

**[Report 1969] / Medical Officer of Health, Radnorshire County Council.**

**Contributors**

Radnorshire (Wales). County Council.

**Publication/Creation**

1969

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**RADNORSHIRE COUNTY COUNCIL**  
and  
**RADNORSHIRE EDUCATION COMMITTEE**



**ANNUAL REPORTS**  
of the  
**County Medical Officer of Health**  
**County Welfare Officer**  
and  
**Principal School Medical Officer**  
for  
**1969**

**F. J. H. CRAWFORD, M.D., B.Sc., D.P.H.**

Barrister-at-Law

Telephone No. - Llandrindod Wells 2262



**RADNORSHIRE COUNTY COUNCIL**

and

**RADNORSHIRE EDUCATION COMMITTEE**

**ANNUAL REPORTS**

of the

**COUNTY MEDICAL OFFICER OF HEALTH**

**COUNTY WELFARE OFFICER**

and

**PRINCIPAL SCHOOL MEDICAL OFFICER**

for

**1969**

**F.J.H. Crawford, M.D., B.Sc., D.P.H.,  
Barrister-at-Law**

Telephone No. Llandrindod Wells 2262

RADNORSHIRE COUNTY COUNCIL  
MEMBERS OF THE COUNTY COUNCIL

Chairman: Alderman W.H. Edwards  
Vice-Chairman: Alderman R.P.L. Hughes

Aldermen:

R. Brick	Penry Pritchard
J.S. Davies	J.S. Ruell
G.R. Davies, C.B.E.	T.F. Vaughan-Prickard, C.V.O.
W.H. Evans	Brigadier Sir C.M.D. Venables- Llewelyn, Bart., M.V.O.
E.T. Kinsey Morgan, C.B.E.	

Councillors:

Mrs. D.Y. Barstow	Harri Lewis, C.B.E.
W.R.A. Breeze	T.H. Lewis
R.A.S. Clark	T.R. Lloyd
C.T. Davies	C.A. Masters
J.C. Deakins	G.D. Morgan
E.L. Evans	T.O. Nicholls, O.B.E.
O. Gibbin	Mrs. A.V. Parkinson
Major J.D. Gibson-Watt, M.C., M.P.	H.A. Peter
- Resigned 6.4.69	A.L. Pritchard
R.J. Griffiths	N.F. Reay
J.I. Hargest	R.L. Ryder
E.T. Harris	Mrs. R.M. Thomas
L.P. Havard	C.E. Watkins
C.P. Jones	Lt. Col. H.B. Watkins, M.C., O.B.E.
J.H. Jones	J. Watkins, M.B.E.
V.T. Jones	S.K. Williams, M.B.E.
R.E. Knill	

Health Committee  
(As at 31st December, 1969)

Chairman: Alderman W.H. Edwards  
Vice-Chairman: Councillor T.O. Nicholls, O.B.E.

Aldermen:

W.H. Evans	Brigadier Sir C.M.D. Venables- Llewelyn, Bart., M.V.O.
E.T. Kinsey Morgan, O.B.E.	
R.P.L. Hughes	

Councillors:

Mrs. D.Y. Barstow  
R.A.S. Clark  
E.L. Evans  
O. Gibbin  
R.J. Griffiths  
E.T. Harris

C.P. Jones  
V.T. Jones  
R.E. Knill  
T.H. Lewis  
H.A. Peter  
N.F. Reay

Co-opted:

Mrs. F.J. Edwards  
Mrs. M.A. Gibson-Watt, M.B.E.  
Mrs. M. Howse  
Miss J. Todd, M.B.E.  
Mrs. H.B. Watkins

Lady Delia Venables-Llewelyn  
Miss D.A. Payne, M.B.E.  
Mr. F.J. Lloyd  
Dr. H.J. Houghton

Welfare Services Committee  
(As at 31st December, 1969)

Chairman:  
Vice-Chairman:

Alderman Penry Pritchard  
Alderman R.P.L. Hughes

Aldermen:

R. Brick  
W.H. Edwards

G.R. Davies, C.B.E.  
E.T. Kinsey Morgan, C.B.E.

Councillors:

R.A.S. Clark  
C.T. Davies  
E.L. Evans  
O. Gibbin  
J.I. Hargest  
T.H. Lewis

G.D. Morgan  
A.L. Pritchard  
R.L. Ryder  
Mrs. R.M. Thomas  
L.P. Havard

Co-opted:

Mrs. A. Breeze  
Mrs. G.E. Curtis  
Mr. F.G.J. Dalton  
Mrs. M. Howse  
Mrs. D.G. Masters

Miss D.A. Payne, M.B.E.  
The Hon. Gwenllian Philipps, O.B.E.  
Rev. C.D. Venables  
Mrs. J.P. de Winton

RADNORSHIRE EDUCATION COMMITTEE

Chairman: Councillor T.O. Nicholls, O.B.E.  
Vice-Chairman: Councillor O. Gibbin

All members of the County Council together with the following co-opted members:

Mr. H. Donald Davies	Rev. Canon T.E. Griffiths
Mr. J. Prince	Mrs. M. Howse
Rev. H.T. Samuel	Mr. W. Denver James
Lady Delia Venables-Llewelyn	Mrs. G.M. Walker

Special Services Sub-Committee  
(As at 31st December, 1969)

Chairman: Alderman Brigadier Sir C.M.D. Venables-Llewelyn, Bart., M.V.O.  
Vice-Chairman: Councillor O. Gibbin

Aldermen:

G.R. Davies, C.B.E.	W.H. Edwards
W.H. Evans	E.T. Kinsey Morgan, C.B.E.
R.P.L. Hughes	Penry Pritchard
J.S. Davies	T.F. Vaughan-Prickard, C.V.O.

Councillors:

E.L. Evans	G.D. Morgan
E.T. Harris	T.O. Nicholls, O.B.E.
L.P. Havard	H.A. Peter
C.P. Jones	N.F. Reay
V.T. Jones	Mrs. R.M. Thomas
R.E. Knill	J. Watkins
Harri Lewis	

Co-opted:

Mr. W. Denver James	Mr. J. Prince
Rev. H.T. Samuel	Lady Delia Venables-Llewelyn
Mrs. M. Howse	

STAFF

County Medical Officer of Health County Welfare Officer and Principal School Medical Officer	F.J.H. Crawford, B.Sc., Ch.B., M.D., M.R.C.S., L.R.C.P., D.P.H. Barrister-at-Law, Middle Temple
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer (part-time)	M. Dilys Owen, J.P., B.Sc., M.B., Ch.B., D.P.H., D(Obst)R.C.O.G.
School Medical Officers (part-time)	B.C. Davies, B.M., B.Ch., D(Obst)R.C.O.G. R.J. Walker, M.B., B.Ch. Beryl A. Davies, B.Sc., M.B., B.Ch.
Consultant Psychiatrist and Adviser in Mental Health (part-time)	G. Diggle, M.B., Ch.B., M.R.C.P.(Ed.), D.P.M.
Chest Physician (part-time)	D.I.A. Williams, M.B., Ch.B.
Assistant Chest Physician (part-time)	P.P. Mulhall, M.B., Ch.B., B.A.O.
School Ophthalmic Surgeon (part-time)	S.S.F. Munro, M.B., Ch.B., D.O.M.S.
Medical Officer at Family Planning Clinic	Beryl A. Davies, B.Sc., M.B., B.Ch.
County Dental Officer and Principal School Dental Officer	P.G.H. Griffith, L.D.S.
County Nursing Officer, Supervisor of Midwives and Home Help Organiser	Irene Snape, S.R.N., S.C.M., H.V.Cert., Queens Nurse. (Appointed 1.4.69)
Psychiatric Social Worker (part-time)	Gwendoline Morgan
Mental Welfare Officers	F.J. McDermott, R.M.N. (Appointed 3.11.69) All District Nurses, Health Visitors and H.E. Morris (part-time)
Dental Attendant	Olwen P. Mantle
Speech Therapist (part-time)	Morag Morley, L.C.S.T.
Home Teacher of the Blind	R.A. Oldbury
Craft Instructress	Patricia Richards
County Chiropodist	J.S. Jose, M.Ch.S., S.R.Ch., M.C.S.P., S.R.P.
Physiotherapists (part-time)	Haulwen Davies, M.C.S.P., S.R.P. Anne Duggan, M.C.S.P., S.R.P.
Officer-in-Charge (Central Ambulance Control, part-time)	T.A.O. Meredith
County Analyst	D.C. Jenkins, M.Sc., F.R.I.C., D.I.C.
Clerical Staff:	W.J. Meredith (Chief Clerk) G.E.H. Steventon Enid L. Barker W.S. Evans Betty Hickling (Resigned 31.12.69) Glenis Davies Vera Prossor (Appointed 16.12.69) Kristina I. Szydlowski (Resigned 14.11.69) June Deans (Appointed 1.12.69, resigned 12.12.69) Gwyneth Phillips (Appointed 1.12.69)



## District Nurses:

The following District Nurses and Health Visitors are employed by the County Council. The nursing services are otherwise the responsibility of the Radnorshire County Nursing Association, half of the members of the Executive Committee being appointed by the County Council.

<u>Nursing Area</u>	<u>Name of Nurse</u>	<u>Qualifications</u>
Beguildy	Ida M. Jones	S.R.N., S.C.M., Queens Nurse
Cwmbach & Newbridge	Barbara Hamar	S.R.N., S.C.M.
Clyro	Elizabeth F. Price	S.R.N., S.C.M.
Knighton	Margaret Haime	R.F.N., S.C.M. (Retired 15.12.69)
	Helena Kajzsorva	S.R.N., S.C.M.
	(Appointed 1.1.69, resigned 24.1.69)	
	Rose Martins	S.E.N.
	(Appointed 27.6.69, resigned November, 1969)	
Llandewi	Gwyneth Lewis	S.R.N.
Llandrindod Wells	Beryl Pugh	S.R.N., Queens Nurse
	Edith M. Rogers	S.R.N., S.C.M., Queens Nurse
	(Retired 10.4.69)	
Nantmel	Winifred L. Roe	S.R.N., S.C.M.
New Radnor	Iris M. Davies	S.R.N., S.C.M.
	Frances M. Niblett	S.R.N.
	(part-time)	
Painscastle	Mary Hayward	S.C.M., S.E.N.
Penybont	Christine McDermott	S.R.N., S.C.M.
Presteigne	Norline Baynham	S.R.N., S.C.M.
	Joan B. Parker	S.R.N.
	(part-time)	
	Harold H. Hambleton	R.M.N.
	(part-time)	
Rhayader	Olwen Wingfield	S.R.N.
Supply Nurse	E. Phyllis Lewis	S.R.N., S.C.M., Queens Nurse
	Pauline Hayes	S.E.N.
	(Appointed October, 1969)	
	Myra O. Jones	S.R.N., S.C.M.
	(Appointed June, 1969)	

## Health Visitors & School Nurses

Margaret K. Chaplin	S.R.N., S.C.M., H.V.Cert., Queens Nurse
(Retired 15.7.69 - now part-time)	
Enid M. Hamar	S.R.N., S.C.M., H.V.Cert., Queens Nurse
Christine Green	S.R.N., S.C.M., H.V.Cert.
Yvonne Fenwick	S.R.N., S.C.M., H.V.Cert., Queens Nurse

Staff of the County Welfare Department  
(Not included in the Health Department)

District Welfare Officers

W.L. Wilding, J.P., Llandrindod Wells.  
H.E. Morris, Knighton.  
Mary Williams, Rhayader.

Superintendent and Matrons of Old People's Homes

Mrs. G.M. Phillips, The Cottage, Knighton.  
Mrs. M. Harrold, S.R.N., S.C.M., Wylesfield, Llandrindod Wells.  
Miss E. Stephens, S.R.N., S.C.M., Hafan, Rhayader.

Associated Officers

Clerk of the Council	D.C.S. Lane
County Treasurer	C. Roberts, F.I.M.T.A., F.R.V.A.
County Surveyor	J.J. Teesdale, A.M.I.C.E., A.M.I.Mun.E. A.M.I.Struct.E.
Chief Education Officer	R.W. Bevan, B.A.
County Architect and County Planning Officer	G.L. Edwards, Dip.Arch., A.R.I.B.A.
Children's Officer	Ceinwen Anthony, S.R.N., S.C.M., H.V.Cert.
Inspector of Weights and Measures and Inspector of Food and Drugs	R.W. Price
Clerk of the Radnorshire Executive Council	P.D. Jarvis

Health Officers of District Councils  
Medical Officers of Health (part-time)

Urban Districts:

Knighton	B.C. Davies, B.M., B.Ch., D(Obst)R.C.O.G.
Llandrindod Wells	H.E. Lichtenstein, B.A., M.B., B.Ch., D(Obst)R.C.O.G.
Presteigne	R.J. Walker, M.B., B.Ch.

Rural Districts:

Colwyn	D.F. Cameron, M.B., Ch.B.
Knighton	J.G. Garman, M.R.C.S., L.R.C.P.
New Radnor	R.H. Jobson, M.B., Ch.B.
Paincastle	W.M.E. Anderson, D.S.O., B.A., M.D., B.Ch.
Rhayader	J. Davies, M.B., B.Ch.

Public Health Inspectors

Urban Districts:

Knighton	H. Jones, M.R.S.H., M.I.Mun.E.
Llandrindod Wells	R.J. Morris, A.R.I.C.S., M.R.S.H., Cert.P.H.I.
Presteigne	L. Allen, M.A.P.H.I.

Staff of the County Welfare Department  
(Not included in the Health Department)

Rural Districts:

Colwyn	J.C. Bowen, M.A.P.H.I., C.R.S.H., M.R.I.P.H.H.
Knighton	D.I. Davies, M.R.S.H., M.A.P.H.I., M.R.I.P.H.H.
New Radnor	L. Allen, M.A.P.H.I.
Paincastle	W.D. Morgans, C.R.S.H.
Rhayader	G.H. Roberts, M.R.S.H., M.A.P.H.I.

Health Officers of District Councils  
Medical Officers of Health (part-time)

Urban Districts:	
Knighton	H.C. Davies, M.B., B.Ch., D(Obst), B.O.G.
Llanrhydod Iwan	H.E. Llanfyllon, M.B., B.Ch., D(Obst), B.O.G.
Paincastle	H.J. Walker, M.B., B.Ch.
Rural Districts:	
Colwyn	D.F. Cameron, M.B., B.Ch.
Knighton	J.G. Gwynn, M.B., B.Ch., F.R.C.P.
New Radnor	F.H. Johnson, M.B., B.Ch.
Paincastle	W.H.E. Anderson, D.S.O., M.B., B.Ch.
Rhayader	H.E. Davies, M.B., B.Ch.
Public Health Inspectors	
Urban Districts:	
Knighton	H. Jones, M.B., B.Ch., M.I.H.M.H.
Llanrhydod Iwan	H.J. Morris, M.B., B.Ch., M.R.S.H., Cert. P.H.I.
Rural Districts:	
Colwyn	L. Allen, M.A.P.H.I.

## 1969 Annual Report

### To the Chairman and Members of the Radnorshire County Council and Education Committee.

I have pleasure in submitting to you my report on the health of the people of Radnorshire during the year 1969, and on the health and welfare services, including the school health service, provided by the County Council and the Education Committee.

In February we welcomed our new County Nursing Officer, Miss Irene Snape, and in November, Mr. F.J. McDermott took up his duties as our first whole-time Mental Welfare Officer.

Perusal of statistics for the year indicate that the services continued to run efficiently.

Our Perinatal and Infant Mortality Rates were above those for England and Wales, but they were not unduly high; in Radnorshire such rates vary widely from year to year due to our small population. The Illegitimate Birth Rate, which was much below that for England and Wales, was very satisfactory, and for the ninth successive year there were no deaths associated with pregnancy or childbirth.

"Heart Disease", "Cerebrovascular Disease", and "Other Diseases of the Circulatory System" accounted for nearly two-thirds of all deaths in the county. Healthier modes of living, including the taking of more exercise, less food, and the cessation of cigarette smoking would prevent a number of such deaths, but unfortunately few people listen to advice on how to promote health. Much health education, preferably at national level, is needed to alter these attitudes.

Happily, Radnorshire does not have many of the problems which confront larger and more populous counties. For example, there has been no evidence of drug-taking among young people here. Nevertheless, we have problems which stem mainly from our low density of population and geographical position, and these are no less difficult of solution.

There was some public criticism of the ambulance service during the year. Our vehicles and equipment are modern and good, but the service is still manned by volunteers, who obviously cannot be expected to match the expertise of paid whole-time staff, who have received more advanced training. However, lack of training beyond the First Aid Certificate level is perhaps offset, to some extent, by enthusiasm, for those who man our ambulance service have a dedication not always found among paid personnel. The service is indeed as efficient as a voluntary service can be in such an area.

There were no outstanding developments during the year, but the Second Government "Green Paper" on the proposed Reorganisation of the Health Services caused much discussion. There is general agreement

that a National Health Service unifying the Local Health Authority, the Hospital and the General Medical Practitioners' Services is desirable, and thus the plan outlined in the "Green Paper", or something very similar is likely to be accepted. At present, under this plan, the Medical Officer of Health will be succeeded by a Community Physician, better styled "Community Health Physician", who will be on the staff of the Area Board. One wonders how small a proportion of the limited funds of the Area Board will be allocated to services for the prevention of disease and the promotion of health, as compared with the more dramatic and superficially more effective curative services. Cardiac transplants, for example, each of which must cost thousands of pounds, can obviously deal with less than one per cent of crippled hearts. More money should be allocated to research into the fundamental problems of the causation of heart and arterial diseases, which would lead to better knowledge as to how such diseases may be prevented.

The implementation of the recommendations of the Seebohm Report which reorganises Local Authorities' Welfare Services seems to me a retrograde step. It is particularly to be deplored that welfare services for mentally disordered persons are to be removed from the health authority. Presumably the Medical Officer of Health will be Medical Adviser to the new Social Services Committee, and it is to be hoped that very close relations between the Health Department and Social Services Department can be established.

I am happy to acknowledge the encouragement and support given to me in my work by the Chairman and members of the Health Committee, the Chairman and members of the Education Committee, and the Chairman and members of the Welfare Services Committee.

I wish also to pay tribute to the efforts of the many voluntary workers without whom the efficient operation of our Health Service would be made much more difficult.

I am glad to acknowledge also the work of my very loyal staff.

I am,

Your obedient servant,

Frank J.H. Crawford.

Registrar General, 1909  
 Statistics relating to population, births and deaths are provided by the Registrar General.

The number of births, stillbirths and deaths allocated to the area are those registered during the year 1909, adjusted for inward and outward transfers.

The following is a summary of the vital statistics for the county.

PART I

LOCAL HEALTH AUTHORITY SERVICES

and

WELFARE SERVICES

Area	Population (Registrar General's Estimate)	Urban Districts	Rural Districts
Urban Districts:			
Kington	5,150		
Llandrinod Wells	5,240		
Preselwyn	6,680		
Rural Districts:			
Colwyn	1,580		
Kington	2,450		
New Radnor	1,980		
Painceston	1,590		
Rhydydder	3,990		
<b>Total</b>	<b>11,990</b>		

## General Statistical Summary of the County

Statistics relating to population, births and deaths are provided by the Registrar General.

The number of births, stillbirths and deaths allocated to the area are those registered during the year 1969, adjusted for inward and outward transfers

The following is a summary of the vital statistics for the county.

Area in acres		301,165
Population (Registrar General's Estimate)		
Urban Districts	6,660	
Rural Districts	11,590	18,250
Urban Districts:		
Knighton	2,120	
Llandrindod Wells	3,240	
Presteigne	1,300	6,660
Rural Districts:		
Colwyn	1,580	
Knighton	2,450	
New Radnor	1,980	
Painscastle	1,590	
Rhayader	3,990	11,590
	Total County	18,250
Rateable Value		£585,290
Product of Penny Rate		£2,319

Live Births

Legitimate  
Illegitimate

M	F	Total
109	116	225
4	7	11
113	123	236

Radnorshire

England and Wales

Live Birth rate per 1,000 population  
Illegitimate Live Births per cent of total births

12.9	16.3
5.0	8.4

Stillbirths

Legitimate 2  
Illegitimate 1  
Total 3

Stillbirth rate per 1,000 total live and stillbirths  
Total live and stillbirths

13.0	13.0
239	

Deaths of Infants under 1 year of age

Legitimate 5  
Illegitimate 1  
Total 6

Infant mortality rate per 1,000 live births 25.0 18.0  
 Legitimate infant mortality rate per 1,000 legitimate live births 22.0  
 Illegitimate infant mortality rate per 1,000 illegitimate live births 91.0  
 Neo-natal mortality rate per 1,000 (under 4 weeks) 17.0 12.0  
 Early neo-natal mortality rate per 1,000 (under 1 week) 17.0 10.0  
 Peri-natal mortality rate (stillbirths and deaths under 1 week combined, per 1,000 live and stillbirths) 29.0 23.0  
 Maternal deaths (including abortion) Nil  
 Maternal mortality rate per 1,000 live and stillbirths Nil 0.19  
 Legitimate birth rate per 1,000 population 12.3  
 Illegitimate birth rate per 1,000 population 0.6  
 Stillbirth rate per 1,000 population 0.2

Deaths -

Total deaths	227	
Death rate	12.4	11.9



Causes of death are given below in order of frequency together with the number who died and the relative percentage of the total deaths. (227)

	<u>Mortality Figures</u>	
	<u>Number of Deaths</u>	<u>Percentages of Total Deaths</u>
Heart Disease (all forms)	89	39.2
Cerebrovascular Disease	44	19.3
Cancer (all forms, including 5 deaths from Lung Cancer)	39	17.1
Other Diseases of Circulatory System	11	4.8
Pneumonia	9	3.9
Other Diseases of Respiratory System	4	1.7
Tuberculosis of Respiratory System	3	1.3
Other Diseases of Genito-Urinary System	3	1.3
All other accidents	3	1.3
Other Diseases of Nervous System etc.	2	0.9
Bronchitis and Emphysema	2	0.9
Peptic Ulcer	2	0.9
Hyperplasia of Prostate	2	0.9
Diseases of Musculo-Skeletal System	2	0.9
Congenital Anomalies	2	0.9
Birth Injury, Difficult Labour etc.	2	0.9
Symptoms and ill defined conditions	2	0.9
Motor vehicle accidents	2	0.9
Anaemias	1	0.5
Mental disorders	1	0.5
Influenza	1	0.5
Other causes of Perinatal Mortality	1	0.5

NATIONAL HEALTH SERVICE ACT, 1946 - Section 21

Health Centres

No health centres have been erected in the county. It has been agreed however by the County Council that in our forward planning we should provide for the erection of one health centre in Llandrindod Wells on land adjoining the hospital.

CARE OF MOTHERS AND YOUNG CHILDREN - Section 22

There were no maternal deaths in the county in 1969.

### Infant Mortality

<u>Area</u>	No. of Deaths under 1 year		Rates per 1,000 births	
	<u>1969</u>		<u>1969</u>	<u>1965-69</u>
<b>Urban Districts:</b>				
Knighton	1		40	6
Llandrindod Wells	1		19	12
Presteigne	-		-	-
<b>Rural Districts:</b>				
Colwyn	-		-	20
Knighton	1		27	24
New Radnor	1		37	21
Paincastle	-		-	-
Rhayader	2		21	23
Urban Districts	2		21.0	10
Rural Districts	4		29.0	19
Administrative County	6		25.0	15

### Congenital Defects

Notifications received of congenital defects apparent at birth numbered three. (3) Initial information is obtained from the birth card. These births are notified to the Registrar General and also placed on the "At Risk" Register.

### Premature Infants

During the year fifteen (15) premature babies were born, all except one of them in hospital. Four babies born in hospital died, one within twenty-four hours, who weighed 3lbs.14ozs., two died at approximately 2 days old and weighed 3lbs.4ozs. and 4lbs.10ozs. respectively, and one died at 9 days old and weighed 3lbs.9ozs. The remaining 10 born in hospital and the one born at home survived and are doing well.

The premature baby rate per 1,000 live births was 63, the same rate as in 1968.

### Child Health Clinics

Child Health Clinics are held in the county as follows:

<u>Place</u>	<u>Time</u>	<u>Medical Officer</u>
Knighton Health Clinic	1st Tuesday in month, 2.30 p.m.	Dr. J.G. Garman
Llandrindod Wells County Hall Clinic	2nd & 4th Tuesday in month, 2.30 p.m.	Dr. M.D. Owen
Newbridge-on-Wye P.O.W. Hut	1st Tuesday in month, 3.0 p.m.	
New Radnor Walton Village Hall	3rd Monday in month, 2.30 p.m.	Dr. R.J. Walker
Presteigne Health Clinic	2nd Tuesday in month, 2.30 p.m.	Dr. R.J. Walker
Rhayader Health Clinic	2nd Wednesday in month, 2.0 p.m.	Dr. B. Davies

Prevention of illness is the aim of the Child Health Clinics.

Advice to mothers on feeding, child behaviour, and on problems associated with the early stages of child development is given, and helps to free the parents from many of their worries. Such clinics, therefore, undertake a number of useful functions and these, to some extent, relieve the work of the general practitioner service.

Sessions held in 1969	Knighton	Llandrindod Wells	Presteigne	Newbridge-on-Wye	New Radnor	Rhayader	Total
No. of meetings:	12	24	12	12	12	12	84
No. of children who attended during the year and who were born in:							
1969	26	51	15	2	9	15	118
1968	26	65	14	4	12	21	142
1964-67	27	33	36	10	15	29	150
Total no. of children who attended during the year:	79	149	65	16	36	65	410
No. of sessions held by General Practitioners:	12	24	12	-	12	12	72
No. of children referred elsewhere:	3	4	2	-	-	2	11
No. of sessions held by Health Visitors without Doctor:	-	-	-	12	-	-	12
No. of children on "at risk" register at end of year:	15	41	19	9	-	12	96

#### Family Planning Clinic

This Clinic, which is run directly by the County Council with Dr. Beryl Davies as the Medical Officer in charge, is held on the second and fourth Mondays in each month. As a result of advertising in the press and circular letters to the Women's Institutes and propaganda by nurses and health visitors, attendance at the Clinic increased during the year.

There is no restriction at the Clinic in regard to those who are entitled to receive advice, which is always free. Unmarried, as well as married women, are entitled to have this advice but appliances are only provided free of charge when they are required for reasons of health.

30 new patients attended during the year and the total attendances made were 215. 151 cervical smears were taken. In addition, women were taught self examination of the breast for the early detection of breast cancer.

## Unmarried Mothers and Their Children

The Swansea and Brecon Diocesan Moral Welfare Association undertake the care of unmarried mothers in this area and the Local Health Authority makes an annual grant to the Association towards the support of this work.

Miss E.M. Lewis, the Association's Moral Welfare Worker submits the following report on her work in Radnorshire during 1969.

- "44 - new cases were dealt with during 1969.
- 14 - previously reported cases still needing aftercare, advice and supervision.
- 7 - couples seeking advice on adoption.

### Of the Above:

- 11 - were unmarried mothers.
- 11 - were putative fathers.
- 11 - were children.
- 3 - enquiries for domestic help.
- 1 - matrimonial case.
- 4 - were personal problems.
- 3 - seeking advice on work with children.

### Unmarried Mothers:

- 6 - were cared for in private foster homes - paid their own fees.
- 2 - were cared for at Cwmdonkin House, Swansea.
- 3 - remaining at home and all necessary help and advice was given to them.  
One mother obtained a private abortion in London. All mothers were visited, and the problem discussed with their families and family doctor.

### Putative Fathers :

- All were visited and interviewed within the Radnorshire and surrounding area.
- 4 - are supporting their children through Court or private agreements.
- 5 - admitted paternity and agreed to the child being placed for adoption.
- 1 - married the mother, after the birth of the child.
- 1 - denied paternity.

### Prospective Adopters :

All visited and adoption fully discussed, and applications completed.

### Enquiries Re. Domestic Help:

Visited. Prospects not good for the unmarried mother and baby.

Advice Re. Training for Children's Work:

Interviewed and referred to C. of E.C. Society or Dr. Barnardo's Society.

Matrimonial:

Visited husband and wife - no hope of reconciliation - another woman involved. Case before the Court for divorce.

Personal Problems:

4 - visited. Advice given regarding private agreements, reduction of affiliation order or marriage of putative father.

Advice to unmarried mother regarding benefits for herself and child from Ministry of Social Security.

Advice to two young people who wish to marry to legitimize the child; opposition by the girl's family. Family visited, matter settled amicably.

Aftercare:

All cases visited periodically - where grants have been obtained for the children these grants are paid at six week intervals.

All cases quoted needed much time, many journeys to the Radnorshire area, but it is good that the Church in this area is working, and co-operating, so well with the Statutory Social Services.

I am grateful to all who help me in my work in the Radnorshire area."

Dental Care of Expectant and Nursing Mothers

Mr. P.G.H. Griffith, the County Dental Officer, submits the following report:

"The number of expectant and nursing mothers who take advantage of the M. & C.W. dental service is limited.

As the emphasis in the School Dental Service is that school leavers should continue regular treatment in the General Dental Service, this is perhaps to be expected.

Parents do bring pre-school children and it is pleasant to note the excellent dental condition of these children. I have commented before, that it is unfortunate that this resistance to caries, crumbles under the onslaught of the first years at school."

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN  
UNDER 5 YEARS

<u>Part A. Attendance &amp; Treatment</u>	<u>Children</u> <u>0-4 years</u> <u>inclusive</u>	<u>Expectant</u> <u>&amp; Nursing</u> <u>Mothers</u>
No. of visits for treatment during year:		
First Visit	25	3
Subsequent Visits	3	7
	<hr/>	<hr/>
Total Visits	28	10
Number of additional courses of treatment other than the First Course commenced during year:	3	2
Treatment provided during the year:		
Number of fillings	10	5
Teeth extracted	6	3
General Anaesthetic given	-	-
Emergency visits by patients	4	1
Patients x-rayed	-	1
Patients treated by scaling and/or removal of stains from the teeth	20	3
Teeth otherwise conserved	16	-
Teeth Root filled	-	-
Inlays	-	2
Crowns	-	-
Number of courses of treatment completed during the year:	27	9
<u>Part B. Prosthetics</u>		
No dentures were provided.		
<u>Part C. Anaesthetics</u>		
No General Anaesthetics were administered by or for the Dental Officer.		
<u>Part D. Inspections</u>		
Number of patients given first inspection during the year	32	3
Number of Patients who required treatment	25	3
Number of Patients who were offered treatment	32	3
<u>Part E. Sessions</u>		
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:		
For Treatment	10	
For Health Education	4	

DISTRIBUTION OF WELFARE FOODS

Issued during the Quarter ended:	National Dried Milk		Cod Liver Oil		Vitamin A & D		Orange Juice	
	No. of tins		No. of btls.		No. of Pkts.		No. of btls.	
	1959	1969	1959	1969	1959	1969	1959	1969
March 31st	3,116	1,527	327	45	124	19	1,612	595
June 30th	3,114	1,505	250	23	117	15	1,988	709
September 30th	2,902	1,299	250	15	114	8	1,986	807
December 31st	2,820	1,107	298	25	97	3	1,501	677
	11,952	5,438	1,125	108	452	45	7,087	2,788

During the past ten years 1959-69 there has been a decreasing number of families taking advantage of the Welfare Foods Scheme, i.e. National Dried Milk, 6,514 tins less; Cod Liver Oil, 1,017 bottles less; Vitamin A & D Tablets, 407 packets less and Orange Juice, 4,299 bottles less.

NURSING SERVICES - Sections 23, 24 & 25

Midwifery

The problems of this service remain unchanged, one of them being the lack of midwives.

The general practitioner unit at Knighton continues to do good work, gives great satisfaction to the midwives working in the unit and at the same time is very popular with the mothers. Great concern is still felt by the staff and the community at the proposed closure of the unit.

Early discharges, especially at 48 hours, continue to increase, especially from the hospitals situated outside the county. Nursing Sisters continue to attend general practitioners' ante-natal clinics.

Mothercraft classes are held periodically in the clinics, being attended by midwives, health visitors and physiotherapist.

From time to time we have a request from the local hospital for a midwife to be on call.

"At Risk" Register

This register is kept and revised periodically, the families being visited very frequently by the Health Visitors.

### Loan of Nursing Equipment

We now have a considerable amount of equipment, a large proportion being on long-term loan, e.g. commodes and wheelchairs. During the year we have purchased a number of walking and bath aids.

### District Nursing

As a result of the coming into operation of the Health Services and Public Health Act 1968, the sphere of activity in this service may be, and we hope will be, substantially widened, also with the earlier discharge of patients from hospital the Nursing Sisters' skills will be used to the full.

The elderly continue to occupy a large proportion of the Sisters' time, often having to continue nursing in the home long after the patient should be in hospital; this is due to the lack of geriatric beds.

Rehabilitation, that is, helping patients towards self care so that they may gain independence as quickly as possible, takes up a great deal of the Nursing Sisters' time. The Nursing Sister continues to be a friend to the family, listening and giving support to relatives under stress.

The District Nursing and Midwifery Service is still under-staffed and we have to rely on married nurses prepared to give excellent service in a part-time capacity. This of course at times places greater responsibility on the full-time staff.

### Health Visiting

Due to the fact that the staff no longer do routine visiting to the under fives, and they decide how frequently it is necessary to visit a family; they are able to have a "regard for the medical, psychological and social needs of the whole family". This also enables them to give the fullest support to those with special problems.

Tests for phenylketonuria at 4 - 6 weeks, hearing tests at 7 - 9 months and eye-testing at 3 - 3½ years, are carried out in the children's homes.

Health education continues both in groups, e.g. mothercraft, or to families or individuals whom the Health Visitor visits.

Our establishment of Health Visitors is five, but we have only three Health Visitors in post. In spite of repeated advertisements we have been unable to appoint two more Health Visitors to complete our establishment.



## Statistics on Work of the Nursing Staff

### Work of the County Nursing Officer

No. of routine inspections of nurses	40
No. of special visits to nurses	45
No. of other visits	40
No. of visits to nursing homes	10
No. of visits to hospital	11
No. of visits to child health clinics	12
No. of visits to home helps	36

### Home Nursing

No. of new patients visited	990
Total no. of nursing visits	24,933

### Midwifery

No. of cases attended	63
No. of maternity and midwifery visits	886
No. of ante-natal visits to domiciliary and institutional patients	1,235
No. of post-natal visits to domiciliary and institutional patients	6
Visits made to cases where the birth occurred in hospital but where the mother and child were discharged home before the 10th day	528
No. of attendances at medical practitioners' ante-natal clinics	203

### Health Visiting

No. of children visited who were aged between 0-5 years	1,221
No. of visits made to the above children	4,277
No. of visits to physically handicapped persons	331
No. of visits to tuberculous patients	47
No. of visits to persons over 65 years of age	887
No. of other visits	1,135
No. of talks given on Health Education	37
No. of attendances at Parentcraft and Group Teaching Classes	62
No. of visits to expectant mothers	13

### Mental Health

No. of visits to patients	668
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### Clinics

No. of attendances at Child Health Clinics	111
No. of attendances at general practitioners' Baby Clinics	208
No. of attendances at National Insurance and Ophthalmic Sessions	40
No. of attendances at Immunisation Sessions (at home and specials)	62

NATIONAL HEALTH SERVICE ACT, 1946

VACCINATION AND IMMUNISATION - Section 26

The following is a summary of the numbers of children vaccinated or immunised during 1969 including re-inforcing injections:

Completed Primary Courses

Type of Vaccine or Dose	Year of Birth					Others under Age 16	Total
	1969	1968	1967	1966	1962-65		
Diphtheria	40	192	6	2	12	1	253
Whooping Cough	39	192	5	1	12	-	249
Tetanus	41	103	8	1	13	7	173
Oral Poliomyelitis	42	102	6	2	3	-	155
Measles	-	8	21	2	42	2	75

Re-inforcing Doses

Diphtheria	3	30	72	7	62	9	183
Whooping Cough	-	16	58	3	35	-	112
Tetanus	5	31	73	8	74	41	232
Oral Poliomyelitis	-	24	48	4	26	92	194

Smallpox Vaccination

	Age at Date of Vaccination							Total
	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1 yr.	2-4 yrs.	5-15 yrs.	
No. vaccinated	-	3	5	12	58	28	1	107
No. re-vaccinated	-	-	-	-	1	-	2	3

Statistical Summary of Vaccination and Immunisation

Children Born in 1968

	Whooping Cough	Diphtheria	Poliomyelitis	Smallpox (Children under 2)
England & Wales	56%	67%	65%	31%
Wales	60%	61%	59%	20%
Radnor	91%	91%	57%	29%

NATIONAL HEALTH SERVICE ACT, 1946 - Section 27

AMBULANCE SERVICE

Statistics for ambulance vehicles for 1969 are as follows:

<u>Ambulance</u>	<u>No. of Journeys</u>	<u>Mileage</u>	<u>Type of Case</u>	
			<u>Illness</u>	<u>Accident</u>
Knighton	89	6,280	79	12
Llandrindod Wells	221	10,397	209	34
Presteigne	90	4,208	81	12
Rhayader	66	3,921	54	12
	466	24,806	423	70

Total Annual Mileage:

<u>Year</u>	<u>Ambulances</u>	<u>Sitting-case cars</u>	<u>All vehicles</u>	<u>Increase or Decrease on previous year (per cent)</u>
1960	16,544	144,267	160,811	+23.4
1961	20,452	162,795	183,247	+13.9
1962	21,641	168,732	190,373	+ 3.9
1963	21,704	179,678	201,382	+ 5.8
1964	23,811	206,837 $\frac{1}{2}$	230,648 $\frac{1}{2}$	+14.5
1965	24,080	227,873 $\frac{1}{2}$	251,953 $\frac{1}{2}$	+ 8.5
1966	24,370	236,801 $\frac{1}{2}$	261,171 $\frac{1}{2}$	+ 3.7
1967	25,392	239,607 $\frac{1}{2}$	264,999 $\frac{1}{2}$	+ 1.5
1968	25,841	252,197 $\frac{1}{2}$	278,038 $\frac{1}{2}$	+ 5.3
1969	24,806	256,860	281,666	+ 1.3

In 1969 ambulance vehicles did 1,357 miles per 1,000 of the population compared with 1,419 miles in 1968, while sitting-case cars covered 14,175 miles per 1,000 population as against 13,849 in 1968. The number of journeys per 1,000 of the population made by ambulance vehicles was 26 compared with 29 in 1968, and by sitting-case cars 299 compared with 301 in the preceding year. The total number of journeys made by sitting-case cars was 5,448 as against 5,478 in 1968.

The statistics show the inevitable increase in journeys and mileage which is due to the centralisation of hospital specialist services, and the geographical situation of the county.

The Council decided during the year to purchase a new Land-Rover ambulance for use at the Presteigne Station to replace the existing vehicle, a 1961 Ford. The order for the new ambulance was placed with Messrs. Herbert Lomas Ltd. at the end of the year but due to industrial disputes delivery was delayed. On delivery, the Ford ambulance will be transferred to Llandrindod where it will become the "second-line" vehicle.

A new three year contract period for the sitting-case car service commenced on the 1st January, 1969. There were no changes in the car proprietors and the service continues to be very satisfactory.

The payments made to voluntary personnel in the county's Ambulance Service were increased by the Council during the year in response to requests.

In 1967 the Council agreed in principle to implement, during the financial year 1968/69, proposals to install radio communication in the Ambulance Service jointly with the Radnorshire and North Breconshire Water Board. Because of the national economic situation this was deferred.

However the Council agreed, during the year, to implement the original decision and to proceed with the installation of radio control within the Ambulance Service during the financial year 1970/71.

I am grateful to all the voluntary personnel and also the sitting-case car drivers for their devotion and contribution to the smooth running of the Service during the year.



## B.C.G. VACCINATION

The scheme for the protection of children against tuberculosis by B.C.G. vaccination continued, to include the following groups:

1. School children approaching the age of 13 who could conveniently be vaccinated with others of between 13 and 14 years of age.
2. 13-14 year old children.
3. Children of 14 years of age or older not previously protected.

The results of the scheme during the year were as follows:

	(1)	<u>Groups</u> (2)	(3)	Totals
No. of children eligible	47 (1)	109 (-)	60 (2)	216 (3)
No. of consents	46 (1)	91	53 (2)	190 (3)
No. of parents refused	1	18	7	26
No. found to be negative reactors and vaccinated	39 (1)	64	48 (2)	151 (3)
No. found to be tuberculin positive	3	-	1	4

## CHIROPODY SERVICE

Chiropody services at clinics throughout the county were, until the end of the year, arranged by the County of Radnor Old People's Welfare Committee, the Hon. Secretary of which is Miss D.A. Payne, M.B.E. The clinical work was undertaken by the County Chiropodist. Towards the end of the year it was agreed that from the 1st January, 1971, the administrative work concerning the Chiropody Service should be undertaken in the County Health Department.

Miss D.A. Payne, M.B.E., Hon. Secretary of the County of Radnor Old People's Welfare Committee, who ran this service on behalf of the County Council until 31st December, 1969, when it was taken over to be run directly by the County Council, writes as follows:

"Since its resumption in November, 1968, this service (with the County of Radnor Old People's Welfare Committee as agents for the County Council) has been extended to its utmost capacity. It can be truly claimed that every corner of the county has been drawn in. Wherever there is a demand, treatment is provided.

Ten clinics have now been established, and in connection with these there is, for each a domiciliary service.

In addition, visits are paid to the Old People's Homes in the county, as well as to the Council Flatlets in Knighton.

Travel and transport being exceedingly difficult in Radnorshire it was imperative to bring a new look to the domiciliary service in order to make it completely satisfactory and all embracing.

Where, heretofore, on a doctor's certificate only, patients could be conveyed to a clinic by sitting-case car, the need to widen the scope of this service became pressingly clear. As a result patients (irrespective of any physical indisposition) are visited in their homes. For the purposes of economy in visiting and to cover as wide an area as possible, villages etc. are grouped. Usually one day per month is devoted to supplying a domiciliary service in these outback areas.

The Chiropody Service is functioning to the full extent of its resources, and some 560 persons are availing themselves of the benefits it has to offer."

Mr. J. Selwyn Jose, County Chiropodist, submits the following report:

"Owing to the absence of chiropodial treatment for so long a period, the patients' feet in Radnorshire were in poor condition when the service started again in November, 1969. It took about five months to work off the backlog, and since that time the patients have been able to have regular treatment and this has produced much improvement.

I find that the incidence of Onychogryphosis (a claw like deformity of the nails) is high especially among the farming community, mostly caused by trauma. There is also a high incidence of sepsis in this group, caused by the type of work and the continuous use of wellington boots.

There is a low incidence of Verruca Pedis among the patients treated.

Arrangements have been made for all diabetic patients to be attended to, irrespective of age, and this is very necessary.

No expectant mothers have been treated."

DOMICILIARY PHYSIOTHERAPY

Mrs. A.P. Duggan, who undertakes domiciliary physiotherapy on a sessional basis, reports on her work as follows:

"Since my appointment in 1967 as Domiciliary Physiotherapist for the county, I have found the local doctors co-operative and very helpful, and feel satisfied that I have been able to give beneficial treatment to the majority of the patients passed on to me.

A total of 39 patients have received treatment in many parts of the county. They are elderly people who would find the added discomfort of travel to a clinic, an unnecessary ordeal. They are suffering in the main, from the results of cerebral thrombosis, rheumatoid arthritis, old fractures and certain nervous diseases, such as Parkinson's and Disseminated Sclerosis. They have received treatment varying from massage, passive movements, graduated exercises with a view to improving walking, to paraffin wax baths.

I feel that my weekly visits are looked forward to by the patients, both as a physical and mental benefit."

## HEALTH EDUCATION

Talks were given to boys and girls in the Grammar and Secondary Modern Schools in the county, at the invitation of the Headmasters.

Four talks were given to the third forms illustrated by the filmstrips:-

"Learning About Sex and Love"

"Growing Up, from Childhood to Maturity"

"The Miracle of Creation"

"Your First Baby"

This enabled sex education to be given within a framework of consideration for other people and the understanding of emotional problems in adolescence. Timing of these talks proved very important. If given to older boys and girls they are resented as they "know it all" and it is "kid stuff". They are accepted and appreciated by the third form.

The talks to school leavers were in the form of discussion groups of nine or ten boys and girls. Subjects discussed were - The pressures of society on young people, including sexual morality, the permissive society, venereal disease, contraception, drugs, smoking, protests and petty pilfering.

A few talks were given to girls in the last year of primary school, mainly on menstruation. It is hoped to extend the talks to other schools next year.



## HOME HELP SERVICE - Section 29

The number of visits paid in connection with the Home Help Service was 1,786. There were 102 households supplied during the year with home help services. The trend is much as before with the inevitable increase in the number of aged frail persons receiving help. Helps remain scarce, the reason being that there is a small population of women from whom helps are usually recruited, especially in very rural areas.

To organise an efficient Home Help Service in an area such as Radnorshire will require whole-time home helps paid an adequate salary which, to get the right type of help, would need to be at a considerably higher rate than is paid to part-time helps. A team composed of such people, each with a van provided with all necessary equipment, was a recommendation made years ago as part of our ten-year plan for development of the Health Services, but because the remuneration offered was inadequate, this whole-time service was never properly implemented.

The District Nurses and Health Visitors help in the day-to-day running of the Service.

### MENTAL HEALTH SERVICES

Domiciliary care of mentally disordered persons including mentally subnormal people is undertaken by the Health Visitors together with Mr. F.J. McDermott, who took up duty as full-time Mental Welfare Officer on 3rd November, 1969. In addition, Mr. H.E. Morris of Knighton, and all the whole-time District Nurses have been appointed as Mental Welfare Officers to act when required in an emergency.

Domiciliary visiting of the 45 mentally subnormal persons in the county is undertaken as in previous years by the Health Visitors and they, as Mental Welfare Officers, also visit mentally disordered persons in the community.

Three boys and three girls from Radnorshire attended the Brecon Junior Training Centre during the year.

We are very grateful to Breconshire for this service. Several voluntary committees are now running in the county and are able to do a considerable amount to entertain the mentally subnormal people in their areas.

Dr. G. Diggle, the Medical Superintendent of the Mid-Wales Hospital, who holds a psychiatric clinic every Friday at the County Hall Clinic, Llandrindod Wells, submits the following report:

"As in previous years, a weekly out-patient clinic has been held at the County Hall, Llandrindod Wells. The clinic serves most of Radnorshire but also a substantial part of North Breconshire. The number of new patients seen in 1969 was 112 and the total number of attendances was 675.

One has the impression that this clinic is becoming steadily busier.

Domiciliary visits and visits to Llandrindod Wells War Memorial Hospital have been made as and when required.

South Radnorshire is mainly served by the out-patient clinic held in the War Memorial Hospital, Brecon. Records are not kept on the basis of the patient's home area, so I cannot separate the Breconshire and Radnorshire out-patients.

During the year 12 male and 23 female patients were admitted to this hospital from Radnorshire."

Miss G.G. Morgan, Psychiatric Social Worker at the Mid-Wales Hospital, submits the following report on psychiatric social work in Radnorshire:-

"The Radnorshire Mental Welfare team became sadly depleted in 1969, due to the retirement of Mrs. Chaplin, the Senior Mental Health Visitor. Her reliability, her willingness to undertake difficult assignments and her unfailing good humour and sympathy made her greatly appreciated both by her colleagues and by the patients she served so ably. It is with pleasure that I record my gratitude for Mrs. Chaplin's considerable contribution to the after-care of the mentally sick of the county for the past eight years.

In October we welcomed the appointment of Mr. F.J. McDermott as Mental Welfare Officer to the Local Authority. His experience as a fully trained Psychiatric Nurse at the Mid-Wales Hospital and his established contact with many of those on the after-care list, proved most useful from the outset.

The major problems of psychiatric rehabilitation remain unchanged and are occasioned by the rural nature of our area, viz:

1. Shortage of suitable factory employment.
2. The difficulties of communications due to the isolation of many homes and the absence of public transport.
3. The lack of sheltered workshops, such as Remploy and of a hostel to bridge the gap between hospital life and normal living conditions.

The introduction of light industry in the Rhayader and Presteigne areas has improved employment prospects in the county generally, but during 1969, only two of our discharged hospital patients have been accepted in these new ventures. In the main, hotels and nursing homes continue to provide the basic source of employment for our women, while the men generally return to agriculture or to their former trade. However, there still remain a number of patients who, because of their incapacity for normal working speeds and conditions, need sheltered employment. At present they live unrewarding, isolated existences at home, supported by Social Security grants - their lives impoverished and their prospects poor. Purposeful, remunerative work and contact with fellow employees in "sheltered" conditions would improve both their physical and mental state and would, I believe, be an invaluable aid to their eventual integration into normal society. In Mid-Wales, the Cambrian Factory at Llanwrtyd Wells is the only source of sheltered employment, but as the work force is not localised and as there are approximately fifty jobs open to all groups of disablement from England and Wales, only a very small percentage of the Radnorshire handicapped populace can be accommodated in this useful enterprise.

The after-care of the mentally sick has been jointly undertaken by the Psychiatric Social Worker stationed at the Mid-Wales Hospital and the Health Visitors of Local Authority. Contact with patients following treatment in hospital, aims to ensure a satisfactory re-assimilation into society and the continuation of good mental health. Case conferences have been held each month to co-ordinate the activities of Mental Health workers and to direct the policy of clinical and social treatment.

Pre-care and In-care remains the province of the Psychiatric Social Worker. Counselling and advice to the vulnerable and the potentially psychotic and neurotic is dependant on the referral by G.P.s., teachers and responsible members of the community. Where individuals show signs of emotional instability and are in states of undue stress, help and advice from a qualified social agency can often relieve anxiety and, it is hoped, prevent the further development of mental illhealth.

At the Mid-Wales Hospital, the Psychiatric Social Worker is available to deal with all such problems and with matters relating to family and dependants. Due to increased out-patient treatment facilities and to the benefits of new drugs, the younger element of the population are generally able to remain in the community, whilst receiving medical aid with the result that the in-hospital population is largely of a psycho-geriatric nature. However, there still remains a group of long-stay patients between the ages of 30-65 who need active occupation and recreational facilities. The extended occupational therapy department at the hospital now caters for approximately 150 persons, engaging them in light industrial work and in general handicrafts. A programme of social events including a Women's Institute, helps to sustain animation and interest during the evenings and is invaluable in maintaining contact between patients and the outside community.

Analysis for 1969

	<u>M</u>	<u>F</u>	<u>Total</u>
No. of admissions to Mid-Wales Hospital	12	23	35
No. departures from Mid-Wales Hospital	13	27	40
No. patients continuing to receive after-care	43	62	105
No. patients who received treatment at Llandrindod Wells Psychiatric Clinic		142 (male and female)	
No. patient attendances		675 (male and female)	

NATIONAL ASSISTANCE ACT, 1948 - Sections 29 & 30

Welfare of the Blind and Partially Sighted

Four new cases (2 men and 2 women) were registered as blind, and four new cases (3 men and 1 woman) registered as partially sighted.

The following are statistics at the end of the year:

Register of Blind Persons

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
0-15	2	-	2
16-20	-	-	-
21-29	-	-	-
30-39	2	-	2
40-49	-	2	2
50-59	1	1	2
60-64	2	3	5
65-69	7	1	8
70-79	6	4	10
80-84	5	7	12
85-89	2	5	7
90+	-	4	4
Total	27	27	54

Register of Partially Sighted Persons

0- 4	-	-	-
5-15	-	-	-
16-20	1	1	2
21-49	1	1	2
50-64	-	3	3
65+	4	5	9
Total	6	10	16

There were six deaths of blind people - 3 men and 3 women. One partially sighted man died.

Follow-up of Registered Blind and Partially Sighted Persons

The following are statistics at the end of the year: 1 man and 1 woman registered as partially sighted, 2 men and 2 women registered as blind, and 4 men and 1 woman registered as partially sighted. The following are statistics at the end of the year: 1 man and 1 woman registered as partially sighted, 2 men and 2 women registered as blind, and 4 men and 1 woman registered as partially sighted.

Registered Blind Persons

Male Female Total

Chronic Glaucoma

Glaucoma

Diabetic Retinopathy

Retinal Detachment

Senile Cataracts

Senile Cataract and Macula Degeneration

Senile Macula Degeneration

No. of cases registered during the year in respect of which Forms B.D.8 recommended:

	Chronic Glaucoma	Glaucoma	Diabetic Retinopathy	Retinal Detachment	Senile Cataracts	Senile Cataract and Macula Degeneration	Senile Macula Degeneration
(a) No Treatment	1	-	-	1	-	-	1
(b) Medical	-	-	-	-	-	-	-
(c) Surgical	-	-	-	-	2	-	-
(d) Ophthalmic Medical Supervision	-	1	1	-	-	1	-
(e) Spectacles	-	-	-	-	-	-	-
(f) Low Visual Aids	-	-	-	-	-	-	-
(g) Contact Lenses	-	-	-	-	-	-	-

Mrs. C.H. Medlicott, J.P., Honorary Secretary of the Radnor Association for the Blind, submits the following report:

"Our Annual General Meeting was held at Llandrindod and was well attended.

A "get together" was held at Bleddfa, near Knighton, in May and was a great success.

Our annual outing to Aberystwyth was made in August.

A "get together" at the Hotel Metropole, Llandrindod, was arranged in November and was greatly appreciated.

At Christmas a gift of £6 was made to all those blind people who could not take advantage of the social activities offered, and a gift of £5 was made to other blind people. Many holiday grants have been made, and a party of ten blind people went together to a holiday resort hotel for one week. Horlicks and Marmite were distributed freely to the needy blind people during the winter months.

Wool continued to be supplied at cost from Messrs. Templeton & Son, Ayr."

Mr. R.A. Oldbury, our Home Teacher of the Blind, submits the following report on his work:

"During the year all blind people, including those in Part III accommodation and in hospital, were visited regularly.

All those who wished, attended the three handicraft and social centres for the blind and physically handicapped people held at Llandrindod, Knighton and Presteigne. In addition instruction in handicrafts was given to those who wished to avail themselves of this service in their own homes. Articles made were sold at the Royal Welsh Show, also Newbridge and Knighton Shows.

I continued to give my talk (Welfare of the Blind in Radnorshire) to any group from whom I received an invitation. While I am talking I also demonstrate aids, equipment and games used by the blind, including the talking-book. On these occasions I am also able to take along a display of goods made locally by the blind. I also give a demonstration to the same groups on how articles are made by the blind, and again find this is a good opportunity to sell them.

Eighteen talking-books were in use during the year; fourteen had been adapted to take the small 6 oz. cassette, three were completely new machines and one still used the large 6 lb. cassette. Three people are on the waiting list for machines.

One man commenced braille lessons during the year.

One man began full-time training as a home-worker in the Workshops for the Blind, Harborne, Birmingham, and is making extremely good progress.

I attended the annual refresher course organised by the Welsh Regional Council for the Blind for Home Teachers and Social Welfare Officers of the Blind. This proved to be most helpful to me personally.

I was present at all meetings of the Radnorshire Association for the Blind and assisted that Committee whenever asked to do so. It is interesting that during the year great emphasis has been stressed both in magazines read by the blind and on their own programme, "In Touch", that there is a lack of representation by blind people on local voluntary committees, but this has not been the case in Radnorshire. I have represented the blind of the county on this Committee for sixteen years.

I arranged a group holiday for twelve blind people and escorts which was spent in Tenby during the first week of June. This proved to be very successful in every way and the weather was fine all week. It is hoped to make similar arrangements again next year."

### Physically Handicapped Persons

The following table shows the number of physically handicapped persons on the register at the end of the year:

	M	F	Total
Group "A" (Capable of work under ordinary industrial conditions)	12	2	14
Group "B" (Incapable of work under ordinary industrial conditions but capable of work in sheltered workshops)	5	1	6
Group "C" (Capable of work at home only)	11	38	49
Group "D" (Incapable of or not available for work)	14	18	32
Group "E" (Children under the age of 16 years)	2	1	3
	<hr/> 44	<hr/> 60	<hr/> 104

The following table shows the age groups of the 104 persons on the register of physically handicapped persons:

	M	F	Total
0-15	2	1	3
16-19	2	1	3
20-29	6	1	7
30-39	-	2	2
40-49	4	5	9
50-59	9	11	20
60-69	10	16	26
70-79	9	14	23
80-89	2	8	10
90+	-	1	1
	<hr/> 44	<hr/> 60	<hr/> 104

The following table shows the classification of physically handicapped persons and the number registered according to their disability.

		Group					Total
		"A"	"B"	"C"	"D"	"E"	
A/E	Amputation	3	-	2	3	-	8
F	Arthritis and rheumatism	-	-	26	17	-	43
G	Congenital malformations and deformities	-	-	1	1	1	3
H/L	Diseases of digestive system, genito-urinary, heart or circulatory and respiratory systems (other than tuberculosis) and diseases of the skin	1	-	-	4	-	5
Q/T	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of upper and lower limbs and of the spine	-	-	2	1	1	4
V	Organic nervous diseases	8	4	14	5	1	32
U/W	Neurosis, psychoses, and other nervous and mental disorders not included in "V"	-	2	1	-	-	3
X	Tuberculosis (respiratory)	-	-	-	-	-	-
Y	Tuberculosis (non-respiratory)	2	-	-	-	-	2
Z	Diseases and injuries not specified above	-	-	3	1	-	4
		14	6	49	32	3	104



Mr. E.F. Frost, the Honorary Secretary of the Radnorshire Association for the Disabled, submits the following report:

"During 1969, the work of the Association continued on the broad lines laid down in the previous two years. Assistance and advice has been given to individuals, but the main activity has again been the organisation of outings and social gatherings which have enabled disabled people throughout the county to meet, to enjoy one another's company and to discuss their mutual difficulties under agreeable circumstances.

Excursions to Aberystwyth and to the Clewedog Dam were very much enjoyed, while social afternoons to which some old people were invited, were held in Rhayader, Knighton and Llandrindod Wells. A number of disabled attended a Carol Service at Holy Trinity Church and the usual arrangements were made for a large party to attend the Pantomime at Llandrindod and to be entertained after the performance. Christmas cards were sent by the Chairman on behalf of the Association to all registered disabled persons in the county.

The work cannot be carried on without considerable expenditure and the Committee are grateful to the organisers of the very enjoyable Coffee Evening at Cefndyrys, and of the equally successful Sherry Party at Llandrindod, both of which resulted in welcome additions to the Association's funds. The Committee also acknowledge with gratitude the receipt of generous donations from individuals and from clubs, and also the help given by the County Council in meeting some of the heavy cost of transport.

It is proposed during the coming year, subject to financial resources being available, to see what can be done to provide amenities for those physically handicapped persons who, being house-bound, cannot normally take part in the social activities arranged by the Association.

Finally, I cannot conclude without expressing my personal thanks to our Chairman, Miss D.A. Payne, for the time and energy she devotes to the work of this Association, thereby making the task of the Secretary comparatively light and agreeable."

Mrs. P. Richards, our Craft Instructress, submits a report as follows:

"The number of registered handicapped people in Radnorshire is increasing and the interest in occupational therapy growing.

Occupational therapy classes are held fortnightly in Knighton, Presteigne and Llandrindod and the numbers of handicapped people participating have increased to about twenty in each class.

Red Cross helpers come to both Knighton and Llandrindod clinics to provide refreshments which are greatly appreciated and a few of the more able handicapped assist as well.

A wide variety of handicrafts are made available which range from the mundane dishcloth knitting and bathmat knitting to cane work, stool seating, leatherwork, lampshade-making, jewellery-making, soft toys and ceramic tiling crafts. We are hoping to start wrought iron work in the near future when we have the room available.

A stand at the Royal Welsh Show, our only real means of selling handicrafts made by the handicapped, once again proved very well worthwhile and an incentive to these people to produce more.

We have great hopes that one day soon a sheltered workshop will be set up in the area as there is a great need for full-time occupation by some of the younger physically disabled and mentally disabled in the county.

There are many difficulties to overcome in setting up such a workshop in a widespread area such as Radnorshire, the primary one being transport, but I am sure that if accommodation were provided we could make the venture well worthwhile.

Thirty-six handicapped people and four helpers participated in a holiday in June to the 'Rest' Convalescent Home in Porthcawl. The ideal weather and the peaceful surroundings all helped to make it a most delightful and beneficial holiday."

#### WELFARE OF THE DEAF

Deaf and partially-hearing people in this county are visited regularly by the Chester and North Wales Society for the Deaf. The Society makes regular reports to the Health Department following the visit by one of their welfare workers. For this service the County Council makes an annual grant to the Chester and North Wales Society for the Deaf.

At the end of the year 59 persons were registered as deaf (with and without speech) or hard of hearing, of this number 42 (71%) were over the age of 65 years. The number on the register was as follows:

	Children under 16 yrs.		Persons aged 16-64 yrs.		Persons aged 65 yrs. & over	
	M	F	M	F	M	F
Deaf with speech	-	2	2	-	2	3
Deaf without speech	1	1	2	1	1	-
Hard of hearing	-	1	1	6	12	24
Total	1	4	5	7	15	27

### MEALS ON WHEELS

Miss D.A. Payne, M.B.E., the Honorary Secretary of the County of Radnor Old People's Welfare Committee writes as follows:

"The responsibility for running this County Council service is assumed by the County of Radnor Old People's Welfare Committee. Deliveries continue to be made in four centres (in three twice weekly and in one once only) Some 60 meals are served weekly.

Efforts to establish a service in the two other centres have proved abortive.

During term-time meals are cooked at the schools concerned. In the holiday periods, Rhayader Old People's Home undertake the cooking there, whilst in Llandrindod the County of Radnor Old People's Welfare Committee arrange and pay for the supply of meals.

The actual delivery of meals is carried out by the Inner Wheel Club, the W.R.V.S., the British Red Cross and by privately organised groups.

Appreciation of the service, shown by the recipients, is touching."

### INFECTIOUS DISEASES

The following 69 cases of notifiable infectious diseases were notified during the year by the District Medical Officers of Health to the County Medical Officer.

Disease	Knighton	Llandrindod Wells	Presteigne	Total Urban	Colwyn	Knighton	New Radnor	Painscastle	Rhayader	Total Rural	Total County
Infective Jaundice	-	-	41	41	-	1	1	-	-	2	43
Dysentery	-	-	8	8	-	4	-	-	-	4	12
Measles	-	-	1	1	-	-	-	-	-	-	1
Scarlet Fever	-	-	1	1	-	1	10	-	-	11	12
Tuberculosis (Respiratory)	-	1	-	1	-	-	-	-	-	-	1

VENEREAL DISEASE

Patients in need of treatment are referred to clinics at Hereford or Shrewsbury.

		M	F
Syphilis	cases	-	-
	attendances	-	-
Gonorrhoea	cases	-	2
	attendances	-	2
Other Conditions	cases	1	2
	attendances	1	2

TABLE I

Causes of Death in Administrative Areas in the County of Radnor for 1969.

Causes of Death	Urban Districts				Rural Districts				County		TOTAL								
	Knighton		Llandrindod Wells		Presteigne		Colwyn		Knighton			New Radnor		Painscastle		Rhayader		M	F
	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F		
Tuberculosis of Respiratory System:			1								1				1		2	1	3
Malignant Neoplasm:oesophagus:			1												2		1	2	3
Malignant Neoplasm:stomach:				1				1						1			2	1	3
Malignant Neoplasm:intestine:	1			2	1			1			2			3	3		7	6	13
Malignant Neoplasm:lung, bronchus:							1	1	1	1			2			3	2	5	
Malignant Neoplasm:breast:	1		1							1			1					4	4
Malignant Neoplasm:uterus:				1														1	1
Malignant Neoplasm:prostate:												1					1		1
Other Malignant Neoplasms, etc:	1		1					1	1	1			2			4	3	7	
Benign & Unspecified Neoplasms	2																	2	2
Anaemias:								1									1		1
Mental Disorders:														1				1	1
Other Diseases of Nervous System etc.:											1		1			1	1	2	
Chronic Rheumatic Heart Disease:			1	1													1	1	2
Hypertensive Disease:	2		1									1	1	1			1	5	6
Ischaemic Heart Disease:	3	6	9	7	4	1	5	4	1	4	3	1	7	2	9	4	41	29	70
Other Forms of Heart Disease:	2		1									2	1	1	4		2	9	11
Cerebrovascular Disease:	3	2	4	11	1	3	2	4	3	1	3	1	2	2	3	15	29	44	
Other Diseases of Circulatory System:	1		1	1					2				1		3	2	6	5	11
Influenza:									1									1	1
Pneumonia:			1	1			1	1	1			1	1	3		3	6	9	
Bronchitis & Emphysema:								1					1			2		2	
Other Diseases of Respiratory System:								1		1			2			4		4	
Peptic Ulcer:			1											1		1	1	2	
Hyperplasia of Prostate:								2								2		2	
Other Diseases, Genito-urinary System:																3		3	
Diseases of Musculo-skeletal System:				2														2	2
Congenital Anomalies:								1						1		1	1	2	
Birth Injury, Difficult Labour etc.:				1									1			1	1	2	
Other Causes of Perinatal Mortality:	1															1		1	
Motor Vehicle Accidents:								1						1		1	1	2	
Symptoms & Ill defined conditions:	1	1														1	1	2	
All Other Accidents:	1		1											1			3	3	
Total All Causes:	10	18	21	33	6	5	5	8	16	12	12	7	10	7	28	29	108	119	227

TABLE II

Causes of Death at the Various Periods of Life in the County of Radnor, 1969.

Aggregate of Urban Districts

Causes of Death	All ages		under 4 wks.		15-		25-		35-		45-		55-		65-		75 & over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Tuberculosis of Respiratory System:	1														1		
Malignant Neoplasm:oesophagus:	1														1			
Malignant Neoplasm:stomach:		1									1							
Malignant Neoplasm:intestine:	1	3													2	1	1	
Malignant Neoplasm:breast:		2											1					1
Malignant Neoplasm:uterus:		1																1
Other Malignant Neoplasms etc:		2								1								1
Benign and Unspecified Neoplasms		2																2
Chronic Rheumatic Heart Disease:	1	1													1	1		
Hypertensive Disease:		3												2		1		
Ischaemic Heart Disease:	16	14									1	3	2	9	2	3	10	
Other Forms of Heart Disease:		3														1		2
Cerebrovascular Disease:	8	16											1	1	3	6	13	
Other Diseases of Circulatory System:	2	1															2	1
Pneumonia:	1	1			1													1
Peptic Ulcer:		1								1								
Other Diseases of Genito-urinary System:		3								1							2	
Other Diseases of Musculo-skeletal System:		2																2
Birth Injury, Difficult Labour etc.:		1	1															
Other Causes of Perinatal Mortality:	1		1															
Symptoms & ill-defined conditions:	1	1															1	1
All Other Accidents:		2																2
<b>Total All Causes:</b>	<b>37</b>	<b>56</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>13</b>	<b>10</b>	<b>15</b>	<b>38</b>

TABLE II

Causes of Death at the Various Periods of Life in the County of Radnor, 1969.

Causes of Death	Aggregate of Rural Districts																				
	All Ages		Under 4 wks.		5-14 yrs.		15-24 yrs.		25-34 yrs.		35-44 yrs.		45-54 yrs.		55-64 yrs.		65-74 yrs.		75 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Tuberculosis of Respiratory System:	1	1																	1	1	
Malignant Neoplasm:oesophagus:		2																		1	
Malignant Neoplasm:stomach:	2																		1		
Malignant Neoplasm:intestine:	6	3																	2	3	
Malignant Neoplasm:lung, bronchus:	3	2																	1	1	
Malignant Neoplasm:breast:		2																		1	
Malignant Neoplasm:prostate:	1																			1	
Other Malignant Neoplasms etc.:	4	1																	1	3	
Anaemias:	1																			1	
Mental Disorders:		1																			
Other Diseases of the Nervous System:	1	1																			
Hypertensive Disease:	1	2																		1	
Ischaemic Heart Disease:	25	15																	1	12	
Other Forms of Heart Disease:	2	6																	1	5	
Cerebrovascular Disease:	7	13																	2	6	
Other Diseases of Circulatory System:	4	4																		4	
Influenza:		1																		1	
Pneumonia:	2	5																	2	5	
Bronchitis & Emphysema:	2																		1	1	
Other Diseases of Respiratory System:	4			1															1	1	
Peptic Ulcer:		1																	1		
Hyperplasia of Prostate:	2																			2	
Congenital Anomalies:	1	1		1		1															
Birth Injury, Difficult Labour etc.:	1			1																	
Motor Vehicle Accidents:	1	1						1												1	
All Other Accidents:	1																			1	
<b>Total All Causes:</b>	<b>71</b>	<b>63</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>11</b>	<b>7</b>	<b>18</b>	<b>12</b>	<b>35</b>	<b>40</b>

TABLE III

Area	Live Births			Still Births	
	No. 1969	Birth 1969	Rates 1965-69	No. 1969	Rates per 1,000 live and still Total births
<b>Urban Districts:</b>					
Knighton	25	11.87	15.7	-	-
Llandrindod Wells	52	16.0	15.8	1	19.0
Presteigne	20	15.4	14.2	1	48.0
<b>Rural Districts:</b>					
Colwyn	15	9.5	12.4	-	-
Knighton	37	15.1	14.6	-	-
New Radnor	27	13.6	13.9	-	-
Painscastle	18	11.3	11.1	-	-
Rhayader	42	10.5	12.5	1	3.0
Urban Districts	97	14.6	15.5	2	20.0
Rural Districts	139	12.0	13.0	1	7.0
County	236	12.9	13.8	3	13.0

TABLE IV

Area	No. of Deaths 1969	Crude Death Rates	
		1969	1965-69
<b>Urban Districts:</b>			
Knighton	28	13.2	14.0
Llandrindod Wells	54	16.7	16.8
Presteigne	11	8.5	11.2
<b>Rural Districts:</b>			
Colwyn	13	8.2	12.1
Knighton	28	11.4	12.2
New Radnor	19	9.6	10.0
Painscastle	17	10.7	10.5
Rhayader	57	14.3	12.6
Urban Districts	93	14.0	14.8
Rural Districts	134	11.6	11.8
County	227	12.4	12.8



TABLE III

Still Births

Live Births

Area	No. 1955-56	Rate per 1,000 live and still Total Births	No. 1956-57	Rate per 1,000 live and still Total Births
Urban Districts:				
Kington	25	17.87	25	15.7
Llandrinod Wells	22	16.0	22	15.8
Presteigne	20	15.4	20	14.5
Rural Districts:				
Colwyn	15	9.5	15	12.4
Kington	37	12.1	37	14.6
New Radnor	27	13.6	27	13.9
Painceston	18	11.3	18	11.1
Rhayader	42	10.5	42	12.5
Urban Districts	97	14.6	97	15.2
Rural Districts	139	12.0	139	13.0
County	236	12.9	236	13.8

PART II

ANNUAL REPORT OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

Area	No. 1955-56	Rate per 1,000 live and still Total Births	No. 1956-57	Rate per 1,000 live and still Total Births
Urban Districts:				
Kington	28	16.7	28	16.8
Llandrinod Wells	24	16.7	24	16.8
Presteigne	11	8.5	11	8.5
Rural Districts:				
Colwyn	13	8.5	13	12.1
Kington	28	11.4	28	12.5
New Radnor	19	9.6	19	10.0
Painceston	17	10.7	17	10.9
Rhayader	27	14.3	27	15.6
Urban Districts	93	14.0	93	14.8
Rural Districts	124	11.6	124	11.8
County	217	12.4	217	12.8

ANNUAL REPORT OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

MEDICAL INSPECTIONS

During the year, 679 children were examined in the respective age groups compared with 954 in the previous year. In addition, 36 children were given special inspections.

There was a slight decrease in the number of parents who attended the examinations of their children; the figure for this year being 39% compared with 42% in 1968.

CO-OPERATION WITH FAMILY DOCTORS

The recommendations of the Joint Committee of the British Medical Association and the Society of Medical Officers of Health were followed as in previous years, with regard to children found at school medical examinations to be suffering from defects other than defects of refraction. A letter about such children is sent from the Principal School Medical Officer to the Family Doctor concerned.

PRINCIPAL FINDINGS AT MEDICAL INSPECTIONS

Infestation

The number of children whose heads were found to be infested with lice was 6 compared with 9 for 1968 and the percentage of children found to be so infested was 0.3 compared with 0.2 in 1968.

The actual numbers of children found to be infested during the last ten years are given below:

1960	.....	13	1965	.....	26
1961	.....	71	1966	.....	6
1962	.....	66	1967	.....	24
1963	.....	37	1968	.....	9
1964	.....	17	1969	.....	6

Teeth

Advice on the prevention of dental decay was again given at medical inspections, and leaflets were handed to the parents when necessary.

## Eyes

Every child has his or her vision tested every year.

Ten school entrants and forty-eight children of the other age groups were found to be suffering from defective vision. All were referred for refraction to the School Ophthalmic Surgeon. Forty-five other children with defective vision were kept under observation.

## Ears, Hearing

Five children were found to be suffering from ear disease and were recommended for treatment.

Children suspected to have defective hearing are tested by a pure Tone Audiometer at the Llandrindod Wells Residential School for the Deaf. I should like to express my thanks to the Headmaster of this School for his kind help in this matter.

## Nose and Throat Conditions

Twenty-two children were found to have enlarged tonsils and adenoids, but only seven were referred with the consent of the Family Doctor to a Consultant Ear, Nose and Throat Surgeon, for advice as to whether operative treatment was advised.

Conservative measures were adopted in other cases, particularly dental treatment, breathing exercises and measures to improve the general health.

## Tonsillectomy

As indicated above, only seven children were referred by the School Doctors to a Consultant for decision as to whether operation was required.

## Heart and Circulation

Two children showed evidence of heart disease, but were not excluded from games or physical training. Thirteen children were kept under observation.

## Lungs

One child examined during the year at routine medical inspection suspected of having pulmonary tuberculosis, but on investigation was found to be free from this disease. Eight were kept under observation. Many of these were cases of asthma.

## Orthopaedic Defects

Six children needed treatment for poor posture. Fifteen children who had 'flat' feet were recommended for treatment, which usually entails raising the inner border of the heels of the shoes, and doing remedial exercises.

Follow-up notices were sent to the school nurses for those children having orthopaedic defects, recommending the form of exercise necessary.

## Physical Condition

On completion of the medical examination of a child, he or she is assessed on general health and placed in one of two classifications, namely, satisfactory or unsatisfactory. Three children, that is, 0.40% of all children examined, were considered to be in an unsatisfactory condition. Such assessment is very much a matter of personal opinion.

### TREATMENT OF PUPILS WITH DEFECTS

Altogether 142 children at periodic inspection and 6 at special inspection were found to be suffering from defects considered to require treatment. Except for defects of refraction, these were referred to the family doctor who was informed that if specialist treatment was required, the School Medical Officer could make arrangements for this.

School children were sent to the following hospitals outside the county for advice and treatment by consultants during the year.

Cottage Hospital, Builth Wells.  
Cottage Hospital, Kington.  
General Hospital & County Hospital, Hereford.  
Eye, Ear and Throat Hospital, Shrewsbury.  
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.  
Victoria Eye Hospital, Hereford.

School children were treated as in-patients at the Llandrindod Wells Hospital during the year for the following:-

<u>Condition</u>	<u>No. Treated</u>
Adenoids .....	1
Appendicitis .....	3
Concussion and Facial Abrasions .....	1
Hydrocele .....	1
Infected Tonsils .....	5
Infected Tonsils and Adenoids .....	4
Meningitis .....	1
Scalds .....	1
Deviated Nasal Septum .....	1
Sheppard's Gramets both ears .....	1

## Orthopaedic Treatment

Orthopaedic Clinics are held at monthly intervals at County Hall by a Consultant and Registrar from the Oswestry Orthopaedic Hospital, and after-care is supervised by an Orthopaedic Sister who attends a Clinic held twice monthly in the same building.

## Treatment of Defective Vision and Squint

Two hundred and thirteen children were examined by the Consultant Ophthalmic Surgeon, Mr. S.S.F. Munro; spectacles were prescribed for ninety children, twelve cases no change of spectacles previously prescribed was recommended and in ninety-seven cases no spectacles were prescribed, and fourteen children were discharged.

## Deaf

Two deaf children attend the Llandrindod Wells Residential School as boarding pupils.

## Partially Hearing Pupils

One partially hearing pupil of school age is a boarding pupil at Needwood School, near Burton-on-Trent, and one partially hearing pupil attends the Llandrindod Wells Residential School as a day pupil. During the year arrangements were made for her to attend the Llandrindod Wells Secondary Modern School for two half days each week.

## Educationally Subnormal Pupils

Seven children attend Residential Special Schools for Educationally Subnormal Pupils. Four children in need of such treatment remain unplaced. Ascertainment of educationally subnormal pupils is incomplete.

## Physically Handicapped Pupils

A boy from Knighton suffering from Cerebral Palsy continues at the Craig-y-Parc Special School, Cardiff, and is making good progress.

A spastic girl from Llangunllo is a pupil at Erw'r Delyn Residential School, Penarth.

## Pupils with Speech Defects

Two sessions a week are held at the Llandrindod Wells Clinic and one session weekly is being held jointly at Presteigne and Knighton Clinics throughout the year. One hundred and twelve children have been seen by our Speech Therapist, Mrs. Morag M. Morley, of these, eleven were discharged, having sufficiently recovered to require no further treatment.

Mrs. Morag M. Morley, the Speech Therapist, submits the following report:

"Throughout the year weekly clinics were held at Llandrindod Wells, Knighton and Presteigne. A whole day was spent at Llandrindod Wells, and half a day shared between Knighton and Presteigne. This seemed sufficient to cover the need for speech therapy in these areas.

Most of the children seen were suffering from simple and multiple articulatory defects, or a general delay in language development.

Again, this year there have been no new cases of stammering reported, though three previous cases are still under observation.

One case of total cleft palate has been referred, and also an interesting case of complete lack of speech (alalia) in identical twins aged  $4\frac{1}{2}$  years.

In the cases seen, mental, emotional and environmental factors have been seen to play a part, in addition to the physical factors (both known and unknown) in contributing towards each child's difficulty in speech.

Where general mental retardation is a strong factor, progress has naturally been very slow, but many of these children do seem to benefit from the opportunity for more individual help at their own level.

Following from this, I have found that some parents express a strong wish for their backward children to attend special classes of the E.S.N. type for their general education; should such classes ever be initiated in Radnorshire, the children concerned may well have the opportunity for more frequent speech therapy sessions which they need more than the normally intelligent child."

## DENTAL REPORT

During the year 2,050 children were inspected, of whom 1,711 required treatment. 83.47% of those inspected required treatment - a minor improvement on the previous year.

With this continuing high caries rate, it is regrettable that no progress has been made towards the fluoridation of the water supplies - the only known remedy which could result in a major reduction, not only in the amount of caries, but also to its progress in the individual tooth.

It is pleasant to report that dental hygiene has greatly improved and it is most unusual to find any case where cleansing of the teeth is completely neglected. Sometimes one suspects that the expected visit of the dentist may have acted as a reminder, but a general improvement is obvious.

The routine practice of polishing every child's teeth certainly inculcates a pride in their appearance - and frequently results in requests from children not referred for treatment for a similar service. The introduction of the hygiene pack for new entrants has been most popular and results are encouraging.

A disturbing feature has been a sudden increase in the number of fractured incisors found at dental inspection. These occur most frequently in those schools where the numbers of children have increased and playing space is limited.

A most important function of the school dental service, apart from conservation and the relief of pain, is to train the child to accept dental treatment as a normal and not unpleasant routine which he will continue in adult life. Most dental fear is caused either by some unhappy experience in childhood or, more frequently, by some horrific tales passed on by older generations.

These fears can be removed by developing techniques of relaxation, suggestion and the correct use of words - and particularly the avoidance of the wrong words. Very successful results have been achieved by these methods, and the transformation of a very frightened child into a happy and co-operative patient is most rewarding. Initially, these methods are time consuming, but it is interesting to note that the children themselves pass the idea on to their friends. In the long term this should mean time saving in the preliminary approach.

## INFECTIOUS AND CONTAGIOUS DISEASES

Certificates of exclusion from school were issued in respect of individual children suffering from infectious and contagious diseases as follows:

Infectious Diseases	Chicken Pox .....	13
	German Measles .....	83
	Infective Jaundice .....	31
	Measles .....	2
	Mumps .....	83
	Salmonella .....	2
	Scarlet Fever .....	30
	Sonne Dysentery .....	8
	Whooping Cough .....	8
Contagious Diseases	Impetigo .....	11
	Ringworm .....	7
	Scabies .....	8

## EXAMINATION OF TEACHERS AND CANTEEN STAFF

The medical examination of intending teachers prior to their acceptance by training colleges or universities, and of newly-appointed teachers and canteen staff was continued during the year. One object is to ensure that no one is appointed to a post in close contact with children who is likely to be suffering from a communicable disease. An x-ray examination of the chest is made at the Llandrindod Wells Hospital as no Mass Radiography Unit is available. Nineteen intending teachers, eleven appointed teachers and twenty-nine canteen staff were examined by me during the year.

## LLANDRINDOD WELLS RESIDENTIAL SCHOOL

In addition to their work in Radnorshire schools, the Principal School Medical Officer and the Principal School Dental Officer and Dental Attendant, continue to undertake similar work at the Llandrindod Wells Residential School, which is administered by the Welsh Joint Education Committee and is a Residential-Special School for Deaf and Partially Hearing Pupils serving Wales and Monmouthshire.

## SCHOOL ATTENDANCES

At the end of the last quarter of 1969, there were 2,979 children attending Radnorshire schools. 1,788 children were on the registers of the 32 primary schools, and 1,191 children attended the six secondary schools.



VISITS BY SCHOOL NURSES AND HEALTH VISITORS

The following visits have been made by the School Nurses and Health Visitors during the year:

Medical Inspections .....	58
Pre-Medical Eye Testing .....	71
Follow-up Medical Inspections .....	52
Hygiene Inspections .....	76
Hygiene Re-Inspections .....	21
Follow-up Hygiene Inspections .....	19

EXAMINATION OF TEACHERS AND CAMERON STAFF

The medical examination of intending teachers prior to their acceptance by training colleges or universities, and of newly-appointed teachers and certain staff was continued during the year. One object of this is to ensure that no one is appointed to a post in close contact with children who is likely to be suffering from a communicable disease. An x-ray examination of the chest is made at the Llandrindod Wells Hospital as no other radiography unit is available. Nineteen intending teachers, eleven appointed teachers and twenty-nine camera staff were examined by me during the year. Twelve of the latter were found to be suffering from a communicable disease. All these examinations were carried out at the Llandrindod Wells Hospital.

In addition to their work in Radnorshire schools, the Principal School Medical Officer and the Principal School Dental Officer and Dental Assistant, continue to undertake similar work at the Llandrindod Wells Hospital School, which is administered by the Welsh Joint and Industrial Committee and is a Hospital School for Dental and Medical purposes. Partially hearing girls are being taken and investigated, and various other work is being carried out at the hospital. It is noted that the hospital is now closed to the public and is only open to patients.

At the end of the last quarter of 1969, there were 2,979 children attending Radnorshire schools. 1,788 children were on the registers of the 32 primary schools, and 1,191 children attended the six secondary schools.

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected	No. of Pupils Inspected	Physical Condition of Pupils Inspected		No.	No.		(5)	(6)	(7)
		Satisfactory	Unsatisfactory						
(1)	(2)	(3)		(4)					
1965 & later	21	20	95.24	1	4.76	1	3	3	3
1964	132	131	99.24	1	0.76	4	19	18	18
1963	36	36	100.00	-	-	2	5	7	7
1962	38	38	100.00	-	-	3	6	7	7
1961	25	25	100.00	-	-	1	3	3	3
1960	15	15	100.00	-	-	1	2	2	2
1959	21	21	100.00	-	-	-	-	-	-
1958	92	91	98.91	1	1.09	3	7	8	8
1957	56	56	100.00	-	-	2	4	6	6
1956	32	32	100.00	-	-	-	2	2	2
1955	81	81	100.00	-	-	4	7	9	9
1954 & earlier	130	130	100.00	-	-	2	9	10	10
TOTAL	679	676	99.60	3	0.40	22	67	75	75

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Table A - Periodic Inspection

Defect or Disease  (2)	Periodic Inspections							
	Entrants		Leavers		Other		Total	
	T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
4 Skin	1	9	4	6	2	4	7	19
5 Eyes (a) Vision	10	13	29	14	19	17	58	44
(b) Squint	2	3	-	2	2	2	4	7
(c) Other	2	1	4	4	3	2	9	7
6 Ears (a) Hearing	3	3	1	2	1	-	5	5
(b) Otitis Media	-	7	-	1	-	2	-	10
(c) Other	-	4	2	-	-	1	2	5
7 Nose and Throat	5	9	1	2	-	3	6	14
8 Speech	2	9	1	1	4	3	7	13
9 Lymphatic Glands	-	5	-	1	1	1	1	7
10 Heart	2	8	-	1	-	3	2	12
11 Lungs	-	4	-	1	1	2	1	7
12 Development (a) Hernia	-	1	-	-	-	-	-	1
(b) Other	-	4	3	1	2	1	5	6
13 Orthopaedic (a) Posture	1	4	5	8	-	2	6	14
(b) Feet	8	12	3	3	4	7	15	22
(c) Other	-	12	5	2	6	7	11	21
14 Nervous System (a) Epilepsy	-	-	-	-	-	-	-	-
(b) Other	-	1	1	-	1	-	2	1
15 Psychological (a) Development	-	3	-	1	1	6	1	10
(b) Stability	-	3	-	2	-	1	-	6
16 Abdomen	-	3	-	-	-	-	-	3
17 Other	-	-	-	-	-	-	-	-

SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
(1)	(2)		
4	Skin	-	-
5	Eyes	(a) Vision 2 (b) Squint - (c) Other -	1 - -
6	Ears	(a) Hearing - (b) Otitis Media - (c) Other -	3 1 -
7	Nose and Throat	1	1
8	Speech	2	1
9	Lymphatic Glands	-	1
10	Heart	-	1
11	Lungs	-	1
12	Orthopaedic	(a) Posture - (b) Feet 1 (c) Other -	- 3 1
13	Development	(a) Hernia - (b) Other -	- 1
14	Nervous System	(a) Epilepsy - (b) Other -	- 1
15	Psychological	(a) Development - (b) Stability -	2 1
16	Abdomen	-	1
17	Other	-	-

Table B - Other Inspections

No. of Special Inspections	36
No. of Re-inspections	41
<b>Total</b>	<b>77</b>

Table C - Infestation with Vermin

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons.	1,652
(b)	Total number of individual pupils found to be infested.	6
(c)	Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944)	-
(d)	Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944)	-

PART III TREATMENT OF PUPILS

Table A - Eye Diseases, Defective Vision and Squint

<u>No. of cases known to have been treated</u>	<u>No. of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	Nil
Error of refraction (including squint)	335
No. of pupils for whom spectacles were prescribed	218

Table B - Diseases and Defects of Ear, Nose and Throat

Received operative treatment	
(a) for diseases of the ear	Nil
(b) for adenoids and chronic tonsillitis	9
(c) for other nose and throat conditions	1
Received other forms of treatment	2
	<hr/>
Total	12
	<hr/>
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1969	1
(b) in previous years	5
	<hr/>
Total	6
	<hr/>

Table C - Orthopaedic and Postural Defects

(a) Pupils treated at clinics or outpatients' departments	Figures not available
(b) Pupils treated at school for postural defects	Nil

Table D - Diseases of the Skin (excluding uncleanliness)

	<u>No. of cases known to have been dealt with</u>	<u>No. of cases known to have been treated</u>
Ringworm (scalp)	-	-
Ringworm (body)	3	3
Scabies	2	2
Impetigo	6	6
Other skin diseases	7	7
	—	—
Total	18	18

Table E - Child Guidance

Pupils treated at Child Guidance Clinics 5

Table F - Speech Therapy

Pupils treated by Speech Therapist 112

Table G - Other Treatment Given

(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. Vaccination	151
	—
Total	151

PART IV - DENTAL INSPECTION AND TREATMENT

(carried out by the Authority)

(a) Attendances and Treatment

	<u>Ages</u> <u>5-9</u>	<u>Ages</u> <u>10-14</u>	<u>Ages</u> <u>15 &amp; Over</u>	<u>Total</u>
First Visit	367	386	121	874
Subsequent Visits	51	204	86	341
Total Visits	418	590	207	1,215

Additional courses of treatment

commenced	14	19	5	38
Fillings in permanent teeth	257	472	184	913
Fillings in deciduous teeth	276	51	-	327
Permanent teeth filled	245	460	179	884
Deciduous teeth filled	276	51	-	327
Permanent teeth extracted	-	18	14	32
Deciduous teeth extracted	114	127	-	241
General anaesthetics	-	-	-	-
Emergencies	23	34	11	68

Number of pupils x-rayed	26
Prophylaxis	823
Teeth otherwise conserved	1,089
No. of teeth root filled	6
Inlays	Nil
Crowns	Nil
Courses of treatment completed	894

(b) Prosthetics

	<u>Ages</u> <u>5-9</u>	<u>Ages</u> <u>10-14</u>	<u>Ages</u> <u>15 &amp; Over</u>	<u>Total</u>
Pupils supplied with F.U. or F.L. (First time)	-	-	-	-
Pupils supplied with other dentures (First time)	-	1	-	1
No. of dentures supplied	-	-	-	-

(c) Anaesthetics

General Anaesthetics administered by Dental Officer Nil

(d) Inspections

a. First Inspection at School.	No. of Pupils	1,966
b. First Inspection at Clinic.	No. of Pupils	84
Number of a. and b. found to require treatment		1,711
Number of a. and b. offered treatment		1,580



PART IV - DENTAL INSPECTION AND TREATMENT

c. Pupils re-inspected at school clinic .....	12
Number of c. found to require treatment .....	12

e. Sessions

Sessions devoted to treatment .....	234
Sessions devoted to inspection .....	31
Sessions devoted to Dental Health Education .....	3

f. Orthodontics

Cases remaining from previous year .....	45
New cases commenced during year .....	18
Cases completed during year .....	44
Cases discontinued during year .....	1
No. of removable appliances fitted .....	2
No. of fixed appliances fitted .....	16
Pupils referred to Hospital Consultant .....	-

(a) Prosthetics

Number of pupils x-rayed .....	823
Prophylaxis .....	1,089
Teeth otherwise conserved .....	6
No. of teeth root filled .....	181
Inlays .....	181
Crowns .....	181
Courses of treatment completed .....	181

(b) Anaesthetics

Pupils supplied with E.M. or F.L. (First time) .....	-
Pupils supplied with other dentures (First time) .....	1
No. of dentures supplied .....	-

(c) Inspections

a. First inspection at school .....	1,266
b. First inspection at clinic .....	84
Number of a. and b. found to require treatment .....	1,271
Number of a. and b. offered treatment .....	1,280

HANDICAPPED PUPILS IN RADNORSHIRE.

1. Blind	3. Deaf	5. Physically	7. Maladjusted	9. Epileptic	Total 1-10.					
2. Partially sighted	4. Partially hearing	6. Handicapped Delicate	8. Educationally subnormal	10. Speech defects						
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	

Number of Handicapped Pupils from the area attending Special School as Day Pupils:

-	-	-	1	-	-	-	-	-	-	1
-	-	-	1	2	-	-	7	-	-	12

Boarding Pupils:

Number of Handicapped Pupils from the area requiring places in Special Schools or Homes, but remaining unplaced:

-	-	-	-	-	-	-	4	-	-	4
---	---	---	---	---	---	---	---	---	---	---

TOTALS

-	-	-	2	2	-	-	11	-	-	17
---	---	---	---	---	---	---	----	---	---	----

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
a. Pupils re-inspected in school clinic																				
Number of a. found to require treatment																				
b. Sessions																				
Sessions devoted to treatment																				
Sessions devoted to inspection																				
Sessions devoted to Dental Health Education																				
c. Orthodontics																				
Cases remaining from previous year																				
New cases commenced during year																				
Cases completed during year																				
Cases discontinued during year																				
No. of removable appliances fitted																				
No. of fixed appliances fitted																				
Pupils referred to Hospital Consultant																				

WELSH JOINT EDUCATION COMMITTEE

Y CYD-BWLLGOR ADDYSG CYMREIG

LLANDRINDOD WELLS RESIDENTIAL SCHOOL

ANNUAL REPORT

of the

SCHOOL MEDICAL OFFICER

for

1969

Barrister-at-Law.

TO THE CHAIRMAN AND MEMBERS OF THE GOVERNING BODY  
OF THE LLANDRINDOD WELLS RESIDENTIAL SCHOOL

Madam Chairman, Ladies and Gentlemen,

I have the honour of submitting to you my annual report as School Medical Officer of the Llandrindod Wells Residential School for the year 1969.

With the help of the former School Nurse, Mrs. Day, who kindly returned to School especially for this purpose, I carried out routine medical inspections of each child during the year.

Once again I am happy to report that the health of the children was in general satisfactory.

During the year there were 77 admissions to the sick bay. These comprise cases of hepatitis (one), rheumatic fever (one), bronchitis (two), tonsillitis (eight), influenza (one), sore throat (eight), coughs and colds (twenty six), bilious attacks (seven), otitis media (one), pyrexia and headache (five), swollen glands (one), for observation (fifteen), rubella contact (one).

Two children were admitted to the Victoria Eye Hospital, Hereford, for the correction of squint. The operation in each case was successful.

One child who suffers from congenital atresia of the oesophagus attended the Children's Hospital, Birmingham, for dilatation of the oesophagus at regular intervals during the year. Results were fairly satisfactory.

One child was transferred to Hereford County Hospital with rheumatic fever but happily recovered without any cardiac damage.

One child was admitted to Hereford County Hospital with fractures of both wrists sustained falling off a swing. Healing was satisfactory and the end result good.

Three children attended Llandrindod Wells Hospital for the removal of plantar warts under local anaesthetic.

One child attended Llandrindod Wells Hospital to have a septic finger lanced and another to have a foreign body removed from his ear.

Four children had routine chest x-rays, the result in each case being satisfactory.

Three children were seen by Dr. Fisher, the Consultant Paediatrician, at the Llandrindod Wells Hospital. These were the child mentioned above with congenital atresia of the oesophagus, a child suffering from diabetes and one with an undescended testicle.

Eleven children were examined by Mr. Munro, the Consultant Ophthalmic Surgeon, at the School Eye Clinic.

One child was referred to Mr. Brian Thomas of the Orthopaedic Clinic.

One child attended Llandrindod Wells Hospital for treatment by ultra violet rays.

One child has been in hospital in Cardiff for some months receiving orthopaedic treatment for a well marked scoliosis.

Mr. Crowther, the Consultant Ear, Nose and Throat Surgeon, examined 37 children and Mr. Landeg, 2.

One child did not return to School at the beginning of the Autumn Term having contracted scabies.

Miss G. Turner commenced duty as School Nurse in September and to her and the Matron and Headmaster I wish to express my thanks for their helpful co-operation.

I am glad to express once again my gratitude to you, Madam Chairman, and Members of the Committee, for your support at all times.

I am

Your obedient servant,

FRANK J.H. CRAWFORD.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR

1969

HEARING - CLASSIFICATION

55 of the pupils at the School are profoundly deaf, and 5 are classified as partially hearing pupils.

CAUSES OF DEAFNESS

Partial Hearing:

Congenital .....	3
Cerebral Palsy .....	1
Maternal Rubella .....	1

Profound Deafness:

Meningitis .....	4
Pneumococcal Meningitis .....	2
Chicken Pox .....	1
Maternal Rubella .....	3
Rhesus Incompatibility .....	1
Kernicterus .....	1
Perceptive familial .....	1
Unknown .....	3
Congenital .....	39

CHILDREN WITH MULTIPLE DEFECTS

The following children have defects as stated in addition to auditory defects:-

E.A.	Klippel-Feil Syndrome
R.C.	Mentally subnormal
A.D.	Partially sighted
H.J.	Mentally subnormal
G.R.	Mongol
C.S.	Spastic, E.S.N.
R.P.	Mentally retarded, Klippel-Feil Syndrome
J.B.	Bells Palsy
P.D.	Spastic
J.L.	Retinitis
G.M.	Thalidomide - eye and ear deformities
G.D.	Mentally subnormal
C.B.	Klippel-Feil Syndrome

## VISION

Ten children wear glasses regularly.

One child who had been wearing spectacles was able to dispense with his glasses.

## B.C.G. VACCINATION

For the protection of the pupils against tuberculosis B.C.G. vaccination was again offered to those pupils in the 13 - 14 year age group and to those older pupils who had not previously accepted this protection.

Consents were given for three children in the eligible age groups. These were all tuberculin negative and were given B.C.G. vaccine.

## REPORT OF THE SCHOOL DENTAL OFFICER

Mr. P.G.H. Griffith, L.D.S., submits the following report:-

The figures for dental inspection and treatment of the children show a very satisfactory dental picture.

The permanent filling/extraction ratio is 30:1. This is a very high figure indeed, and much better than the figures of the school population as a whole.

The conservation figures of 1.5 fillings per child do not indicate any extensive caries.

The children, without exception, are obviously cleaning their teeth regularly.

Their friendly approach tends to overcome difficulties of communication, and eases problems in treatment.

I would like to thank Mr. Richards and his staff for their help and co-operation.



STATISTICS FOR THE PUPILS ATTENDING THE RESIDENTIAL  
SCHOOL FOR THE DEAF, LLANDRINDOD WELLS.

TABLE 1

A. PERIODIC MEDICAL INSPECTIONS

Number of Routine Inspections:-

Entrants .....	4
Annuals .....	52
Leavers .....	11
<b>Total</b> .....	<b>67</b>

PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Inspection to require treatment (excluding Deafness, Speech Defects, Dental Disease and Infestation with Vermin).

<u>Group</u>	<u>For Defective Vision (excluding squint)</u>	<u>For any of the other conditions recorded in Table</u>	<u>Total Individual Pupils</u>
		<u>2</u>	
Entrants .....	-	2	2
Annuals .....	15	19	27
Leavers .....	3	5	6
<b>Total</b> .....	<b>18</b>	<b>26</b>	<b>35</b>

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR  
ENDED DECEMBER, 1969.

TABLE 2

<u>Defect Code No.</u>	<u>Defect or Disease</u>	<u>Requiring Treatment</u>	<u>No. of Defects Required to be Kept Under Observation, but not Requiring Treatment</u>
4	Skin .....	6	3
5	Eyes (a) Vision .....	20	7
	(b) Squint .....	4	2
	(c) Other .....	1	-
6	Ears (b) Otitis Media .....	-	2
	(c) Other .....	-	1
7	Nose and Throat .....	4	4
9	Lymph Glands .....	-	2
10	Heart and Circulation .....	1	2
11	Lungs .....	2	-
12	Development		
	(a) Hernia .....	-	-
	(b) Other .....	4	3
13	Orthopaedic		
	(a) Posture .....	1	1
	(b) Flat foot .....	6	1
	(c) Other .....	-	5
14	Nervous System		
	(a) Epilepsy .....	2	1
	(b) Other .....	-	4
15	Psychological		
	(a) Development .....	1	6
	(b) Stability .....	1	3
16	Abdominal .....	-	-
17	Other .....	1	-

RETURN OF DISEASES FOUND BY MEDICAL INSPECTION DURING THE YEAR

DENTAL TREATMENT

No. of children actually treated ..... 67  
 Attendances made by pupils for treatment ..... 74

Fillings ..... 102  
 Extractions ..... 16  
 Administration of general  
 anaesthetics ..... Nil  
 Other operations ..... 104

ORTHODONTICS

Apparatus fitted ..... 1

Defect Code No.



