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Annual Report

UPON THE

Public Health

AND

Sanitary Administration

OF THE

Rural District of Abergavenny

FOR THE

Year 1960



By

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

Medical Officer of Health

and

Medical Officer of Health No. 10 Area.



ANNUAL REPORT

1960

Mr. Chairman, Ladies and Gentlemen,

Rain and yet more rain!—such was the heraldic cry of the sixties. 1960 was the wettest year in living memory, and to mark its final passage came the floods. In December we experienced the great flood that deluged many parts of Monmouthshire. On Sunday, December 4th, many parts of the Rural District were virtually cut off from neighbouring towns and villages. Low-lying houses were steeped in chocolate-coloured water, fields became lakes, roads were impassable and many cars and lorries were temporarily abandoned. Early the following morning mopping-up operations began and the organised efforts of private individuals and public as well as voluntary services quickly restored order out of chaos. Many sections of the community were affected in one way or another, but friendliness and good neighbourliness was apparent everywhere. Happily, there was no loss of human life and no disease was attributed to this calamity.

Recent experiments in West Germany seem to indicate a steep rise in deaths following a "muggy" period immediately preceding a rain belt, and an increase in the number of complaints from nervous headaches and migraine to epileptic attacks and strokes during a "cold front". It seems that excessive moisture and certain pressure changes have more effect on health than changes in temperature. The death rate for Abergavenny Rural District in 1960 was comparatively low, so, judging by mortality statistics, most of the people enjoyed very good health despite the heavy rainfall and the few hours of sunshine. But in the absence of accurate morbidity data it is difficult to estimate the amount or nature of sickness actually experienced.

Let us not be too complacent even about our mortality statistics. It is true that the number of deaths in the Rural District were fewer than in recent years, but take a closer look at some of the causes. There were five cases of suicide which seem to indicate the

need for widening the scope of our mental health services. Four others were due to accidents, all of which were surely preventable. Better roads, well maintained vehicles, and extra care in driving may well have prevented the road accidents, while improved home safety devices might have saved the old gentleman who died after falling. Twenty-eight per cent. of those who died were under 60 years of age, and many of these cases need not have occurred, if only adequate preventive measures had been observed, especially by the individual. We have seen in previous reports how the death rate has fallen as a result of improved economic and social circumstances, the provision of social services as well as recent advances in curative and preventive medicine. But many of the deaths that occurred in 1960, stress the role of the individual in the promotion and maintenance of health. In this respect, hope lies in continued health education. On the other hand, the causes of infant deaths stress once again the need for adequate ante-natal supervision directed specially to the control of toxæmia in the mother, and continued research into the causes of congenital abnormalities.

Another look at the year's mortality statistics show that 72% of the deaths occurred after the sixtieth birthday, most of whom were over 70 years of age, and indeed, five of them were nonagenarians—once again a tribute to medicine as well as improved environmental and personal health services. And now that so many more of us live to become septuagenarians and even octogenarians, it behoves each and every one of us to provide, as far as possible, for a healthy and happy old age. Some community measures are already in existence, e.g. old age pensions, supplementary allowances, meals on wheels, home helps and home nursing. Others, although in existence, need to be extended especially the number of geriatric beds in hospitals, County Council Homes for the aged, bungalows and ground floor flats. In each of these listed examples the waiting list is formidable. The Local Authority is well aware of the housing needs of its old age pensioners, and has already provided a few of them with suitable accommodation. In fact, the pensioners' bungalows at the Bryn (completed 1960) are ideal, and their occupants are simply delighted with them. Unfortunately, demand very much exceeds the supply so far.

It is my pleasure to report that I did not find it necessary to implement Section 47 of the National Assistance Act, 1948-50, whereby the Medical Officer of Health is responsible, after thorough enquiry and consideration, for certifying in writing to the Local Authority that it is necessary to remove any person suffering from grave chronic disease or who is aged, infirm or physically incapacitated and who is living in insanitary conditions, in the interests of this person or from preventing injury to the health of, or serious nuisance to other persons.

The greater the number of old in the community the higher the figure of those with physical and mental deteriorations. A recent survey revealed that there were some 5,726,000 sufferers from some severe form of rheumatism in Britain. It has also been estimated that 3,746,000 people over 65 years of age suffer from moderate or severe osteo-arthritis and the changes caused by this disease began to appear in one person in ten at the age of 24, thereafter the incidence rising steadily with age. There is no reason to believe that Abergavenny Rural District enjoys immunity from this crippling group of diseases.

The total of registered blind in Great Britain rises annually, and more than 80,000 of the present total of around 100,000 are over the age of 60 years. In 1960, thirty-seven persons were registered as blind and seven as partially sighted in the Abergavenny Rural District. We are well aware of the hearing loss that often occurs with advancing years, and the frequency of incapacity which results from circulatory diseases in some form or other, and as yet there seems to be no sign of arrest in the upward trend of mental ill-health. Herein lies the challenge of the future—the challenge of the degenerative diseases. The aging process cannot be arrested but it is more than possible that its onset can be delayed and its rate of progress slowed. Health clinics for the elderly may well provide some of the answers to the medical and social problems associated with age.

A further look at our mortality statistics show that infectious diseases in 1960 were conspicuous by their absence, as a cause of death; but while notifications remain incomplete we can only make

a wild guess at their incidence. Preventive and curative measures have brought about a remarkable decline in both the morbidity and mortality of Pulmonary Tuberculosis, and the possibility actually exists of eliminating it from our midst altogether. Almost everyone is aware that a death from Pulmonary Tuberculosis is a rarity. Nevertheless, it is still a serious disease because of the relatively long period of incapacity which occurs during its cure. Also it is still an infectious disease which a sufferer can pass on to others. Even if the disease cannot yet be entirely prevented, it is of tremendous advantage if discovered in its early stages. Early detection is still the basis for rapidly successful treatment and mass radiography has played and continues to play a prominent part in the early diagnosis and control of this disease.

Diphtheria is another example of an infectious disease which may be down but not out. Some parents refuse or cannot be bothered to ensure adequate protection for their children although they are offered immunisation at infant welfare clinics, schools and the surgeries of general practitioners. We can but continue to preach to the complacent and neglectful. Without immunisation, not only Diphtheria but Whooping Cough, Small Pox and Poliomyelitis may be again as familiar as Cancer of the lung or Coronary Thrombosis. After the initial burst of enthusiasm only a few people between the ages of 27 and 40 years have been vaccinated against Poliomyelitis—it has been said that nobody much has died lately, so the danger is ignored.

VITAL STATISTICS

Area	...	...	...	62,685 Acres.
Population (Estimated)	...	...	...	8,700
Number of Inhabited Houses (According to Rate Book, 31/12/60)	...	...	...	2,488
Rateable Value	...	...	...	£65,367
1d. Rate	...	...	...	242

Live Births.

1960	M.	F.	Total
Legitimate	77	53	130
Illegitimate	1	3	4
Total	78	56	134

Live Birth Rate.

	Rural D.	County	E. & W.
per 1,000 population	15.4	17.29	17.1
Comparability Factor =	1.27		
Adjusted Birth Rate =	$15.4 \times 1.27 = 19.6$		

Still Births.

	M.	F.	Total
Legitimate	4	3	7
Illegitimate	0	0	0
Total	4	3	7

Still Birth Rate.

	Rural D.	County	E. & W.
Per 1,000 live and still births	49.6	27.2	19.7
Per 1,000 population	0.8	0.48	

Deaths.

	M.	F.	Total
All causes	96	62	158

Death Rate.

	Rural D.	County	E. & W.
Per 1,000 population	18.6	11.59	11.5
Comparability Factor =	0.98		
Adjusted Death Rate =	$18.6 \times 0.98 = 10.04$		
		13.2 (Rural Dist.)	

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Deaths from Cancer—			
All forms ...	7	10	17
Cancer of the Lung ...	2	0	2

Deaths due to Pregnancy, Child Birth, Abortion — Nil

Maternal Mortality Rate

	<i>Rural D.</i>	<i>County</i>
(Rate per 1,000 births)	...	0

Infant Mortality.

<i>Cause of Death</i>	<i>Sex</i>		<i>Age</i>
	<i>M.</i>	<i>F.</i>	
Atelectasis ...	1	0	2 days
Congenital Malformation ...	1	0	1 month
		1	10 months
Total ...	2	1	

Infant Mortality Rate.

	<i>Rural D.</i>	<i>County</i>	<i>E. & W</i>
(Rate per 1,000 total live births)	...	22.3	25.5
			22.0

Neo-Natal Mortality Rate — first 4 weeks.

(Rate per 1,000 live births)	...	7.5	17.6
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Early Neo-Natal Mortality Rate.

(Under 1 week)	...	7.5	15.2
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Perinatal Mortality.

(Still births & infant deaths under 1 week)	56.7	42.0
per 1,000 total live and still births.		

Causes of Death (1960).

Cause		Male	Female
Tuberculosis	...	0	0
Syphilitic Disease	...	0	1
Other infective and parasitic disease	...	1	0
Malignant Neoplasm of Stomach	...	1	0
Malignant Neoplasm of Lung, Bronchus	...	2	2
Other Malignant and Lymphatic Neoplasms	...	4	6
Leukaemia	...	1	0
Vascular Lesions of Nervous System	...	9	5
Coronary Disease, Angina	...	13	10
Hypertension with Heart Disease	...	6	1
Other Heart Diseases	...	18	26
Other Circulatory Diseases	...	4	2
Influenza	...	1	0
Pneumonia	...	6	2
Bronchitis	...	9	0
Other Diseases of Respiratory System	...	0	1
Ulcer of Stomach and Duodenum	...	0	0
Gastritis, Enteritis and Diarrhoea	...	1	0
Nephritis	...	1	0
Hyperphasia of Prostate	...	2	0
Congenital Malformations	...	1	1
Other defined and ill-defined diseases	...	8	2
Accidents	...	4	2
Suicides	...	4	1
		—	—
Total	...	96	62

Notification of Infectious Diseases

(Classification according to sex and age)

<i>Disease</i>	<i>Sex</i>	<i>Age</i> 0-4	<i>Age</i> 5-9	<i>Age</i> 10-19	<i>Age</i> 20-29	<i>Age</i> 30-39	<i>Age</i> 40 plus	<i>Total</i>
Whooping	Male	...	2	...	...	...	...	2
Cough	Female	...	...	...	...	...	...	..
Measles	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Scarlet	Male	...	...	...	...	...	...	...
Fever	Female	...	...	...	...	...	...	...
Cerebro Spinal	Male	...	...	...	...	...	...	...
Meningitis	Female	...	...	...	...	...	...	...
Typhoid and	Male	...	...	...	...	...	...	...
Paratyphoid	Female	...	...	...	...	...	...	...
Poliomyelitis	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Dysentery	Male	...	...	...	1	1	8	10
	Female	...	1	...	...	...	6	7
Salmonella	Male	2	...	...	...	1	...	3
Typhimurium	Female	1	...	...	...	...	...	1
Encephalitis	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	..	...
Pneumonia	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Erysipelas	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Abortus Fever	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...

TUBERCULOSIS.

Notified :	Pulmonary	M.5	F.1	Non-Pulmonary	M.0	F.1
Deaths :	do.	M.0	F.0	do.	M.0	F.0

Vaccinations against Small Pox

Numbers Vaccinated

Age Groups	1953	1954	1955	1956	1957	1958	1959	1960
Under 1 year	24	25	22	47	44	46	37	60
1 - 4 years	17	2	7	35	12	6	18	13
5 - 14 years	2	1	4	1	6	5	9	—
15 years plus	11	8	3	12	28	14	8	2
Totals	54	36	36	95	90	71	72	75

Immunisations against Diphtheria & Whooping Cough

Numbers Immunised

Age Groups	1953	1954	1955	1956	1957	1958	1959	1960
Under 5 years	72	90	78	141	77	112	39 Diph. 54 WhC	70 Diph. 80 WhC
5 - 14 years	48	104	360	58	5	205	3 Diph. 0 WhC	48 Diph. 4 WhC
Totals	120	194	438	199	82	317	42 Diph. 54 WhC	118 Diph. 84 WhC

In addition to the above, 198 children were given "Booster" diphtheria prophylaction injections.

Yours faithfully,

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

WATER SUPPLY.

The Council have control of three main supplies of water, these are the Llanover, Grosmont and Tynywern supplies. In both cases the source of supply is from main springs, the water being collected and distributed to various parts of the rural area by means of gravitation and pumping to service reservoirs.

Before entering the distribution mains the water is chlorinated. Owing to the shortage of water at Llanover during dry periods of the year, the Council laid a length of mains, connecting the Newport and South Monmouthshire Water Board's main to the Llanover service reservoir, this supplemented the supply of water when necessary and up to the present time has proved most satisfactory.

It is essential that the chlorination apparatus should be maintained in proper working order, otherwise the supply of water will be bacteriologically unsatisfactory. Portions of the Govilon area are supplied by the Abertillery and District Water Board and the Newport and South Monmouthshire Water Board.

It is natural that in a Rural area of this size, there would be a considerable number of isolated cottages and hamlets still relying on private supplies obtained from outcrop springs and shallow wells. In the majority of cases, the water supply is bacteriologically unsatisfactory, and during dry spells, more often than not inadequate in quantity. Where these private supplies are found to be unsatisfactory advice is given on methods of purification.

The Council have had under consideration a scheme for supplying part of the district known as the Plough Area, but it appears that this scheme is dependent on the quantity of water at the source being sufficient. Consideration is at present being given to this matter.

The following samples were taken for bacteriological examinations : —

Source	Raw Water		Treated	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Main Supply	—	—	40	6
Wells & Spr'gs	6	24	—	—

Sewerage and Sewage Disposal.

The number of disposal plants controlled by the Council and maintained by them are fifteen. To visit these works in rotation one has to travel approximately 50 miles.

At present one man is employed to carry out the maintenance work, a lorry is placed at his disposal when available during the afternoons of each week.

The Council during the last four years have employed a Contractor to empty the Sedimentation and Septic tanks, by means of a Cesspit Emptier.

The Council have plans prepared for the provision of a main sewer and disposal works at Grosmont and part of Pandy.

Where there are no Public sewers, properties are serviced by Septic Tanks or Earth and Chemical Closets.

Public Scavenging.

A large area of the district is covered by the Council's scavenging scheme.

The collection is a kerbside one, which is carried out weekly in the populated parts of the district and monthly in the out-lying parts of the Rural Area.

The refuse is disposed of at one refuse tip which is situated at the Mardy, and it is hoped that eventually a good playing field will result. The tip is adequately controlled against vermin.

Slaughter Houses.

There are no licensed slaughterhouses in the Rural District, the majority of slaughtering is carried out in the Abergavenny Borough Abattoir.

Factories Act, 1959.

Number of Factories on Register, December, 1959	...	17
Number of Inspections	...	20

Written Notes.

1. Want of Cleanliness	...	Nil
2. Insufficient Sanitary Conveniences	...	1

Prior to the Factory Act of 1959, the Council were responsible for the issue of Certificates of Escape from Fire in respect of factories. These powers have now been transferred to the Fire Authority which in this area is the Monmouthshire County Council.

The Milk (Special Designation) Regulations, 1960.

(a) Number of persons registered as milk distributors	...	6
(b) Number of Dealers' Licenses issued authorising the use of the special designation "Tuberculin Tested"	...	6
(c) Number of Dealers' Licenses issued authorising the use of the special designation "Pasteurised"	...	5
(d) Number of Dealers' Licenses issued authorising the use of the special designation "Sterilised"	...	4

Under the above regulations the Council will no longer issue the above licences after the thirty-first December, 1960. After that date the Food and Drugs ^{Authority} will be ~~the~~ responsible ~~authority~~ for the issue of these licences.

Ice Cream (Heat Treatment) Regulations, 1947.

There are 24 premises registered for the sale of Ice Cream in the Rural District. Six new registrations were granted during the year. There are no manufacturers in the District. All the Ice Cream is imported into the area and is pre-packed and manufactured by well known firms.

Rodent Control,

This work is now being carried out by a Private Contractor.

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses including Council Houses	(3) All other including Business Premises	(4) Total of Cols. 1, 2 & 3	
1. No. of properties in Local Authorities District	14	2471	103	2588	533
2. No. of properties inspected as a result of :					
(a) Notification	—	89	—	89	—
(b) Survey under the Act	88	378	50	—	242
(c) Otherwise	—	—	—	—	—
3. Total Inspections carried out includ- ing re-inspections	88	467	50	—	242
4. No. of properties inspected in Sect. 2 which were infested by					
(a) Rats, Major	—	21	—	21	—
Minor	88	46	—	134	—
(b) Mice, Major	—	4	—	4	—
Minor	—	11	—	11	—

Rodent Control – *continued.*

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses including Council Houses	(3) All other including Business Premises	(4) Total of Cols. 1, 2 & 3	
5. No. of infested prop- erties in Sect 4 treated by the L.A	88	82	—	170	—
6. No. of Notices under Sect. 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work	—	—	—	—	—
7. No. of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act	—	—	—	—	—
8. Legal Proceedings	—	—	—	—	—
9. Number of "Block" Control schemes carried out	—	—	—	—	—

HOUSING

I.	Inspection of Dwelling Houses during the year :		
(1)	(a) Total number of Dwelling Houses inspected for Housing Defects (under Public Health and Housing Act, 1936-1957)	...	128
	(b) Number of Inspections made for the purpose	...	128
(2)	Number of Dwellings found to be in a state so dangerous or injurious to health as to be unfit for habitation	...	54
II.	Action under the Statutory Powers during the year :		
(1)	Proceedings under Section 9, 10, 11, 12 and 16 of the Housing Act, 1957 :		
	(a) Number of dwelling houses in respect of which notices were served requiring repairs	..	—
	(b) Number of Closing Orders served	...	11
	(c) Number of Demolition Orders served	...	41
	(d) Number of dwelling houses which were rendered fit after service of Formal Notice :		
	(i) By Owners	...	5
	(ii) By Local Authority in default of Owners	...	—

Inspection and Supervision of Food Premises and Licensed Premises.

Periodic visits are made to all Food Premises and Licensed Premises during the year.

1. The number of Food Premises in the Rural District are :

(i)	Bakehouse	...	...	2
(ii)	General Provisions and Confectionery	...	...	26
(iii)	Butchers Shops	...	...	—
(iv)	Licensed Premises	...	...	33
(v)	Fish Frying Premises	...	...	—

2. The number of Food Premises registered under
the Food and Drugs Act ... Nil

The general standard of Food Premises and Licensed Premises in the area is good.

I would like to thank the Chairman and all Members of the Council, the Clerk and other Officers for their help during the year.

Yours faithfully,

F. D. COLLIER, M.R.S.H., M.A.P.H.I.,

Public Health Inspector.

WELSH BOARD OF HEALTH.
RECEIVED
- 5 SEP 1961
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