#### [Report 1962] / Medical Officer of Health, Abergavenny Borough.

#### **Contributors**

Abergavenny (Wales). Borough Council.

#### **Publication/Creation**

1962

#### **Persistent URL**

https://wellcomecollection.org/works/f7decw65

#### License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



218RAMY





BOROUGH OF ABERGAVENNY

# MEDICAL OFFICER

OF

HEALTH'S REPORT

1962



S. M. R. JAMES, B.Sc., M.B., B.Ch., D.P.H.



# Annual Report

#### 1962

Mr. Mayor, Madam and Gentlemen,

The present century has seen an overall decline in the incidence and mortality of the more important infectious diseases, but we are occasionally forcibly reminded of their existence. This happened in 1962.

Early in the year, several outbreaks of Small Pox occurred in England and Wales. We were fortunate in that no case occurred in Monmouthshire, but fear and panic soon possessed a large section of the community. Abergavenny was no exception. In a very short time, reports and pictures appeared in the newspapers and on radio and television of long, trailing queues of people waiting to get themselves or their children vaccinated. It seemed immaterial that most of them were in no danger of contracting the disease. Nothing would allay their fears other than vaccination. Surely these queues were evidence of responsibilities neglected.

For many years now, the immunisation and vaccination of children are routine procedures in our clinics. In Abergavenny a parent can bring a child to be vaccinated on any clinic day and it is done almost immediately (within minutes) without even an appointment—that is, of course, unless there is some contraindication, e.g., intercurrent illness.

Many of the mass vaccinations of 1962 were primary vaccinations—and primary vaccination, especially in an adult, is not without danger. In most infants, however the risk of complications is very small. Why not let the Doctor decide? The recent outbreaks showed the need for protection against Small Pox by vaccination and the Standing Medical Advisory Committee is still of

the opinion that routine vaccination should continue in early childhood, preferably in the second year of life. Unfortunately, people have exceedingly short memories and some 50% of parents with young unvaccinated children have already reverted to their come-day go-day attitude.

In this country, the measures undertaken to control any outbreak of Small Pox, have in the main, been very successful, but outbreak control may not be as effective in an unvaccinated population as in one partly vaccinated.

Shortly after the fear of Small Pox had faded into the darker recesses of people's minds, there was an outbreak of Poliomyelitis in the Ebbw Vale and Abertillery districts. Once again emotions rose to fever-pitch. The careless and the negligent were loudest in their demands for immediate vaccination, this time against poliomyelitis. For several weeks special clinics were opened, in Abergavenny and elsewhere, during the day and well into the evening. At this time the vaccine was given by injection, using dead viruses, but soon afterwards an oral vaccine was made available. Use of the oral vaccine is now almost universal. It was first developed by Dr. Albert Sabin of Cincinnati University using live viruses which had been "tamed" and rendered harmless. A basic four-dose vaccination is offered. If only people would ensure that they and their children are adequately protected by vaccination, then in time this disease would be eliminated altogether.

We have seen the dramatic fall in the incidence and mortality of Diphtheria in this country following the introduction of artificial immunisation on a large scale in the early nineteen forties. Previously, early diagnosis and administration of antitoxin, prompt notification and removal to hospital were the measures relied upon in the control of Diphtheria. These measures contributed towards a lowering of case-fatality but the incidence remained relatively higher before the days of artificial immunisation. Diphtheria is now a very rare disease, there are some fifteen years since the last case was notified in Abergavenny. But, who knows—it may strike explosively and unexpectedly, if the level of immunity drops sufficiently.

Deaths from Whooping Cough have also been reduced appreciably in recent years, but two thirds of these occur in the first year of life, one half in the first six months. While the use of Whooping Cough vaccine does not guarantee complete protection there is good evidence of its value either in preventing an attack or modifying its severity. Whooping Cough vaccine is given in our clinics in combination with those of Diphtheria and Tetanus, so as to reduce the number of inoculations. This combined method of immunisation is offered to infants in their third month and onwards.

There is a growing impression that Tuberculosis is no longer a problem. This is certainly not the case. Undoubtedly there has been a tremendous improvement with a rise in the standard of living better housing and education and especially since the advent of chemotherapy. But there are still some 300,000 cases of pulmonary tuberculosis in England and Wales, many of whom are infectious. Here again, vaccination has a major part to play if Tuberculosis is to be effectively controlled. Not everyone requires to be vaccinated against Tuberculosis. Whether or not an individual requires such protection is decided by a skin test. Today B.C.G. vaccination is is offered to four groups of individuals in this country:

- (a) infants born to tuberculosis parents
- (b) contacts who show by their skin test that they are susceptible to the disease
- (c) children in their penultimate school year
- (d) nurses, doctors and medical students who are coming in contact with Tuberculosis patients.

Improvement in environmental hygiene and sanitary arrangements triumphed over the alimentary bone diseases, e.g., Typhoid fever. Other factors also played their part. Prompt notification enabled Local Authorities to undertake investigations and institute controlling measures at an early date. Advances in bacteriological science have brought about effective control of milk and water supplies, ice-cream and other foods. The Typhoid carrier has been recognised and prohibited from handling food stuffs. It is difficult to estimate the part played by anti-typhoid vaccine as it is not extensively used in this country. Despite these preventive measures

early in 1962, a Ministry of Health circular gave the information that eleven cases of Typhoid fever (10 in England and 1 in Wales—"none in Abergavenny") had been reported among persons who had recently returned to this country after visiting Tenerife in The Canary Islands. The fact that Typhoid fever is liable to occur at any time makes it necessary for all health departments to maintain constant vigilance.

In the main, medicine, both physical and social, has triumphed over the Infectious Diseases, so that they no longer present a major threat to life in this country. On the other hand, degenerative, malignant and mental conditions have assumed more and more importance until they now dominate the practice of preventive and curative medicine.

With an ageing population there must naturally be an increasing number of people suffering from the effects of "wear and tear," and those engaged in Public Health have become more and more involved with the community care of those suffering from chronic illnesses. Degenerative diseases cannot be entirely prevented but their onset can be delayed and their rate of progress slowed down. It has been said that heredity deals the cards and environment plays the hand. Hope for the future lies in the correction of any family environment. Much has already been achieved in the physical sense but we live in an ever changing social environment and our way of life has a profound effect on health.

The aim of prevention seems to be correction of the faults without losing satisfaction in living.

		VIT	TAL .	STAT	ISTI	CS.			
	1954	1955	1956	1957	1958	1959	1960	1961	1962
Area in Acres	2398	2398	2398	2398	2398	2398	2398	2398	2398
Population (Est.)		8970	8910	8980	9020	9030	9080	9620	9700
Inhabited House	s (incl	uding h	ouses	assess	ed with	h shops)			
(according to Rate Book)	2796	2808	2937	2933	2922	3019	3091	3073	3299
Title Doon,	£	£	£	£	£	£	£	£	5299 £
Rateable Value		61820	98744	93147	94194	102019	104348	107504	257195
Product of 1d.									
Rate (Est.)	234	234	235	357	368	388	405	412	1000
1962	M	F		Total.					
Live Births.									
Legitimate	87	61		148					
Illegitimate	4	888 7	" ALIT	11					
Total	91	68		159					
Live Birth Rate		Boro		Cour	ntv	E. & 11	,		
Per 1,000 populat	ion	16	.39	18.1		18.0			
Comparability Fa	ctor =	= 1.00							
Adjusted Live Bi Still Births.					= 16.39	Co	unty 17	.99.	
Legitimate	M.	F.		Total.					
Illegitimate	5	4 0		9					
3701				0					
the state of the s	E 100			1					
Total	5	4		9					
Still Birth Rate		ECL	Borou	igh	Count	v E.	&W.		
	still b	ECL	53.5	igh 57	25.64	18	& W. 3.1		
Still Birth Rate. Per 1,000 live and Per 1,000 populati Deaths.	still b	ECL	53.5	igh 57 93	25.64 0.48	18			
Still Birth Rate Per 1,000 live and Per 1,000 populati	still b	oirths	53.5	igh 57	25.64 0.48	18			
Still Birth Rate. Per 1,000 live and Per 1,000 populati Deaths. All causes	still bion M. 68	oirths F. 52	53.5	igh 57 93 Total. 120 Borough	25.64 0.48 h.	18 County.		· W.	
Still Birth Rate. Per 1,000 live and Per 1,000 populat. Deaths. All causes  Death Rate per 1. Comparability Fac	still bion M. 68	oirths F. 52 opulatio	53.5 0.9	gh 57 93 Total. 120 Borough 12.37	25.64 0.48 h.	18	B.1 E. d	3 W.	
Still Birth Rate. Per 1,000 live and Per 1,000 populat. Deaths. All causes  Death Rate per 1. Comparability Fac	still bion M. 68	oirths F. 52 opulatio	53.5 0.9	gh 57 93 Total. 120 Borough 12.37	25.64 0.48 h.	18 County. 11.89	E. d.		
Still Birth Rate. Per 1,000 live and Per 1,000 populat. Deaths. All causes  Death Rate per 1. Comparability Fac Adjusted Death R	still bion M. 68 000 po	oirths F. 52 opulatio	53.5 0.9 on 0.97 = M.	gh 57 93 Total. 120 Borough 12.37	25.64 0.48 h. (	18 County.	E. d.		
Still Birth Rate. Per 1,000 live and Per 1,000 populat. Deaths. All causes  Death Rate per 1. Comparability Fac Adjusted Death R	still bion M. 68 000 po	oirths F. 52 opulatio 97 2.37 ×	53.5 0.9 on 0.97 = M. 8	gh 57 93 Total. 120 Borough 12.37	25.64 0.48 h. (	County. 11.89 County Total. 15	E. d.		
Still Birth Rate Per 1,000 live and Per 1,000 populati Deaths. All causes  Death Rate per 1. Comparability Fac Adjusted Death R  Death from Cance Death from Lung	still bion M. 68 000 potor 0.0 late 12	oirths F. 52 opulatio 97 2.37 ×	53.5 0.9 on 0.97 = M. 8 3	gh 57 93 Total. 120 Borough 12.37 = 11.99	25.64 0.48 h. (	County. 11.89 County Total. 15	E. d.		
Still Birth Rate. Per 1,000 live and Per 1,000 populate. Deaths. All causes  Death Rate per 1. Comparability Fac. Adjusted Death R.  Death from Cance. Death from Lung. Deaths due to Pre	still bion M. 68 000 pootor 0.0 Cate 12 Cance	oirths F. 52 opulation 97 2.37 × er	53.5 0.9 on 0.97 = M. 8 3 d Birtl	Igh 57 93 Total. 120 Borough 12.37 = 11.99 F 7	25.64 0.48 h. (9.	County. 11.89 County Total. 15 4	E. d 11 13.67.		
Still Birth Rate Per 1,000 live and Per 1,000 populati Deaths. All causes  Death Rate per 1. Comparability Fac Adjusted Death R  Death from Cance Death from Lung	still bion M. 68 000 potor 0.0 Cate 12 Cancellity R	oirths F. 52 opulation 97 2.37 × er y, Chile	53.5 0.9 on 0.97 = M. 8 3 d Birtl	gh 57 93 Total. 120 Borough 12.37 = 11.99	25.64 0.48 h. (9.	County. 11.89 County Total. 15	E. d 11 13.67.		

In	fan	+ N	lorta	litzz
111	Idn	L IV	iorta	iity.

Cause of death. Sex-	-M.	F.	Age.
Congenital Abnormality	1	0	2 hours.
Respiratory Failure	0	1	1 month.
Atelectasis	1	0	1 day.

Total - 3 (2 males and 1 female).

Infant Mortality Rate (Rate per 1,000 total live births)	Borough 18.9	County 25.02	E. & W. 21.4
Neo-Natal Mortality Rate = first 4 week (Rate per 1,000 live births)	rs 12.6	15.8	
Early Neo-Natal Mortality Rate (Under 1 week)	12.6	13.56	
Perinatal Mortality.  (Still births and infant deaths under 1 week) per 1,000 total live and still births	71.4	38.85	

Year.	Population.	Live	Births.	Deaths.	Birth Rate.	Death Rate
1931	8490 (Estimated)		137	119	16.10	14.01
	8608 (Census)					
1938	7925 (New Borou	gh)	115	108	14.50	13.6
1939	7832 ,,		118	144	15.10	18.38
1940	8407 ,,		122	149	14.5	17.7
1941	8769 ,,		130	135	14.6	15.39
1942	8468 ,,		134	113	18.8	13.34
1943	8174 ,,		127	122	15.56	13.34
1944	7931 ,,		139	104	17.5	13.11
1945	8275 ,,		141	120	17.0	14.5
1946	8439 ,,		147	110	17.5	13.03
1947	8427 ,,		152	115	18.0	13.64
1948	8532 ,,		146	138	17.1	16.17
1949	8597 ,,		134	94	15.6	10.9
1950	8534 .,		130	145	14.4	16.99
1951	8904 ,,		161	157	18.1	17.63
1952	9058 ,,		154	108	17.0	11.9
1953	9070 ,,		140	93	15.4	10.26
1954	9140 ,,		143	100	15.6	10.94
1955	8970 ,,		128	106	14.3	11.8
1956	8910 ,,		143	124	16.05	13.9
1957	8980 ,,		131	112	14.89	12.49
1958	9020 ,,		171	139	18.96	15.4
1959	9030 ,,		163	126	18.05	13.95
1960	9080 ,,		151	114	16.63	11.6
1961	9620 ,,		150	123	15.59	12.27
1962	9700 ,,		159	120	16.39	12 37

## Causes of Death (1962)

Cause		Male	Female
Respiratory Tuberculosis	N (316)	1	0
Meningococcal Infections	14	1	0
Malignant Neoplasm of Stomach		1	1
Malignant Neoplasm of Lung and Bro	nchus	3	1
Malignant Neoplasm of Uterus		0	1
Other Malignant and Lymphatic Neo	plasms	4	4
Vascular Lesions of nervous system		9	12
Coronary Disease, Angina		16	8
Other Heart Disease		15	12
Other Circulatory Disease		3	3
Influenza	1000000	2	0
Pneumonia		2	0
Bronchitis		2	2
Ulcer of Stomach and/or Duodenum		0	- structured of Cl
Nephritis and Nephrosis		0	1
Hyperplasia of Prostate		1	0
Congenital Malformations		1	1
Other defined and ill-defined diseases		4	2
Motor Vehicle accidents		1	0
All other accidents		2	3
		000	_
Total		68	52

# Infectious Diseases

Scarlet Fever	Transferrat &	Nil
Whooping Cough	1	Nil
Measles	Wdemy	Nil
Cerebro-spinal Meningitis	4014	Nil
Poliomyelitis		1 case
Erysipelas		Nil
Diphtheria	T. Maint	Nil
Encephalitis		Nil
Acute Primary Pneumonia	5 1005	Nil
Salmonella Typhimurium	ANGEL MAN	Nil
Dysentry	M SIESSS	Nil

## TUBERCULOSIS

Notified: Pulmonary M 2 F 0 Non-Pulmonary M 0 F 2 Deaths: Pulmonary M 1 F 0 Non-Pulmonary M 0 F 0

## Notifiable Infectious Diseases (other than Tuberculosis)

(Classified according to sex and age).

Disease	Sex	Age 0-4	Age 5-9	Age 10-14	Age 15-24	Age 25 plus	Total
Diphtheria	Male						
	Female						·
Scarlet Fever	Male						11
	Female						
Meningocoeal	Male						
Fever	Female						30
Measles	Male						
	Female						
Whooping	Male						
Cough	Female						
Enteric Fever	Male						
	Female						
Poliomyelitis	Male			1			1
	Female				***		
Dysentery	Male				***		
	Female						
Erysipelas	Male	***					
	Female						
Acute Primary	Male						
Pneumonia	Female						
Salmonella	Male						
Typhimurium	Female						

#### Tuberculosis.

New Cases and Mortality during 1962.

	N	EW C	CASES		DEATHS				
Age	Pulmo		Non- ulmon		Pulmor		Non-		
	M	F	M	F	M	F	M	F	
Under 1 year							P		
1—4 years	197				30 20 72		100		
5—9 years	98				010000000000				
10—14 years									
1519 years		24							
20—29 years	4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			1					
30—39 years	1				DEST MILLION	***			
40—49 years		100		1	PO 31 5.50				
50—59 years	1			1					
60 and over			***		1	B			
Total	-	Will !	100 1	100	a Beautage	2 711 1	777	WATER .	
Total	2		•••	1	1				

#### Vaccinations against Small Pox

Numbers Vaccinated Age Groups 1955 1956 1957 Under 1 year 1-4 years 12 5-14 years 15 years plus 

# Immunisation against Diphtheria and Whooping Cough

				Nu	ımber	Imm	unised	1				PESTINON
Age Groups	1955	1956	1957	1958		1959		1960		1961		1962
Under 5 years	81	141	109	118	Diph	. 135	Diph.	109	Diph.	121	Diph.	114 Diph.
5-14 years		109		210	Diph	. 14	Whc.	260	Who.	101	Who	114 Diph. 109 Whc. 4 Diph. 3 Whc.
Totals	388	250	115	149 118	Diph. Whc.	149 106	Diph. Whc.	369 78	Diph	. 129	Diph	. 118 Diph. . 112 Whc.

In addition to the above, 24 children were given 'Booster' diphtheria prophylactic injections.

Yours faithfully,

S. M. JAMES, B.Sc., M.B., B.Ch., D.P.H. Medical Officer of Health.

#### WATER SUPPLY.

The water supply for the town continues to be derived from the Reservoir at Llwyndu which is fed by thirteen springs in the catchment area of the Sugar Loaf mountain.

Supplementary supplies are available from a deep well or bore hole capable of producing 60,000 gallons per day and from the Newport County Borough trunk main which passes near the town.

The daily consumption of water ranged from 490,000 gallons during the period of restricted supply to 855,000 gallons, averaging for the whole year at 585,833 gallons per day.

With an estimated population of 9,700, it means that the consumption averaged per head per day at roughly 55 gallons for domestic purposes and 5 gallons for industrial use.

This demand was met by the Council's own supply supplemented in the drier months by Newport County Borough supply except during a period of drought during September when the supply had to be curtailed during certain times of the day over a short period. In this respect conditions seem to have been general throughout most of the country.

Daily checks by the Reservoir Attendant using the chloroscope ensured that the mains supply remained at a high level of purity. Three check samples taken for bacteriological examination confirmed that the chlorination of the water was carried out efficiently.

Owing to the breakdown in negotiations over the provision of a supply of 200,000 gallons of water per day it was necessary to consider an alternative supply.

It was important that this should be found as quickly as possible to safeguard the requirements of the proposed hospital soon to be constructed on the Nevill Hall site. The Abertillery Water Board were unable to guarantee the 50,000 gallons per day before the completion of their Llandegfa scheme which would not materialise before 1964.

10

Following negotiations with the Newport and South Monmouthshire Water Board the Town Clerk was successful in obtaining assurance from the officials of that Board. Apart from any other source of supply this quantity could be supplied through the Council's existing main connected to the Board's system,

Private Supplies: 7 samples of water were taken from private supplies, all of which serve dwellings above the reservoir in the mountains behind the town. Two samples were found to be slightly contaminated with organisms of non-faceal origin. The number of dwellings within the Borough is 3,024 and the population 9,700

55 persons living in 18 dwellings above the reservoir are supplied from private supplies.

40 persons living in 18 dwellings in the town are supplied by the mains through stand pipes.

9605 persons living in 3102 houses are supplied with mains water directly to the house.

#### PUBLIC SWIMMING BATH.

When the season opened in May, the new children's pools came into public use for the first time.

As the season progressed they were well patronised by the younger element and many parents were encouraged to bring their children to the pool knowing that it was now safe to do so.

Although the inclement weather did not allow for full justice to be made of these improvements the general consensus of opinion seemed to indicate that the Council's decision to make these provision had been truly vindicated.

The Baths Superintendent, Mr. J. Dyer, advised in his annual report that both life-saving and school classes had done exceedingly well in spite of the weather conditions and almost as many awards had been gained as in previous years.

#### Sewage Disposal.

The Spring of the year did not, as was hopefully anticipated, produce the kind of weather so necessary for the completely satisfactory functioning of the works. The effect of this was to continue to produce the smell which it was hoped would have disappeared.

In spite of all the efforts of the Sewage Works Manager who had most diligently applied himself to the elimination of this nuisance, it was apparent that with the means at his disposal, satisfactory conditions in the sludge digestion tanks and so following. the drying beds, could not be produced.

In order to alleviate the nuisance produced by these conditions the side of the works nearest the town was fitted with spraying guns at intervals along the perimeter fence. Through these were driven, under pressure, a liquid deodourant. After some considerable initial difficulties these were made to work properly and, in my opinion, carried out the function for which they were intended.

More permanent and technical means were undoubtedly necessary, however, to bring the works up to maximum efficiency.

One of the main features of the apparent inefficiency of the system was in the fact that adequate temperature could not be spontaneously achieved in the digestion tanks. The installation of an oil fired heater to warm the sludge to a satisfactory heat level was delivered for installation in October.

Further recommendations of the Sewage Works Manager, Mr. A. Fleet, were :—

- 1. That while trade waste control cannot be given absolute priority it is very important and should be continued and made permanent. This recommendation referred to the drain effluent from the slaughterhouse due to the excessive killing, vide Meat Inspection report. I am of opinion that trouble from this source is aggravated by the sewerage system.
- 2. Housing the heater and providing insulating bund about 10 feet high around the digestion tank.
- 3. More sludge beds are earnestly required.

It was also the instructions of the Public Health Committee that representation should be made to the South Wales Electricity Board to try to prevent the constant interruption of power supply which puts the works completely out of operation.

It is sincerely hoped that these and other recommendations will enable the works to function freely and without nuisance.

#### Slum Clearance.

Following the inability of the Council's Contractor to complete the demolition of the outstanding area the Borough Engineer stepped in with his own men and equipment and took down the stripped dwellings removing most of the rubble to prepared sites.

This action has resulted in the whole of the South side of the town from Castle Street School to Merthyr Road being cleared with two exceptions. They are the surgery attached to Old Court and Westgate Buildings. The latter can be dealt with when the ten houses now being built above Charles Crescent are completed enabling the occupants of Westgate Buildings to be rehoused

The surgery in Castle Street will present a rather more difficult problem in that the old archway to Old Court grounds is on the Ministry's supplementary list of Ancient Buildings. Also that it will be necessary to find suitable alternative accommodation for the two medical practitioners now in occupation of the adjoining building as a surgery.

#### Rehousing.

During the year 4 new houses were allocated and there were 5 relets.

1 traditional and 1 prefabricated bungalow were relet.

16 applicants were allocated new flats while 8 were allocated relets.

12 new dwellings were completed by private enterprise.

In the last but one connection the Council almost completed the erection of 52 flats. As a departure from their usual procedure and in collaboration with the Welfare Authority one group of flats has been so constructed as to form a unit under the supervision of a warden. All the flats are connected by a bell to the wardens flats in case of emergency. The warden has been carefully chosen and will maintain careful observations over those under his care to see that they do not need for anything

In my opinion possibly the one disadvantage of this type of housing of the old folk when compared with the more communal type of old persons home is that the loneliness the Council are seeking to remove from the lives of those who live alone might yet be perpetuated. This by a sense of shyness, reticence, even extreme independence or individuality which so often are a feature of the older person. The Council might consider that this could be overcome by the erection of a small communal lounge where light refreshments could be dispensed, with possibly a television set. Here neighbours could meet-under pleasant conditions without the formality of interchange of visits and the necessity for invitations. The well ordering of this room might become the responsibility of the warden or his wife.

#### Improvement Grants.

During the year preliminary work to implement the plan of the Minister of Housing and Local Government to bring to the notice of owners of properties, through each Local Authority the facilities that are available to them to improve their houses.

The first action taken was to select streets containing houses worthy of improvement. Fourteen streets with 506 dwellings were visited, of these 283 were owner-occupied and 223 tenanted.

It was found that in 154 premises (122 owner-occupied and 32 tenanted) all the standard amenities were present. In 28 cases (27 owner-occupied and 1 tenanted) same were the result of improvement grants having been given.

Standard amenities were lacking, wholly or in part, in 352 houses (161 owner-occupied and 191 tenanted).

On the above survey a report was submitted to the Minister before the year-end to inform him of the Council's intentions in the matter which are as follows:

- (a) To send a letter to the owners urging them to improve their homes, and enclosing a copy of the booklet "Improve your House with a Grant." The letters will indicate the facilities available and inviting them to contact the Borough Engineer's Department at the Town Hall for further advice.
- (b) If owners report any of their tenants as being unwilling for improvements to be carried out, such tenants will be visited by one of the Public Health Inspectors in an effort to persuade them to agree.
- (c) Owners showing no interest, or indicating unwillingness to improve their houses, will likewise be interviewed in cases where they reside in Abergavenny and in other cases further letters will be sent.
- (d) Efforts will be made to try and arrange with owners and occupiers of a few houses already improved with grant aid to allow owners referred to under (c) above to see the improvements which the former have carried out.
- (e) As a further effort, the Council may borrow the films which are available and arrange for them to be shown to owners (and reluctant occupiers) concerned.

Further streets will be visited until all the houses capable of being improved will be covered.

The situation regarding improvements in this town seem to be that prevailing in most other places. There has been a greater demand for grant aid from owner-occupiers than from landlords of tenanted houses. This may be due to indifference on the part of the landlord or the tenants refusal to co-operate because of the resultant increase in rent.

I support the Council's belief that their policy thus indicated will produce beneficial results and lead to an increased number of

improved dwellings. I am sure that if both landlords and tenants would seriously consider the possibility of the premises in which they have a mutual interest and seek advice on the matter, they will find there is great benefit for both to be derived from participation.

During the year 2 Discretionary and 8 Standard grants were male. All the applicants were owner-occupiers.

#### Housing Statistics.

1.	Insp	ection of Dwelling Houses during the year.		
	(a)	Total number of Dwelling Houses inspected Housing defects (under Public Health or Hou Acts)	sing 	53 105
	(b)	Number of inspections made for that purpose		105
2.	(a)	Number of Dwellings (included under Sub-head (1) above which are inspected and recorded un		0000
		the Housing Consolidated Regulations 1925		192
	(b)	Inspections made for that purpose	1000	267
	1	Action under Statutory Powers during the	year.	
H	louse	s in Clearance Areas declared under Sectio Housing Act 1957	n 42 o	f the
Nı	umber	of Houses demolished—		
		r human habitation		8
Ind	cluded	by reason of bad arrangement		Nil
		acquired under Section 43 (2) Housing Act, 19	57	Nil
Pe	rsons	Displaced—		
		ouses unfit for human habitation	T instant	8
		ouses included by reason of bad arrangement		Nil
Fr		ouses on land acquired under Section 43 (2) Houset 1957	ising	Nil
Fa	milies	Displaced—		
		ouses unfit for human habitation		6
Fr	om ho	buses included by reason of bad arrangement		Nil

From houses on land acquired under Section 43 (2) Housing Act 1957	Nil
Houses not in Clearance Areas.	
Number of Houses demolished—	
As a result of formal or informal precedure under Section 16 or Section 17 (1) Housing Act 1957	Nil
Local Authority owned houses certified unfit by Medical Officer of Health	Nil
Houses unfit for human habitation where action has been taken under local Act	Nil
Houses included in unfitness orders made under para 2 of the Second Schedule to the Town and Country Planning Act 1959	Nil
Persons displaced—	
From houses to be demolished as a result of formal or informal procedure under Section 16 or Section 17 (1)  Housing Act	Nil
From local authority owned houses certified by the Medical	DE A
Officer of Health	Nil
From houses unfit for human habitation where action has been taken under local Acts	Nil
From houses included in unfitness orders	Nil
Families Displaced—	
From houses to be demolished as a result of formal or informal procedure under Section 16 or Section 17 (1)	Nil
Housing Act 1957 From local authority owned houses certified unfit by the	INII
Medical Officer of Health	Nil
From houses unfit for human habitation where action has been taken under the local Acts	Nil
From houses included in unfitness orders	Nil
Unfit Houses Closed.	
Number of Houses—	
Under Section 16 (4), 17 (1) and 35 (1) Housing Act 1957 and Section 26 Housing Act 1961	1
Under Sections 17 (3) and 26 Housing Act 1957	4

Persons Displaced—			
From Houses to be closed:			
Under Section 16 (4), 17 (1) and 35 (1) H and Section 26 Housing Act 1961	ousing	Act 1947	2
Under Sections 17 (3) and 26 Housing Act	1957		11
Families Displaced—			
From Houses to be closed:			
Under Sections 16 (4), 17 (1) and 35 (1) Hand Section 26 Housing Act 1961	Housing	Act 1957	1
Under Sections 17 (3) and 26 Housing Act	1957		3
Parts of Bui'dings Closed under Section 18 I	Housing	Act 1957—	
Number of Houses			Nil
Number of Persons displaced		PROPERTY.	Nil
Number of Families displaced			Nil
Unfit Houses made fit and House	s in wh	nich defects	
were Remedied.	51113		
After informal action by local authority	1	by owne	r 12
After informal notice under Public Health	Acts	(a) by owner	er 2
	(b) by	local authority	Nil
After informal notice Sections 9 and 16, Housing Act, 1957		(a) by owner	Nil
Jilly	(b) by !	local authority	
Under Section 24, Housing Act 1957		by owner	

#### Rents Act 1957.

No applications for Certificates of Disrepair were received during the year.

### Food Hygiene Regulations.

Routine inspections were continued throughout the year and some minor contraventions were brought to the notice of the responsible persons verbally. In no instance was it found necessary to recommend statutory action.

It is apparent that there is a growing awareness in the need for hygiene in food handling, and in new buildings or extensive conversions more and more provision is being made for the safeguarding of food.

The extension of the practice of converting food shops into self-service stores could, in my opinion reduce the management's control over the indiscriminate handling of food, and although open foods are protected almost in every case, it behoves the shopper to adopt the same care as they require from the employed personnel.

In this respect we are "our brother's keeper" in that our actions might jeopardise the future of our neighbour.

I am also of the opinion that if all entrants into the food handling trade could be required to attended a limited number of lectures on the subject of Food Hygiene as a condition of employment they would understand the reasons for the demands put upon them and so become more efficient in their trade.

Perhaps the appropriate trade union could encourage this; I am sure the Public Health Department would be glad to provide the necessary facilities and the lecturer.

The Council's Markets were continuously visited while business was being carried out. Although no specific instance could be reported, it is obvious that the attitude of the prohibition of the use of tobacco is at least one of indifference. There seems to be no attempt to understand the relationship between smoking and the spread of bacteria. This relationship is not spectacular and is therefore accepted as being non-existant. By the number of partly smoked cigarettes one notices around certain premises the fear of prosecution, unfortunately, seems to be the only guiding principle.

Extensive alterations are in the process of being carried out to bring the Council owned cafe in the market to the required standard.

## Foodstuffs Condemned, 1962.

#### CANNED FOODS.

Fruit	179 tins	Milk	4100 2	10 tins
Meat	114 tins	Vegetables		64 tins
Fish	8 tins	Soup	10 13.1	1 tin

#### MISCELLANEOUS FOODS.

7 lbs. Pack Apples.	16 lbs. Bacon.
1 Tin Drinking Chocolate.	2 lbs. Prawns.
3 Bottles Onions.	5 lbs. Sausage.
9 lbs. Fish.	

MEAT AND OFFAL FROM OUTSIDE SOURCES CONDEMNED AT RETAILERS' PREMISES.

128 lbs. Bovine Liver.	6 lbs. Spleen.
20 lbs. Sheep Liver.	2 lbs Ox Tongue.
18 lbs. Pigs Liver.	10 lbs. Pork
1211 lbs Boof	

#### Ice-Cream.

Of the 33 premises registered with this Authority under the Food and Drugs Act, 1958, only 2 are used for the manufacture of Ice-Cream.

One uses the Heat Treatment, the other adopting the cold mix method.

All the manufacturers comply with the Ice-cream (Heat Treatment) Regulations 1947

The new idea of the manufacturer of 'soft' ice-cream in specially constructed retail vans means that at various times during the day in many places the process of manufacture is being carried out.

It is almost impossible to control the conditions in these 'Mobile Factories' either by inspection or frequent sampling, and a great deal must depend on the integrity of the operator and the supervisory procedure adopted by the management.

5 samples of ice-cream were taken during the year and submitted for bacteriological examination and as a result of such examination 4 samples were Grade 1 and 1 sample in Grade 3.

#### Rodent Control.

The rat population of the town remains at an almost negligible level. This is undoubtedly due to the viligance of the Rodent Operator who continuously surveys and re-surveys all those places that, by experience, we have found most ready to become re-infested. The importance of such routine work has been proved by the fact that when, for some reason this work has had to be neglected, a build-up has occurred

The bi-annual treatment of the sewers is a significant factor in the control of surface infestations, and although the obvious results of the treatment are not spectacular the effect is apparent in the incidence of surface infestations.

However the rat menace is still with us and it behoves those people whose activities or business is such that it forms an attraction to rodents to take such precautions as are necessary to prevent their premises from being invaded by these pests.

The staff of the Public Health Department is ready at all times to advise on the precautions to be taken.

Statistically the work of the Rodent Operator is hereby appended :-

DESTRUCTION OF RATS IN SEWERS

First Annual Maintenance Tr	reatment	30th April to 12t	h May	, 1962
Total number of manholes in	foul and o	connected system		297
Number baited				156
Number showing takes of bai	t			24
Second Annual Treatment	19th Nov	ember to 30th Nov	ember.	1962
Total number of manholes in	foul and	connected system		299
Total baited				158
Number showing takes of bair	t			11

In the first treatment an anti-coagulant poison was used and zinc phosphide was employed in the second.

#### SURFACE INFESTATIONS.

Unless a quick kill was urgently required when zinc phosphide was used, surface infestations were controlled with Warfarin.

## The following is a summary of the work carried out:

Total number of properties in this area—dwelling houses	1	3138
All other (including business properties)		742
Inspections—		
Number of Local Authority properties inspected		18
Number of business properties inspected		85
Number of private dwellings inspected		187
Number of agricultural properties inspected		6
Total inspections including re-inspections	02.,00	1085
Total number founds to be infested:	Jan 19	
By Rats	·	65
By Mice		16
Total number of treatments carried out by Rodent Opera	ator	81
Number of re-treatments		9
Total number of treatments including re-treatments	19 30 11	90

#### Factories Act, 1937 and 1957.

The following represents the distribution of trades in the Borough.

Borougn.		Number of Factories	Mechanical Power used	With Power not used
Agricultural Machinery Repairs	3	3	3	0
Bakehouses		6	6	0
Blacksmith		2	1	1
Boot and Shoe Repairs		5	5	0
Cellulose Spraying		5	5	0
Cement Products		1	1	0
Clock and Watch Repairs		3	0	3
Egg Grading		1	1	0
Electrical Repair (including radi	io)	5	0	5
Electro Plating		1	1	0
Firewood		1	1	0
Fish Fryers		3	3	0
Florist (Wreaths)		3	0	3
Gas Undertaking		1	1	0
Ice-cream		2	2	0
Ir nworkers and Engineers		3	3	0
Leather Products		1	1	0
Meat Small Goods		6	6	0
Mineral Waters		1	1	0
Monumental Masonery		2	2	0
Motor Repairs		8	8	0
Printing		2	2	0
Slaughterhouses		1	1	0
Soft Toy Manufacturing		1	1	0
Sugar Confectionery		1	1	0
Textile Products		2	2	0
Tailoring and Dressmaking		1	1	0
Upholstery and French Polishing	g	2	2	0
Welding (Acetylene and Electri	c)	1	1	0
Wool Staplers		1	0	1
Bean Flour Products		1	1	0

Outworkers:—Eleven outworkers are listed. Five concerned with the altering and repair of wearing apparel, six with soft toy manufacture.

15 inspections were carried out and the following is a statement of cases from which defects were found.

## Number of Cases in which defects were found.

Particulars Want of Cleanliness		and O	Remedied	Referred to H.M. Insp.	By H.M. Inspector	Prosecutions
0 11		0	0	0	0	0
Unreasonable				De la Contraction de la contra		demand
Temperature		0	0	0	0	0
Inadequate						
		0	0	0	0	0
Ineffective Floor and	ł					
Drainage		0	0	0	0	0
Sanitary Convenience	e-					
(a) Insufficient		0	0	0	0	0
(b) Unsuitable or						
Defective		0	0	0	0	0
(c) Not separate						
for sexes		0	0	0	0	0
		0	0	0	0	0

#### Meat Inspection.

It will be observed in the appended table of statistics that from June the throughput at the Slaughterhouses was suddenly increased.

This was due to the fact that a firm of meat wholesalers operating at Brynmawr was forced to find alternative premises during the complete reconstruction of their slaughterhouse. Two firms using these premises at the same time have strained the amenities provided to almost breaking point.

In order that standards should be kept as high as possible the Additional Public Health Inspector has been employed full time maintaining supervision over operational practises and conformity with the Slaughterhouses Act. His work would have been much easier if the occupants made better arrangements for the removal of midden contents and took an interest in ensuring that the required periodic clearing out was both regular and constant.

His continued attendance allowed for a hundred per cent. inspection of all meat produced, and the overall figures of meat condemned indicate the high standard of animals now being brought in for slaughter.

Five persons were licensed as Slaughtermen under Section 3 of the Slaughter of Animals Act, 1958,

# Carcases and Offal Inspected and Condemned in whole or in part.

ing seesalth to always a so be	Cattle excl. Cows	100000	C'Ives	Sheep and L'mbs	Pigs	H'rses
Number killed	 2770	109	360	22753	5605	_
Number inspected	 2770	109	360	22753	5605	_
All Diseases except Tuberculosis and Cysticerci	a min	9				
Whole carcases condemned	 3	1	9_	22	4	_
Carcases of which some part or organ was condemned	 323	57	FI.	396	232	-
Percentage of the number inspected affected with disease other than T.B. and Cysticerci	 11.8	53,2	_	18.4	4.2	_
Tuberculosis only:— Whole carcases condemned	 -	_	_	3843	1	_
Carcases of which some part or organ was condemned	 3	_	_	_	124	_
Percentage of the number inspected affected with T.B.	 0.1	_	_	-	2.2	_
Cysticercosis:— Carcases of which some part or organ was condemned	 _	_	70	San Maria	A	
Carcases submitted to treatment by refrigeration		_				
Generalised and totally condemned	 -	-				

Weight of meat and offal condemned as a result of Tubercular Infection—

Carcases—Carcase meat ... 1232 lbs.
Offal ... 1126 lbs.

Weight of meat and offal condemned as a result of disease and conditions other than Tuberculosis:—

Carcase meat ... 3364 lbs.
Offal ... 7656 lbs.

Total weight of meat and offal condemned ... 13378 lbs.

## Rainfall 1962.

Rain Gauge ... Diameter of Funnel, 5 inches.

Height of Top | Above Ground 1 foot.

Height of Top | Above Sea Level 215 feet.

Situation: Bailey Park.

Month		Total D	epth inches
Month			6.5
January			1.0
February			2.0
March			
April	100		3.5
		the and the same	3.0
May	better	an expense with the	0.5
June			1.5
July			4.0
August	A		4.75
September		The same	0.75
October			3.25
November			
December			4.5
December	Total	al	35.25

I am,

Mr. Chairman, Gentlemen and Madam, Your obedient Servant,

ROGER J. HOWELLS,

Public Health Inspector.





WEISH BOARD OF HEALTH.
RECEIVED

18 JUL 1963

A.