As a result of the remarks made in my last Annual Report a decision was taken to investigate ways and means of improving the clinic accommodation at Llanfair Caereinion High School and I hope to report further on this matter next year.

The decision that the use of Llanidloes Clinic be allowed outside normal working hours for the Authority's dental officers to provide general dental services, must have been a very welcome one for the people of Llanidloes. Although it is not possible to provide as complete a service as was available before the dental practice in the town closed down, it has been found that by restricting the service to adults only, dental treatment has been obtainable again within the Borough and with the minimum of delay.

With the future of the School Health Service still very much in the melting pot, this year has been very much a year of uncertainty. The decision to allow your Principal School Dental Officer to attend a course in Dental Public Health in 1972 was one which was extremely welcome in view of the impending reorganisation. There will be a great need in Wales for experienced staff with suitable qualifications if a unified health service is to become a viable proposition and I welcome this opportunity to become better suited to play my part in the tasks that lie ahead.

My gratitude must again go to those who help the dental service to run so smoothly. I include the County Librarian, Mr. Iorwerth Davies, for providing books in the waiting rooms and Mr. Merfyn Roberts and his staff in the Architect's Department for their maintenance of the clinics. The Director and his staff, together with Dr. Lovgreen and the County Health Department have again been extremely co-operative and helpful in every way. Head teachers and their staffs, both professional and secretarial, have all accepted our intrusions with the minimum of protest and we hope on our part not to have disrupted their work unduly.

To my own staff I give grateful thanks for another year of unstinted effort in the fight against the ravages of dental disease. I thank Mr. Swift for all the work he has done

since he came to the County in 1965 and wish him success in his examination for the Diploma in Dental Public Health which he takes next year. I congratulate Mr. Riches on his promotion to Area Dental Officer after two years with the Authority and thank him and Mr. Bronner for the excellent service they are both providing. The Consultant Orthodontist, Mr. B.T. Broadbent continues to achieve a formidable amount of treatment for those children with irregular teeth. The Dental Surgery Attendants, Miss P.M. Lewis, Mrs. J.D. Stephens, Mrs. Gladys Wilson, Mrs. Barbara Reece and Mrs. Beti Jones have given loyal service in a year that has not been without its difficulties from a dental nursing point of view and I cannot speak too highly of any of them.

The Committee too have had some difficult times this year and I am more than usually grateful for the close co-operation which has prevailed throughout the year

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 & TREATMENT	Ages 5 - 9	Ages 10 - 14	Ages 15 & over	TOTAL
First Visit	1350	1393	439	3182
Subsequent Visits	1773	2661	867	5301
TOTAL VISITS	3123	4054	1306	8483
Additional Courses of treatment commenced	110	80	15	205
Total courses commenced	1460	1473	454	3387
Courses completed				2500
Fillings in permanent teeth	1197	2987	1236	5420
Fillings in deciduous teeth	1160	38		1198
Permanent teeth filled	1003	2657	1152	4812
Deciduous teeth filled	1071	36		1107
Permanent teeth extracted	115	561	175	851
Deciduous teeth extracted	1696	754		2450
General Anaesthetics	91	35	1	127
No. of emergencies	199	141	32	372

Number of pupils x-rayed	.....	306
Prophylaxis	.....	132
Teeth otherwise conserved	.....	368
Teeth root filled	.....	21
Inlays	.....	3
Crowns	.....	16

ORTHODONTICS:

New cases commenced during year...	65
Cases completed during year .....	54
Cases discontinued during year....	6
No. of removable appliances fitted	72
No. of fixed appliances fitted....	42
Pupils referred to Hospital Consultants	-

Prosthetics	Ages 5 - 9	Ages 10 - 15	Ages 15 & over	TOTAL
Pupils supplied with F.U. or F.L. (first time)	-	-	1	1
Pupils supplied with other dentures (first time)	1	1	6	8
No. of dentures supplied (First or subsequent time)	1	2	8	11

ANAESTHETICS:

General Anaesthetics administered by Dental Officers - 155

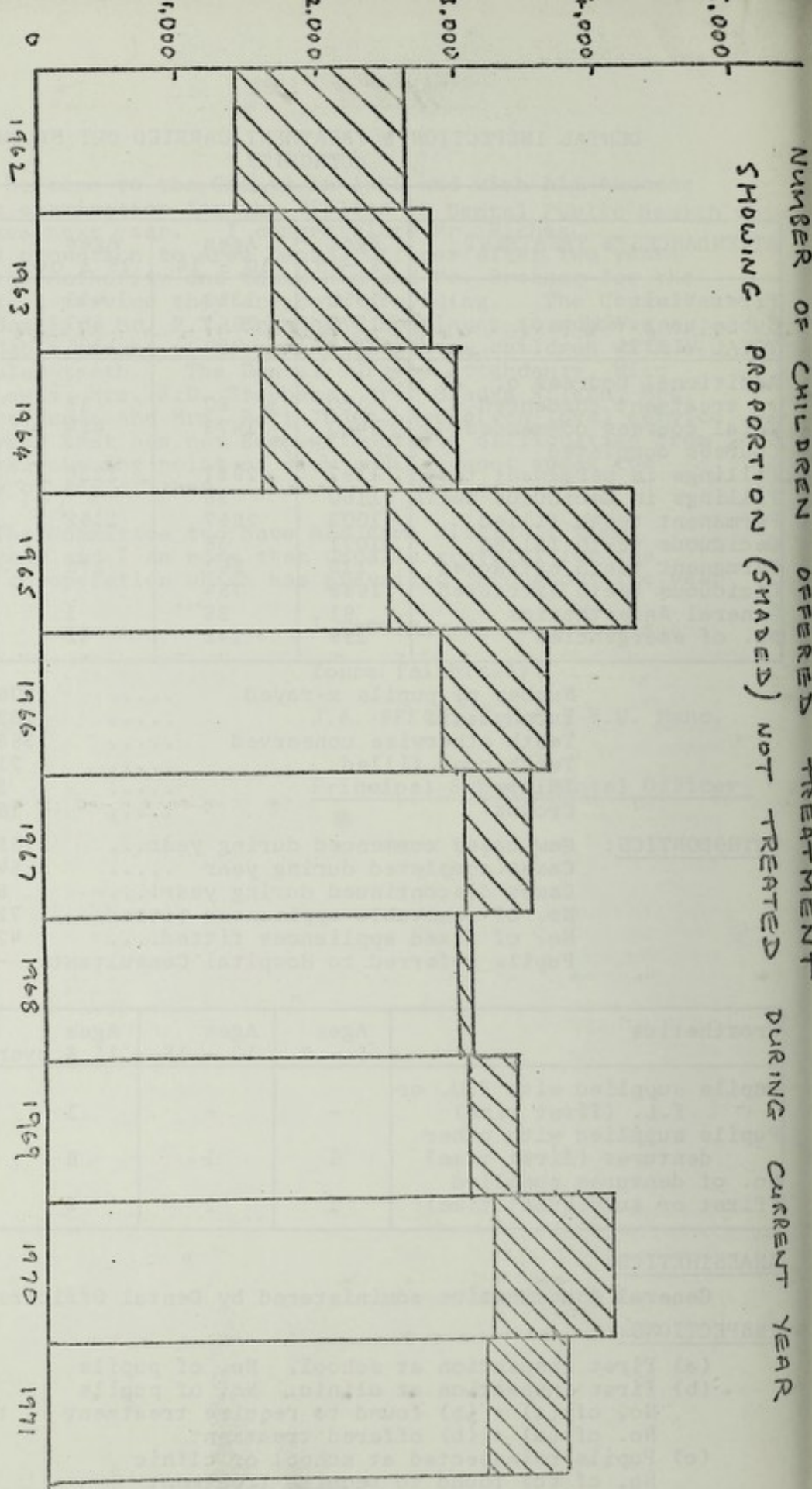
INSPECTIONS:

(a) First inspection at school. No. of pupils	- 6350
(b) First inspection at clinic. No. of pupils	- 355
No. of (a) + (b) found to require treatment	- 5000
No. of (a) + (b) offered treatment	- 3762
(c) Pupils reinspected at school or clinic	- 123
No. of (c) found to require treatment	- 86

SESSIONS:

Sessions devoted to treatment	- 1082
Sessions devoted to inspection	- 90
Sessions devoted to Dental Health Education	- 4

NUMBER OF CHILDREN OFFERED TREATMENT  
 SHOWING PROPORTION (SHADED) NOT TREATED DURING CURRENT YEAR

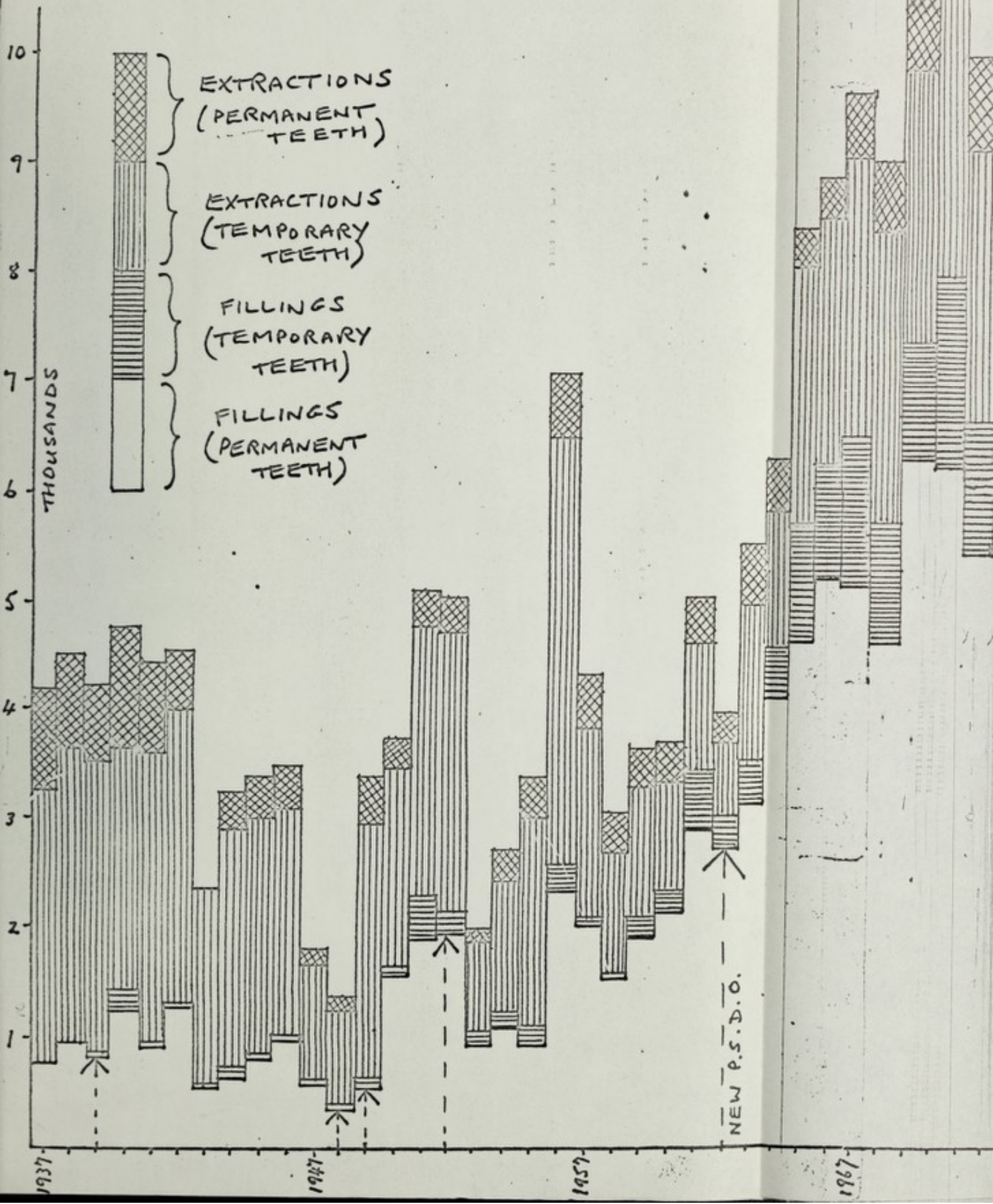


HISTOGRAM

MONTGOMERYSHIRE

WORK DONE IN SCHOOL DENTAL SERVICE

1937 - PRESENT TIME



WORK DONE IN CONCRETE DEPARTMENT 1957 - PRESENT TIME

