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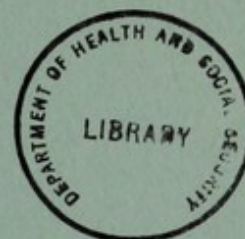
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**RADNORSHIRE COUNTY COUNCIL**  
**and**  
**RADNORSHIRE EDUCATION COMMITTEE**



**ANNUAL REPORTS**  
of the  
**County Medical Officer of Health**  
and  
**Principal School Medical Officer**  
for  
**1971**

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

Barrister-at-Law

COUNTY HALL - LLANDRINDOD WELLS

Telephone No. - Llandrindod Wells 2262



MEMBERS OF THE COUNTY COUNCIL

RADNORSHIRE COUNTY COUNCIL

and

RADNORSHIRE EDUCATION COMMITTEE

ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

for

1971

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

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Vice-Chairman:

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Aldermen:

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L.P. Havard  
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V. Lloyd  
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G.H. Price  
A.L. Pritchard  
N.F. Reay  
R.L. Ryder  
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C.E. Watkins  
W.E.J. Watson  
V.D. Whiting  
S.K. Williams

Health Committee  
(As at 31st December, 1971)

Chairman:

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Vice-Chairman:

Councillor T.O. Nicholls, O.B.E.

Aldermen:

V.T. Jones  
E.T. Kinsey Morgan, C.B.E.

R.P.L. Hughes

Councillors:

R.A.S. Clark  
C.T. Davies  
E.L. Evans  
T.C. Evans  
O. Gibbin  
R.J. Griffiths  
E.T. Harris

D.T. Joseph  
R.E. Knill  
H.A. Peter  
N.F. Reay  
W.E.J. Watson  
V.D. Whiting

Co-opted:

Mrs. F.J. Edwards  
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  
Brigadier Sir C.M.D. Venables-  
Llewelyn, Bart., M.V.O.

RADNORSHIRE EDUCATION COMMITTEE

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Vice-Chairman:

Councillor T.O. Nicholls, O.B.E.  
Councillor C.A. Masters

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

Mr. D.E.B. Griffiths  
Archdeacon T.E. Griffiths  
Mrs. M. Howse  
Mr. W. Denver James  
Mrs. S.M. Coltman Rogers

Mrs. K.J. Morgan  
Lady Delia Venables-Llewelyn  
Brigadier Sir C.M.D. Venables-  
Llewelyn, Bart., M.V.O.  
Rev. T.H. Williams

Special Services Sub-Committee  
(As at 31st December, 1971)

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Vice-Chairman:

Councillor O. Gibbin  
Councillor R.J. Griffiths

Aldermen:

J.S. Davies  
W.H. Edwards  
R.P.L. Hughes  
V.T. Jones

E.T. Kinsey Morgan, C.B.E.  
Penry Pritchard  
T.F. Vaughan-Prickard, C.V.O.  
J. Watkins

Councillors:

J.C. Deakins  
E.L. Evans  
T.C. Evans  
J.I. Hargest  
E.T. Harris  
L.P. Havard  
R.E. Knill  
Harri Lewis, C.B.E.  
C.A. Masters

G.D. Morgan  
T.O. Nicholls, O.B.E.  
Mrs. A.V. Parkinson-Jones  
H.A. Peter  
G.H. Price  
N.F. Reay  
Mrs. R.M. Thomas  
W.E.J. Watson  
V.D. Whiting

Co-opted:

Mr. W. Denver James  
Mrs. M. Howse  
Rev. T.H. Williams  
Mrs. K.J. Morgan

Lady Delia Venables-Llewelyn  
Brigadier Sir C.M.D. Venables-  
Llewelyn, Bart., M.V.O.

## STAFF

County Medical Officer of Health	F.J.H. Crawford, O.St.J., B.Sc., Ch.B.,
County Welfare Officer and	M.D., M.R.C.S., L.R.C.P., D.P.H.
Principal School Medical Officer	Barrister-at-Law, Middle Temple.
Deputy County Medical Officer of Health	M. Dilys Owen, J.P., B.Sc., M.B., Ch.B.,
and Deputy Principal School Medical	D.P.H., D(Obst)R.C.O.G.
Officer (part-time)	
School Medical Officers (part-time)	B.C. Davies, B.M., B.Ch., D(Obst)R.C.O.G.
	<u>R.J. Walker, M.B., B.Ch.</u>
	Beryl A. Davies, B.Sc., M.B., B.Ch.
Consultant Psychiatrist and Adviser	G. Diggle, M.B., Ch.B., M.R.C.P.(Ed.),
in Mental Health (part-time)	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	Beryl A. Davies, B.Sc., M.B., B.Ch.
Clinic	
County Dental Officer and	D.M. Hobbs, B.D.S.
Principal School Dental Officer	
Senior Dental Officer	G.G. Field, B.D.S. (Appointed 1.9.71)
County Nursing Officer,	Irene Snape, S.R.N., S.C.M., H.V.Cert.,
Supervisor of Midwives and Home Help	Queens Nurse.
Organiser	
Psychiatric Social Worker (part-time)	Gwendoline Morgan
Mental Welfare Officers	*F.J. McDermott, R.M.N.
	All District Nurses, Health Visitors and
	*H.E. Morris (part-time)
	Olwen P. Mantle (Retired 1.9.71)
	Elaine Watson (Appointed 1.9.71)
	Elizabeth A. Lloyd (Appointed 13.9.71)
	Morag Morley, L.C.S.T.
Dental Surgery Assistants	*R.A. Oldbury
	*Patricia Richards
	J.S. Jose, M.Ch.S., S.R.Ch., M.C.S.P., S.R.
	Haulwen Davies, M.C.S.P., S.R.P.
	Anne Duggan, M.C.S.P., S.R.P.
	T.A.O. Meredith (Retired 30.11.71)
	Gareth Vaughan Jones (Appointed 1.12.71)
	D.C. Jenkins, M.Sc., F.R.I.C., D.I.C.
	W.J. Meredith (Chief Clerk)
	*G.E.H. Steventon
	Enid L. Barker
	W.S. Evans
	Maureen Davies
	*Glenis Davies
	Vera Prossor
	*Gwyneth Phillips
	Elizabeth King (Appointed 13.12.71)
Officer-in-Charge (Central Ambulance	
Control, part-time)	
County Analyst (part-time)	
Clerical Staff:	

\*Transferred to Social Services Department on 1st April, 1971.

## 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	Sybil G. Jones	S.R.N.
Clyro	Elizabeth F. Price	S.R.N., S.C.M.
Knighton	Dorothy F. Rawlings	S.R.N., S.C.M.
Llandewi	Gwyneth Lewis	S.R.N.
Llandrindod Wells	Beryl Pugh	S.R.N., Queens Nurse
Nantmel	Winifred L. Roe	S.R.N., S.C.M.
New Radnor	Frances M. Niblett	S.R.N.
Paincastle	Mary Hayward	S.C.M., S.E.N.
Penybont	Patricia Mary Price	S.E.N.
Presteigne	Norline Baynham	S.R.N., S.C.M.
Rhayader	Olwen Wingfield	S.R.N.
Supply Nurse	E. Phyllis Lewis	S.R.N., S.C.M., Queens Nurse
	Pauline Hayes	S.E.N.
	Myra O. Jones	S.R.N., S.C.M.

## Health Visitors & School Nurses

Margaret K. Chaplin (part-time)	S.R.N., S.C.M., H.V.Cert., Queens Nurse
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

## Part-time Nurses

Elizabeth M. East	S.R.N.
Dorothy Davies	S.E.N.
Myra O. Jones	S.R.N., S.C.M.
Harold H. Hambleton	R.M.N.
Joan B. Parker	S.R.N.

### 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.
Educational Psychologist	A. Gilder, M.Ed.
County Architect and County Planning Officer	G.L. Edwards, Dip.Arch., A.R.I.B.A.
Director of Social Services	James Hole
Inspector of Weights and Measures	R.W. Price
Inspector of Food and Drugs	
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, O.St.J., 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.
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.

## 1971 ANNUAL REPORT

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

I have the honour to submit to you my report on the health services provided by the County Council, including the School Health Service, and on the health of the people in the county during the year 1971.

It will be seen that once again the number of deaths of Radnorshire residents exceeded the number of births, and rural depopulation is thus continuing in this area.

It is gratifying to note that the rate of illegitimacy in this county is below that for England and Wales, and although the infant mortality rate for illegitimate children was very high, this was the figure resulting from the death of one such child of an unmarried mother. The average infant death rate for illegitimate children in the previous five years was at 37.5, less unsatisfactory.

The infant mortality rate, the neo-natal mortality rate, and the perinatal mortality rate - figures which are generally considered to give an indication of the efficiency of the health services of an area - were all much lower than these indices for England and Wales as a whole.

For eleven years there have been no deaths of Radnorshire women resulting from puerperal causes. Having a baby is now a very safe procedure, and it is interesting to compare the present maternal mortality rate, that is deaths of mothers per thousand births in England and Wales, which is 0.17, with that for fifty years ago, which was 3.71.

It is also very gratifying that the percentages of children born in 1969 immunised against whooping cough, diphtheria and poliomyelitis in this county were considerably better than the figure for both England and Wales, and Wales taken separately.

The year saw the dismemberment of the welfare section of my department as a result of the implementation of the Local Government Social Services Act 1970, and thus we ceased to be responsible for welfare activities in regard to blind, deaf, physically handicapped and old people, which I had for the previous nineteen years undertaken as Welfare Officer in addition to my work as County Medical Officer of Health.

Mr. P.G.H. Griffith, who had been County Dental Officer and Principal School Dental Officer since 1951 retired on 1st August. During his time the equipment, which had been somewhat primitive, was improved to such an extent that it could be described as second to none. And in 1953 a mobile dental clinic was purchased, by which the most modern facilities could be brought to

every school in the county. This was a far cry from the days of the portable chair and the treadle-operated drill, and other equipment of like character. Mr. Griffith was also responsible for introducing hypnotherapy and relaxation techniques into his practice. This enabled many highly nervous children to be treated for the first time.

Mr. Griffith carried with him into his retirement the good wishes of all members of the Health Department.

Mr. David Hobbs, who had been Principal School Dental Officer for Leicestershire before coming to Radnorshire, succeeded Mr. Griffith as County and Principal School Dental Officer.

Mr. Geoffrey Field commenced duties as Senior Dental Officer on 1st September.

Mrs. Morley, our part-time Speech Therapist, who had resigned for family reasons the previous year re-commenced work with the Authority on the 6th January, 1971.

Co-ordination of the County Health Department with the Hospital Service is in general satisfactory. I attend meetings of the Border Counties (Wales) Hospital Management Committee and the Chairman and Vice-Chairman of the Health Committee are members of this Hospital Management Committee.

Co-operation with the family doctor service is excellent. Again the Chairman and Vice-Chairman of the County Health Committee and I are members of the Radnorshire Executive Council, and in the field, co-operation between all the general practitioners and members of the Health Department is very close. Although there are only two actual schemes of attachment, one of a district nurse to a general practitioner in Llandrindod Wells, and one of a Health Visitor to a group practice based at Builth Wells, nevertheless, the co-operation between the individual district nurses and health visitors and the family doctors serving their areas is so close that this virtually amounts to attachment.

The County Council decided as early as 1963 to support the fluoridation of water supplies in the county, and I have consistently encouraged action by the Water Board to this end, although I have not been appointed, nor indeed has any other Medical Officer been appointed, as Medical Adviser to the Radnorshire and North Breconshire Water Board. During the year the Llandrindod Wells water supply which had been taken from the River Ithon, was replaced by the Birmingham supply from the Elan Valley which is fluoridated at source. Active consideration is being given by the Water Board to the fluoridation of other supplies in the county.

Some propaganda to encourage people, particularly school children, to refrain from smoking was undertaken by one of our health visitors, mainly in the schools, but I feel that until strong action is taken by the Government, little will be achieved by puny, local efforts of this sort. I must reiterate

what I have said in previous reports, that action should be taken at once to make cigarette-vending machines illegal, which enable children to obtain these lethal articles. One also hopes that the present weak slogan, "Smoking May Damage Your Health" which must be printed on every cigarette packet will be made very much stronger. We know that smoking does in fact always damage health to a greater or lesser extent and this, therefore, should be stated in unequivocal terms.

As will be seen from the statistics in the relevant part of the report the incidence of sexually transmitted diseases in the county is so low that no particular propaganda has been undertaken by this authority.

One case of venereal disease was reported by a clinic for contact tracing. This was followed up successfully.

No propaganda has been undertaken to encourage women to attend our Family Planning Clinic or their own doctor, to have swabs taken for cervical cytology, but the number attending for this purpose steadily increases.

I am grateful for the kindness and consideration shown to me and my colleagues by the Chairman of the Health Committee, and of the County Council, and Education Committee, and Special Services Sub-Committee, and by the members of these committees.

I must also acknowledge gratefully the loyal support of my staff, and express thanks to the many voluntary workers who form an essential part of the health service team.

I am,

Your obedient servant,

Frank J.H. Crawford.

PART I

## LOCAL HEALTH AUTHORITY SERVICES

## 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 1971, adjusted for inward and outward transfers.

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

Area in acres	301,165
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### Population (Registrar General's Estimate)

Urban Districts	6,610	
Rural Districts	11,660	18,270

#### Urban Districts:

Knighton	2,030	
Llandrindod Wells	3,360	
Presteigne	1,220	6,610

#### Rural Districts:

Colwyn	1,710	
Knighton	2,590	
New Radnor	1,720	
Paincastle	1,430	
Rhayader	4,210	11,660

Total County	18,270
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Rateable Value	£617,656
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Product of Penny Rate	£5,979
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<u>Live Births</u>		M	F	Total
Legitimate		104	122	226
Illegitimate		4	12	16
		108	134	242
		<u>Radnorshire</u>		<u>England and Wales</u>
Live birth rate per 1,000 population		13.2		16.0
Illegitimate live births per cent of total births		7.0		8.0
<u>Stillbirths</u>				
Legitimate	-			
Illegitimate	1			
	-			
Total	1			
Stillbirth rate per 1,000 total live and stillbirths		4.0		12.0
Total live and stillbirths		243.0		
<u>Deaths of Infants Under 1 Year of Age</u>				
Legitimate	1			
Illegitimate	1			
	-			
Total	2			
Infant mortality rate per 1,000 live births		8.0		18.0
Legitimate infant mortality rate per 1,000 legitimate live births		4.0		17.0
Illegitimate infant mortality rate per 1,000 illegitimate live births		63.0		24.0
Neo-natal mortality rate per 1,000 (under 4 weeks)		8.0		12.0
Early neo-natal mortality rate per 1,000 (under 1 week)		8.0		10.0
Peri-natal mortality rate (stillbirths and deaths under 1 week combined, per 1,000 live and stillbirths)		12.0		22.0
Maternal deaths (including abortion)		Nil		
Maternal mortality rate per 1,000 live and stillbirths		Nil		0.17
Legitimate birth rate per 1,000 population		12.4		
Illegitimate birth rate per 1,000 population		0.9		
Stillbirth rate per 1,000 population		0.05		
Deaths -				
Total deaths		256		
Death rate		14.0		11.6

Causes of death are given below in order of frequency together with the number who died and the relative percentage of the total deaths. (256)

<u>Causes of Death Arranged in Order of Frequency</u>	<u>Number of Deaths</u>	<u>Percentages of Total Deaths</u>
Heart Disease (all forms)	92	35.9
Cancer (all forms, including 9 deaths from Lung Cancer)	47	18.4
Cerebrovascular Disease	47	18.4
Other Diseases of Circulatory System	18	7.0
All Other Accidents	3	1.2
Pneumonia	14	5.5
Other Diseases, Genito-Urinary System	3	1.2
Diabetes Mellitus	4	1.6
Bronchitis and Emphysema	9	3.5
Motor Vehicle Accidents	3	1.2
Peptic Ulcer	2	0.8
Other Causes of Perinatal Mortality	2	0.8
All Other External Causes	2	0.8
Disease of Skin, Subcutaneous Tissue	2	0.8
Other Diseases of Respiratory System	1	0.4
Suicide and Self Inflicted Injuries	1	0.4
Other Diseases of Nervous System	1	0.4
Other Infective and Parasitic Diseases	1	0.4
Asthma	1	0.4
Intestinal Obstruction and Hernia	1	0.4
Nephritis and Nephrosis	1	0.4
Hyperplasia of Prostate	1	0.4

#### NATIONAL HEALTH SERVICE ACT, 1946 - Section 21

##### Health Centres

The County Council has agreed in principle to the erection of a Health Centre in Llandrindod Wells and following enquiries, the Llandrindod Wells Urban District Council offered a plot of land for a Health Centre on the south side of Quarry Lane near the Llandrindod Hospital. This suggestion was accepted by the Health Committee who asked the U.D.C. to reserve this land for the purpose. Shortly afterwards the U.D.C. intimated that because the land offered forms part of gardens of council houses there might be difficulty in the land being available when required. The Health Committee therefore agreed to enquire from the Welsh Hospital Board whether a plot of land for a Health Centre could be made available within the curtilage of the Llandrindod Hospital. Approval of the siting of a possible future Health Centre in the Hospital grounds was received from the Board.

Since the end of the year however it has been agreed that the proposed hospital site is unsuitable and a decision has been made by the County Council that when the local general practitioners desire to use a Health Centre it shall be erected on a different site. Suitable land, belonging to the County Council, is available.

#### CARE OF MOTHERS AND YOUNG CHILDREN - Section 22

There were no maternal deaths in the county in 1971.

#### Infant Mortality

<u>Area</u>	<u>No. of Deaths</u> <u>Under 1 Year</u>	<u>Rates per 1,000 Births</u>	
	<u>1971</u>	<u>1971</u>	<u>1967-71</u>
<b>Urban Districts:</b>			
Knighton	-	-	12
Llandrindod Wells	-	-	11
Presteigne	1	63	22
<b>Rural Districts:</b>			
Colwyn	-	-	10
Knighton	1	26	19
New Radnor	-	-	15
Paincastle	-	-	-
Rhayader	-	-	17
Total Urban Districts	1	10	11
Total Rural Districts	1	7	15
Administrative County	2	8	15

#### Congenital Defects

Notifications received of congenital defects apparent at birth numbered four (4). Initial information is obtained from the birth card. These births are notified to the Registrar General and also placed on the "At Risk" Register.

#### "At Risk" Register

The number of children on the "At Risk" Register, which includes premature babies, congenital malformations, etc. at the end of the year was 163.

### Premature Infants

During the year twelve premature babies were born, eleven of them in hospital and one at home. One baby born in hospital who weighed 2lbs. 9 ozs. died soon after birth. The remainder survived and are doing well. The left hand of one baby whose weight was 5 lbs. 2 ozs. did not develop.

The premature baby rate per 1,000 live births was 49; the rate in 1970 was 92.

### Child Health Clinics

Child Health Clinics are held in the county as follows:

Place	Time	Medical Officer
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 Reading Room	1st Tuesday in month, 2.30 p.m.	Dr. F.J.H. Crawford
New Radnor Walton Village Hall	3rd Monday in month, 2.30 p.m.	Dr. R.J. Walker
Presteigne Health Clinic	2nd Monday in month, 2.30 p.m.	Dr. R.J. Walker
Rhayader Health Clinic	2nd Wednesday in month, 2.00 p.m.	Dr. Beryl 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 1971

	Knighton	Llandrindod Wells	Presteigne	Newbridge-on-Wye	New Radnor	Rhayader	Total
No. of meetings:	12	23	12	12	12	12	83
No. of children who attended during the year and who were born in:							
1971	49	35	29	15	3	28	159
1970	87	97	65	7	11	69	336
1966-69	57	29	62	36	36	87	307
Total no. of children who attended during the year:	193	161	156	58	50	184	802
No. of sessions held by general practitioners:	12	23	12	9	12	10	78
No. of sessions held by health visitors without doctor:	-	-	-	3	-	2	5

### Family Planning

The Clinic at Llandrindod Wells which is administered directly by the County Council with Dr. Beryl Davies as the Medical Officer in charge, was held during the year on the second and fourth Mondays in the month.

There is no restriction to those who are entitled to receive advice, which is always free. The advice is available to unmarried, as well as married women, but appliances are only provided free of charge when they are considered necessary for reasons of health.

Thirty-seven new patients attended the Clinic during the year and the total attendances made were 263. One hundred and thirteen cervical smears were taken. Women were also taught self examination of the breast for the early detection of breast cancer.

Circular 104/71 from the Welsh Office asked Local Health Authorities to consider further advertising and extension of their Family Planning Services. We were fortunate to obtain the service of Dr. Joanna Crawshaw to enable us to extend our Services and to hold an evening Clinic at Presteigne on the first and third Tuesday in the month, the Clinic was scheduled to commence on 18th January, 1972.

## Dental Care of Expectant and Nursing Mothers, and Pre-School Children

Mr. D.M. Hobbs, the County Dental Officer, submits the following report:

"The number of expectant and nursing mothers who take advantage of the service offered by the County Council is very small. One reason for this is that very few expectant and nursing mothers are aware that they are eligible for treatment by the county dental service, and every opportunity is taken to make this facility more widely known. There is a possibility that demand may show some increase because of the decline in the availability of treatment through the General Dental Service, particularly in the Rhayader area.

Much of what has been said above applies to the treatment of pre-school children, and it is a common misconception that children are not entitled to treatment until they start school, and for this reason the number of pre-school children treated is very low."

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

Part A. Attendance & Treatment

	<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	3	2
Subsequent visits	2	6
Total visits	5	8
No. of additional courses of treatment other than the First Course commenced during year:	-	-
Treatment provided during the year:		
No. of fillings	4	5
Teeth extracted	3	3
General anaesthetic given	-	-
Emergency visits by patients	-	-
Patients x-rayed	-	1
Patients treated by scaling and/or removal of stains from the teeth	-	-
Teeth otherwise conserved	-	-
Teeth root filled	-	-
Inlays	-	-
Crowns	-	-
No. of courses of treatment completed during the year:	3	2

Part B. Prosthetics

No. of dentures supplied	1
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Part C. Anaesthetics

No General Anaesthetics were administered by or for the Dental Officer.

Part D. Inspections

No. of patients given first inspection during the year	4	3
No. of patients who required treatment	4	3
No. of patients who were offered treatment	3	2

Part E. Sessions

No. of Dental Officer Sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:

For Treatment	2
For Health Education	-

## DISTRIBUTION OF WELFARE FOODS

<u>Issued During Quarter Ended:</u>	<u>National Dried Milk</u>		<u>Cod Liver Oil</u>		<u>Vitamin A &amp; D</u>		<u>Vitamin A, D &amp; C</u>		<u>Orange Juice</u>	
	<u>No. of Pkts.</u>		<u>No. of Btls.</u>		<u>No. of Pkts.</u>		<u>No. of Btls.</u>		<u>No. of Btls.</u>	
	1961	1971	1961	1971	1961	1971	1961	1971	1961	1971
March 31st	2,773	996	357	15	162	17	-	-	1,660	773
June 30th	2,721	782	232	21	87	5	-	-	1,443	733
September 30th	2,716	650	72	20	67	4	-	3	690	763
December 31st	2,579	614	94	20	48	12	-	5	517	800
	10,789	3,042	755	76	364	38	-	8	4,310	3,069

The decrease in the number of families taking advantage of the Welfare Foods Scheme continues. In 1971, 7,747 less National Dried Milk packets were issued than in 1961: Cod Liver Oil - 679 less bottles: Vitamin A & D Tablets - 326 less packets and Orange Juice - 1,241 less bottles.

## NURSING SERVICES - Sections 23, 24 & 25

The Department of Health and Social Security issued a Circular in February, 1972. This document is entitled "Local Health Authorities Aids to Improved Efficiency in the L.H. Services - Deployment of Nursing Teams" and was issued as a guide and recommendation to Local Health Authorities. Briefly, its recommendations include -

### Domiciliary Staff Ratio

The relevance of any general yardstick to the circumstances of a particular area obviously depends on a number of factors - local geography, population structure, morbidity and mortality rates, the range of staff duties, the availability of supporting services, but even a general yardstick can usefully serve management as a basis for a more precise evaluation of standards of nursing care related to local needs.

### Health Visiting

It is suggested that for some areas a ratio of one Health Visitor to 3,000 population is desirable. Such provision would be exclusive of supporting ancillary staff.

### District Nursing

A sample survey suggests that in some areas an average of one nurse to 4,000 population may be desirable. In others, with extensive attachment schemes or with a high proportion of elderly and/or disabled people in the population a ratio of one District Nurse to 2,500 population is more realistic.

## Midwifery

Changing patterns within the maternity services present particular problems, therefore no general guidance can be offered as to standards of provision by Local Health Authority.

## Use of State Enrolled Nurses

The Circular recommends that more use should be made of State Enrolled Nurses in the community nursing services.

## Use of Ancillary Help

Developing needs in the community, a rising elderly population with increased emphasis on their care in the community, the growth of early discharge schemes, and greater emphasis on health education and preventive medicine, are likely to require a very substantial expansion in the number of these supporting staffs.

## Attachment to General Practice

The Secretary of State commends the improved service to patients, the advantage to doctors and nurses alike, which might be expected to flow from such arrangements.

## Training of Nursing Staff

The Secretary of State hopes that authorities will continue and where appropriate, expand provision for District Nurse training, for Health Visitor sponsorship and field work placements, for refresher training and for seconding staff for specialist and management courses.

## Other Aids to Improved Working

Adequate provision of accommodation, e.g. Health Centres, provision of cars and provision of disposable and other forms of equipment is recommended.

## Recruitment of Staff

Many authorities have to rely upon married women, therefore a local programme should be flexible enough to attract part-timers. The Secretary of State commends these and other measures which would increase efficiency and improve standards of service.

## Health Visiting

To a Health Visitor people are not cases, but individuals, each with his or her own problems and approach to life which will be different from others.

What does the Health Visitor do?

She is a family visitor concerned with the health and welfare of the whole unit. She visits every family with one aim in view, that is, to prevent unnecessary illness, and promote health. She is able to advise on healthy living, and at the same time to advise when to seek medical aid. Unfortunately we are still short of Health Visitors. Advertising brings little response. School visiting is becoming more time-consuming.

Health education continues in the clinics, especially in the midwifery field.

## District Nursing

The number of cases nursed, and the visits paid to these cases during the year under review, have increased. In addition patients becoming really heavy nursing cases often require two nurses to manage one patient, such patients for example being severe hemiplegics, severely handicapped paraplegics, and those living in homes where they are being cared for by relatives who themselves are not fit. In spite of the creation of the new Social Services Department, the nursing sister is fully occupied, due to the fact that she visits a large number of physically handicapped people who require daily, sometimes twice daily, or in some cases only weekly, her special skills.

Radnorshire County Nursing Association has now been accepted as a training body for the practical side of the National Certificate of District Nursing as from September, 1971. The one student so far taking this training has been successful in passing the examination, taken in January, 1972.

## Midwifery

The number of midwifery cases delivered on the district remains static. In the Llandrindod and Rhayader areas all the mothers have a hospital confinement. In the remainder of the county a few mothers still prefer to have a home confinement, especially if they have young children.

The general practitioner unit at Knighton Hospital continues to do good work, the figures showing an increase in the deliveries for the year. Education of mothers and mothers-to-be is important if their mental health and well being is to equal that of their physical condition.

Classes continue through the year with Health Visitor, Midwife and Physiotherapist in attendance.

## Statistics on Work of the Nursing Staff

<u>Work of the County Nursing Officer</u>	<u>1971</u>	<u>1970</u>
No. of visits to nurses	32	43
No. of visits to hospital	40	28
No. of visits to nursing homes	7	7
No. of visits to child health clinics	8	14
No. of other visits	28	121

### Home Nursing

No. of new patients visited	725	837
Total number of nursing visits	28,453	25,162

### Midwifery

No. of cases attended	75	80
No. of maternity and midwifery visits	871	1,185
Visits made to cases where the birth occurred in hospital but where the mother and child were discharged home before the tenth day	748	612
No. of attendances at medical practitioners' ante-natal clinics	270	223

### Health Visiting

No. of children visited who were aged between 0-5 years	1,169	1,069
No. of visits made to the above children	3,682	3,696

### Mental Health

No. of visits to patients	450	469
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### Clinics

No. of attendances at child health clinics	156	156
No. of attendances at general practitioners' baby clinics	208	210
No. of attendances at national insurance and ophthalmic sessions	68	35
No. of attendances at immunisation sessions (at home and specials)	8	8

NATIONAL HEALTH SERVICE ACT, 1946

VACCINATION AND IMMUNISATION - Section 26

The following is a record of the numbers of children vaccinated or immunised during 1971 including re-inforcing injections:

Completed Primary Courses - Number of persons under age 16.

<u>Type of Vaccine or Dose</u>	<u>Year of Birth</u>					<u>Others Under Age 16</u>	<u>Total</u>
	<u>1971</u>	<u>1970</u>	<u>1969</u>	<u>1968</u>	<u>1964-67</u>		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	16	88	8	3	-	-	115
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	1	2	-	1	-	4
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	2	11	13
8. Salk	-	-	-	-	-	-	-
9. Sabin	14	86	9	2	1	2	114
10. Measles	-	13	17	16	113	8	167
11. Rubella	-	-	-	-	-	85	85
12. Lines 1+2+3+4+5 (Diphtheria)	16	89	10	3	1	-	119
13. Lines 1+2+3+6 (Whooping Cough)	16	88	8	3	-	-	115
14. Lines 1+2+4+7 (Tetanus)	16	89	10	3	3	11	132
15. Lines 1+8+9 (Polio)	14	86	9	2	1	2	114

Re-inforcing Doses - Number of persons under age 16.

<u>Type of Vaccine or Dose</u>	<u>Year of Birth</u>					<u>Others Under Age 16</u>	<u>Total</u>
	<u>1971</u>	<u>1970</u>	<u>1969</u>	<u>1968</u>	<u>1964-67</u>		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	14	21	4	31	4	74
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	1	-	7	2	55	5	70
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	-	-	10	36	47
8. Salk	-	-	-	-	-	-	-
9. Sabin	3	13	26	7	93	7	149
10. Lines 1+2+3+4+5 (Diphtheria)	1	14	28	6	86	9	144
11. Lines 1+2+3+6 (Whooping Cough)	-	14	21	4	31	4	74
12. Lines 1+2+4+7 (Tetanus)	1	15	28	6	96	45	191
13. Lines 1+8+9 (Polio)	3	13	26	7	93	7	149

### Smallpox Vaccination

#### Age at Date of Vaccination

	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1 yr.	2-4 yrs.	5-15 yrs.	Total
No. vaccinated	-	-	4	6	30	35	24	99
No. re-vaccinated	-	-	-	-	-	1	31	32

### Statistical Summary of Vaccination and Immunisation

#### Percentages of Children Born in 1969

	<u>Whooping Cough</u>	<u>Diphtheria</u>	<u>Poliomyelitis</u>
England and Wales	78%	80%	78%
Wales	77%	78%	77%
Radnorshire	80%	86%	82%

### NATIONAL HEALTH SERVICE ACT, 1946 - Section 27

#### AMBULANCE SERVICE

Statistics for ambulance vehicles for 1971 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	104	6,838	176	20
Llandrindod Wells	328	11,794	308	24
Presteigne	112	5,547	94	20
Rhayader	92	4,919	80	12
	636	29,098	658	76

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>
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
1970	28,441	262,452	290,893	+ 3.3
1971	29,098	272,561	301,659	+ 3.7

In 1971 ambulance vehicles did 1,593 miles per 1,000 of the population compared with 1,530 miles in 1970, while sitting-case cars covered 14,919 miles per 1,000 of the population as against 14,123 in 1970. The number of journeys per 1,000 of the population made by ambulance vehicles was 35 compared with 32 in 1970, and by sitting-case cars 315 compared with 292 in the preceding year. The total number of journeys undertaken by sitting-case cars was 5,759 as against 5,417 in 1970.

The demands for transport continue and the statistics illustrate the inevitable increase in journeys and mileage which are attributable to the centralisation of hospital specialist services and the geographical situation of the county.

The original plan for implementation of radio control in the Ambulance Service was for a joint arrangement between the Radnorshire and North Breconshire Water Board and the Ambulance Service using the AM system. Many difficulties and frustrations were experienced in the endeavours to install an operative system until in September, 1971, we were informed by the Ministry of Posts and Telecommunications that it would not now be possible to broadcast on the same frequency as the Water Board.

Because of this situation and the mandatory change to the FM system under the rationalised frequency plan in 1974, the Health Committee decided that the Council should proceed with the installation of its own radio communication system employing the FM system. Further difficulties were experienced when I was informed by the Chief Constable of the Dyfed-Powys Constabulary that following consultation with the Home Office Regional Wireless Engineer they were obliged, owing to mast overloading and accommodation problems at the Penyfforest Site, to review their policy in connection with site sharing. The Home Office have the matter under discussion and until future policy is determined, we cannot erect an aerial on the existing mast, and we cannot erect an additional mast either on the site or at a point near to the site, nor

can radio surveys be made. The Police Authority are hopeful that future policy of the Home Office will result in a larger mast being erected on the site which would be capable of accommodating more aerials.

Briefly that was the position which prevailed at the end of 1971.

I have subsequently been informed by the Chief Constable that restrictions on radio surveys at the Penyfforest Site have been lifted and when results of all surveys are known, a complete list of prospective site sharers will be submitted to the Directorate of Telecommunications. A radio survey from the Penyfforest Site was conducted by Pye Telecommunications Ltd. in 1966/67 and the general results obtained were entirely satisfactory.

The Chief Constable has been informed that the Radnorshire County Council Ambulance Service wishes to be included in the Home Office's list of prospective site sharers.

Tenders were received and work on the erection of a new ambulance garage adjoining the Health Clinic at Presteigne began before the close of the year.

A decision was taken during the year to build a new double ambulance garage within the Hospital grounds at Llandrindod Wells and the project is included in the Council's Capital Estimates for the financial year 1972-73.

Four 48 cubic foot oxygen cylinders were obtained and fitted in each of the four main-line ambulances for use on long journeys and with emergency cases, and to supplement the portable resuscitation equipment already in use.

To comply with the recommendations contained in Welsh Office Circular 205/71, all ambulance vehicles were modified to prevent possible fire risk in the event of accidents involving ambulances.

The three year contract period for the sitting-case car service terminated on the 31st December and tenders were invited and accepted for the new three year period beginning on the 1st January, 1972. The service continues to be very satisfactory.

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

# PREVENTION OF ILLNESS, CARE AND AFTER-CARE - Section 28

## TUBERCULOSIS

The following statistics have been supplied by the Chest Physician:

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
No. of cases notified:	1	2	2	2	-
No. of cases transferred into the county:	-	3	-	1	-
No. of contacts examined:	27	23	8	7	7
No. of contacts given B.C.G.:	11	10	2	2	-

The total number of patients referred for the first time to Llandrindod Wells Clinic during 1971 was 189.

The total number of attendances at the Llandrindod Wells Chest Clinic during 1971 was 338.

The following table shows the number of tuberculous cases on the register at the end of the year:

<u>Age Periods</u>	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>All Forms</u>	
	M	F	M	F	M	F
0-	-	-	-	-	-	-
1-	-	-	-	-	-	-
2-	-	-	-	-	-	-
5-	-	-	-	-	-	-
10-	-	-	-	-	-	-
15-	-	1	-	-	-	1
20-	-	-	-	-	-	-
25-	-	-	-	-	-	-
35-	-	-	-	-	-	-
45-	-	1	-	-	-	1
55-	4	-	1	-	5	-
65-	1	-	1	-	2	-
75+	1	-	-	-	1	-
Total	6	2	2	-	8	2

No new cases of tuberculosis were notified during the year and there were no deaths from the disease.

### 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:

	<u>Groups</u>			<u>Totals</u>
	(1)	(2)	(3)	
No. of children eligible	10	216	59	285
No. of consents	10	185	59	254
No. of parents refused	-	31	-	31
No. found to be negative reactors and vaccinated	10	162	54	226
No. found to be tuberculin positive	-	-	-	-

### CHIROPODY SERVICE

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

"The position this year is little different from last year - the service has run very smoothly with the co-operation of the voluntary helpers. The number of patients have increased in all clinics with the exception of the Dolau Clinic where several elderly patients have died in the area, and others moved away.

The greatest increase has been in the domiciliary patients and therefore the time between treatments has had to be lengthened.

This year one expectant mother and one schoolboy have been treated at the Llandrindod Wells Clinic.

Liaison with the Social Services Department has been excellent and this, I hope, will continue for the good of the elderly in the county.

The number of treatments given during 1971 is as follows:-

Clinic treatments	2,186
Domiciliary treatments	988
At Old People's Homes	368
	<hr/>
	3,542
	<hr/>

I would again like to thank the ladies who have helped me run the clinics, sometimes under very trying circumstances, especially in the winter months."

#### HEALTH EDUCATION

Mrs. M.K. Chaplin, the part-time Health Visitor, principally concerned with Health Education has submitted the following report:-

"In 1970 the headteachers of the primary schools were offered a programme of health education including the two B.B.C. filmstrips on sex education. All the headteachers were offered an evening meeting with parents at which the filmstrips could be shown and discussion take place.

In 1971 five headteachers took up this offer.

At two of these meetings the parents were enthusiastic but this was not followed by an invitation to give the talks.

The talks and filmstrips were eventually given to the children at four schools. They were only given to the children where all the parents requested them, it being too difficult to have some children attending and some excluded.

The talks and filmstrips were well accepted in these four schools and there has been no adverse repercussion.

The programme in the secondary schools continues as before.

Talks and filmstrips to primary schools - 23.

Talks and filmstrips to secondary schools - 71."

## INFECTIOUS DISEASES

The following 191 cases of notifiable infectious diseases were notified during the year by the District Medical Officers of Health:

<u>Disease</u>	Knighton	Llandrindod Wells	Presteigne	Total Urban	Colwyn	Knighton	New Radnor	Painscastle	Rhayader	Total Rural	Total County
Chicken Pox	-	-	-	-	-	25	-	-	10	35	35
Infective Jaundice	-	-	-	-	-	-	-	-	2	2	2
Leptospirosis	-	-	-	-	-	1	-	-	-	1	1
Measles	-	-	7	7	31	4	-	-	100	135	142
Rubella	-	-	-	-	-	-	-	-	2	2	2
Scarlet Fever	-	-	-	-	-	-	-	1	-	1	1
Whooping Cough	-	-	-	-	-	8	-	-	-	8	8

## VENEREAL DISEASE

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

Statistics are as follows:

Syphilis	cases	1
	attendances	1
Gonorrhoea	cases	-
	attendances	-
Other Conditions	cases	4
	attendances	4

~~No information has been received of any contacts of any cases in this county.~~ In view of the very low incidence of these diseases in Radnorshire no campaign to educate the public on the dangers of venereal disease has been undertaken.

TABLE I

Causes of Death in Administrative Areas in the County of Radnor for 1971.

Causes of Death	Urban Districts				Rural Districts				County	
	Knighton	Llandrindod Wells	Presteigne	Colwyn	Knighton	New Radnor	Painscastle	Rhayader	M	F
	M	F	M	F	M	F	M	F	M	F
Other Infective & Parasitic Diseases:	1								1	1
Malignant Neoplasm:oesophagus:		1			1			2	2	2
Malignant Neoplasm:stomach:			1						1	1
Malignant Neoplasm:intestine:		1		1		1		1	3	2
Malignant Neoplasm:lung,bronchus:	1	1		1		1	1	3	1	7
Malignant Neoplasm:breast:		3			1	1		2		7
Malignant Neoplasm:prostate:	1								1	1
Malignant Neoplasm:uterus:						1			1	1
Malignant Neoplasm:buccal cavity etc.:						1		1	1	1
Other Malignant Neoplasms:	1	3	1	1	2	1	1	2	2	5
Diabetes Mellitus:	1	1			1	1			2	2
Other Diseases of Nervous System:								1		1
Chronic Rheumatic Heart Disease:		2						1	1	2
Hypertensive Disease:		1	1		1	2	1	2	1	4
Ischaemic Heart Disease:	2	5	2	6	2	3	5	1	12	3
Other Forms of Heart Disease:		1	1		1	1	2	2	1	5
Cerebrovascular Disease:	2	9	2	1	2	3	1	6	1	15
Other Diseases of Circulatory System:	2	4	1	1	1	2		4	7	11
Pneumonia:	1	2	2	1	1	1		2	5	9
Bronchitis & Emphysema:	1	1	1				1	3	7	2
Asthma:			1						1	1
Other Diseases of Respiratory System:		1								1
Peptic Ulcer:			1					1	1	1
Intestinal Obstruction & Hernia:	1									1
Other Diseases,Genito-Urinary System:	1							2	3	3
Nephritis & Nephrosis:						1			1	1
Hyperplasia of Prostate:				1					1	1
Diseases of skin,subcutaneous tissue:				1				1	2	2
Birth injury,difficult labour etc.			1		1				1	1
Motor Vehicle Accidents:			2		1				2	1
All Other Accidents:		1			1		1		1	2
Suicide and Self-Inflicted Injuries:							1		1	1
All Other External Causes:				1				1	1	1
Total All Causes:	12	24	22	32	13	7	11	5	10	16
	10	16	10	16	12	5	35	26	125	131

TABLE II

Causes of Death at the Various Periods of Life in the County of Radnor, 1971.

	Aggregate of Urban Districts																	
	All		Under 4		15-		25-		35-		45-		55-		65-		75 & over	
	Ages		wks.		M	F	M	F	M	F	M	F	M	F	M	F	M	F
her Infective and Parasitic Diseases:	1														1			
lignant Neoplasm:oesophagus:		1																1
lignant Neoplasm:stomach:		1																1
lignant Neoplasm:intestine:		1																1
lignant Neoplasm:lung,bronchus:	1	1											1				1	
lignant Neoplasm:breast:		3											1		1			1
lignant Neoplasm:prostate:	1																1	
her Malignant Neoplasms:		5									1		1		1			2
abetes Mellitus:	1	1											1					1
ronic Rheumatic Heart Disease:		2											1					1
ertensive Disease:	1	1													1	1		
chaemic Heart Disease:	13	14							1		1		3	2	3	3	5	9
her Forms of Heart Disease:	2	2															2	2
rebrovascular Disease:	12	16						1							5	2	7	13
her Diseases of Circulatory System:	4	4													1		4	3
eumonia:	3	5													1		1	3
onchitis and Emphysema:	3	2													1		2	2
thma:	1																1	
her Diseases of Respiratory System:		1																1
ptic Ulcer:		1																1
testinal Obstruction and Hernia:		1														1		
her Diseases,Genito-Urinary System:	1										1							
rth Injury,Difficult Labour etc.:	1		1															
or Vehicle Accidents:	2					1								1				
l Other Accidents:		1														1		
Total All Causes:	47	63	1	-	1	-	-	1	1	-	2	1	5	8	11	11	26	42
New Radnor																		
Paincastle																		
Hayader																		
Urban Districts																		
Rural Districts																		
County																		

TABLE II

Causes of Death at the Various Periods of Life in the County of Radnor, 1971

Causes of Death	Aggregate of Rural Districts												
	All	Under	1-	5-	25-	35-	45-	55-	65-	75			
	Ages	4 wks	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
Malignant Neoplasm:buccal cavity etc.:	1 1						1					1	
Malignant Neoplasm:oesophagus:	2 1									1		1	
Malignant Neoplasm:intestine:	2 4							1	1	4			
Malignant Neoplasm:lung,bronchus:	6 1						1	1	1	2		2	
Malignant Neoplasm:breast:	4							2		1			
Malignant Neoplasm:uterus:	1							1					
Other Malignant Neoplasms:	5 5						1	1	1	1		3	
Diabetes Mellitus:	1 1						1	1					
Other Diseases of Nervous System:	1												
Chronic Rheumatic Heart Disease:	1									1			
Hypertensive Disease:	3 4									1	2	2	
Ischaemic Heart Disease:	31 11						2	5		11	2	13	
Other Forms of Heart Disease:	3 4							1				3	
Cerebrovascular Disease:	4 15							2	1	1		3	
Other Diseases of Circulatory System:	3 7						1			1		3	
Pneumonia:	2 4			1				1		2		1	
Bronchitis and Emphysema:	4											4	
Peptic Ulcer:	1											1	
Nephritis and Nephrosis:	1							1					
Hyperplasia of Prostate:	1											1	
Other Diseases,Genito-Urinary System:	2									1		1	
Diseases of Skin,Subcutaneous Tissue:	2											2	
Birth Injury, Difficult Labour etc.:	1 1												
Motor Vehicle Accidents:	1				1								
All Other Accidents:	1 1							1					
Suicide and Self-Inflicted Injuries:	1				1								
All Other External Causes:	1 1											1	
Total All Causes:	78 68	- 1	- 1	- 1	1	- 1	5 3	10 8	20 13	42			

TABLE III

Area	Live Births			Still Births	
	No. 1970	Birth Rates 1971	1967-71	No. 1971	Rates per 1,000 Live and Still Total Births
Urban Districts:					
Knighton	34	16.7	15.5	-	-
Llandrindod Wells	50	14.9	16.8	-	-
Presteigne	16	13.1	13.8	-	-
Rural Districts:					
Colwyn	18	10.5	12.4	-	-
Knighton	38	14.7	14.7	-	-
New Radnor	22	12.8	13.2	-	-
Painscastle	20	14.0	10.0	-	-
Rhayader	44	10.5	11.3	1	22.0
Urban Districts	100	15.1	15.9	-	-
Rural Districts	142	12.2	12.3	1	7.0
County	242	13.2	13.6	1	4.0

TABLE IV

Area	No. of Deaths 1971	Crude Death Rates	
		1971	1967-71
Urban Districts:			
Knighton	36	17.7	14.3
Llandrindod Wells	54	16.1	15.9
Presteigne	20	16.4	12.1
Rural Districts:			
Colwyn	16	9.4	10.9
Knighton	26	10.0	12.8
New Radnor	26	15.1	10.8
Painscastle	17	11.9	10.9
Rhayader	61	14.5	10.6
Urban Districts	110	16.6	14.7
Rural Districts	146	12.5	12.2
County	256	14.0	13.2

PRINCIPAL SCHOOL MEDICAL OFFICER

- 36 -

## ANNUAL REPORT OF THE

### PRINCIPAL SCHOOL MEDICAL OFFICER

#### MEDICAL INSPECTIONS

During the year, 799 children were examined in the respective age groups compared with 772 in the previous year. In addition, 20 children were given special inspections.

There was an increase in the number of parents who attended the examinations of their children; the figure for this year being 52% compared with 46% in 1970.

#### 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 2 compared with 3 for 1970, and the percentage of children found to be ~~so~~ infested was 0.6.

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

1962	.....	66	1967	.....	24
1963	.....	37	1968	.....	9
1964	.....	17	1969	.....	6
1965	.....	26	1970	.....	3
1966	.....	6	1971	.....	2

##### 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. Twenty-two school entrants and sixty-six children of the other age groups were found to be suffering from defective vision. All were referred for refraction to the School Ophthalmic Surgeon. Sixty-three other children with defective vision were kept under observation.

## Ears, Hearing

Four 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-three children were found to have enlarged tonsils and adenoids, but only four 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

Two children received operative treatment for adenoids and chronic tonsillitis.

## Heart and Circulation

Sixteen children were kept under observation.

## Lungs

Eleven children were kept under observation.

## Orthopaedic Defects

Three children needed treatment for poor posture. Eleven 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. Twelve children, that is, 1.5% of all children examined, were considered to be in an unsatisfactory condition.

### TREATMENT OF PUPILS WITH DEFECTS

Altogether 105 children at periodic 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 Service could make the arrangements for this to be done.

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 and County Hospital, Hereford.

Eye, Ear and Throat Hospital, Shrewsbury.

Robert Jones & 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>Treated</u>
Abdominal condition	1
Teeth extraction	1
Inflammation of knee	1
Incision of toe nail	1
Ear infection	1
Circumcision	2

## Orthopaedic Treatment

Orthopaedic Clinics are held monthly 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

186 children were examined by the Consultant Ophthalmic Surgeon, Mr. S.S.F. Munro; spectacles were prescribed for 53 children, in 51 cases no change of spectacles previously prescribed was recommended, and in 47 cases no spectacles were prescribed, and 35 children were discharged.

## HANDICAPPED PUPILS

### Blind

One boy attends the Ysgol Penybont Residential School for Visually Handicapped Pupils at Bridgend.

### Deaf

One girl attends the Royal School for Deaf Children, Manchester, as a boarding pupil and two girls attend the Llandrindod Wells Residential School as day pupils.

### Partially Hearing

One girl is a boarding pupil at Needwood Residential School, Burton-on-Trent, and another girl attends the Royal Residential School, Birmingham. One boy attends the Llandrindod Residential School as a day pupil.

### Physically Handicapped

One physically handicapped boy is a pupil at Corley Residential School, Coventry, and a girl attends, as a boarding pupil, the Erw Delyn School, Penarth.

### Maladjusted

One boy is a boarding pupil at the Swalcliffe Park School Trust, Banbury, and a girl attends the Cotswold Chine Home School, Stroud.

### Educationally Subnormal

Nine educationally subnormal children are pupils at various special schools - Brynllwarch, Cyfronydd and Newtown in Montgomeryshire, Blakebrooke Special School, Kidderminster, Ysgol-y-Rhyd in Breconshire and Besford Court, Worcester.

## DENTAL REPORT

"I was appointed to the post of Principal School Dental Officer from 1st August, 1971, following the retirement of Mr. P.G.H. Griffith after more than twenty years service with this Authority. Prior to my appointment to this post I had occupied the post of Senior Dental Officer since 1st April, 1971.

The schoolchildren of this county owe a considerable debt to my predecessor for the way in which he cared for their dental needs over the past twenty years. Unfortunately he was never able to provide the complete service which he considered desirable, and he expressed the reasons for this many times in his Annual Report. I am in the fortunate position of being able to reap what he has sown, in that the appointment of a second dental officer is now an established fact. With two dental officers in post it should be possible to inspect all children twice each year, and carry out any necessary treatment on each occasion.

The year was also marked by the retirement, due to ill-health, of Miss O.P. Mantle, Dental Surgery Assistant, who had been with the Authority for more than twelve years.

To complete the establishment of the dental service the following appointments were made during the year:

Mr. G.G. Field, Senior Dental Officer; Miss A.E. Watson and Mrs. E.A. Lloyd, Dental Surgery Assistants.

Throughout the year the service has been hampered by illness of staff, and this is reflected in the statistical returns. The last few months of Mr. Griffith's service were affected by poor health, and unfortunately Mr. Field experienced a period of sickness soon after taking up his appointment.

With two dental officers in post the county has been divided into eastern and western areas, as nearly as possible having equal school populations. Due to the large number of children in Llandrindod Wells for secondary education the western area tends to be slightly larger.

With the appointment of a second dental officer two mobile dental units are required if best use is to be made of the dental manpower, and also to provide the most efficient service. The original unit which was purchased in 1953 was replaced by a new unit in 1970, but as a temporary measure it has been necessary to bring into service this old unit once again. This is in a generally unsatisfactory condition and provides very inferior facilities for treatment. The bodywork is in poor condition, and the dental equipment is obsolescent. It is hoped to obtain a further mobile unit during the next financial year to obviate the need for using the old unit.

During the year the scheme for supplying most of the Llandrindod Wells area with water from the Birmingham Aqueduct was completed. This supply is of course fluoridated to the optimum level for the reduction of dental decay, and it is hoped that in due time the benefits will become obvious in the improvement in the dental state of the population. Certain small areas of the county already receive their supply from the same source, but the number of children in these areas is so small that no difference in the incidence of dental decay can be identified.

The smooth running of the dental service depends upon the co-operation of many people, and to all who have contributed in any way to the dental health of the children in this county I am most grateful, particularly in my first few months in this post.

D.M. HOBBS."

#### 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 .....	61
	German Measles .....	1
	Measles .....	146
	Mumps .....	40
	Scarlet Fever .....	2
Contagious Diseases	Nil	

#### EXAMINATIONS 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. Twenty intending teachers, sixteen appointed teachers, and thirteen 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 Surgery Assistants, continue to undertake similar duties at the Llandrindod Wells Residential School.

My annual report as School Medical Officer of the Residential School follows this report.

### SCHOOL ATTENDANCES

At the end of 1971, there were 3,182 children attending Radnorshire schools. 1,885 were on the registers of the thirty-two primary schools, and 1,297 children attended the six secondary schools.

### VISITS BY HEALTH VISITORS AND SCHOOL NURSES

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

Medical Inspection Sessions .....	68
Cleanliness Inspections .....	
(a) No. of schools inspected .....	43
(b) No. of pupils inspected .....	3,231
(c) No. of pupils found infested .....	2
(i) New cases .....	2
(ii) Recurring cases .....	Nil
Immunisation Sessions .....	2
B.C.G. Vaccination Sessions .....	6
Infectious Diseases	
(a) No. of school visits .....	11
Any other visits to schools (including eye testing) ..	183
Home Visits	
(a) Following-up physical defects .....	23
(b) Following-up uncleanness .....	7
(c) Following-up infectious diseases .....	20
(d) Any other home visits .....	5
Clinics	
(a) Eye .....	2
(b) E.N.T. ....	Nil
(c) Other clinics .....	1

**PART I. TABLE A - PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected	No. of Pupils Inspected	Physical Condition of Pupils Inspected				(5)	(6)	(7)
		Satisfactory		Unsatisfactory				
		No.		No.				
(1)	(2)	(3)		(4)				
1967 & later	39	39	100.00	-	-	-	-	-
1966	191	188	98.43	3	1.57%	6	7	11
1965	61	61	100.00	-	-	4	9	10
1964	21	20	95.24	1	4.76%	-	2	2
1963	14	12	85.71	2	14.29%	-	1	1
1962	14	13	92.86	1	7.14%	1	-	1
1961	95	92	96.84	3	3.16%	3	4	7
1960	147	145	98.64	2	1.36%	4	5	6
1959	63	63	100.00	-	-	-	5	5
1958	1	1	100.00	-	-	-	-	-
1957	65	65	100.00	-	-	5	2	7
1956 & earlier	106	106	100.00	-	-	41	6	42
TOTAL	817	805	98.5%	12	1.5%	64	41	92

**PART II. DEFECTS FOUND BY PERIODIC MEDICAL INSPECTIONS DURING THE YEAR**

Defect or Disease (2)			Period Inspections							
			Entrants		Leavers		Other		Total	
			T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
4	Skin		1	6	1	11	-	-	2	17
5	Eyes	(a) Vision	15	10	49	16	-	-	64	26
		(b) Squint	3	4	-	3	-	-	3	7
		(c) Other	1	-	-	5	-	-	1	5
6	Ears	(a) Hearing	4	5	-	3	-	-	4	8
		(b) Otitis Media	-	4	3	7	-	-	3	11
		(c) Other	-	1	-	3	-	-	-	4
7	Nose & Throat		1	16	-	5	-	-	1	21
8	Speech		2	9	-	1	-	-	2	10
9	Lymphatic Glands		-	6	-	-	-	-	-	6
10	Heart		-	8	1	8	-	-	1	16
11	Lungs		-	7	-	4	-	-	-	11
12	Development	(a) Hernia	-	5	1	-	-	-	1	5
		(b) Other	3	15	3	5	-	-	6	20
13	Orthopaedic	(a) Posture	-	4	3	6	-	-	3	10
		(b) Feet	2	25	9	14	-	-	11	39
		(c) Other	2	12	3	23	-	-	5	35
14	Nervous System									
		(a) Epilepsy	-	1	1	5	-	-	1	6
		(b) Other	-	3	-	3	-	-	-	6
15	Psychological									
		(a) Development	-	7	-	1	-	-	-	8
		(b) Stability	1	5	-	1	-	-	1	6
16	Abdomen		-	6	-	2	-	-	-	8
17	Other		-	5	-	1	-	-	-	6

# SPECIAL INSPECTIONS

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

Table B - Other Inspections

No. of Special Inspections .....	20
No. of Re-inspections .....	49
	<hr/>
Total	69
	<hr/>

Table C - Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .....	3,231
(b) Total number of individual pupils found to be infested .....	2
(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) .....	-

# SPECIAL INSPECTIONS

## PART III. TREATMENT OF PUPILS

Table A - Eye Diseases, Defective Vision and Squint

	<u>No. of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	1
Error of refraction (including squint)	274
No. of pupils for whom spectacles were prescribed	206

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	2
(c) for other nose and throat conditions	Nil
Received other forms of treatment	17
<b>Total</b>	<b>19</b>

Total no. of pupils in schools who are known to have been provided with hearing aids

(a) in 1971	Nil
(b) in previous years	7
<b>Total</b>	<b>7</b>

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)

No. of cases known  
to have been treated

Ringworm (scalp)	Nil
(body)	Nil
Impetigo	Nil
Other skin diseases	2
Total	<u>2</u>

Table E - Child Guidance

Pupils treated at Child Guidance Clinics	6
--	---

Table F - Speech Therapy

Pupils treated by Speech Therapist	27
------------------------------------	----

Table G - Other Treatment Given

(a) Pupils with minor ailments	Nil
(b) Pupils who received convalescent treatment under School Health Service arrangements	Nil
(c) Pupils who received B.C.G. Vaccination	226
Total	<u>226</u>

Pupils who received Rubella Vaccination	74
---	----

Pupils who received Measles Vaccination	111
---	-----

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	273	240	45	558
Subsequent Visits	182	227	63	472
Total Visits	455	467	108	1,030
Additional courses of treatment commenced	1	-	1	2
Fillings in permanent teeth	187	502	115	804
Fillings in deciduous teeth	346	15	-	361
Permanent teeth filled	162	458	110	730
Deciduous teeth filled	333	15	-	348
Permanent teeth extracted	13	44	25	82
Deciduous teeth extracted	159	52	-	211
General anaesthetics	-	-	-	-
Emergencies	16	8	1	25

Number of pupils x-rayed .....	22
Prophylaxis .....	99
Teeth otherwise conserved .....	50
No. of teeth root filled .....	1
Inlays .....	-
Crowns .....	1

(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)	-	-	3	3
No. of dentures supplied	-	-	5	5

(c) Anaesthetics

General Anaesthetics administered by Dental Officer Nil

(d) Inspections

a. First Inspection at School.	No. of Pupils .....	988
b. First Inspection at Clinic.	No. of Pupils .....	78
Number of a. and b. found to require treatment .....		881
Number of a. and b. offered treatment .....		681
c. Pupils re-inspected at School Clinic .....		5
Number of c. found to require treatment .....		2

(e) Sessions

Sessions devoted to treatment .....	160
Sessions devoted to inspection .....	27
Sessions devoted to Dental Health Education .....	-

(f) Orthodontics

New cases commenced during year .....	2
Cases completed during year .....	8
Cases discontinued during year .....	10
No. of removable appliances fitted .....	5
No. of fixed appliances fitted .....	-

# HANDICAPPED PUPILS IN RADNORSHIRE

	1. Blind	2. Partially-sighted	3. Deaf	4. Partially-hearing	5. Physically Handicapped	6. Delicate	7. Maladjusted	8. Educationally subnormal	9. Epileptic	10. Speech defects	Total
Number of handicapped pupils from the area attending Special School as day pupils:	-	-	2	1	-	-	-	1	-	-	4
Boarding pupils:	1	-	1	2	2	-	1	9	-	-	16
Number of handicapped pupils from the area requiring places in Special Schools or Homes but remaining unplaced:	-	-	-	1	-	-	2	-	-	-	3
TOTALS	1	-	3	4	2	-	3	10	-	-	23

**WELSH JOINT EDUCATION COMMITTEE**

**Y CYD-BWLLGOR ADDYSG CYMREIG**

**LLANDRINDOD WELLS RESIDENTIAL SCHOOL**

**ANNUAL REPORT**

**of the**

**SCHOOL MEDICAL OFFICER**

**for**

**1971**

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

**Barrister-at-Law.**

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

Madam Chairman, Ladies and Gentlemen,

It is my privilege to submit to you once again my report on the health of the children of the Llandrindod Wells Residential School during the past year.

I am happy to report that the health of the pupils was, on the whole, satisfactory, and it was notable that during the whole of the year there were no cases of infectious diseases.

This is likely to be the last Annual Report which I prepare as School Medical Officer, as I am expecting to retire in the autumn. I would like to take this opportunity of thanking you Madam Chairman, and the Members of the Committee, for your kindness to me during the past twenty-one years and for your encouragement, and indeed forbearance. I have been very conscious of the fact that due to my many commitments in the county I have been able to spend less time at the School than I would have liked, although I believe that no children have suffered as a result of this.

I wish to express my sincere thanks to Mrs. Day, the School Nurse, for her devoted service, and to the Headmaster and his staff for their help.

I am,

Your obedient servant,

FRANK J.H. CRAWFORD.

## ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR 1971.

### PARTIALLY DEAF CHILDREN

At the beginning of the year there were fifty-three pupils in the School of whom five were classified as partially deaf. Of these four were regarded as having inherited this condition. Maternal rubella was the cause in the fifth case.

### PROFOUNDLY DEAF CHILDREN

Of the profoundly deaf pupils the causes of deafness were as follows:-

"Meningitis" .....	4
Pneumoccal Meningitis .....	2
Kernicterus .....	1
Maternal Rubella .....	7
Maternal Toxaemia .....	1
Influenza .....	1
Cause Unknown .....	3
Congenital .....	29

### CHILDREN WITH MULTIPLE DEFECTS

Ten children had significant permanent defects as stated in addition to deafness:-

Klippel-Feil Syndrome .....	1
Klippel-Feil and Mobius Syndrome ..	1
Mental Retardation .....	3
Mental Retardation, Hiatus Hernia, Oesophageal Stricture .....	1
Cerebral Palsy .....	1
Cerebral Palsy and Mental Subnormality .....	1
Retinitis Pigmentosa .....	2

### ROUTINE MEDICAL INSPECTIONS

All fifty-three pupils at the School were examined by me at routine medical inspection. I was assisted at each session by the School Nurse, who also, before each inspection, tested the vision of each child.

### ADMISSIONS TO SICK BAY

Forty-nine children were admitted to the sick bay, but none was seriously ill. They included two cases of bronchitis, and five cases of tonsillitis.

### TREATMENT GIVEN AT SCHOOL

Treatment given at School consisted mostly of attention to minor ailments which were very varied:-

Coughs, colds, sore throats, septic fingers and toes, warts, boils, acne, minor muscular pains etc.

A large number of these children made several visits.

One little girl received daily treatment for the control of asthma and continues under constant medical supervision.

Accidents during the year were mainly confined to bruises, grazes and cuts, one of which required suturing.

### ADMISSION TO HOSPITALS

1. One boy made two visits to Birmingham Children's Hospital for routine dilatation of the oesophagus.
2. One girl was admitted to Llandrindod Wells Hospital for observation of abdominal pain and also for chestiness.
3. One girl was taken to Llandrindod Hospital after an elbow injury, but was transferred and admitted to Hereford General Hospital where it was found that she had sustained a fracture of the lateral condyle of the humerus, with lateral dislocation of the elbow.

Tonsillectomy was performed on two children during the summer holidays on the advice of the Consultant Aurist.

One boy continues under the periodical care of Mr. Bihari at Swansea, after radical mastoidectomy in 1970.

### ATTENDANCES OF PUPILS AT CLINICS

Children attended the Outpatients Department of the Llandrindod Wells Hospital as follows:-

For x-ray of injured shoulder (no fracture found).  
For x-ray of hand injury (fissure fracture of a metacarpal found).  
For injury to elbow.  
Chest x-ray (asthma sufferer).  
For blood count (two visits).

Two children attended the Paediatric Clinic at Llandrindod Wells Hospital - one boy for routine check (hiatus hernia), and one new pupil with a heart defect.

Thirteen children attended the school eye clinic also held at the Llandrindod Wells Hospital, some making two or three visits.

One girl attended the Orthopaedic Clinic held at County Hall by the Robert Jones and Agnes Hunt Orthopaedic Hospital for routine check on the spine.

Two children attended the Victoria Eye Hospital, Hereford, one making several visits for correction of squint.

### VISITS OF CONSULTANT AURIST

A total of forty children were examined by Mr. Crowther, the Consultant Aurist. These included several children who were seen on two occasions.

### 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 six children in the eligible age group. All were found to be tuberculin negative and were given B.C.G. vaccine.

### RUBELLA VACCINATION

Six girls were vaccinated against German Measles (Rubella).

## REPORT OF THE SCHOOL DENTAL OFFICER

All the children were examined at School and any necessary treatment was carried out at the fully-equipped dental clinic at County Hall.

Mr. D.M. Hobbs, B.D.S., submits the following report:-

"The overall dental condition of the pupils of the School is satisfactory. Despite the initial difficulties of communication an understanding can soon be established which enables treatment to be carried out with the minimum of difficulty.

I am indebted to Mr. Richards and his staff for their invaluable help and co-operation."

### RUBELLA VACCINATION

Six girls were vaccinated against German Measles (Rubella).

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 .....	46
Leavers .....	3
	<hr/>
Total	53
	<hr/>

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 2</u>	<u>Total Individual Pupils</u>
Entrants .....	2	-	2
Annuals .....	10	8	18
Leavers .....	2	1	2
Total .....	14	11	22

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR  
ENDED DECEMBER, 1971.

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 .....	-	-
5	Eyes (a) Vision .....	11	4
	(b) Squint .....	1	-
	(c) Other .....	-	-
6	Ears (b) Otitis Media ....	-	-
	(c) Other .....	-	-
7	Nose and Throat .....	1	2
9	Lymph Glands .....	-	-
10	Heart and Circulation .....	-	3
11	Lungs .....	-	2
12	Development (a) Hernia .....	-	-
	(b) Other .....	2	4
13	Orthopaedic (a) Posture .....	-	1
	(b) Flat foot .....	1	1
	(c) Other .....	4	2
14	Nervous System		
	(a) Epilepsy .....	-	-
	(b) Other .....	-	2
15	Psychological		
	(a) Development ....	-	4
	(b) Stability .....	-	2
16	Abdominal .....	-	-
17	Other .....	-	-

## DENTAL TREATMENT

No. of children actually treated ..... 25

Attendances made by pupils for treatment ..... 45

Fillings ..... 41

Extractions ..... 7

Administration of general  
anaesthetics ..... -

Other operations ..... 4

## ORTHODONTICS

Appliances fitted ..... -

# REPORT OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

ENDED DECEMBER, 1971.

DENTAL TREATMENT

TABLE 2

No. of children actually treated  
 attended to, but  
 not treated, but  
 required for  
 treatment

Extraction

4	Skin	Administration of general anesthesia	4
5	Eyes	(a) Vision	-
		(b) Squint	-
		(c) Other operations	-
6	Ears	(b) Otitis Media	-
		(c) Other	-
7	Nose and Throat	1	ORTHODONTICS
9	Lymph Glands	-	-
10	Heart and Circulation	-	3
11	Lungs	-	2
12	Development	(a) Hernia	-
		(b) Other	4
13	Orthopaedic	(a) Posture	1
		(b) Flat foot	1
		(c) Other	2
14	Nervous System	(a) Epilepsy	-
		(b) Other	2
15	Psychological	(a) Development	4
		(b) Stability	2
16	Abdominal	-	-
17	Other	-	-



