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City and Port of Cardiff

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT
1952

J. GREENWOOD WILSON, M.D., F.R.C.P.

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School Medical Officer
Port Medical Officer*



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PREFACE

This report is bulkier than usual because of the request from the Ministry of Health for a survey of all our Health Services with particular reference to those that are most closely connected with the National Health Service. Those who are specially interested in such things may wish to turn first to pages 75 to 80 of the report dealing with "co-ordination and co-operation with other parts of the National Health Service."

The general health statistics for the year are encouraging, particularly the infant mortality rate at 28.5 deaths under one year per 1,000 live births. When I took over twenty years ago from Provost Picken the corresponding figure was 77 and when he was appointed in 1921 on Dr. Walford's retirement, it was 95.

Sir Adolphe Abrahams, an eminent physician, writing in a recent issue of *The Lancet*, questions the value of the periodic medical overhaul. Yet it is surely to that more than anything else that we must give credit for the striking reduction in infant mortality, the periodic medical overhaul of young babies, to that and to constant observation of the growing child by midwives, doctors, health visitors and home nurses with persistent individual health education in the home and elsewhere.

Nevertheless, we have still a long way to go in Cardiff by comparison with some other towns such as Bristol (21), Croydon (20), Leicester (24), Portsmouth (23), Sheffield (23) and Birmingham (26).

In all these towns as in Cardiff, from $\frac{1}{2}$ to $\frac{3}{4}$ of the babies who die before their first birthday, die in the first month of life, the majority in the first week of life. By close co-operation between midwives, family doctors, health visitors and the premature infants' department at St. David's Hospital and by emergency use of the ambulance service, strenuous efforts are made to save the lives of these prematurely born babies. Of 364 born during the year, 50 were born dead and of the remaining 314, 223 survived beyond the dangerous first 28 days of life. Recent studies have shown that if the premature infant can be reared at all no traces of physical or mental handicap will remain, but unfortunately we still do not know how to *prevent* premature births.

This report contains some good fare for readers of "thrillers" in the account by Dr. W. Powell Phillips, Deputy Medical Officer of Health, on pages 11 to 15, of the elusive paratyphoid outbreak which visited Cardiff in 1952 as part of a larger visitation throughout South Wales. The account illustrates the time and trouble taken year in, year out, by the epidemiological branch of the department, as also the spirit of team work that prevails not only within the department itself, but also with neighbouring health departments, the Welsh Board of Health and the national Public Health Laboratory Service.

Because of the public concern over the effects of acute-poliomyelitis full details are given of the cases notified in 1952 (27 as against 15 in 1951). Fortunately 8 were of the non-paralytic type and most of the others were fairly mild. The essential role of the orthopaedic department in the follow-up treatment of these cases is well brought out in this study.

The incidence of venereal disease shows a steady decline since 1946, and at the same time the percentage of first attenders found non-venereal, shows a steady increase. These last figures are somewhat misleading because although they may be partly due to the benefits of health education, some of the cases classified as "non-venereal" on their first attendance are nevertheless suffering from a troublesome form of parasitic infection which may be due to or passed on by promiscuity.

The proportion of illegitimate to the total live births in 1952 was 4·8 per cent., which again shows a decline by comparison with the figures for previous years.

Mr. D. W. Elliott, Senior Dentist, writing on dental work for expectant and nursing mothers and pre-school children, reports that although it is not yet possible to offer the ideal of a routine dental inspection to all these groups, there has been an increase in the number of sessions devoted to their dental care as compared with 1951. The ratio of teeth lost to each tooth saved in expectant and nursing mothers has risen from 4 to 1 in 1950 to 5 to 1 in 1952. In pre-school children the ratio has risen from 16·5 to 1 in 1950 to 20 to 1 in 1952. There is great need for instruction in how to maintain a clean and healthy mouth because many of the mothers with sound teeth lose them through disease of the gums due in most cases to neglect of oral hygiene.

On the work of the school dental service, Mr. Elliott reports that the number of children requiring extensive treatment is increasing and the incidence of tooth decay rising. Even when a child has had routine treatment completed, it is difficult to give an approximate date as to when the child will again be inspected and treated. The result is that the child usually presents itself as a special case requiring the extraction of a permanent tooth.

In face of Mr. Elliott's depressing remarks it seems all the more regrettable that we should be so slow in this country in getting on with the fluoridation of public drinking water supplies. Informed opinion in the U.S.A., based on overwhelming scientific evidence is unanimously in favour of employing wherever possible this great new weapon of preventive dentistry. The favourite cry of the opponents of fluoridation is "mass medication." They forget that fluorine in the amount considered desirable to prevent tooth decay occurs naturally in drinking water supplies in some parts of the world (to no detriment of the inhabitants thereof), that we accept "mass" chlorination of water supplies to prevent the spread of infectious disease and that nutrients like bread and margarine are regularly "dosed" on a national scale with vitamins and mineral salts for the sake of the public health. They forget, too, the "mass medication" evidenced by the ever mounting drug bill under the National Health Service!

At 31st December, 1952, all municipal midwives and the eight practising midwives of the Queen's Institute of District Nursing were all qualified in the use of gas and air analgesia and during the year the method was applied in 71·96 per cent. of all domiciliary confinements. The remaining 28 per cent. are made up of (a) cases attended by doctors who give their own anaesthetics, (b) the odd few who refused any form of anaesthesia and (c) cases where the baby was born before either the doctor or the midwife could arrive.

During the year, the department has continued actively in immunisation and vaccination procedures. Of the child population of Cardiff, 91% have now been immunised against diphtheria. In all 4,000 infants between the ages of 6 months and 5 years have completed the course of vaccination against Whooping Cough recommended by the Medical Research Council since trials began with their new vaccine in 1951, with apparently good results and enthusiastic appreciation of the mothers.

B.C.G. vaccination against tuberculosis has been extended to nursery school children and to those in attendance at the Greenhill Open-Air School.

Smallpox vaccination amounted to 59 per cent. of infants born during the year and Cardiff was selected by the Medical Research Council for the trial by teams of general practitioners in the City of methods for the prevention of measles.

An increasing *income* is being earned for the department by its successful campaign for the destruction of rats (officially known as "rodent control"). This is in respect of business premises treated in the town, but Mr. Barnard, Chief Sanitary Inspector (Port) reports that similar activities are pursued on the quays, wharves and warehouses at the docks. Thanks to years of international team work the number of rats caught or killed on ships from foreign, is now relatively small. The more recent application of similar measures to coastwise vessels is proving equally efficacious.

Mr. W. G. Pyatt, Chief Sanitary Inspector (Urban), writes that although the newly adopted Food Bye-Laws are not showing spectacular results and although much remains to be done in the field of food hygiene, there is a steady improvement in the hygienic handling of food, and it is pleasing to note the increased interest the public are taking in the clean food campaign for they, by refusing to patronise the dirty shop, can exercise a tremendous influence.

A new responsibility was placed upon the health department during the year when by decision of the City Council, it took over the management of the Roath Abattoir. Mr. J. H. M. Hughes, the Veterinary Officer, who already supervised the meat inspection there, now takes over its day-to-day administration as well. The Health Committee is naturally anxious to be known to have charge of the finest abattoir in the country, but no rapid progress in that direction can be made until the Government's fat-stock marketing and slaughterhouse policies are known.

Visitors to the department were more numerous than ever and were again referred mainly by Government departments. Altogether there were 66 visitors, including 23 overseas representatives who were attending a course entitled "Britain To-day" organised by the British Council, 6 state officials from Germany and other overseas visitors on educational tours of this country to study various aspects of public health.

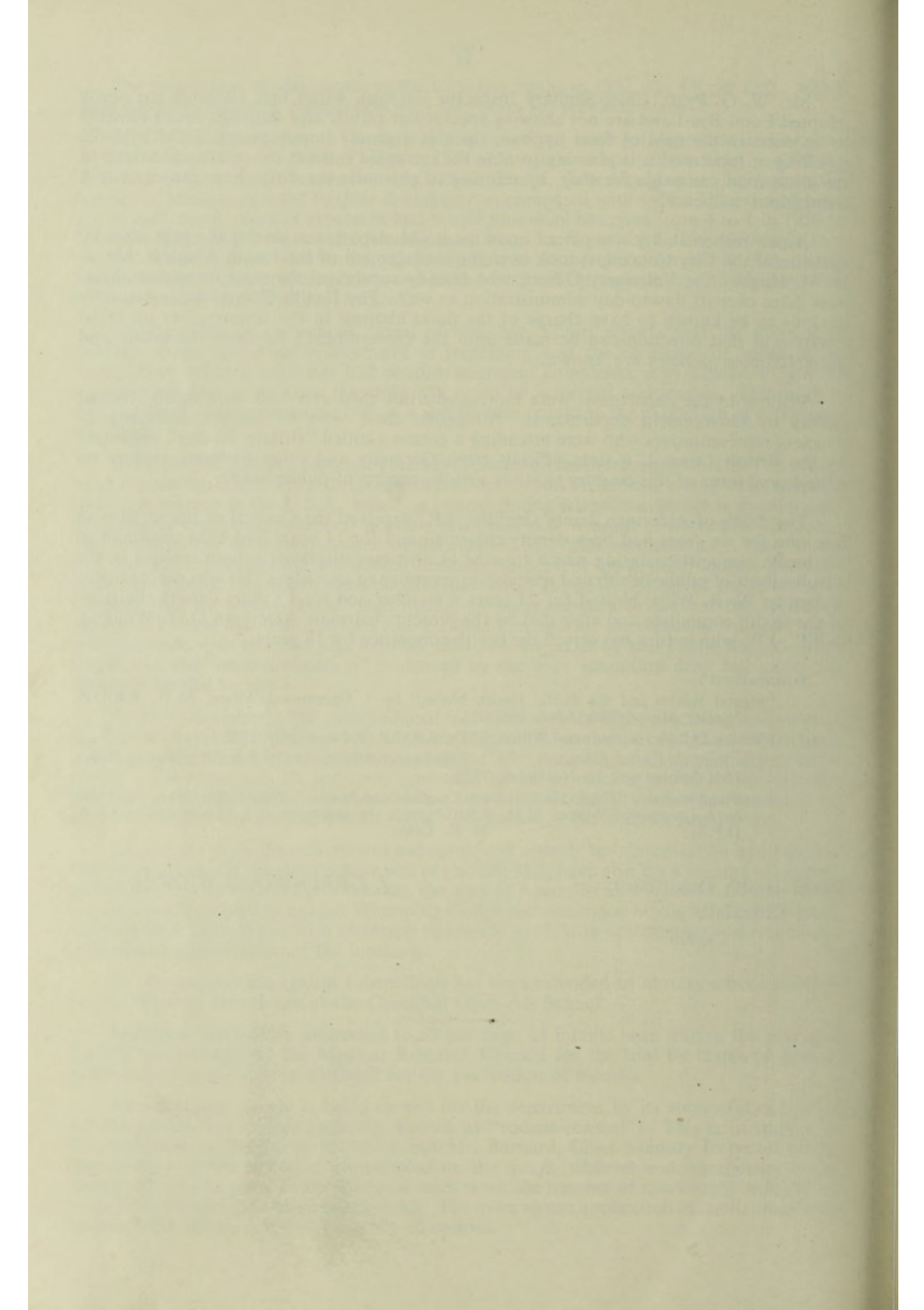
The death of Alderman James Griffiths, J.P., deprived the Council of the services of one who for six years had been deputy chairman and for 14 years had been chairman of the health committee, during which time he at all times displayed a keen interest in the advancement of public health and was always receptive to new ideas. He was succeeded by Alderman W. R. Wills, himself for 23 years a member and for 13 years deputy chairman of the health committee and after that by the present chairman, Alderman D. T. Williams, O.B.E., J.P., who in turn has served the health committee for 18 years.

PUBLICATIONS :—

- "Mental Health and the Public Health Nurse," by J. Greenwood Wilson, M.D., F.R.C.P., *Nursing Mirror*, 25th April, 1952.
- "Section 28," by J. Greenwood Wilson, M.D., F.R.C.P., *Tubercle*, July, 1952.
- "The Future of Health Visitors," by J. Greenwood Wilson, M.D., F.R.C.P., *Nursing Times*, 25th October and 1st November, 1952.
- Porter and Fenton's "Public Health Law in Question and Answer" (Fifth Edition, October, 1952), by J. Greenwood Wilson, M.D., F.R.C.P., with the assistance of J. Hindle Fisher, LL.B., D.P.A. H. K. Lewis.

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J. GREENWOOD WILSON.



GENERAL HEALTH SERVICE

1—SUMMARY OF GENERAL AND VITAL STATISTICS

Area (acres) :—

| | | | | | | | |
|------------------------|-----|-----|-----|-----|-----|-----|--------|
| Including inland water | ... | ... | ... | ... | ... | ... | 15,085 |
| Excluding inland water | ... | ... | ... | ... | ... | ... | 14,681 |

Population :—

| | | | | | | | | |
|---|-----|-----|-----|-----|-----|--------------------|------------|-------|
| Census, 1951 | ... | ... | ... | ... | ... | ... | 243,627 | |
| Registrar-General's estimate, mid-1952 | ... | ... | ... | ... | ... | ... | 244,800 | |
| Number of persons per acre | ... | ... | ... | ... | ... | ... | 16·67 | |
| Estimated number of inhabited houses (December, 1952) | ... | ... | ... | ... | ... | ... | 60,504 | |
| Estimated number of inhabited houses per acre | ... | ... | ... | ... | ... | ... | 4·12 | |
| Estimated average number of persons per occupied house | ... | ... | ... | ... | ... | ... | 4·04 | |
| Rateable Value | ... | ... | ... | ... | ... | ... | £2,196,425 | |
| Estimated product of a penny rate | ... | ... | ... | ... | ... | ... | £8,740 | |
| Live Births ... 4,351. Birth-rate per 1,000 | ... | ... | ... | ... | ... | Crude | 17·77 | |
| | | | | | | Adjusted by A.C.F. | 17·24 | |
| Deaths ... 2,724. Death-rate per 1,000 | ... | ... | ... | ... | ... | Crude | 11·13 | |
| | | | | | | Adjusted by A.C.F. | 11·79 | |
| Excess of births over deaths—Males, 754 ; Females, 873. Total | | | | | | | ... | 1,627 |
| Deaths under one year ... 120. Death rate per 1,000 births | | | | | | | ... | 28·5 |

*Death-rate per
1,000 Total Births*

Deaths arising from Pregnancy, Childbirth, or Abortion 1 0·22

Deaths from various causes :—

| | <i>Number</i> | <i>Death-rate per 1,000 population</i> |
|---|---------------|--|
| Typhoid fever | — | — |
| Measles | 1 | 0·004 |
| Scarlet Fever | — | — |
| Whooping cough | 1 | 0·004 |
| Diphtheria | — | — |
| Tuberculosis of respiratory system | 80 | 0·33 |
| Other forms of tuberculosis | 4 | 0·02 |
| Cancer | 482 | 1·97 |
| Influenza | 10 | 0·04 |
| Acute poliomyelitis | 2 | 0·008 |
| Enteritis and diarrhoea (under 2 years) | 7 | 1·61 per 1,000 births |

GENERAL HEALTH SERVICE

II—AREA AND POPULATION

The area of Cardiff (land and inland water but excluding foreshore) is 15,085 acres. According to the Census of 1951, the population of Cardiff was 243,627 (males 115,546 females 128,081).

The population at mid-1952, as estimated by the Registrar-General, was 244,800, and it is on this figure that the vital statistics for 1952 are computed.

III—BIRTHS

The numbers of births and still-births registered and allocated to Cardiff during 1952, sub-divided according to sex and legitimacy, are shown in the following table :—

| Live Births | | | | |
|--------------|--------|------------|--------------|-------|
| | | Legitimate | Illegitimate | Total |
| Males | ... .. | 2,108 | 115 | 2,223 |
| Females | ... .. | 2,032 | 96 | 2,128 |
| Total | ... .. | 4,140 | 211 | 4,351 |
| Still-births | | | | |
| | | Legitimate | Illegitimate | Total |
| Males | ... .. | 61 | 2 | 63 |
| Females | ... .. | 59 | 2 | 61 |
| Total | ... .. | 120 | 4 | 124 |

The following is a comparison of the live birth-rate for 1952 and the preceding ten years with the birth-rates for England and Wales and the 160 Great Towns for 1952 :—

| | | | | <i>Birth-rate per 1,000</i> |
|-------------------------|-----------|--------------------|--------|---------------------------------|
| CARDIFF | 1952 | Crude | ... .. | 17·77 |
| | | Adjusted by A.C.F. | ... .. | 17·24 |
| | 1942-1951 | ... .. | ... .. | 19·51 |
| England and Wales, 1952 | ... .. | ... .. | ... .. | 15·3 |
| 160 Great Towns, 1952 | ... .. | ... .. | ... .. | 16·9 |

IV—DEATHS

Deaths from All Causes.—The total number of civilian deaths from all causes and at all ages registered during the year and allocated to Cardiff was 2,724 (1,469 males and 1,255 females). The total number of civilian deaths registered in Cardiff was 2,924 but 487 of these were deaths of non-residents, which occurred mainly in hospitals and nursing homes, and 247 deaths of residents of Cardiff occurred and were registered in other areas. Allowance has been made for these outward and inward transferable deaths in arriving at the net number.

The following is a comparison of the death-rate for 1952 and the preceding ten years with the death-rates for England and Wales and the 160 Great Towns for 1952 :—

| | | | | <i>Death-rate per 1,000</i> |
|-------------------------|-----------|--------------------|--------|---------------------------------|
| CARDIFF | 1952 | Crude | ... .. | 11·13 |
| | | Adjusted by A.C.F. | ... .. | 11·79 |
| | 1942-1951 | ... .. | ... .. | 12·34 |
| England and Wales, 1952 | ... .. | ... .. | ... .. | 11·3 |
| 160 Great Towns, 1952 | ... .. | ... .. | ... .. | 12·1 |

The following table, compiled from figures supplied by the Registrar-General, shows the causes of death at various ages during 1952 :—

| CAUSES OF DEATH | ALL AGES | | | AGE GROUPS (YEARS) | | | | | | | |
|--|----------|-------|-------|--------------------|----------|-----------|------------|------------|------------|------------|-------------|
| | M. | F. | Total | Under 1 yr. | 1-5 yrs. | 5-15 yrs. | 15-25 yrs. | 25-45 yrs. | 45-65 yrs. | 65-75 yrs. | 75 and over |
| 1. Tuberculosis of Respiratory System ... | 57 | 23 | 80 | — | — | — | 3 | 29 | 34 | 9 | 5 |
| 2. Other Forms of Tuberculosis ... | 3 | 1 | 4 | 1 | — | — | — | 1 | 1 | 1 | — |
| 3. Syphilitic Disease ... | 17 | 4 | 21 | — | — | — | — | 1 | 10 | 9 | 1 |
| 4. Diphtheria ... | — | — | — | — | — | — | — | — | — | — | — |
| 5. Whooping Cough ... | 1 | — | 1 | 1 | — | — | — | — | — | — | — |
| 6. Meningococcal Infection ... | — | 2 | 2 | 1 | — | 1 | — | — | — | — | — |
| 7. Acute Poliomyelitis ... | 1 | 1 | 2 | — | — | — | — | 2 | — | — | — |
| 8. Measles ... | — | 1 | 1 | — | 1 | — | — | — | — | — | — |
| 9. Other Infective and Parasitic Diseases ... | 5 | 3 | 8 | — | — | 1 | 2 | 3 | — | 1 | 1 |
| Malignant Neoplasm— | | | | | | | | | | | |
| 10. Stomach ... | 55 | 32 | 87 | — | — | — | — | 2 | 25 | 29 | 31 |
| 11. Lung, Bronchus ... | 75 | 8 | 83 | — | — | — | — | 2 | 56 | 17 | 8 |
| 12. Breast ... | 1 | 53 | 54 | — | — | — | — | 7 | 20 | 17 | 10 |
| 13. Uterus ... | — | 28 | 28 | — | — | — | — | 4 | 17 | 5 | 2 |
| 14. Other Malignant and Lymphatic Neoplasm ... | 122 | 108 | 230 | 1 | 3 | — | 2 | 14 | 70 | 78 | 62 |
| 15. Leukaemia, Aleukaemia ... | 11 | 4 | 15 | — | 3 | — | — | 1 | 3 | 4 | 4 |
| 16. Diabetes ... | 6 | 8 | 14 | — | — | — | — | — | 6 | 6 | 2 |
| 17. Vascular Lesions of the Nervous System ... | 153 | 199 | 352 | — | — | — | 1 | 4 | 76 | 101 | 170 |
| 18. Coronary Disease, Angina ... | 266 | 136 | 402 | — | — | — | — | 10 | 141 | 134 | 117 |
| 19. Hypertension with heart disease ... | 28 | 29 | 57 | — | — | — | — | 2 | 7 | 23 | 25 |
| 20. Other Heart Diseases ... | 157 | 217 | 374 | 1 | — | 1 | 3 | 19 | 58 | 83 | 209 |
| 21. Other Circulatory Diseases ... | 68 | 67 | 135 | — | — | — | 1 | 5 | 26 | 30 | 73 |
| 22. Influenza ... | 8 | 2 | 10 | 1 | — | — | 1 | 1 | 2 | 2 | 3 |
| 23. Pneumonia ... | 49 | 45 | 94 | 30 | — | — | 1 | 4 | 11 | 19 | 29 |
| 24. Bronchitis ... | 108 | 45 | 153 | 3 | 1 | — | — | 6 | 41 | 45 | 57 |
| 25. Other Respiratory Diseases ... | 15 | 5 | 20 | 2 | — | — | 1 | 2 | 7 | 3 | 5 |
| 26. Ulceration of Stomach or Duodenum ... | 18 | 4 | 22 | 1 | — | — | — | — | 10 | 5 | 6 |
| 27. Gastritis, Enteritis, Diarrhoea ... | 8 | 13 | 21 | 7 | — | — | — | 2 | 3 | 4 | 5 |
| 28. Nephritis and Nephrosis ... | 19 | 19 | 38 | 1 | — | — | — | 5 | 16 | 12 | 4 |
| 29. Hyperplasia of the Prostate ... | 24 | — | 24 | — | — | — | — | — | 2 | 9 | 13 |
| 30. Pregnancy, Childbirth ... | — | 1 | 1 | — | — | — | — | 1 | — | — | — |
| 31. Congenital Malformations ... | 9 | 9 | 18 | 8 | — | 2 | 3 | 3 | 2 | — | — |
| 32. Other Defined and Ill-defined Diseases ... | 125 | 145 | 270 | 65 | 3 | 4 | 3 | 10 | 51 | 50 | 84 |
| 33. Motor Vehicle Accidents ... | 22 | 6 | 28 | — | 4 | 1 | 4 | 4 | 11 | 2 | 2 |
| 34. All Other Accidents ... | 24 | 28 | 52 | 1 | 2 | 6 | — | 8 | 6 | 6 | 23 |
| 35. Suicide ... | 13 | 7 | 20 | — | — | — | 1 | 3 | 9 | 6 | 1 |
| 36. Homicide and Operations of War ... | 1 | 2 | 3 | — | — | — | 1 | 2 | — | — | — |
| | 1,469 | 1,255 | 2,724 | 124 | 17 | 16 | 27 | 157 | 721 | 710 | 952 |
| Percentages of Total Deaths | | | | 4.6 | 0.6 | 0.6 | 1.0 | 5.7 | 26.5 | 26.1 | 34.9 |
| | | | | | | | | | | 61.0 | |

Cancer.—The number of deaths from malignant neoplasms was 482 (253 males and 229 females). The deaths are classified according to age and localisation of the disease in the preceding table. The death-rates for 1952 compared with those for the preceding ten years, were as follows :—

| | Death-rate per 1,000 | | |
|------------------|----------------------|---------|------------|
| | Males | Females | Both Sexes |
| 1952 | 2·17 | 1·78 | 1·97 |
| 1942-1951 | 2·08 | 1·67 | 1·86 |

Deaths from Motor Vehicle Accidents.—The number of deaths due to road traffic accidents during 1952 was 28 (22 males and 6 females), as compared with 27 during 1951, and with 28—the average annual number for the preceding ten years.

Maternal Mortality.—The number of deaths arising from pregnancy, childbirth or abortion was one, corresponding to death-rates of 0·23 per 1,000 live births and 0·22 per 1,000 total live and still-births.

This case relates to a woman of 41 years of age, whose death was attributed to “1 (a) Cerebral Haemorrhage, (b) Chronic Nephritis, (c) Toxaemia of Pregnancy” and in whom the interval between pregnancy and death was nearly fifteen years. In order to keep strictly within the rules of the International Classification of Deaths, however, it must be classified under this heading.

The maternal death-rate for 1952 compared with the rate for the preceding ten years and with that for England and Wales was as follows :—

| | Maternal Death-rate per 1,000 Total Births |
|------------------------------|---|
| 1952 | 0·22 |
| 1942-1951 | 2·05 |
| England and Wales (1952) ... | 0·59 |

Infant Mortality.—The number of deaths under one year of age was 124. Of these 120 were deaths of legitimate infants and 4 were of illegitimate infants.

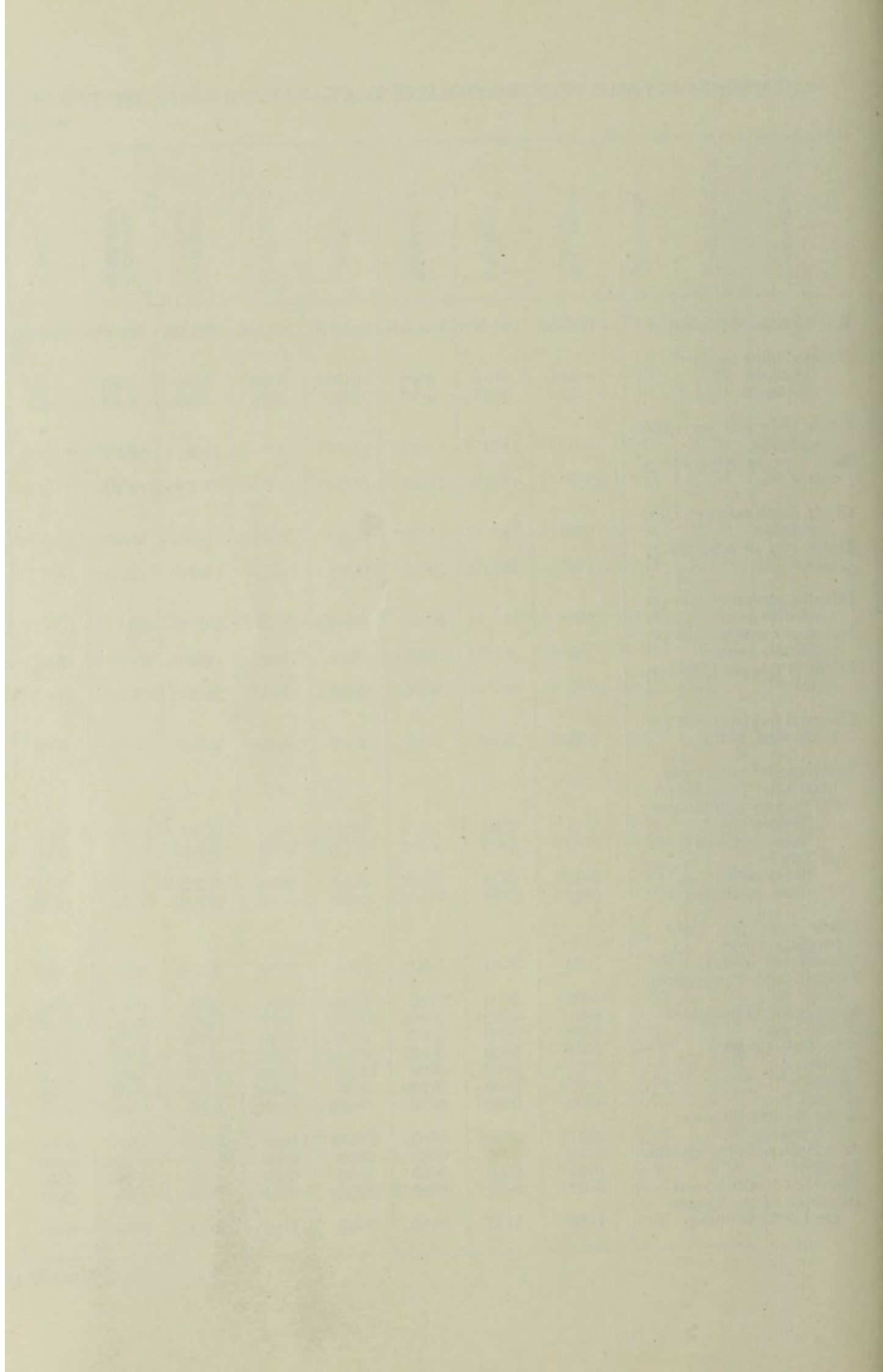
The infant mortality rate for 1952, compared with the rate for the preceding ten years and with the rates for England and Wales and the 160 Great Towns for 1952, was as follows :—

| | Deaths under 1 year per 1,000 Births |
|--------------------------------|---|
| CARDIFF { 1952 | 28·5 |
| { 1942-1951 | 43·6 |
| England and Wales, 1952 | 27·6 |
| 160 Great Towns, 1952 | 31·2 |

TABLE SHOWING POPULATION, BIRTH-RATES, DEATH-RATES, ZYMOTIC DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES OF THE 20 LARGE TOWNS OF ENGLAND AND WALES FOR 1952.

| | Birmingham | Bradford | Bristol | Cardiff | Coventry | Croydon | Kingston-upon-Hull | Leeds | Leicester | Liverpool | Manchester | Newcastle-upon-Tyne | Nottingham | Plymouth | Portsmouth | Salford | Sheffield | Southampton | Stoke-on-Trent | Sunderland |
|---|------------|----------|---------|---------|----------|---------|--------------------|---------|-----------|-----------|------------|---------------------|------------|----------|------------|---------|-----------|-------------|----------------|------------|
| R.G.'s estimated population : | 1,119,000 | 288,000 | 443,900 | 244,800 | 261,000 | 250,500 | 299,400 | 504,800 | 285,900 | 791,500 | 705,400 | 289,800 | 310,700 | 218,600 | 242,600 | 176,400 | 510,900 | 175,500 | 272,300 | 180,400 |
| Comparability factor : | | | | | | | | | | | | | | | | | | | | |
| (a) births | 0.96 | 1.01 | 0.99 | 0.97 | 0.94 | 0.96 | 1.00 | 0.96 | 0.98 | 0.96 | 0.95 | 0.97 | 0.97 | 1.05 | 1.05 | 0.95 | 0.99 | 0.99 | 0.96 | 1.01 |
| (b) deaths | 1.12 | 0.97 | 0.97 | 1.06 | 1.26 | 0.93 | 1.14 | 1.07 | 1.01 | 1.19 | 1.11 | 1.09 | 1.08 | 1.06 | 1.04 | 1.14 | 1.07 | 1.02 | 1.21 | 1.13 |
| Crude birth rate per 1,000 population | 16.4 | 15.9 | 15.23 | 17.77 | 15.9 | 13.8 | 18.57 | 15.3 | 15.9 | 20.0 | 17.53 | 16.54 | 16.71 | 15.95 | 15.43 | 17.57 | 13.71 | 16.97 | 16.36 | 20.0 |
| Birth rate as adjusted by factor | 15.7 | 16.0 | 15.08 | 17.24 | 14.9 | 13.2 | 18.57 | 14.7 | 15.6 | 19.2 | 16.65 | 16.04 | 16.21 | 16.75 | 16.20 | 16.69 | 13.57 | 16.80 | 15.52 | 20.2 |
| Crude death rate per 1,000 population | 10.24 | 13.7 | 11.20 | 11.13 | 8.9 | 11.9 | 11.09 | 12.5 | 11.4 | 11.4 | 12.16 | 11.81 | 10.74 | 11.18 | 10.77 | 12.15 | 11.62 | 11.46 | 11.38 | 11.4 |
| Death rate as adjusted by factor | 11.47 | 13.2 | 10.86 | 11.79 | 11.2 | 11.1 | 12.64 | 13.4 | 11.5 | 13.6 | 13.50 | 12.87 | 11.60 | 11.85 | 11.20 | 13.851 | 12.43 | 11.69 | 13.76 | 12.8 |
| Infantile mortality rate per 1,000 live births | 26.8 | 33 | 21.45 | 28.49 | 31.7 | 20 | 39.75 | 30 | 24.2 | 35.5 | 34.28 | 29.21 | 28.13 | 29.53 | 23.24 | 34.8 | 23.98 | 28.88 | 28 | 36.0 |
| Neonatal mortality rate per 1,000 live births | 17.6 | 20 | 15.09 | 18.16 | 20.4 | 13.8 | 21.58 | 18.6 | 13.6 | 22.5 | 21.75 | 18.37 | 17.91 | 20.94 | 15.22 | 19.35 | 15.42 | 20.82 | 19 | 22.4 |
| Stillbirth rate per 1,000 total births | 19.6 | 30 | 20.86 | 25.09 | 19.0 | 22.5 | 24.05 | 23 | 19.0 | 24.6 | 27.45 | 26.40 | 22.59 | 22.70 | 23.98 | 19.3 | 20.01 | 33.12 | 28 | 19.3 |
| Maternal mortality rate per 1,000 total births | 0.80 | 0.84 | 1.01 | 0.02 | 0.24 | 0.56 | 0.53 | 0.76 | 0.86 | 0.43 | 0.71 | 1.016 | 0.38 | 0.84 | 0.78 | 0.63 | 0.70 | 0.65 | 0.436 | 0.54 |
| Tuberculosis rates per 1,000 total population : | | | | | | | | | | | | | | | | | | | | |
| (a) Primary notifications : | | | | | | | | | | | | | | | | | | | | |
| Respiratory | 1.11 | 0.86 | 1.311 | 1.275 | 1.8 | 0.89 | 1.00 | 0.94 | 1.34 | 1.98 | 1.02 | 1.484 | 1.38 | 1.05 | 1.29 | 1.07 | 1.159 | 1.21 | 1.153 | 1.48 |
| Non-respiratory | 0.13 | 0.15 | 0.135 | 0.172 | 0.18 | 0.08 | 0.14 | 0.19 | 0.12 | 0.17 | 0.13 | 0.221 | 0.09 | 0.19 | 0.12 | 0.15 | 0.125 | 0.063 | 0.088 | 0.19 |
| (b) Deaths : | | | | | | | | | | | | | | | | | | | | |
| Respiratory | 0.25 | 0.23 | 0.205 | 0.33 | 0.20 | 0.224 | 0.30 | 0.22 | 0.32 | 0.34 | 0.38 | 0.328 | 0.32 | 0.22 | 0.21 | 0.35 | 0.225 | 0.387 | 0.348 | 0.34 |
| Non-respiratory | 0.02 | 0.03 | 0.025 | 0.02 | 0.06 | 0.016 | 0.02 | 0.02 | 0.024 | 0.04 | 0.03 | 0.041 | 0.03 | 0.02 | 0.045 | 0.006 | 0.020 | 0.034 | 0.026 | 0.03 |
| Death rates per 1,000 population from : | | | | | | | | | | | | | | | | | | | | |
| *Cancer (all forms) | 1.90 | 2.81 | 1.922 | 2.03 | 1.54 | 2.263 | 2.04 | 1.08 | 2.08 | 2.01 | 2.18 | 2.118 | 1.98 | 1.73 | 1.95 | 2.262 | 2.067 | 2.165 | 2.071 | 2.03 |
| Typhoid and Paratyphoid | | | | | | | | | | | | | | | | | | | | |
| Fever | 0.00 | 0.00 | 0.00 | 0.008 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Meningococcal Infections | 0.01 | 0.003 | 0.002 | 0.008 | 0.00 | 0.008 | 0.01 | 0.002 | 0.0035 | 0.02 | 0.003 | 0.007 | 0.01 | 0.009 | 0.01 | 0.011 | 0.004 | 0.006 | 0.0074 | 0.02 |
| Scarlet Fever | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.002 | 0.00 | 0.00 | 0.00 |
| Whooping Cough | 0.01 | 0.00 | 0.002 | 0.004 | 0.004 | 0.00 | 0.00 | 0.00 | 0.007 | 0.01 | 0.01 | 0.003 | 0.01 | 0.01 | 0.00 | 0.00 | 0.002 | 0.006 | 0.00 | 0.00 |
| Diphtheria | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.001 | 0.00 | 0.00 | 0.004 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Influenza | 0.03 | 0.04 | 0.050 | 0.04 | 0.034 | 0.036 | 0.03 | 0.05 | 0.024 | 0.07 | 0.03 | 0.028 | 0.03 | 0.03 | 0.01 | 0.023 | 0.041 | 0.017 | 0.044 | 0.05 |
| Measles | 0.00 | 0.003 | 0.00 | 0.004 | 0.008 | 0.00 | 0.01 | 0.01 | 0.007 | 0.01 | 0.01 | 0.003 | 0.00 | 0.00 | 0.00 | 0.00 | 0.002 | 0.011 | 0.0073 | 0.017 |
| Acute Poliomyelitis and Encephalitis | 0.01 | 0.003 | 0.002 | 0.008 | 0.00 | 0.008 | 0.01 | 0.01 | 0.00 | 0.001 | 0.00 | 0.00 | 0.00 | 0.009 | 0.00 | 0.00 | 0.006 | 0.006 | 0.00 | 0.005 |
| Acute Infectious Encephalitis | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.003 | 0.007 | 0.01 | 0.00 | 0.00 | 0.006 | 0.002 | 0.006 | 0.0037 | 0.00 | 0.00 |
| Smallpox | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Diarrhoea (under 2 years) | 0.02 | 0.02 | 0.0045 | 0.029 | 0.31 | 0.008 | 0.06 | 0.01 | 0.017 | 0.03 | 0.03 | 0.028 | 0.03 | 0.045 | 0.04 | 0.04 | 0.022 | 0.017 | 0.0147 | 0.022 |
| Diarrhoea (under 2 years) (per 1,000 live births) ... | 1.26 | 1.52 | 0.30 | 1.61 | 1.92 | 0.577 | 0.34 | 0.90 | 1.098 | 1.70 | 1.78 | 1.669 | 1.54 | 2.87 | 2.40 | 2.26 | 1.570 | 1.01 | 0.898 | 1.1 |

*Including Leukaemia and Aleukaemia.



The causes of death of infants under one year of age in age periods during 1952 (compiled from figures supplied by the Registrar-General), are shown in the following table :—

| Causes of Death | Under 1 wk. | 1—2 wks. | 2—3 wks. | 3—4 wks. | Total under 4 wks. | 4 wks. —3 mths. | 3—6 mths. | 6—9 mths. | 9—12 mths. | Total |
|--|----------------|-------------|-------------|-------------|--------------------------|--------------------------|--------------|--------------|---------------|------------|
| Tuberculosis (Other Forms) ... | — | — | — | — | — | — | 1 | — | — | 1 |
| Whooping Cough ... | — | — | — | — | — | — | — | 1 | — | 1 |
| Meningococcal Infection ... | — | — | — | — | — | — | — | — | 1 | 1 |
| Diseases of Ear and Mastoid Antrum ... | — | — | — | — | — | — | — | — | 1 | 1 |
| Influenza ... | — | — | — | — | — | 1 | — | — | — | 1 |
| Bronchitis ... | — | — | — | — | — | 2 | 1 | — | — | 3 |
| Pneumonia ... | 16 | — | 1 | — | 17 | 8 | 2 | 2 | 1 | 30 |
| Diarrhoea and Enteritis ... | — | — | — | 2 | 2 | 2 | 3 | — | — | 7 |
| Hernia and Intestinal Obstruc- tion ... | 2 | — | — | — | 2 | 2 | — | — | — | 4 |
| Post-natal Asphyxia and Atelectasis ... | 9 | — | — | — | 9 | — | — | — | — | 9 |
| Congenital Malformation ... | 2 | 3 | — | — | 5 | 1 | — | 1 | 1 | 8 |
| Prematurity and Immaturity | 21 | 2 | — | — | 23 | 1 | — | — | — | 24 |
| Other Diseases of Early Infancy ... | 5 | — | — | — | 5 | 1 | — | — | — | 6 |
| Injury at Birth ... | 14 | — | — | 1 | 15 | — | — | — | — | 15 |
| All other causes ... | 6 | 1 | — | — | 7 | 2 | 2 | — | 2 | 13 |
| All Causes ... | 75 | 6 | 1 | 3 | 85 | 20 | 9 | 4 | 6 | 124 |
| Percentage ... | 60·5 | 4·8 | 0·8 | 2·4 | 68·5 | 16·1 | 7·3 | 3·3 | 4·8 | — |

V—NOTIFIABLE DISEASES

(OTHER THAN TUBERCULOSIS)

The most outstanding feature concerning infectious disease in Cardiff during 1952 was the sharp epidemic of paratyphoid B infection. This epidemic was not restricted to the City but was associated with an outbreak involving a number of districts in South Wales. There were also more cases of anterior poliomyelitis than in the previous year but the incidence was not in excess of other areas. A comparatively low incidence of whooping cough is of interest and this may be associated with the increasing numbers of children who are receiving vaccines for the prevention of this disease.

The incidence of notifiable diseases, together with the number admitted to hospital, during the year 1952 is shown in the following table :—

| Diseases according to Notification | Cases Notified | Notified Cases admitted to Hospital |
|---|----------------|-------------------------------------|
| Scarlet Fever | 334 | 115 |
| Whooping Cough | 408 | 48 |
| Diphtheria | — | — |
| Measles | 2,625 | 75 |
| Acute Pneumonia | 182 | 4 |
| Meningococcal Infection | 6 | 6 |
| Paralytic Acute Poliomyelitis | 19 | 18 |
| Non-Paralytic Acute Poliomyelitis | 8 | 8 |
| Acute Encephalitis (Infective) | — | — |
| Acute Encephalitis (Post Infectious) | 1 | 1 |
| Dysentery | 235 | 69 |
| Ophthalmia Neonatorum | 2 | 1* |
| Puerperal Pyrexia | 114 | 110* |
| Para-Typhoid Fever | 50 | 47 |
| Erysipelas | 42 | 11 |
| Malaria | 5 | — |
| Food Poisoning | 26 | 15 |

*Occurred and treated in Institutions.

Scarlet Fever.—Scarlet Fever still remained a mild disease. During the year 334 cases were notified, nearly twice as many as in 1951, when there were 184 cases. The increase is mainly accounted for by the sharp rise in the number of cases notified during the last three months of the year, when 189 cases were notified. The numbers of cases notified for the preceding nine months were as follows :—March Quarter—59 cases ; June Quarter—43 cases ; and September Quarter—43 cases.

Of the 334 cases, 143 were males and 191 females.

The number of patients admitted to the Isolation Hospital for this disease was 98, of these 76 were true cases. As for some years past, removal to hospital was only necessitated because of lack of facilities to isolate the patient, nature of business carried on at the home or of some other member of the household, or illness of some other member of the family. The distribution throughout the City was fairly uniform except that Ely, with 68 cases, was twice as high as the next highest district rate. The disease remains a relatively mild type, and there were no deaths. The numbers of cases notified for the past 5 years were as follows :—

1948—595 ; 1949—301 ; 1950—189 ; 1951—184 ; 1952—334.

Whooping Cough.—The number of notified cases of Whooping Cough for 1952 was 408, which is the lowest yearly incidence since 1947. In the preceding year (1951) 1,276 cases were notified. Whether this decline is due to the slackening of an epidemic, or is due to the protective treatment which has been offered to parents of children in the past two years, remains to be seen. Whooping Cough is a disease of young children—only 6 of the cases were over 10 years of age, and under 1 year of age only 55 cases were notified compared with 144 in 1951. It is mainly in this age group that deaths occur from the many complications which arise during the course of the illness. It is therefore hoped that a progressive decline in incidence may follow the protective treatment now offered to the infants. The sex distribution was roughly equal and the geographical distribution was more constant throughout the City than in previous years. Bad home conditions, cases occurring in institutions and complications of the infection necessitated 49 of the patients being removed to the Isolation Hospital. There was one death.

The age and sex distribution for the past 6 years are set out in the table below :—

| Year | 0-1 years | | 1-2 years | | 2-3 years | | 3-4 years | | 4-5 years | | 5-10 years | | 10-15 years | | 15 and over | | Total Sexes | | Grand Total |
|------|-----------|----|-----------|----|-----------|----|-----------|-----|-----------|----|------------|-----|-------------|---|-------------|----|-------------|-----|-------------|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| 1947 | 19 | 25 | 25 | 25 | 20 | 26 | 25 | 28 | 29 | 26 | 31 | 38 | 2 | 1 | — | 1 | 151 | 170 | 321 |
| 1948 | 47 | 28 | 38 | 47 | 36 | 40 | 23 | 59 | 32 | 63 | 41 | 67 | — | 3 | 3 | 4 | 220 | 311 | 531 |
| 1949 | 51 | 43 | 50 | 66 | 68 | 87 | 64 | 66 | 52 | 53 | 111 | 90 | 4 | 7 | 1 | 3 | 401 | 415 | 816 |
| 1950 | 59 | 52 | 57 | 51 | 64 | 73 | 70 | 87 | 60 | 98 | 83 | 108 | 2 | 3 | 4 | 6 | 399 | 478 | 877 |
| 1951 | 79 | 65 | 90 | 86 | 105 | 92 | 106 | 123 | 118 | 99 | 127 | 138 | 3 | 7 | 6 | 23 | 634 | 633 | 1,267 |
| 1952 | 25 | 30 | 21 | 25 | 36 | 35 | 36 | 25 | 38 | 29 | 58 | 54 | 1 | 2 | 1 | 2 | 206 | 202 | 408 |

Diphtheria.—No cases of diphtheria occurred in Cardiff in 1952. This is the third successive year that it has been possible to make this very satisfactory report. During the year 10 patients were admitted to the City Isolation Hospital with a preliminary diagnosis of diphtheria ; none proved to be a true case.

Measles.—The number of cases of measles notified during 1952 was 2,625. While this figure is lower than 1951, when 3,116 cases were notified, it is still higher than earlier years and is accounted for by the higher birth rates that have persisted after the war which has given a corresponding increase of susceptible age groups. The number of cases admitted to the Isolation Hospital was 141, of these 131 cases were confirmed.

The districts with the highest incidence were Ely with 446 cases and Gabalfa with 357 cases. In the other districts the numbers were relatively equal. There was one death.

The age and sex distribution are tabulated below :—

| 0-1 years | | 1-2 years | | 2-3 years | | 3-4 years | | 4-5 years | | 5-10 years | | 10-15 years | | 15 years and over | | Total Sexes | | Grand Total |
|-----------|----|-----------|-----|-----------|-----|-----------|-----|-----------|-----|------------|-----|-------------|---|-------------------|----|-------------|------|-------------|
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| 57 | 64 | 144 | 115 | 180 | 189 | 205 | 233 | 206 | 197 | 528 | 460 | 7 | 5 | 11 | 24 | 1338 | 1287 | 2625 |

The numbers of cases for the past 5 years were 1948—1,324 ; 1949—2,419 ; 1950—2,699 ; 1951—3,116 ; and 1952—2,625.

Acute Pneumonia.—The number of cases of Acute Pneumonia notified for the year was 182 which is 80 less than the previous year. The decrease mainly comes about through the absence of the Influenzal type of Pneumonia which persisted from the early days of January to the end of February in 1951. There were four cases admitted to the Isolation Hospital, but many other cases were probably admitted to General Hospitals in the area. The deaths cannot be co-related with the notifications because the Registrar General's heading "Pneumonia" covers deaths from all types of Pneumonia.

The age and sex distribution of the cases for 1952 are shown below :—

| 0-1 years | | 1-2 years | | 2-3 years | | 3-4 years | | 4-5 years | | 5-10 years | | 10-20 years | | 20-45 years | | 45-65 years | | 65 yrs. & over | | Total Sexes | | Grand Total |
|-----------|---|-----------|---|-----------|---|-----------|---|-----------|---|------------|---|-------------|---|-------------|----|-------------|----|----------------|----|-------------|----|-------------|
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| 7 | 4 | 8 | 2 | 4 | 3 | 4 | 3 | 6 | 2 | 12 | 7 | 6 | 3 | 12 | 17 | 26 | 15 | 14 | 27 | 99 | 83 | 182 |

The numbers of cases notified for the past 5 years were : 1948—185 ; 1949—259 ; 1950—185 ; 1951—262 ; 1952—182.

Meningococcal Infection.—There were only six cases of Meningococcal Infection notified. This was ten less than in 1951. There were 49 patients admitted to the Isolation Hospital with a provisional diagnosis of meningococcal infection but only 6 were true cases. One of the patients, a child of 9 months, admitted to hospital as Meningococcal Septicaemia, died on the same day as admitted. There was also a second death but this had no relation to the cases notified in the city, as the patient was admitted from Llandough Hospital, outside the city. The child was 5 years old and lived in Cardiff. She died 24 hours after admission to the Infectious Diseases Hospital.

The age and sex distribution of the cases were as follows :—

| 0-1 years | | 1-2 years | | 2-3 years | | 3-4 years | | 4-5 years | | 5-10 years | | 10-20 years | | 20-45 years | | 45-65 years | | 65 yrs. & over | | Total Sexes | | Grand Total |
|-----------|---|-----------|---|-----------|---|-----------|---|-----------|---|------------|---|-------------|---|-------------|---|-------------|---|----------------|---|-------------|---|-------------|
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| 1 | 1 | — | — | — | 1 | — | — | — | — | — | — | 1 | 1 | 1 | — | — | — | — | — | 3 | 3 | 6 |

The number of cases for the past five years were as follows : 1948—20 ; 1949—7 ; 1950—9 ; 1951—16 ; 1952—6.

Acute Poliomyelitis (Paralytic and Non-Paralytic).—There was an increase in poliomyelitis in 1952. Of the 27 cases notified 19 were of the paralytic and 8 of the non-paralytic type. Three of the paralytic type cases were not normally resident in the City, but having been admitted to one of the General Hospitals for a non-infectious condition where the diagnosis of poliomyelitis was made, they had to be counted in the City's return to the Registrar General. On the other hand, a Cardiff man admitted to Llandough Hospital (outside the City), was later proved to be suffering from poliomyelitis (paralytic type). Thus actual poliomyelitis figures for the year were 17 paralytic type and 8 non-paralytic type. In 1951, there were only two cases of the paralytic type and 13 non-paralytic type.

Two of the patients died. A female 28 years old residing in Llanishen died within three days of admission to the Isolation Hospital. The other death was a man of 31, living in the Riverside district. He died two days after admission to Llandough Hospital.

The sequence of cases started in February, and in the table below the number of cases occurring weekly is set out :—

| Week Ending | Feb 23 | Mar 1 | Apr 19 | Apr 25 | May 10 | Jun 7 | Jun 14 | Jly 5 | Jly 12 | Jly 19 | Jly 26 | Aug 2 | Aug 9 | Aug 16 | Aug 23 | Sept 6 | Total |
|------------------------|--------|-------|--------|--------|--------|-------|--------|-------|--------|--------|--------|-------|-------|--------|--------|--------|-------|
| Paralytic Type | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | — | 1 | — | 17 |
| Non-Paralytic Type ... | — | — | — | — | — | 2 | — | — | — | 1 | — | — | 1 | 1 | 1 | 2 | 8 |

There was one instance where two patients were from the same home. The first case was a female child, 2.10/12 years old, who sickened on the 8th June, with flaccid paralysis of the right arm, general malaise, pyrexia and vomiting ; the second, a boy of 1.2/12 years, sickened on the 10th June, with weakness of the left leg.

In another instance two patients lived next door to one another. The first case, a girl of six years of age, sickened on the 16th April, with general malaise and pyrexia followed by pains in the right arm and left leg on the 23rd April. Paresis of the right arm was apparent when admitted to the Isolation Hospital on the 23rd April. The child from next door, a boy two years old, sickened on the 19th April, with general malaise and pyrexia, followed by paralysis of the left arm. In these two instances it was evident that there had been direct contact and the incubation period was 2—3 days. Such occurrences give useful information concerning the importance of personal contact in the spread of epidemic poliomyelitis. From such illustrations of the infectious character of the disease the importance of the adequate control of contacts is obvious.

Two further cases are worthy of note. They both occurred within a fortnight after receiving prophylactic injection of diphtheria toxoid. They occurred during the months of February and March and were not accompanied by any other cases of poliomyelitis in the city. No further association between this form of preventive inoculation and poliomyelitis was shown during the year and as they both occurred in what may be called the "close season" for poliomyelitis it casts doubt upon the efficacy of giving up diphtheria immunisation during the so-called epidemic season of the disease. I am glad to say that both these patients show good signs of recovering function in the affected limbs.

The two deaths which occurred were adults.

There were 31 admissions to hospital with a provisional diagnosis of poliomyelitis, of these 15 were confirmed to be of paralytic type and 8 non-paralytic type.

Brief details of the paralytic cases are enumerated below. References to the ultimate condition of the cases are as at the end of May, 1953.

- B.S. 4½ years : male ; paralysis of left arm, deltoid, triceps, biceps and extensor of left wrist. First symptoms were sore throat 12.2.52. Outpatient at Physiotherapy Dept., Cardiff Royal Infirmary—function is being restored. On the 31.1.52 patient was given a booster dose of P.T.A.P. in left arm in school.
- I.W. 6 years : male ; right facial paralysis. 49 days in Isolation Hospital ; discharged and referred to the Orthopaedic Dept. of St. David's Hospital. Facial palsy improved but not quite recovered.
- B.M. 1¾ years : male ; weakness of right leg, diminished muscle tone above knee ; 58 days in Isolation Hospital. Discharged and referred to the Prince of Wales Orthopaedic Hospital.

- A.O'L. 10/12 years : male ; paralysis of left arm ; knee and ankle reflexes absent ; 64 days in the Isolation Hospital. Discharged and referred to the Orthopaedic Department of St. David's Hospital. Immunised by injection of 0.5cc P.T.A.P. left arm 21.3.52. Sickened 5.4.52. Arm improved but not recovered. Still having physiotherapy.
- C.H. 6 years : female ; loss of muscular power right arm and shoulder, great weakness of abduction and lost rotation at shoulder. Less weakness, extension of shoulder and elbow, pronation and supination of wrist, flexion and extended wrist and fingers. 124 days in Isolation Hospital ; discharged and referred to the Orthopaedic Department, St. David's Hospital. Still some wasting right shoulder, but good function. Still having physiotherapy.
- P.B. 2 years : male ; paralysis of left arm. In the Isolation Hospital 52 days, discharged and referred to the Orthopaedic Department of St. David's Hospital. Arm improved but not recovered. Still having physiotherapy.
- B.H. 3 years : female ; paralysis of left leg below knee and abdominal muscles (right and left unequal). 85 days in Isolation Hospital. Discharged and referred to the Orthopaedic Department of St. David's Hospital. Abdominal and back muscles recovered. Still some paralysis of left leg. Wearing calipers.
- B.M. 4½ years : male ; weakness of abdominal and back muscles, unable to sit up, weakness of both legs above knee (right and left quadriceps). 198 days in the Isolation Hospital. Discharged and referred to the Physiotherapy Department, St. David's Hospital. Abdominal and back muscles recovered. Has been wearing back support, now started to discard this. Wearing short iron on right leg.
- G.C. 1½ years : male ; weakness of left leg. 38 days in the Isolation Hospital, discharged and referred to the Orthopaedic Department, St. David's Hospital. Recovered.
- E.C. 3 years : female ; flaccid paralysis of right arm. In Isolation Hospital 71 days, discharged and referred to the Orthopaedic Department, St. David's Hospital. Arm recovered, some weakness of thumb and fingers. Having physiotherapy.
- M.E. 10 years : female ; weakness of abdominal muscles, unable to sit up, also weakness of right arm (movement of fingers and wrist joint only). 84 days in the Isolation Hospital. Discharged and referred to the Orthopaedic Hospital.
- C.B. 4 years : female ; weakness of abdomen (unable to sit up). Weakness of left deltoid and biceps and weakness of right deltoid. 66 days in the Isolation Hospital. Discharged and referred for physiotherapy at the Orthopaedic Department, St. David's Hospital.
- L.S. 8 years : female ; paralysis of intercostals ; 89 days in the Isolation Hospital. Discharged with a very slight intercostal weakness. Right arm and abdominals recovered. Still having physiotherapy.
- D.E. 29 years : female ; abdominal muscles and both legs paralysed. Unable to swallow, little movement in chest, left arm weakness, slight neck stiffness. Died on third day in Isolation Hospital.
- D.H. 5 years : male ; slight weakness of left and right quadriceps ; 68 days in Isolation Hospital. Condition satisfactory on discharge.

C.R. 1½ years : male ; weakness of left quadriceps ; 58 days in Isolation Hospital. Discharged with residual weakness of left leg. Referred to the Orthopaedic Department, St. David's Hospital. Still some weakness of left quadriceps.

W.H.W. 31 years : male ; severe pains back of head and eyes 17.5.52. Choking feeling 22.5.52. Admitted to Llandough Hospital 24.5.52. Died 26.5.52. Bulbar paralysis.

The case age and sex distribution for the past five years are set out in the following table :—

| Year | under 1 year | | 1-3 years | | 3-5 years | | 5-10 years | | 10-15 years | | 15-25 years | | 25-35 years | | 35-45 years | | 45-65 years | | 65 yrs. & over | | Total Sexes | | Grand Total | |
|----------|--------------|---|-----------|---|-----------|---|------------|---|-------------|---|-------------|---|-------------|---|-------------|---|-------------|---|----------------|---|-------------|----|-------------|----|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | | |
| 1948 ... | 1 | - | 5 | 2 | 2 | 3 | 2 | - | 1 | - | 1 | 4 | 1 | 1 | 1 | - | - | 1 | - | - | - | 14 | 11 | 25 |
| 1949 ... | 2 | 1 | 4 | 1 | 4 | 3 | 1 | 2 | 1 | - | 3 | - | 2 | 1 | - | - | - | - | - | - | - | 17 | 8 | 25 |
| 1950 ... | 1 | 1 | 1 | 3 | - | - | 1 | 1 | 3 | 1 | - | - | 1 | 1 | - | - | 1 | - | - | - | - | 8 | 7 | 15 |
| 1951 ... | 1 | - | 1 | - | - | - | 1 | 2 | 1 | 2 | - | - | 4 | 1 | - | 1 | - | 1 | - | - | - | 8 | 7 | 15 |
| 1952 ... | 2 | - | 4 | 1 | 2 | 4 | 3 | 3 | 1 | 2 | - | - | 1 | 2 | 1 | - | 1 | - | - | - | - | 15 | 12 | 27 |

Acute Encephalitis (Post Infectious).—One case of this disease occurred during the year, a female child of 4½ years of age developed mumps and, five days later, symptoms of Encephalitis (post infectious) were diagnosed. She was admitted to the Isolation Hospital but was taken home again six days afterwards against medical advice. She recovered without any residual complications.

Erysipelas.—There were fewer cases of this disease in 1952. Forty-two were notified as against 50 cases in 1951. During the year, 15 cases were admitted to the Isolation Hospital with a preliminary diagnosis of erysipelas ; of these 11 cases were confirmed. It is not possible to state if there were any deaths from this disease as it is not separately classified in the Registrar General's returns. During the past five years, the numbers of cases notified were as follows :—1948—48 ; 1949—68 ; 1950—64 ; 1951—50 ; 1952—42.

Gastro-Intestinal Infections.—More time was spent on tracing down these infections in 1952 than in any previous year. The City experienced an outbreak of para-typhoid fever which started in May, continuing through June, July, August and September, petering out in the last months of the year with odd cases. The disease was not confined to Cardiff but occurred simultaneously in other areas of South Wales. The history of the cases appeared to have much in common and the vehicle of infection was thought to be the same both inside and outside the City. But, while every effort was made to find the infected food, it was not discovered. The Public Health Laboratory rendered valuable help by assisting and advising in field work investigation, and in particular, the suspected specimens of food, blood or faeces were examined and reported upon. In such outbreaks as this one, much time and labour is saved by this service.

Dysentery remained at about the same level as the previous year, but more cases of food poisoning were notified and the variety of organisms more numerous.

Para-Typhoid B Infection.—During the year there were 86 cases of para-typhoid B infection investigated, and, with the exception of one case, all the patients were infected by the Type I strain. The odd case was due to Type III and was traced to a known carrier of this strain who had been ill some 12 months previously.

General Account of the Epidemic.—The epidemic in Cardiff has to be viewed against the general background of a much more widespread outbreak in which the same type of organism was continually being isolated. Dr. A. R. Culley of the Welsh Board of Health has given a very complete and detailed description of this major epidemic in "The Medical Officer" issued on the 6th and 13th June, 1953. The title of his article is "An Outbreak of Para-typhoid B Fever in South Wales, 1952." From this it will be seen that there were 538 known cases in South Wales, including Cardiff, from 27th April to 1st December, 1952. The pattern of the smaller incident in Cardiff was similar to the wider epidemic. Thus, a large proportion of Cardiff patients gave circumstantial evidence which connected their infection with having eaten confectionery, such as cream cakes or buns. By the way of contrast, however, there was no explosive outbreak in Cardiff, the highest number notified on one day being three. Our cases came in a more or less constant trickle from the beginning of May until September. This factor did not help in the epidemiological investigation. With cases occurring at intervals it was often difficult to trace the probable vehicle of infection. It was learnt by experience that families appear to patronise several different retailers on different days to buy the same kinds of food. At no time were we in the position of having a group of people who had a common meal at which infection occurred. For this reason each case had to be carefully investigated in order to establish some common factor with other patients. In spite of these handicaps it is felt reasonably certain that at least four separate manufacturing bakers and confectioners were involved in Cardiff. Indeed, considering the size of two of these establishments and their wide distribution both within the City and for a radius of some 20 miles, it is surprising that they did not infect a much heavier proportion of the population.

The dates on which cases were ascertained in Cardiff are set out in Table I. This illustrates the smouldering type of incidence covering a period of eight months :—

TABLE I.

1952

| Date | 10/3 | 13/3 | 6/5 | 10/5 | 15/5 | 27/5 | 31/5 | 1/6 | 2/6 | 4/6 | 5/6 | 6/6 | 7/6 |
|--------------|------|------|-----|------|------|------|------|-----|-----|-----|-----|-----|-----|
| No. of Cases | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 1 | 2 | 1 | 1 |

1952

| Date | 8/6 | 10/6 | 11/6 | 12/6 | 13/6 | 15/6 | 18/6 | 23/6 | 2/7 | 5/7 | 7/7 | 9/7 | 11/7 |
|--------------|-----|------|------|------|------|------|------|------|-----|-----|-----|-----|------|
| No. of Cases | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |

1952

| Date | 13/7 | 20/7 | 23/7 | 24/7 | 28/7 | 29/7 | 4/8 | 7/8 | 10/8 | 13/8 | 17/8 | 23/8 | 27/8 |
|--------------|------|------|------|------|------|------|-----|-----|------|------|------|------|------|
| No. of Cases | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 4 |

1952

| Date | 30/8 | 31/8 | 1/9 | 3/9 | 4/9 | 6/9 | 8/9 | 22/9 | 25/9 | 29/9 | 30/9 | 23/11 | 3/12 |
|--------------|------|------|-----|-----|-----|-----|-----|------|------|------|------|-------|------|
| No. of Cases | 3 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Another feature was the lapse of time between the onset of the first symptoms and our Department receiving a notification or some knowledge of the case. Table II illustrates this point :—

TABLE II.

| Days of interval between onset and notification | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 15 | 16 | 17 | 19 | 20 | 25 | 35 | 42 | 64 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|
| No. of Cases | 1 | 2 | 4 | 7 | 2 | 8 | 9 | 6 | 6 | 2 | 3 | 3 | 3 | 1 | 4 | 1 | 1 | 1 | 1 | 1 | 1 |

The age and sex distribution for the para-typhoid patients is given in Table III.

TABLE III.

| Under 1 yr. | 1-2 yrs. | 2-3 yrs. | 3-4 yrs. | 4-5 yrs. | 5-10 yrs. | 10-15 yrs. | 15-20 yrs. | 20-25 yrs. | 25-35 yrs. | 35-45 yrs. | 45-65 yrs. | 65 yrs. & over | All ages |
|-------------|----------|----------|----------|----------|-----------|------------|------------|------------|------------|------------|------------|----------------|-------------------|
| M F | M F | M F | M F | M F | M F | M F | M F | M F | M F | M F | M F | M F | M F |
| 1 2 | - 1 | 1 2 | 2 3 | 4 1 | 6 4 | 7 5 | 2 12 | 5 8 | 4 6 | 3 3 | 1 1 | 1 1 | 37 49 Total 86 |

While a small proportion of the patients had a severe illness there were no unusual clinical features worth noting. There were two deaths, both young adults in their early twenties. The majority of patients had a mild illness and, of course, several were ascertained as the result of contact tracing.

Detailed Investigations.—The outbreak was ushered in with two cases in March, 1952. The first was a child who had been admitted to a special Ear, Nose and Throat hospital for tonsillectomy. He had relaxed stools at this stage. Before being discharged he sickened with varicella and he was transferred to the Infectious Diseases Hospital. On the 10th March, Para-typhoid B Type I was isolated from his stools. On the 12th March a nurse was taken to the Infectious Diseases Hospital from the Cardiff Royal Infirmary with the same infection. She had been nursing a patient, who lived at Penarth, outside Cardiff, who was also diagnosed as a para-typhoid case. No common factor was discovered which in any way linked these two cases. As the child had been taking school meals before admission to hospital, routine faecal swabs were at once taken from the kitchen staff. These proved negative.

The next incident occurred on the 12th May when a young baker, who had been admitted to the medical ward of the Cardiff Royal Infirmary, was diagnosed as para-typhoid. He lived at Bargoed, 20 miles from Cardiff. Several other cases occurred at his home town. These cases, we understand, had eaten confectionery from the bakery at which he was working.

We now got a group of cases in which it was almost certain that infection occurred in Cardiff. A baby 10 months old admitted to a general hospital with gastro-enteritis, had a positive stool on May 17th. There were three adults and one child who were home contacts. All of them had positive stools and the child had mild symptoms. The father was in a dangerous occupation from our point of view, because he was employed at a very large flour mill. He was stopped from work at once and has not returned to this industry. The only suspicious article common to the whole family was a cream trifle. The baby of 10 months had some of this six days before sickening. The cream trifle was manufactured by a very large wholesaler and retailer, covering a large part of South Wales and also in England.

Their establishment was some 30 miles from Cardiff and the appropriate authority was notified of our suspicions. Later, in August, one other case in Cardiff gave an apparent history of having had from this firm a pastry which may have been infected. This may be called bakery incident "A."

Eleven cases of paratyphoid were notified during the first week in June. Geographically these had a common feature because they were all in the west part of Cardiff. A further common factor soon emerged—they had purchased cream confectionery, often cream doughnuts, made at a large wholesale and retail bakery. This may be called bakery incident "B." The bakery in question was situated in the west of the City and in addition to a substantial van trade, sold bread and confectionery to large and small shops all over Cardiff and also within a radius extending to twenty miles of the city.

On the 12th June, the staff in the confectionery side of this bakery were examined, blood and faeces specimens being obtained. None of the staff gave a history of suspicious illness. One man, employed occasionally at cream filling, gave positive faeces with a low titre to agglutination. He was stopped from work and later there was a rise in titre. He did not resume work in this trade but finally negative swabs were obtained from him. As there were a further seven cases in the second week of June, blood and stools were taken from the whole of the remainder of the staff, including the vanman. They were all negative.

Meanwhile, we were getting news from the Welsh Board of Health concerning co-incident outbreaks in parts of Glamorganshire. Bearing in mind that Cardiff Wholesale confectionery merchants supply these areas, a comparison of all ingredients going into Bakery "B" with those going into other bakeries involved outside Cardiff was made. Samples of synthetic creams, liquid egg, dried egg, milk, jams, filling extenders, and many other products were submitted for bacteriological tests. All were negative. Wholesale premises were visited and faecal swabs and blood agglutination tests were made. They yielded no results. Sewer swabs were placed at points draining Bakery "B" and also at several of the wholesale suppliers. Once a positive swab was obtained in a sewer draining a wholesale establishment, but it was negative when the individual drain was tested. In the last weeks of June only two further cases were notified and we thought that this source of infection was eliminated. However, in the first two weeks of July there were eight further notifications and still the infection was presumably from Bakery "B." The whole staff were examined as before and a young girl on the cream filling side gave positive faeces. She had no symptoms and her blood showed no rise in titre. She was stopped from work. On previous tests she had been clear. This was discovered on the 17th July and we now asked for repeated specimens of stools from the staff and it is interesting to note that this brought to light another positive result. A dough-mixer excreted paratyphoid on the 23rd July. The management of this bakery finally stopped all of their cream confectionery on the 21st July and they did not resume manufacturing until the Health Department assured them that the outbreak had finished.

Before concluding observations about this incident, one interesting fact may be mentioned which provided the certain proof that confectionery from this bakery was an infected vehicle. On the 24th May a nurse from a Cardiff hospital took a friend of hers to her home in Boncath, Pembroke. It is a long train journey, approximately 100 miles. In order to have some refreshment on the trip they bought cream doughnuts from a small shop. They did not eat them but two of her sisters at Boncath had them when they arrived. Both of them sickened six and nine days later. We did not hear about these cases until some three weeks later.

Bakery incident "C" came to notice in the last week of July, when, out of the four cases notified, there was a common history of their having eaten confectionery from this other large bakery. They were in the north of the City and again near to the bakery. The business was a large one with sales to numerous small shops and neighbouring towns and villages. In all there were some 17 cases during July and August in which we suspected

their products. All staff on the manufacturing and delivery side had blood taken and repeated stool specimens were obtained from each member of the staff. Everything proved negative. Once more lists of primary ingredients were compared with the particulars obtained from incident "B." This was again followed with bacteriological tests. Everything proved negative. Again coinciding with this group of cases other outbreaks were occurring in other parts of South Wales which were being traced to other bakeries.

Finally, in September a group of six cases gave a history of a common food factor, the vehicle apparently being cream confectionery made by a small family business with bakery and shop attached. This may be called incident "D". All investigations proved negative.

After September there was no further cause for anxiety as we had only one notification in November and again in December. Such sporadic cases could be anticipated.

Conclusions.

1. The suspected sources of infection are listed below :—

| | | | |
|----------------------------|-----|-------|-------|
| Bakery "A"— | 6 | known | cases |
| Bakery "B"— | 23 | " | " |
| Bakery "C"— | 17 | " | " |
| Bakery "D"— | 6 | " | " |
| Infected outside Cardiff | — 2 | " | " |
| Infected in Hospital | — 1 | " | " |
| Carrier Infection Type III | — 1 | " | " |
| Unknown origin | —30 | | |
| | — | | |
| | 86 | | |
| | — | | |

- At no time was it possible to isolate the organism from a food vehicle.
- The Cardiff and South Wales epidemic indicates that infected primary basic products were getting into bakeries. Staff infection was secondary but probably important in transmission.
- Investigations were co-ordinated by the Welsh Board of Health and this was of great help locally. The assistance given and the field work done by the Public Health Laboratory Service was invaluable throughout.

Dysentery.—In 1952 there were 235 cases of Dysentery notified ; of these 233 were *Shigella Sonnei* and 2 were unidentified. Children under 10 years were responsible for 194 cases and from 10 years and upwards there were 41 cases. In Nursery schools there were 73 cases. Control was maintained by routine swabbing. In residential institutions there were 45 cases among children. The Infectious Disease Hospital admitted 90 patients ; half of them being from residential institutions.

The number of cases notified in the last 5 years has been :—1948—104 ; 1949—75 ; 1950—248 ; 1951—237 ; 1952—235.

Food Poisoning.—During the year, 26 cases were reported ; all were notified by private practitioners. This is almost double the number notified in 1951. There were no outbreaks, the patients being individual infections. All were investigated and no positive source of infection found. Three of the cases were infected outside the city and are non residents. There was one death.

The particulars in the table below are summarised in the form prescribed by the Minister of Health :—

| Total Number of Outbreaks | Number of cases | Number of deaths | Organism | Food involved |
|---------------------------|-----------------|------------------|------------------------|---------------|
| Nil | 17 | Nil | Salmonella Typhimurium | Unknown |
| Nil | 7 | Nil | Salmonella Enteriditis | Unknown |
| Nil | 1 | Nil | Salmonella Rubislaw | Unknown |
| Nil | 1 | Nil | Salmonella Brandenburg | Unknown |

The number of cases of Food Poisoning notified for the past 5 years is as follows :—
1948—4 ; 1949—12 ; 1950—69 ; 1951—15 ; 1952—26.

CITY ISOLATION HOSPITAL

The total number of patients admitted to the Cardiff Isolation Hospital during the year was 979. Of these, 710 were resident in the city. In the following table these latter cases are classified into "disease on admission" and disease as diagnosed in hospital :—

| <i>Disease on Admission</i> | | | | <i>Hospital Diagnosis</i> | |
|--------------------------------|-----|-----|-----|---------------------------|-----|
| Diphtheria | ... | ... | ... | 10 | — |
| Scarlet Fever | ... | ... | ... | 98 | 76 |
| Whooping Cough | ... | ... | ... | 49 | 47 |
| Measles | ... | ... | ... | 141 | 131 |
| Pneumonia | ... | ... | ... | 4 | 4 |
| Poliomyelitis—Paralytic | ... | ... | ... | 12 | 15 |
| —Non Paralytic | ... | ... | ... | 19 | 8 |
| Meningitis | ... | ... | ... | 46 | 6 |
| Small Pox | ... | ... | ... | — | — |
| Encephalitis | ... | ... | ... | 3 | 1 |
| Dysentery | ... | ... | ... | 90 | 80 |
| Para-Typhoid Fever | ... | ... | ... | 79 | 71 |
| Typhoid Fever | ... | ... | ... | 1 | — |
| Erysipelas | ... | ... | ... | 15 | 11 |
| Chicken Pox | ... | ... | ... | 18 | 20 |
| Food Poisoning | ... | ... | ... | 6 | 10 |
| Rubella | ... | ... | ... | 9 | 13 |
| Glandular Fever | ... | ... | ... | 22 | 37 |
| Miscellaneous | ... | ... | ... | 71 | 166 |
| Miscellaneous (Hospital Staff) | ... | ... | ... | 14 | 14 |

Total number of patients admitted—979.

Total number of patients normally resident in Cardiff—710.

Number of patients resident outside Cardiff—269.

VI—TUBERCULOSIS

New Cases of Tuberculosis.—The following tables show the age distribution and localisation of the disease among new cases of tuberculosis coming to the knowledge of the department during 1952 :—

Cases of Tuberculosis by Age and Sex :—

| Age Periods— Years | New Cases | | | | | |
|-----------------------|---|---------|-------|-----------------------------|---------|-------|
| | Tuberculosis of the Respiratory System | | | Other Forms of Tuberculosis | | |
| | Males | Females | Total | Males | Females | Total |
| 0—1 | 2 | — | 2 | — | — | — |
| 1—5 | 7 | 4 | 11 | 3 | 4 | 7 |
| 5—10 | 3 | 8 | 11 | 4 | 5 | 9 |
| 10—15 | 4 | 2 | 6 | 3 | 3 | 6 |
| 15—20 | 6 | 19 | 25 | 4 | 5 | 9 |
| 20—25 | 10 | 23 | 33 | 2 | 2 | 4 |
| 25—35 | 48 | 37 | 85 | 1 | 2 | 3 |
| 35—45 | 23 | 26 | 49 | — | 1 | 1 |
| 45—55 | 35 | 4 | 39 | — | 1 | 1 |
| 55—65 | 27 | 4 | 31 | 1 | — | 1 |
| 65 and upwards | 16 | 4 | 20 | — | 1 | 1 |
| Total | 181 | 131 | 312 | 18 | 24 | 42 |

Cases of Tuberculosis by Localisation of Disease and Sex :—

| Form of Tuberculosis | New Cases | | |
|----------------------------------|-----------|---------|-------|
| | Males | Females | Total |
| Respiratory System | 181 | 131 | 312 |
| Nervous System | 6 | 4 | 10 |
| Intestines and Peritoneum | 1 | 2 | 3 |
| Vertebral Column | 2 | 2 | 4 |
| Bones and Joints | 4 | 2 | 6 |
| Cervical Glands | 2 | 12 | 14 |
| Other Forms | 13 | 2 | 5 |
| Total | 199 | 155 | 354 |

Known Cases of Tuberculosis.—Cases of tuberculosis remaining on the register of notifications at the end of 1952 were as follows :—

Tuberculosis of the Respiratory System :—

| | |
|----------------|-------|
| Males | 1,199 |
| Females | 1,039 |

Total 2,238

Other Forms of Tuberculosis :—

| | |
|----------------|-----|
| Males | 178 |
| Females | 230 |

Total 408

Grand Total 2,646

During 1952 the health nurses made 4,785 visits to homes of patients.

Deaths.—The numbers of deaths from tuberculosis of the respiratory system and from other forms of tuberculosis during 1952 were 80 and 4, the death-rates per 1,000 population being 0·33 and 0·02 respectively. The tuberculosis death-rates per 1,000 in each of the ten years 1943-1952 were as follows :—

| Year | Tuberculosis of the Respiratory System | Other Forms of Tuberculosis | All Forms of Tuberculosis |
|------|--|-----------------------------|---------------------------|
| 1943 | 0·78 | 0·12 | 0·90 |
| 1944 | 0·67 | 0·12 | 0·79 |
| 1945 | 0·81 | 0·09 | 0·90 |
| 1946 | 0·73 | 0·15 | 0·88 |
| 1947 | 0·70 | 0·10 | 0·80 |
| 1948 | 0·68 | 0·06 | 0·74 |
| 1949 | 0·64 | 0·04 | 0·68 |
| 1950 | 0·46 | 0·03 | 0·49 |
| 1951 | 0·43 | 0·05 | 0·48 |
| 1952 | 0·33 | 0·02 | 0·35 |

The two following tables show the age distribution and localisation of the disease among the deaths from tuberculosis during 1952.

Deaths from Tuberculosis by Age and Sex :—

| Age Periods—Years | Deaths | | | | | |
|-------------------|--|---------|-------|-----------------------------|---------|-------|
| | Tuberculosis of the Respiratory System | | | Other Forms of Tuberculosis | | |
| | Males | Females | Total | Males | Females | Total |
| 0—1 | — | — | — | 1 | — | 1 |
| 1—5 | — | — | — | — | — | — |
| 5—15 | — | — | — | — | — | — |
| 15—25 | 2 | 1 | 3 | — | — | — |
| 25—35 | 4 | 8 | 12 | 1 | — | 1 |
| 35—45 | 11 | 6 | 17 | — | — | — |
| 45—55 | 17 | 3 | 20 | 1 | — | 1 |
| 55—65 | 12 | 2 | 14 | — | — | — |
| 65—75 | 8 | 1 | 9 | — | 1 | 1 |
| 75 and upwards | 3 | 2 | 5 | — | — | — |
| Total | 57 | 23 | 80 | 3 | 1 | 4 |

Deaths from Tuberculosis by Sex and Localisation of Disease :—

| Forms of Tuberculosis | Deaths | | |
|--|--------|---------|-------|
| | Males | Females | Total |
| Respiratory System | 57 | 23 | 80 |
| Meninges and Central Nervous System | 1 | — | 1 |
| Intestines, Peritoneum and Mesenteric Glands | — | — | — |
| Bones and Joints | — | — | — |
| Genito-urinary System | 1 | 1 | 2 |
| Disseminated Tuberculosis | 1 | — | 1 |
| Total | 60 | 24 | 84 |

The number and percentage of cases that were previously unknown to the department will be seen from the following figures :—

| | Total Number of Deaths | Deaths of Cases previously unknown | |
|--|------------------------------|---------------------------------------|------------|
| | | Number | Percentage |
| Tuberculosis of the Respiratory System ... | 80 | 13 | 16·3 |
| Other Forms of Tuberculosis ... | 4 | 1 | 25·0 |
| Total ... | 84 | 14 | 16·7 |

Treatment.—The following tables give particulars of the examination and treatment of Cardiff cases under the scheme of the Welsh Regional Hospital Board during 1952.

New Cases :—

Examined ... 4,185

Found tuberculous :—

(a) Pulmonary ... 195

(b) Non-Pulmonary ... 25

Found non-tuberculous ... 3,634

Other cases previously doubtful found on re-examination to be tuberculous :—

(a) Pulmonary ... 32

(b) Non-Pulmonary ... 5

Found non-tuberculous ... 144

RESIDENTIAL TREATMENT

| | Awaiting Residential Treatment at 1st January, 1952 | | | Receiving Residential Treatment at 1st January, 1952 | Admitted during the year | Receiving Residential Treatment at 31st December, 1952 | Awaiting Residential Treatment (i.e., on Waiting list) at 31st December, 1952 | | |
|----------------------|---|----------------|-------|--|--------------------------|--|---|----------------|-------|
| | Over 15 years | Under 15 years | Total | | | | Over 15 years | Under 15 years | Total |
| RESPIRATORY : | | | | | | | | | |
| Males ... | 52 | 7 | 59 | 117 | 198 | 143 | 29 | 6 | 35 |
| Females ... | 63 | 4 | 67 | 104 | 128 | 87 | 61 | 3 | 64 |
| Total ... | 115 | 11 | 126 | 221 | 326 | 230 | 90 | 9 | 99 |
| OTHER FORMS : | | | | | | | | | |
| Males ... | 2 | 1 | 3 | 9 | 30 | 13 | 1 | — | 1 |
| Females ... | — | 1 | 1 | 6 | 35 | 9 | 1 | 1 | 2 |
| Total ... | 2 | 2 | 4 | 15 | 65 | 22 | 2 | 1 | 3 |

VII—VENEREAL DISEASES

The following is a summary of the returns relating to persons dealt with at the venereal disease treatment centres during 1952.

| | Cardiff Royal Infirmary | Royal Hamadryad Seamen's Hospital* | Auxiliary Centre for Mothers and Children | Institutions outside Cardiff | Total |
|---|-------------------------|------------------------------------|---|------------------------------|-------|
| Number of <i>persons residing in Cardiff</i> dealt with during the year for the first time and found to be suffering from : | | | | | |
| Syphilis | 28 | 29 | 7 | 2 | 66 |
| Gonorrhoea | 117 | 83 | 3 | 2 | 205 |
| Other Conditions | 305 | 149 | 165 | 3 | 622 |
| Total | 450 | 261 | 175 | 7 | 893 |

*The figures relate to seamen, whether residents of Cardiff or not.

Pathological material was submitted from patients attending the Auxiliary Centre for Mothers and Children, as follows :—

Microscopical :—

| | |
|-----------------------|----|
| For Syphilis | — |
| For Gonorrhoea | 30 |

Serum :—

| | |
|-----------------------|-----|
| For Syphilis | 112 |
| For Gonorrhoea | 1 |

Other Tests for diagnosis of Venereal disease 307

The following table shows the numbers of *all persons* dealt with for the first time at the Cardiff treatment centres during each of the years 1946-1952 :—

| Year | Syphilis | | Soft Chancre | | Gonorrhoea | | Other Conditions | | Total | | | Percentage of First Attenders found Non-venereal |
|------|----------|-----|--------------|----|------------|-----|------------------|-----|-------|-----|------------|--|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | Both Sexes | |
| 1946 | 462 | 190 | 59 | 1 | 855 | 140 | 867 | 308 | 2,243 | 639 | 2,882 | 40·8 |
| 1947 | 408 | 127 | 57 | — | 767 | 80 | 604 | 268 | 1,836 | 475 | 2,311 | 39·0 |
| 1948 | 357 | 98 | 77 | 1 | 764 | 49 | 654 | 257 | 1,852 | 405 | 2,257 | 40·4 |
| 1949 | 247 | 64 | — | — | 616 | 53 | 679 | 259 | 1,542 | 376 | 1,918 | 48·9 |
| 1950 | 212 | 78 | — | — | 506 | 43 | 592 | 283 | 1,310 | 404 | 1,714 | 51·0 |
| 1951 | 189 | 46 | — | — | 521 | 38 | 543 | 301 | 1,253 | 385 | 1,638 | 51·5 |
| 1952 | 128 | 55 | — | — | 442 | 36 | 560 | 236 | 1,130 | 327 | 1,457 | 54·6 |

The following table gives the results of treatment and other particulars regarding all persons dealt with at the Cardiff centres during 1952 :—

| | Syphilis | | Gonor- rhoea | | Other Conditions | | Total | | |
|---|----------|-----|-----------------|----|---------------------|-----|-------|-----|---------------|
| | M. | F. | M. | F. | M. | F. | M. | F. | Both Sexes |
| Number of cases under treatment or obser- vation on 1st January | 132 | 113 | 84 | 35 | 66 | 91 | 282 | 239 | 521 |
| Number of cases dealt with for the first time* | 128 | 55 | 442 | 36 | 560 | 236 | 1,130 | 327 | 1,457 |
| Number of cases discharged after completion of treatment and final tests of cure ... | 67 | 24 | 282 | 23 | 525 | 220 | 874 | 267 | 1,141 |
| Number of cases which ceased to attend before completion of treatment | 34 | 10 | 70 | 1 | — | — | 114 | 11 | 125 |
| Number of cases which ceased to attend after completion of treatment but before final test of cure | 45 | 7 | 65 | 22 | — | — | 110 | 29 | 139 |
| Number of cases <i>known</i> to have died ... | 1 | 1 | — | — | — | — | 1 | 1 | 2** |
| Number of cases transferred to other centres or to institutions, or to care of private practitioners | 26 | 6 | 38 | 1 | 8 | 3 | 72 | 10 | 82 |
| Number of cases remaining under treatment or observation on 31st December ... | 87 | 120 | 71 | 24 | 93 | 104 | 251 | 248 | 499 |

*Including cases that returned after being removed from the registers and cases transferred from other centres.

**Died from "other causes"

VIII—NATIONAL HEALTH SERVICE ACTS, 1946-1952

CARE OF MOTHERS AND YOUNG CHILDREN

Live-births and Still-births—Sources of Notification.

The following statement shows the number of live-births and still-births notified as having occurred in Cardiff during 1952, according to the source of notification :—

| <i>Notified by :—</i> | <i>Live-births</i> | <i>Still-births</i> | <i>Total</i> |
|---|--------------------|---------------------|--------------|
| Municipal Midwives | 918 | 15 | 933 |
| Midwives of Queen's Institute of District Nursing | 1,003 | 14 | 1,017 |
| Private Midwives (Domiciliary) ... | 32 | — | 32 |
| Private Midwives (Nursing Homes) ... | 657 | 13 | 670 |
| Parents | 2 | — | 2 |
| Maternity Hospitals :— | | | |
| (a) Cardiff Royal Infirmary | 411 | 23 | 434 |
| (b) St. David's Hospital | 1,974 | 76 | 2,050 |
| | <u>4,997</u> | <u>141</u> | <u>5,138</u> |

Notifications in respect of children born to residents of other Authorities were as shown :—

| <i>Notified by :—</i> | <i>Live-births</i> | <i>Still-births</i> | <i>Total</i> |
|---|--------------------|---------------------|--------------|
| Municipal Midwives | 4 | 1 | 5 |
| Midwives of Queen's Institute of District Nursing | 11 | — | 11 |
| Private Midwives (Domiciliary) ... | — | — | — |
| Private Midwives (Nursing Homes) ... | 230 | 3 | 233 |
| Parents | — | — | — |
| Maternity Hospitals :— | | | |
| (a) Cardiff Royal Infirmary | 61 | 10 | 71 |
| (b) St. David's Hospital | 378 | 19 | 397 |
| | <u>684</u> | <u>33</u> | <u>717</u> |

Transferred notifications of Cardiff cases were 21.

Thus, after allowing for all transferred notifications, the number of Cardiff births notified was 4,442 and this figure was made up as follows :—

| | <i>Live Births</i> | <i>Still-births</i> | <i>Totals</i> |
|-------------------|--------------------|---------------------|---------------|
| Domiciliary ... | 1,945 | 28 | 1,973 |
| Institutional ... | 2,388 | 81 | 2,469 |
| | <u> </u> | <u> </u> | <u>4,442</u> |

Attendances at Child Welfare, Ante-Natal and Post-Natal Clinics.

Child Welfare Clinics.

| Address of Clinic | No. of Sessions | Attendances | | | | Total |
|------------------------------------|-----------------|----------------------|------------|--------------------|------------|--------|
| | | Children under 1 yr. | | Children 1—5 years | | |
| | | First | Subsequent | First | Subsequent | |
| Crwys Rd. Methodist Church ... | 49 | 205 | 2,661 | 12 | 509 | 3,387 |
| Glossop Terrace ... | 102 | 253 | 3,395 | 15 | 735 | 4,398 |
| St. David's Hospital ... | 98 | 308 | 4,022 | 51 | 1,510 | 5,891 |
| Cambridge Street ... | 101 | 355 | 4,480 | 1 | 854 | 5,690 |
| North Rd., Gabalfa ... | 101 | 314 | 3,846 | 40 | 1,273 | 5,473 |
| Wessex St., Canton ... | 100 | 276 | 4,326 | 24 | 1,522 | 6,148 |
| 139, Splott Road ... | 100 | 292 | 2,914 | 13 | 511 | 3,730 |
| Bangor St. Methodist Church ... | 99 | 236 | 4,206 | 25 | 1,675 | 6,142 |
| Redhouse Cres., Ely ... | 100 | 266 | 3,159 | 38 | 657 | 4,120 |
| Cornwall St. Baptist Church ... | 51 | 115 | 1,518 | 2 | 363 | 1,998 |
| Forward Movement Hall, Llandaff N. | 51 | 98 | 1,620 | 8 | 583 | 2,309 |
| Coloured Mission, Loudoun Sq. ... | 49 | 128 | 1,503 | 5 | 311 | 1,947 |
| Park End Presbyterian Church ... | 51 | 122 | 1,847 | 19 | 730 | 2,718 |
| Baptist Church, Rumney ... | 49 | 85 | 1,719 | 16 | 627 | 2,447 |
| Trinity Hall, Broadway ... | 50 | 122 | 1,794 | 6 | 445 | 2,367 |
| Fairwater Church ... | 49 | 139 | 2,067 | 17 | 544 | 2,767 |
| Y.W.C.A. Hall, Ely ... | 50 | 177 | 2,424 | 21 | 538 | 3,160 |
| | 1,250 | 3,491 | 47,501 | 313 | 13,387 | 64,692 |

The total number of children under five years of age who were attending the Centres at 31st December was 8,576, of whom 3,620 were under one year and 4,956 were over one. The number of individual children who attended at sometime during the year was 11,794.

The average attendance at each session was 52.

Ante-Natal Clinics.

| Address of Clinic | No. of Sessions | Attendances | | | | Total |
|-----------------------------------|-----------------|-------------------|------------|------------------|------------|--------|
| | | Expectant Mothers | | Post-Natal Cases | | |
| | | First | Subsequent | First | Subsequent | |
| Cambridge Street ... | 146 | 319 | 1,892 | 6 | 1 | 2,218 |
| Coloured Mission, Loudoun Sq. ... | 49 | 93 | 362 | — | — | 455 |
| Wessex Street, Canton ... | 96 | 193 | 1,135 | — | — | 1,328 |
| Redhouse Cres., Ely ... | 100 | 226 | 1,203 | — | — | 1,429 |
| Glossop Terrace ... | 99 | 485 | 2,264 | — | — | 2,749 |
| Bangor St. Methodist Church ... | 51 | 153 | 803 | — | — | 956 |
| North Road, Gabalfa ... | 148 | 314 | 1,817 | 1 | 2 | 2,134 |
| St. David's Hospital ... | 102 | 423 | 2,042 | — | — | 2,465 |
| 139, Splott Road ... | 99 | 256 | 1,161 | — | — | 1,417 |
| Baptist Church, Rumney ... | 23 | 49 | 210 | — | — | 259 |
| | 913 | 2,511 | 12,889 | 7 | 3 | 15,410 |

The average attendance at each session was 17.

Special Post-Natal Clinics.

| Address of Clinic | No. of Sessions | Attendances | | |
|-----------------------------|-----------------|-------------|------------|-------|
| | | First | Subsequent | Total |
| Glossop Terrace | 25 | 221 | 35 | 256 |
| St. David's Hospital | 50 | 780 | 85 | 865 |
| | 75 | 1,001 | 120 | 1,121 |

The average attendance at each session was 15.

The number of expectant mothers who attended the ante-natal clinics for the first time during the year is shown in relation to the number of notified births (live and still) belonging to Cardiff as follows :—

| | |
|---|-------|
| (a) Total number of notified births belonging to Cardiff ... | 4,442 |
| (b) The number of expectant mothers who attended the ante-natal clinics for the first time | 2,511 |
| (c) Percentage of notified births represented by (b) | 56·53 |

Blood testing for the Wassermann Reaction was continued. The number of specimens submitted was 2,236 of which 3 (or 0·13 per cent.) were found positive.

Birth Control.

The number of cases referred to the Cardiff Mothers' Advisory Clinic on medical grounds, for advice as to further pregnancies, was 28.

Radiography.

The number of individual cases referred from the Maternity and Child Welfare Centres for radiography was 40, the total number of radiograms taken being 69.

Details of the parts for which the cases were referred are :—

| | |
|--------------|----|
| Spine | 4 |
| Hip | 33 |
| Rib | 1 |
| Chest | 1 |
| Wrist | 3 |
| Foot | 2 |

Crippling Defects and Orthopaedics.—The following is a summary of the work carried out at the orthopaedic clinic during 1952 :—

| | | | | |
|---|-----|-----|-----|-----------------------|
| <i>Consultation Clinic :—</i> | | | | <i>Children under</i> |
| | | | | <i>School Age</i> |
| Examined for first time | ... | ... | ... | 568 |
| <i>Recommendations for :—</i> | | | | |
| Treatment in Hospital | ... | ... | ... | 14 |
| Treatment at Clinic (Special and Routine) ... | ... | ... | ... | 159 |
| Application of plaster at Clinic | ... | ... | ... | 63 |
| Appliances | ... | ... | ... | 38 |
| Alterations to appliances | ... | ... | ... | 1 |
| Alterations to boots | ... | ... | ... | 696 |

| | | | | | <i>Children under School Age</i> |
|--------------------------------|-----|-----|-----|-----|--------------------------------------|
| <i>Attendances at Clinic</i> | ... | ... | ... | ... | 2,263 |
| <i>Treatments at Clinic :—</i> | | | | | |
| Massage | ... | ... | ... | ... | 21 |
| Radiant Heat | ... | ... | ... | ... | — |
| Faradism | ... | ... | ... | ... | 49 |
| Exercices—Posture | ... | ... | ... | ... | 3 |
| Feet | ... | ... | ... | ... | 6 |
| Asthma | ... | ... | ... | ... | 46 |
| Re-education | ... | ... | ... | ... | 448 |
| Plasters | ... | ... | ... | ... | 369 |
| Manipulations | ... | ... | ... | ... | 799 |
| Strappings | ... | ... | ... | ... | 698 |

The following statement relates to treatment at and provision of appliances, etc., through the Prince of Wales' Orthopaedic Hospital, Cardiff, during 1952 :—

| | | | | | <i>Children under School Age</i> |
|--|-----|-----|-----|-----|--------------------------------------|
| <i>Hospital Treatment :—</i> | | | | | |
| Admitted to Hospital :— | | | | | |
| (a) Day Cases | ... | ... | ... | ... | — |
| (b) Other Cases | ... | ... | ... | ... | 1 |
| Under treatment at Hospital at end of 1952 | ... | ... | ... | ... | 1 |
| On Hospital waiting list at end of 1952 :— | | | | | |
| (a) Day Cases | ... | ... | ... | ... | 1 |
| (b) Other Cases | ... | ... | ... | ... | 29 |
| <i>Other treatment or provision (including appliances, etc., provided following hospital treatment) :—</i> | | | | | |
| Appliances provided | ... | ... | ... | ... | 88 |
| Appliances altered | ... | ... | ... | ... | 43 |
| Alterations to boots | ... | ... | ... | ... | 1,587 |
| Other forms of treatment provided | ... | ... | ... | ... | 2,642 |

Nose and Throat Defects—

| | | | | |
|---|-----|-----|-----|-----|
| Number examined for the first time | ... | ... | ... | 380 |
| Received operative treatment in hospital | ... | ... | ... | 126 |
| Received other forms of treatment at Clinic | ... | ... | ... | 103 |
| Total attendances at Clinic | ... | ... | ... | 721 |

Visual Defects—

| | | | | |
|------------------------------------|-----|-----|-----|------|
| Attended Clinic for the first time | ... | ... | ... | 752 |
| Examined for errors of refraction | ... | ... | ... | 386* |
| Spectacles prescribed | ... | ... | ... | 301* |

*Including cases first examined in and carried over from 1951.

Maternity Outfits.—Maternity Outfits are made available in all cases of home confinements, where necessary. The number supplied was 1,962.

Domestic Help.—Notes on this service are included in the appropriate section of the report, but it is recorded here that the number of instances in which domestic help was provided during the year in cases of confinement was 119.

Care of Illegitimate Children.—The admission to the Salvation Army Home ("Northlands") of unmarried expectant mothers, was arranged through the Authority in 61 instances during 1952. 6 of these cases were not dealt with at "Northlands," the actual number of confinements being 55.

Care of Premature Infants.—Special visits are made in the case of premature babies born at home, 1,371 such visits having been made during the year. The scheme for following up the premature babies on discharge from hospital was described in the report for 1949 (Page 22), and notes on the latest development of the scheme for the special care of those born at home will be described in the report for 1953.

Statistics relating to prematurity after correction for transfers, are shown in the following table:—

(1) Premature Infants.

| | | | |
|-----|--|-----|-----|
| (a) | Total number of premature live births in the area | ... | 314 |
| (b) | Number of premature live births at home | ... | 132 |
| (c) | Number of premature live births in private nursing homes | | 25 |

(2) Premature Still-births.

| | | | |
|-----|---|-----|----|
| (a) | Total number of premature still-births in the area | ... | 50 |
| (b) | Total number of premature still-births at home | ... | 19 |
| (c) | Number of premature still-births in private nursing homes | | 5 |

BIRTHS AT HOME

| Birth Weight | Premature Stillbirths | Premature Live Births | | | | | Transferred to Hospital |
|---|-----------------------|-------------------------|------------------------|-------------------------|------------------|-----------|-------------------------|
| | | Nursed entirely at home | | | | Total | |
| | | Died in first 24 hrs. | Died on 2nd to 7th day | Died on 8th to 28th day | Survived 28 days | | |
| 2 lbs. 3 ozs. or less ... | 2 | 3 | — | — | 1 | 4 | — |
| Over 2 lbs. 3 ozs. up to & including 3 lbs. 4 ozs. | 5 | 1 | 3 | — | — | 4 | 4 |
| Over 3 lbs. 4 ozs. up to & including 4 lbs. 6 ozs. | 4 | 2 | 1 | — | 10 | 13 | 10 |
| Over 4 lbs. 6 ozs. up to & including 4 lbs. 15 ozs. | 4 | 1 | 2 | — | 14 | 17 | 7 |
| Over 4 lbs. 15 ozs. up to & including 5 lbs. 8 ozs. | 4 | — | — | — | 61 | 61 | 12 |
| Total ... | 19 | 7 | 6 | — | 86 | 99 | 33 |

BIRTHS IN PRIVATE NURSING HOMES

| Birth Weight | Premature Stillbirths | Premature Live Births | | | | | Transferred to Hospital |
|---|-----------------------|----------------------------------|------------------------|-------------------------|------------------|-----------|-------------------------|
| | | Nursed entirely in Nursing Homes | | | | | |
| | | Died in first 24 hrs. | Died on 2nd to 7th day | Died on 8th to 28th day | Survived 28 days | Total | |
| 2 lbs. 3 ozs. or less ... | — | — | — | — | — | — | — |
| Over 2 lbs. 3 ozs. up to & including 3 lbs. 4 ozs. | 2 | — | 1 | — | — | 1 | 1 |
| Over 3 lbs. 4 ozs. up to & including 4 lbs. 6 ozs. | 2 | — | — | — | 1 | 1 | 3 |
| Over 4 lbs. 6 ozs. up to & including 4 lbs. 15 ozs. | — | — | — | — | 1 | 1 | 1 |
| Over 4 lbs. 15 ozs. up to & including 5 lbs. 8 ozs. | 1 | 1 | — | — | 16 | 17 | — |
| Total | 5 | 1 | 1 | — | 18 | 20 | 5 |

Maternity Homes.—At 31st December, 10 Nursing Homes remained on the Register, 6 having accommodation for maternity cases. The number of beds provided for maternity cases was 52.

Other accommodation for maternity cases is provided in two local General Hospitals, viz., the Cardiff Royal Infirmary and St. David's Hospital. St. David's Hospital is recognised for Part 1 of the Midwifery Training, also for the training in gas and air analgesia.

Nurseries and Child Minders' Regulation Act, 1948.

| | | | | |
|---|-----|-----|-----|----|
| Number of premises registered at 31st December, 1952 | ... | ... | ... | 1 |
| Number of children provided for | ... | ... | ... | 20 |
| Number of Registered Daily Minders at 31st December, 1952 | ... | ... | ... | 1 |
| Number of children provided for | ... | ... | ... | 12 |

Home Visitation.—A summary of the work carried out by the Health Visitors is as follows :—

| | | | | | | |
|--|-----|-----|------------------------|-----|-----|--------|
| Births—First visits | ... | ... | ... | ... | ... | 4,030 |
| Births and infant deaths—Combined visits | ... | ... | ... | ... | ... | 41 |
| Stillbirth investigations | ... | ... | ... | ... | ... | 93 |
| Infant death investigations | ... | ... | ... | ... | ... | 81 |
| Subsequent visits | ... | ... | Infants under one year | ... | ... | 15,682 |
| | | | Children over one year | ... | ... | 37,204 |
| Ante-natal Cases | ... | ... | First visits | ... | ... | 897 |
| | | | re-visits | ... | ... | 304 |
| Post-natal Cases | ... | ... | First visits | ... | ... | 3,431 |
| | | | re-visits | ... | ... | 851 |
| Ophthalmia Neonatorum | ... | ... | First visits | ... | ... | 5 |
| | | | re-visits | ... | ... | 31 |
| Immunisation Visits | ... | ... | First visits | ... | ... | 4,473 |
| | | | re-visits | ... | ... | 588 |
| Vaccination Visits | ... | ... | First visits | ... | ... | 3,795 |
| | | | re-visits | ... | ... | 410 |

| | | | | | | |
|--------------------------------|-----|-----|--------------------|-----|-----|---------|
| Whooping Cough | ... | ... | { First visits ... | ... | ... | 2,527 |
| | | | { re-visits ... | ... | ... | 393 |
| Scabies | ... | ... | ... | ... | ... | 5 |
| Diabetic Cases | ... | ... | { First visits ... | ... | ... | 56 |
| | | | { re-visits ... | ... | ... | 334 |
| Gastric Cases | ... | ... | { First visits ... | ... | ... | 235 |
| | | | { re-visits ... | ... | ... | 704 |
| Premature Infants Visits | ... | ... | { First visits ... | ... | ... | 264 |
| | | | { re-visits ... | ... | ... | 1,107 |
| Mental Deficiency | ... | ... | { First visits ... | ... | ... | 111 |
| | | | { re-visits ... | ... | ... | 2,487 |
| Paediatric Visits | ... | ... | { First visits ... | ... | ... | 519 |
| | | | { re-visits ... | ... | ... | 1,454 |
| Asthma Visits | ... | ... | ... | ... | ... | 153 |
| B.C.G. Visits | ... | ... | { First visits ... | ... | ... | 617 |
| | | | { re-visits ... | ... | ... | 293 |
| Problem Families | ... | ... | { First visits ... | ... | ... | 542 |
| | | | { re-visits ... | ... | ... | 143 |
| Geriatrics | ... | ... | { First visits ... | ... | ... | 120 |
| | | | { re-visits ... | ... | ... | 31 |
| Special Contact-tracing Visits | ... | ... | ... | ... | ... | 141 |
| Clinic Visits | ... | ... | ... | ... | ... | 630 |
| Ineffectual Visits | ... | ... | ... | ... | ... | 10,695 |
| Other Unclassified Visits | ... | ... | ... | ... | ... | 5,025 |
| | | | | | | 100,502 |

DENTAL TREATMENT, 1952

REPORT OF MR. D. W. ELLIOT, L.D.S., R.C.S., SENIOR DENTAL OFFICER

The following is a record of all forms of dental treatment carried out during 1952 in connection with maternity and child welfare, i.e., expectant and nursing mothers, and young children.

| | Expectant Mothers | Nursing Mothers | Pre-School Children | Total |
|--|-------------------|-----------------|---------------------|-------|
| <i>(a) Numbers provided with dental care :</i> | | | | |
| Referred for treatment by M.O's | 743 | 257 | 917 | 1,917 |
| Attended for inspection | 598 | 226 | 857 | 1,681 |
| Found to be in need of treatment | 586 | 224 | 816 | 1,626 |
| Treated for first time | 399 | 203 | 652 | 1,254 |
| Made dentally fit | 297 | 171 | 714 | 1,182 |
| Attendances for treatment | 1,395 | 973 | 880 | 3,248 |
| <i>(b) Treatment provided :</i> | | | | |
| Teeth filled | 288 | 161 | 74 | 523 |
| Teeth extracted | 1,514 | 813 | 1,524 | 3,851 |
| Silver Nitrate treatment | 3 | — | 16 | 19 |
| Dressings | 70 | 44 | 27 | 141 |
| Scalings with gum treatment | 163 | 52 | 8 | 223 |
| Scalings | 85 | 33 | 5 | 123 |
| Extractions under local anaesthesia | 39 | 25 | — | 64 |
| Administrations of general anaesthetics | 430 | 223 | 806 | 1,459 |
| Mothers supplied with dentures | 133 | 99 | — | 232 |
| <i>(c) Dentures supplied :</i> | | | | |
| Full upper | 76 | 55 | — | 131 |
| Partial upper | 57 | 43 | — | 100 |
| Full lower | 42 | 32 | — | 74 |
| Partial lower | 35 | 25 | — | 60 |

Number of sessions—392.

Number of radiographs—36 (of which 22 were in respect of expectant and nursing mothers).

There has been an increase in the number of sessions devoted to the dental treatment of expectant and nursing mothers and pre-school children compared with 1951. 743 expectant mothers were referred for inspection and 145 of these did not attend ; many of these mothers who did not attend preferred to postpone treatment until the nursing period.

Attendances for treatment have increased by 649 compared with 1951, mainly shown by the increase in the administrations of general anaesthetics and in the number of dentures supplied.

The ratio of teeth lost to each tooth saved in expectant and nursing mothers has risen to five to one ; in 1950 the ratio was four to one.

The ratio of teeth lost to each tooth saved in pre-school children has risen to 20 to 1 ; in 1950 the ratio was 16.5 to 1.

There is great need for instruction in how to maintain a clean and healthy mouth, as many of the mothers with sound teeth lose them through disease of the gums due, in most cases, to neglect of oral hygiene.

The weakness of the present system is that it is not possible to offer a routine dental inspection to all expectant and nursing mothers and pre-school children.

MIDWIFERY SERVICE

At the end of the year the midwives practising in the area were as shown :—

| | | | |
|--------------------------|---|-----|----|
| (a) Institutional | | | |
| (i) | Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act, 1946 | ... | 45 |
| (ii) | Midwives employed in Nursing Homes | ... | 11 |
| (b) Domiciliary | | | |
| (i) | Midwives employed by the Authority | ... | 17 |
| (ii) | Midwives employed by voluntary organisations under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 | ... | 8 |
| (iii) | Midwives in private practice | ... | 7 |

The cases attended during the year were as follows :—

| | | <i>As</i> | <i>As</i> | |
|--------------------------|---|-----------------|-------------------------|--------------|
| | | <i>Midwives</i> | <i>Maternity Nurses</i> | <i>Total</i> |
| (a) Institutional | | | | |
| (i) | Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act | 2,340 | 143 | 2,483 |
| (ii) | Midwives employed in Private Nursing Homes | 282 | 388 | 670 |
| (b) Domiciliary | | | | |
| (i) | Midwives employed by the Authority | 853 | 80 | 933 |
| (ii) | Midwives employed by voluntary organisations under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 | 967 | 51 | 1,018 |
| (iii) | Midwives in private practice | 17 | 17 | 34 |
| | | <hr/> | <hr/> | <hr/> |
| | | 4,459 | 679 | 5,138 |

Medical Aid under Section 14(1) of the Midwives Act, 1951

The number of cases in which medical aid was summoned by Midwives during the year under Section 14 (1) of the Midwives Act, 1951, was :—

| | | | | | | |
|--------------------------------------|--|-----|-----|-----|-----|----|
| (a) For Domiciliary cases | | | | | | |
| (i) | Where the medical practioner had arranged to provide the patient with maternity medical services under the National Health Service | ... | ... | ... | ... | 46 |
| (ii) | Others | ... | ... | ... | ... | 27 |
| (b) For cases in Institutions | | | | | | |
| | | ... | ... | ... | ... | — |

Administration of Gas and Air Analgesia by Domiciliary Midwives.—This section of the report relates to those midwives employed directly by the Local Health Authority (referred to as municipal midwives), and those employed in the public midwifery service under Section 23 by voluntary organisations as agents of the Local Health Authority (referred to as midwives of the Queen's Institute of District Nursing). Cases in respect of midwives in private practice are not included.

(a) *Midwives qualified to administer analgesia*

At 31st December, 1952, all municipal midwives were qualified in the administration of gas and air analgesia, and the eight practising midwives of the Queen's Institute of District Nursing were similarly qualified.

(b) *Possession of apparatus*

At the end of 1952 the municipal midwives possessed nineteen sets of the necessary apparatus for the administration of analgesia, and seven sets of apparatus were available for the use of the midwives of the Queen's Institute of District Nursing.

(c) *Administrations during the year*

During 1952 the total administrations, total confinements and resulting percentages of administrations to confinements were as follows :—

| | | | <i>Total</i> <i>Administrations</i> | <i>Total</i> <i>Confinements</i> | <i>Percentage</i> |
|----------------------|-----|-----|--|-------------------------------------|-------------------|
| Municipal Midwives | ... | ... | 612 | 933 | 65·59 |
| Midwives of Q.I.D.N. | ... | ... | 792 | 1,018 | 77·79 |
| | | | — | — | — |
| Combined Total | ... | ... | 1,404 | 1,951 | 71·96 |
| | | | — | — | — |

(d) *Development of gas and air analgesia*

The increase in the number of administrations since 1947 is shown in the following table :—

| <i>Year</i> | | | <i>Total</i> <i>Administrations</i> | <i>Total</i> <i>Confinements</i> | <i>Percentage</i> |
|-------------|-----|-----|--|-------------------------------------|-------------------|
| 1947* | ... | ... | 395* | 2,197 | 13·43 |
| 1948 | ... | ... | 1,085 | 2,113 | 51·35 |
| 1949 | ... | ... | 1,294 | 2,111 | 61·29 |
| 1950 | ... | ... | 1,314 | 1,996 | 65·83 |
| 1951 | ... | ... | 1,324 | 1,903 | 69·57 |
| 1952 | ... | ... | 1,404 | 1,951 | 71·96 |

*Commenced in June.

Institutional Midwives qualified to administer gas and air analgesia.—The number of institutional midwives in practice at the end of the year qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives' Board.

| | | | | |
|-----|--|-----|-----|----|
| (a) | Employed in hospitals in the National Health Service | ... | ... | 43 |
| (b) | Employed in private nursing homes | ... | ... | 6 |

Pethidine.—The number of cases in which pethidine was administered by midwives in domiciliary practice during the year, were as follows :—

| | <i>When acting as</i> | | <i>Total</i> |
|--------------------------|-----------------------|------------------------|--------------|
| | <i>Midwife</i> | <i>Maternity Nurse</i> | |
| Municipal Midwives ... | — | 205 | 205 |
| Midwives of Q.I.D.N. ... | — | 235 | 235 |
| Total ... | — | 440 | 440 |

Transport.—At the end of the year motor car allowances were being paid to 12 midwives using their cars in connection with the service.

Supervision.—Officers of the Department made 126 visits of inspection of midwives.

HEALTH VISITING

A full description of the arrangements for health visiting is contained in the special survey of local health services (Page 83), and details of the work carried out (apart from clinic sessions attended) during the year 1952 are on Page 29.

HOME NURSING

Home nursing is carried out by the Queen's Institute of District Nursing under an agency agreement, and the following figures are included for record purposes :—

| | | |
|--|-----|---------|
| Number of Home Nurses at 31st December —Whole-time | ... | 28 |
| —Part-time | ... | 9 |
| Number of cases attended during the year | ... | 4,192 |
| Total number of visits paid by nurses | ... | 101,969 |

VACCINATION AND IMMUNISATION

Vaccination against Smallpox.—In 1952, 2,568 persons were vaccinated against smallpox, 499 less than the preceding year. The reason for this fall in number was that in 1951 the staffs of the Cardiff and District Hospitals of the Welsh Regional Hospital Board, the Queen's Institute of District Nursing and some of the members of the Public Health Department were either vaccinated or re-vaccinated. This arose out of an outbreak of smallpox in a town in the south of England which, aided by the public press, stimulated interest in vaccination. New members to the hospital staffs still continued to come to the clinics in 1952 for vaccination but the number was small compared with the previous year. Vaccination of the infant has always been considered a matter of prime importance and there has been as much initiative put into it as in diphtheria immunisation on the propaganda side. Medical officers of the Department, with the health visitors, are continually stressing the importance of vaccination. The efforts made to get every child vaccinated only fall short of the work connected with diphtheria immunisation in that the mobile unit does not take the road for vaccination. If one forgets the efforts of 1951 and considers earlier years, the number done in 1952 shows an increase. The experiment was tried of sending literature, published by the Central Council for Health Education, on the subject to every parent shortly after their child was born, but this has now been discontinued because the response did not justify the effort and expense.

For comparison with previous years, the table below shows the vaccinations and the total live births for the past ten years. To this is added a column showing the vaccinations performed as a percentage of the births for each year, but obviously, as the treatment is not carried out before the child is 3 months old, but chiefly when it is between 3 and 12 months old, the vaccinations for any particular year cannot be strictly related to the births for the same year.

| <i>Year</i> | <i>Vaccinations</i> | <i>Births</i> | <i>Percentage of Vaccinations to Births</i> |
|-------------|---------------------|---------------|---|
| 1943 | 1,994 | 3,879 | 51·4 |
| 1944 | 2,282 | 4,459 | 51·2 |
| 1945 | 2,653 | 4,069 | 65·2 |
| 1946 | 2,021 | 4,997 | 40·4 |
| 1947 | 2,161 | 5,299 | 40·8 |
| 1948 | 1,699 | 4,875 | 34·9 |
| 1949 | 1,910 | 4,760 | 40·1 |
| 1950 | 2,350 | 4,402 | 53·4 |
| 1951 | 3,067 | 4,234 | 72·4 |
| 1952 | 2,568 | 4,351 | 59·0 |

In the following table, vaccinations and re-vaccinations are shown in separate age groups. The work done by private practitioners is also indicated. Private practitioners again performed 41 % of the vaccinations, the same as in the year 1951.

| | By Public Health Dept. | By Private Practitioners | Total |
|-------------------------------|---------------------------|-----------------------------|-------|
| PRIMARY VACCINATIONS : | | | |
| Under 1 year | 1,395 | 424 | 1,819 |
| 1 to 2 years | 12 | 35 | 47 |
| 2 to 4 years | 6 | 31 | 37 |
| 5 to 14 years | 16 | 45 | 61 |
| 15 years and over | 48 | 121 | 169 |
| Totals | 1,477 | 656 | 2,133 |
| Insusceptible | 49 | 11 | 60 |
| RE-VACCINATIONS : | | | |
| Under 1 year | — | 1 | 1 |
| 1 to 2 years | — | 1 | 1 |
| 2 to 4 years | 2 | 8 | 10 |
| 5 to 14 years | 7 | 24 | 31 |
| 15 years and over | 28 | 364 | 392 |
| Totals | 37 | 398 | 435 |
| Insusceptible | 21 | 9 | 30 |

Diphtheria Immunisation.—The protection of the child against diphtheria still continues to hold a prominent place in the Health Education activities in Cardiff.

In 1952, 3,888 children received primary treatment. This figure falls short of the number for the previous year by 215. This decline may possibly be due to the popularity of whooping cough immunisation which is now being offered to children. Whooping cough inoculation should of course, start when a child is about six months old, but, due to a variety of circumstances, is often delayed until the 8th or 9th month. It then clashes with diphtheria immunisation with frequent detriment to the latter. A combined antigen would solve our difficulties. Another reason may be the measles epidemic in 1952 which prevented a number of infants attending the clinic or receiving protection at the mobile unit during the later months of the year.

The means by which this work has been carried out and the numbers immunised are :—

| | | | |
|---|-----|-----|-------|
| Special Clinics for Diphtheria Immunisation | ... | ... | 1,243 |
| Mobile Units for nurse visiting the home | ... | ... | 1,828 |
| Infant Welfare Clinics | ... | ... | 438 |
| Schools | ... | ... | 113 |
| Private Practitioners | ... | ... | 266 |
| | | | 3,888 |

The Department's mobile unit, with the nurse calling at the home, remains an important item in maintaining a high level of response. At the moment about 91% of the child population of Cardiff have received protective treatment.

Other facts connected with diphtheria immunisation are as follows :—

| | | | |
|---|-----|-----|-------|
| Number of children under 5 years posterior Schick tested with negative reaction | ... | ... | 35 |
| Number of children between 5 and 15 years posterior Schick tested with negative reaction | ... | ... | 4,048 |
| Number of children under 5 years posterior Schick tested with positive reaction and again immunised | ... | ... | 22 |
| Number of children between the ages of 5 and 15 years given booster doses | ... | ... | 1,206 |

The number of booster doses is lower than previous years. In last year's Report, it was mentioned that all children of 10 years and upwards are posterior Schick tested and only given additional prophylactic when necessary. It is only in the Infant Departments of Schools that booster doses are given without a Schick test.

During the year purified toxoid aluminium phosphate was used as the immunising agent.

Whooping Cough Immunisation.—By the end of 1952, the trial sponsored by the Medical Research Council was completed. A further 2,000 infants were protected during the year.

In all, 4,000 infants between the ages of 6 months and 5 years have completed the course of protective treatment. The results of this trial appear good. Parents have themselves advertised the benefits of having their children immunised against whooping cough. This undoubtedly is the ideal form of propaganda and towards the latter stages of the trial satisfactory evidence was forthcoming about this form of immunisation. Up to the time of writing this Report, the follow-up had only resulted in finding six infants who had been immunised and who later gave a positive swab. Even those children apparently had only mild coughs and colds, the characteristic whoop being absent.

The fall in the number of notified cases from 1,267 in 1951 to 408 in 1952 is certainly good to note, but it is much too early to give a prognosis as to whether or not this is due to immunisation. It is estimated that approximately 30 per cent. of children under four years of age are immunised against whooping cough in Cardiff.

Bacillus Calmette Guerin (B.C.G.) Vaccination.—A further positive step was taken when parents of children in nursery schools were asked to have their children Mantoux tested. Nearly 100% response was obtained for this test. The treatment of the susceptible group with B.C.G. was arranged at the B.C.G. Clinic. Only some 40% of this group, however availed themselves of treatment. Similar arrangements were made for children of the Greenhill Open-Air School, the only difference being that the susceptible group was given B.C.G. at the school. The response was much the same.

This is the first full year that the "Preswylfa" Residential Hostel has functioned. Prior to admission all children must be negative. A further test is made 6 weeks after admission, if again negative, B.C.G. vaccine is given. Ninety-two children were segregated from their families at the Hostel so that they might have protective treatment. One child was positive reactor after admission and was discharged without treatment.

The use of B.C.G. vaccine in Cardiff during the year is summarised as follows :—

| | | | |
|--|-----|-----|-----|
| Infants treated at St. David's Hospital | ... | ... | 76 |
| Nursery School | ... | ... | 56 |
| Open-Air School | ... | ... | 43 |
| Children treated while at home or in Institutions | ... | ... | 391 |
| Children booster doses | ... | ... | 19 |
| Medical Students and Hospital staff | ... | ... | 19 |
| Medical Staff and Hospital staff given booster doses | ... | ... | 2 |
| Children treated at "Preswylfa" while in residence | ... | ... | 92 |

Measles, Gamma Globulin.—Another investigation of interest made during 1952 under the auspices of the Medical Research Council was into the potency of fluid gamma globulin as against the dry gamma globulin, as a measles prophylactic, and also into the prevention and modification of measles. Cardiff alone was selected for this trial. A team of medical practitioners from different areas of the City was asked to assist in making the scheme workable by selecting suitable families of more than one child and the other child contacts, who had not previously had measles, to be given "dry" or "wet" globulin according to a pre-arranged order recorded in a Register at the Public Health Department. The medical practitioner was asked to give the name of the infected case, dates of sickening and rash, together with the name and age of the contact who had not had measles. This information was telephoned to the Infectious Diseases Section of the Department, and "dry" or "wet" globulin was sent to the medical practitioner to enable him to give the injection to the contact within three days of the appearance of rash on the patient. The "dry" globulin required distilled water to make up to 3 c.c. ; the "wet" globulin was 3 c.c. Special forms were kept in the Department to record the required particulars and were then sent to Dr. Bolz at the Whooping Cough Survey Office to enable the case to be followed up weekly, for three weeks, to ascertain results.

AMBULANCE SERVICE

A summary of the work carried out during 1952, is as follows :—

| JOURNEYS | | | | | Number | Mileage |
|--|-----|-----|-----|-----|--------|---------|
| A. Patient-carrying : | | | | | | |
| Emergency | ... | ... | ... | ... | 1,074 | 7,667 |
| Accident | ... | ... | ... | ... | 1,166 | 6,365 |
| Outpatients and Others | ... | ... | ... | ... | 24,210 | 200,057 |
| | | | | | <hr/> | <hr/> |
| | | | | | 26,450 | 214,089 |
| B. Abortive and service journeys | | | | | 1,238 | 7,357 |
| C. Transporting midwives, apparatus, etc. | | | | | 1,134 | 14,799 |
| | | | | | <hr/> | <hr/> |
| | | | | | 28,822 | 236,245 |
| | | | | | <hr/> | <hr/> |

Average mileage per journey 8.20

| PATIENTS | | | | | Number | Mileage |
|-----------------|-----|-----|-----|-----|--------|---------|
| Emergency | ... | ... | ... | ... | 1,095 | 7,667 |
| Accident | ... | ... | ... | ... | 1,245 | 6,402 |
| Outpatients | ... | ... | ... | ... | 30,353 | 96,302 |
| Others | ... | ... | ... | ... | 13,982 | 103,718 |
| | | | | | <hr/> | <hr/> |
| | | | | | 46,675 | 214,089 |
| | | | | | <hr/> | <hr/> |
| Stretcher Cases | ... | ... | ... | ... | 11,983 | 77,192 |
| Sitting Cases | ... | ... | ... | ... | 34,692 | 136,897 |
| | | | | | <hr/> | <hr/> |
| | | | | | 46,675 | 214,089 |
| | | | | | <hr/> | <hr/> |

Average mileage per patient 4.59

COMPARISON WITH 1951

| | | | | | Patients conveyed | Total Mileage |
|------|-----|-----|-----|-----|-------------------|---------------|
| 1951 | ... | ... | ... | ... | 39,806 | 216,334 |
| 1952 | ... | ... | ... | ... | 46,675 | 236,245 |

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The follow-up schemes for diabetes, gastric illness, asthma, and cardiac disease continued throughout the year alongside those for mental illness, paediatrics, premature infants and geriatrics, and without interference with the work for tuberculosis, mental deficiency and venereal diseases. Efforts are made at every opportunity to bring the visitors engaged in the work of these schemes into close touch with the family doctor.

Health Education.—Special attention has been given to cancer education. Early in the year a conference was arranged with medical practitioners and specially invited laymen to decide whether a cancer education campaign was advisable. Invitations were sent to general practitioners, industrial nurses, welfare officers, senior government officials, district nurses, midwives, trades union representatives and to many voluntary societies and social organisations. The meeting was addressed by Mr. Malcolm Donaldson, F.R.C.S., F.R.C.O.G., late Director of the Cancer Department, St. Bartholomew's Hospital. The decision to recommend the establishment of a Cancer Education Committee was unanimous and the Committee met on three occasions and discussed the various kinds of literature, films, leaflets, etc., that were available through National Bodies, for distribution to the public.

Food hygiene also received constant attention and was dealt with in the ways that have proved of most value, viz., by talks and films given specially to food handlers, by leaflets, and posters and by advice to the managers of food-preparing establishments.

The usual full programme of lectures (including those on sex hygiene by the Rev. Francis J. Rees, B.A.) was followed throughout the year and towards the end of the year Mr. Ralph Saxon, a young and energetic press reporter devoted much of his leisure time to collecting the necessary information and in writing for publication in the "Cardiff Times" a series of articles describing the activities of the public health department. The articles were so well written that, with his permission and with that of the publishers, a selection of them has been reprinted in a health services handbook as a means of informing the public of the arrangements made by the City Council through its Health Committee for their protection against disease and for the maintenance of health in the City.

DOMESTIC HELP SERVICE

At the end of the year there were in employment 21 whole-time, 24 half-time and 56 casual home helps and they attended 119 maternity cases, 86 tuberculosis cases and 376 others, making a total of 602 cases attended during the year. The actual number of cases is not, however, a measure of the work of this department because whereas one case might take up the whole time of one domestic help worker (and some of the tuberculosis cases do) another requires attention for only short periods on alternate days or maybe twice a week.

The casual helps are engaged mainly in the homes of aged and infirm or chronic sick cases and these cases are on the increase. Some relief, however, is being provided through the W.V.S. who have been able to arrange in many such cases for voluntary help, thus relieving the pressure on the service provided by the authority.

MENTAL HEALTH

Details of administration have been given in the special survey of the local health services on page 89. Tables showing the work carried out under the Lunacy and Mental Treatment Acts and under the Mental Deficiency Acts are set out in the following pages.

TABLE I

Lunacy and Mental Treatment Acts—Work of the Duly Authorised Officers.

| | Male | Female | Total |
|---|------|--------|-------|
| (1) Number of Cases dealt with during 1952 | 259 | 241 | 500 |
| The Cases were dealt with as follows :— | | | |
| (i) Admitted to Mental Hospitals. | | | |
| (a) Whitchurch Hospital— | | | |
| Certified | 6 | 4 | 10 |
| Voluntary | 98 | 87 | 185 |
| Temporary | 3 | 8 | 11 |
| Neurosis Unit | 2 | — | 2 |
| (b) Ely Hospital— | | | |
| Certified | 32 | 41 | 73 |
| (c) Transferred to other Mental Hospitals— | | | |
| Certified | 1 | — | 1 |
| Voluntary | 7 | 2 | 9 |
| Temporary | — | — | — |
| (ii) Transferred to St. David's Hospital (Sick Wards) | 59 | 39 | 98 |
| (iii) Admitted direct to St. David's Hospital (Sick Wards) | 3 | 4 | 7 |
| (iv) Placed in care of Relatives or Other Persons | 47 | 54 | 101 |
| (v) Patients died before Certification | — | 2 | 2 |
| (vi) Cases not yet dealt with | 1 | — | 1 |
| Total | 259 | 241 | 500 |
| (2) Number of Cases seen by Psychiatrist in St. David's Hospital Sick Wards during 1952 : | | | |
| No action taken | 102 | 130 | 232 |

TABLE II

Mental Deficiency Acts, Particulars of Cases reported during 1952.

| | Under 16 yrs. | | | Over 16 yrs. | | | Total | | |
|--|---------------|----|----|--------------|----|----|-------|----|----|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| 1. PARTICULARS OF CASES REPORTED DURING 1952 : | | | | | | | | | |
| (a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by— | | | | | | | | | |
| (i) Local Education Authorities on children | | | | | | | | | |
| (1) While at school or liable to attend school | | | | | | | | | |
| | 10 | 7 | 17 | — | — | — | 10 | 7 | 17 |
| (2) On leaving Special Schools | | | | | | | | | |
| | 4 | 1 | 5 | 5 | 8 | 13 | 9 | 9 | 18 |
| (3) On leaving Ordinary Schools | | | | | | | | | |
| | — | — | — | — | — | — | — | — | — |
| (ii) Police or by Courts | | | | | | | | | |
| | — | — | — | 1 | — | 1 | 1 | — | 1 |
| (iii) Other Sources | | | | | | | | | |
| | — | — | — | — | 2 | 2 | — | 2 | 2 |
| (b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground | | | | | | | | | |
| | 2 | 6 | 8 | 7 | 7 | 14 | 9 | 13 | 22 |
| (c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) | | | | | | | | | |
| | — | — | — | — | — | — | — | — | — |
| Total Number of Cases reported during 1952 | 16 | 14 | 30 | 13 | 17 | 30 | 29 | 31 | 60 |
| 2. DISPOSAL OF CASES REPORTED DURING 1952 : | | | | | | | | | |
| (a) Of the cases ascertained to be defective "subject to be dealt with," number | | | | | | | | | |
| (i) Placed under Statutory Supervision | | | | | | | | | |
| | 11 | 7 | 18 | 5 | 8 | 13 | 16 | 15 | 31 |
| (ii) Placed under Guardianship | | | | | | | | | |
| | — | — | — | — | — | — | — | — | — |
| (iii) Taken to "places of safety" | | | | | | | | | |
| | — | — | — | — | — | — | — | — | — |
| (iv) Admitted to Institutions | | | | | | | | | |
| | 3 | 1 | 4 | 1 | 2 | 3 | 4 | 3 | 7 |
| (b) Of the cases not ascertained to be defectives "subject to be dealt with," number | | | | | | | | | |
| (i) Placed under voluntary supervision | | | | | | | | | |
| | 1 | 4 | 5 | 6 | 4 | 10 | 7 | 8 | 15 |
| (ii) Action unnecessary | | | | | | | | | |
| | 1 | 2 | 3 | 1 | 3 | 4 | 2 | 5 | 7 |
| Total of Item 2 | 16 | 14 | 30 | 13 | 17 | 30 | 29 | 31 | 60 |

TABLE III

Mental Deficiency Acts. Particulars of Cases ascertained prior to 1952.

Number of Mental Defectives in Institutions, under Community Care, including Voluntary Supervision or in Places of Safety on 1st January, 1952, who have ceased to be under any of these forms of Care during 1952 :—

| | Under 16 yrs. | | | Over 16 yrs. | | | Total | | |
|--------------------------------------|---------------|----|----|--------------|----|----|-------|----|----|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| Deceased | 2 | 1 | 3 | 9 | 4 | 13 | 11 | 5 | 16 |
| Left Cardiff or Lost sight of | 1 | — | 1 | 9 | 15 | 24 | 10 | 15 | 25 |
| Decertified | 1 | 3 | 4 | 1 | 1 | 2 | 2 | 4 | 6 |
| Transferred to L.E.A. | — | 3 | 3 | — | — | — | — | 3 | 3 |
| Total | 4 | 7 | 11 | 19 | 20 | 39 | 23 | 27 | 50 |

TABLE IV

Mental Deficiency Acts. Statistical Return

Position as on 1st January, 1953 :—

| | Under 16 yrs. | | | Over 16 yrs. | | | Total | | |
|--|---------------|----|-----|--------------|-----|-----|-------|-----|-----|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| (a) Cases "Subject to be dealt with"— | | | | | | | | | |
| (i) Under Statutory Supervision ... | 48 | 29 | 77 | 229 | 171 | 400 | 277 | 200 | 477 |
| (ii) Under Guardianship ... | — | — | — | — | 2 | 2 | — | 2 | 2 |
| (iii) In "Places of Safety" ... | — | — | — | — | — | — | — | — | — |
| (iv) In Certified Institutions ... | 30 | 16 | 46 | 128 | 104 | 232 | 158 | 120 | 278 |
| (v) In State Institutions ... | — | — | — | 6 | 5 | 11 | 6 | 5 | 11 |
| (vi) On Licence from Institutions ... | — | — | — | 14 | 11 | 25 | 14 | 11 | 25 |
| (vii) Absconded from Institutions ... | — | — | — | — | — | — | — | — | — |
| (viii) Action not yet taken ... | 1 | 2 | 3 | — | 1 | 1 | 1 | 3 | 4 |
| (b) Cases not at present "Subject to be dealt with"— | | | | | | | | | |
| (i) Under Voluntary Supervision ... | 7 | 6 | 13 | 59 | 68 | 127 | 66 | 74 | 140 |
| (ii) Action not yet taken ... | — | — | — | — | — | — | — | — | — |
| Total ... | 86 | 53 | 139 | 436 | 362 | 798 | 522 | 415 | 937 |

TABLE V

Mental Deficiency Acts. Number of Cases receiving training at the Nursery, Occupation and Training Centres, Pengam Road, Cardiff, on 1st January, 1953.

| | Under 16 yrs. | | | Over 16 yrs. | | | Total | | |
|--|---------------|----|----|--------------|----|----|-------|----|----|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| (a) Nursery Class— | | | | | | | | | |
| (i) Under Statutory Supervision ... | 10 | 8 | 18 | — | — | — | 10 | 8 | 18 |
| (ii) Under Voluntary Supervision ... | — | 1 | 1 | — | — | — | — | 1 | 1 |
| (iii) On licence from Institutions ... | 1 | — | 1 | — | — | — | 1 | — | 1 |
| (b) Occupation Class— | | | | | | | | | |
| (i) Under Statutory Supervision ... | 7 | 3 | 10 | 2 | — | 2 | 9 | 3 | 12 |
| (ii) From other Authorities ... | 1 | — | 1 | — | — | — | 1 | — | 1 |
| (c) Trainee Class— | | | | | | | | | |
| (i) Under Statutory Supervision ... | 1 | 1 | 2 | 2 | 1 | 3 | 3 | 2 | 5 |
| (ii) On Licence from Institutions ... | — | — | — | 1 | — | 1 | 1 | — | 1 |
| (iii) Under Voluntary Supervision ... | — | — | — | 1 | — | 1 | 1 | — | 1 |
| (d) Senior Trainee Class— | | | | | | | | | |
| (i) Under Statutory Supervision ... | 1 | — | 1 | 17 | 15 | 32 | 18 | 15 | 33 |
| (ii) Under Voluntary Supervision ... | — | — | — | 4 | — | 4 | 4 | — | 4 |
| (iii) From Other Authorities ... | — | — | — | 1 | — | 1 | 1 | — | 1 |
| Total ... | 21 | 13 | 34 | 28 | 16 | 44 | 49 | 29 | 78 |

IX—REPORT FOR 1952

of Mr. W. G. PYATT, Chief Sanitary Inspector (Urban)

HOUSING

The following statement gives particulars in relation to housing for 1952 :

| | | |
|---|--|--------|
| 1. <i>Inspection of Dwelling-houses during the Year :—</i> | | |
| (1) (a) | Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 4,297 |
| (b) | Number of inspections made for the purpose | 12,394 |
| (2) (a) | Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 | — |
| (b) | Number of inspections made for the purpose | — |
| (3) | Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... | 12 |
| (4) | Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation | 1,358 |
| 2. <i>Remedy of Defects during the Year without Service of Formal Notices :—</i> | | |
| | Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers | 887 |
| 3. <i>Action under Statutory Powers during the Year :—</i> | | |
| (a) Proceedings under Sections 9 and 10 of the Housing Act, 1936 :— | | |
| (i) | Number of dwelling-houses in respect of which notices were served requiring repairs | 55 |
| (ii) Number of dwelling-houses which were rendered fit after service of formal notices :— | | |
| (a) | By owners | 51 |
| (b) | By Local Authority in default of owners | 5 |
| (b) Proceedings under Public Health Acts :— | | |
| (1) | Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | 362 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices :— | | |
| (a) | By owners | 392 |
| (b) | By Local Authority in default of owners | 13 |
| (c) Proceedings under Sections 11 and 13, of the Housing Act, 1936 :— | | |
| (i) | Number of dwelling-houses in respect of which Demolition Orders were made | 5 |
| (ii) | Number of dwelling-houses demolished in pursuance of Demolition Orders | 1 |
| (iii) | Undertakings accepted | 1 |
| (d) Proceedings under Section 12 of the Housing Act, 1936 :— | | |
| (i) | Number of separate basements or underground rooms in respect of which Closing Orders were made | — |
| (ii) | Number of separate basements or underground rooms in respect of which Closing Orders were determined ; the basement or room having been rendered fit | — |
| (iii) | Undertakings accepted | — |

As in the past years it will be seen that comparatively little use has been made of the powers under the Housing Act.

A few houses which had reached the last stage of dilapidation were condemned, and whilst every attempt was made to keep properties wind and weatherproof it was not possible to follow the pre-war policy of securing modern amenities in the older type house. It is a strange fact that such little use is made by owners of the Housing Act, 1949. The offer of grants for the improvement of existing houses at first sight appeared to be attractive but only a few applications for grants have so far been received and it appears that this reluctance on the part of owners to apply for an improvement grant is common not only to Cardiff but throughout the country.

The policy of using a panel of builders to carry out repairs on behalf of the Council when owners default in complying with Sanitary Notices has been continued and developed without any practical difficulties.

Council Housing Estates.—The following is a record of the work done in connection with the sanitary condition of the Council housing estates :—

| | | | | | | |
|---|-----|-----|-----|-----|-----|-------|
| Vacant houses inspected | ... | ... | ... | ... | ... | 634 |
| Visits regarding exchanges and transfers | ... | ... | ... | ... | ... | 311 |
| Visits regarding vermin, cleansing, overcrowding, etc. | ... | ... | ... | ... | ... | 34 |
| Visits regarding rats, poultry, trading, etc. | ... | ... | ... | ... | ... | 17 |
| Following-up visits | ... | ... | ... | ... | ... | 40 |
| Visits to families prior to rehousing in Council houses | ... | ... | ... | ... | ... | 693 |
| Other visits (Estate depots, etc.) | ... | ... | ... | ... | ... | 501 |
| Total | ... | ... | ... | ... | ... | 2,230 |

The Department still works in close co-operation with the Estates Department in matters concerning rehousing, by provisionally coding new applicants and recoding on changes of circumstances.

When visiting priority cases, the Estates Department visitors discover a number of cases where applicants have better accommodation than stated on their application form. In such cases where doubts concerning priority are warranted the forms are returned to this Department for a reconsideration of the code on the new conditions revealed by the visit.

The policy of giving preference within the priority codes to the earlier applicants has resulted in a large number of appeals by 1945 and 1946 applicants against their being placed in non-priority codes. These appeals are all fully investigated and in most cases are visited by members of this staff to ascertain whether the case should be reviewed.

More and more medical certificates are still being submitted by applicants to improve their position on the housing register. These necessitate careful consideration and involve numerous visits and enquiries.

Since the recent increase in the number of flats and maisonettes built to provide more two-bedroom accommodation many medical certificates have been submitted by applicants to justify their refusal of this type of property. Occasionally these refusals were justified on medical grounds but after careful consideration most of them were found to be unjustified. Quite a number of applicants, too, who have been rehoused in such property submit medical certificates in an endeavour to get transferred to the ordinary type house.

A survey of 1945 non-priority cases has recently been carried out. Practically all the remaining application forms have been examined and the cases visited to ensure that there have been no change of circumstances which would warrant priority. As a result a number of these cases was transferred from the non-priority to the priority group.

All Council houses falling vacant are inspected before being relet, and of these 15 were found to be bug infested. This figure represents 2·3 per cent. of those inspected and compares very favourably with the figure of 30·5 per cent. in 1930 when this work was first undertaken.

The Department has continued to sell Insecticides at cost price, a service which is becoming more popular each year.

All Squatters' Camps, with the exception of Heath Camp are now closed. The number of occupants at Heath Camp has been considerably reduced and many of the unsatisfactory huts demolished.

Difficulty has been experienced in rehousing those families who can be classified as sub-standard. It is agreed these should not be given a new house, but as the majority are living in rooms under circumstances which would normally justify priority it seems as if the only solution is the purchase by the Council of older property in the City for the rehousing of sub-standard families.

GENERAL SANITARY INSPECTION

The number of complaints of nuisances received and dealt with was 3,448.

The numbers of inspections and visits made by sanitary inspectors and the numbers of notices served were as follows :—

| | Inspections or Visits | Intimation Notices Served | Statutory Notices Served |
|--|-----------------------------|---------------------------------|--------------------------------|
| Houses | 4,297 | 1,875 | 417 |
| Re-inspections of houses | 8,097 | — | — |
| Houses inspected and recorded | — | — | — |
| Re-inspections of recorded houses | — | — | — |
| Milkshops, etc. | 448 | 1 | — |
| Offensive trades | 66 | — | — |
| Non-mechanical factories | 206 | 2 | — |
| Mechanical Factories | 696 | 12 | 1 |
| Workplaces | 64 | — | — |
| Outworker's premises | 12 | — | — |
| Shop premises | 1,386 | 1 | — |
| Seamen's lodging houses :— | | | |
| Day | 362 | 8 | — |
| Night | 47 | — | — |
| Common lodging houses :— | | | |
| Day | 45 | 2 | — |
| Night | 2 | — | — |
| Other premises, etc. | 18,267 | 261 | 38 |
| Total | 33,995 | 2,162 | 456 |

The number of drains tested was 243 (170 with smoke and 73 with chemicals).

The following is a summary of nuisances abated, repairs executed, etc., under the supervision of the sanitary inspectors.

Vermin (Private Houses)

| | |
|---|----|
| Number of houses found verminous | 95 |
| Number of houses where vermin was abated | 38 |

Nuisances Abated, etc.

| HOUSES | | | | | |
|---|-----|-----|-----|-----|-----|
| Number extensively repaired | ... | ... | ... | ... | 62 |
| Number where minor repairs completed | ... | ... | ... | ... | 767 |
| Dirty conditions remedied | ... | ... | ... | ... | 1 |
| Accumulations removed | ... | ... | ... | ... | 4 |
| DRAINAGE | | | | | |
| Drains tested—smoke | ... | ... | ... | ... | 170 |
| Drains tested—chemicals | ... | ... | ... | ... | 73 |
| New drains constructed | ... | ... | ... | ... | 18 |
| Drains re-laid or repaired | ... | ... | ... | ... | 168 |
| Drains cleansed | ... | ... | ... | ... | 633 |
| Troughs provided | ... | ... | ... | ... | 10 |
| Troughs repaired | ... | ... | ... | ... | 3 |
| Bath and lavatory wastes renewed or repaired | ... | ... | ... | ... | 3 |
| Baths provided | ... | ... | ... | ... | 1 |
| W.C.'s | | | | | |
| Additional W.C.s provided | ... | ... | ... | ... | 20 |
| W.C.s reconstructed or repaired | ... | ... | ... | ... | 45 |
| Flushing apparatus provided | ... | ... | ... | ... | 11 |
| Flushing apparatus repaired | ... | ... | ... | ... | 9 |
| URINALS | | | | | |
| Flushing apparatus fixed or repaired | ... | ... | ... | ... | 1 |
| WATER SUPPLY | | | | | |
| Samples of Water taken for analysis | ... | ... | ... | ... | 27 |
| SWIMMING BATHS | | | | | |
| Samples of water taken | ... | ... | ... | ... | 229 |
| SEAMEN'S LODGING HOUSES | | | | | |
| Limewashing or cleansing carried out | ... | ... | ... | ... | 5 |
| Repairs or improvements effected | ... | ... | ... | ... | 4 |
| COMMON LODGING HOUSES | | | | | |
| Repairs or improvements effected | ... | ... | ... | ... | 2 |
| Vermin abated | ... | ... | ... | ... | 1 |
| TENTS, VANS, SHEDS | | | | | |
| Removed | ... | ... | ... | ... | 1 |
| AMUSEMENT PLACES | | | | | |
| Improvements effected | ... | ... | ... | ... | 3 |
| FOOD VEHICLES AND PERSONNEL | | | | | |
| Warnings regarding general cleanliness | ... | ... | ... | ... | 1 |
| ICE CREAM PREMISES | | | | | |
| Number of premises where sanitary improvements have been effected | ... | ... | ... | ... | 10 |
| Washing facilities provided or improved (geysers) | ... | ... | ... | ... | 15 |

FOOD SHOPS, KITCHENS, FRIED FISH SHOPS, ETC.

| | | | | | |
|---|-----|-----|-----|-----|----|
| Improved or repaired | ... | ... | ... | ... | 25 |
| Accumulations removed | ... | ... | ... | ... | 7 |
| Cleanliness improved | ... | ... | ... | ... | 30 |
| Washing facilities provided or improved (geysers) | ... | ... | ... | ... | 37 |

OFFENSIVE TRADES AND KNACKERS YARDS

| | | | | | |
|-----------------------|-----|-----|-----|-----|----|
| Improved and repaired | ... | ... | ... | ... | 1 |
| Dust bins provided | ... | ... | ... | ... | 25 |

BACK LANES

| | | | | | |
|-----------------------|-----|-----|-----|-----|---|
| Accumulations removed | ... | ... | ... | ... | 1 |
|-----------------------|-----|-----|-----|-----|---|

PHARMACY AND POISONS ACT

| | | | | | |
|--------|-----|-----|-----|-----|----|
| Visits | ... | ... | ... | ... | 74 |
|--------|-----|-----|-----|-----|----|

MERCHANDISE MARKS ACT, 1926

| | | | | | |
|------------------------------|-----|-----|-----|-----|-----|
| Visits | ... | ... | ... | ... | 118 |
| Warnings regarding labelling | ... | ... | ... | ... | 83 |

SHOPS ACT INSPECTIONS

| | | | | | |
|--|-----|-----|-----|-----|-------|
| Visits to shops | ... | ... | ... | ... | 1,386 |
| Visits to shops (Sundays) | ... | ... | ... | ... | 45 |
| Observations :— | | | | | |
| Closing Orders (Sundays) | ... | ... | ... | ... | 23 |
| Closing Orders | ... | ... | ... | ... | 38 |
| Half Holiday Orders | ... | ... | ... | ... | 530 |
| Notices provided or renewed :— | | | | | |
| Mixed shop and weekly half-holiday | ... | ... | ... | ... | 144 |
| Heating apparatus provided or repaired | ... | ... | ... | ... | 3 |
| Sanitary conveniences provided | ... | ... | ... | ... | 2 |
| Washing facilities provided | ... | ... | ... | ... | 2 |
| Cleansing carried out | ... | ... | ... | ... | 3 |
| Warnings :— | | | | | |
| Weekly half-holiday | ... | ... | ... | ... | 6 |
| Closing Orders | ... | ... | ... | ... | 29 |
| Young Persons (Employment Act) | ... | ... | ... | ... | 1 |
| Sunday closing | ... | ... | ... | ... | 14 |
| Notices served—intimation | ... | ... | ... | ... | 1 |

Common Lodging Houses.—There are two registered common lodging houses.

Seamen's Lodging Houses.—There are 38 licensed seamen's lodging houses.

RODENT CONTROL

One Rodent Officer and ten operatives are engaged solely on this work.

All sewers have been completely treated twice during the year ; districts which on previous occasions were found to be free from infestation were test baited and treatment followed where this was necessary. As a result of these operations 43 dead rats were found, and it is calculated that 15,622 rats were destroyed, (these figures are arrived at by using the Ministry of Agriculture and Fisheries formula, which is 2 ozs. of poison taken=5 rats killed). This was 3,867 fewer than the previous year.

Council properties including the Transport Department 'bus depots at Sloper Road, Newport Road, Clare Road, Wood Street, the Departmental Offices Wood Street, were all treated four times during the year. The Public Works Departments yards, stores, workshops and stable, Cardiff Central Market, Roath Abattoir, the main depot and other part of the Parks Department, and all the refuse tips in the City have also been regularly treated. As a result of these operations 14 dead rats were found and it is calculated that 409 rats were destroyed, 513 fewer than the previous year.

During the year the Corporation undertook to maintain treatments at 191 business premises (23 more than the previous year). These included food stores, cafes, warehouses, engineering works, the knackers yard, breweries, malthouses and cinemas. The total amount recovered for this work amounted to £1,500 which is an increase of £173 on the previous year. As a result of these operations 255 dead rats were found and it is calculated that 3,084 rats were destroyed. Several properties were also treated with "Warfarin" and as far as could be judged the results were excellent.

Private dwellings and minor infestations are dealt with entirely by two operatives who are in direct contact with the Sanitary Inspectors. They treated 137 business premises, 453 private dwellings and 68 Council properties. Two hundred and forty-six dead rats were recovered as a result of poisoning or trapping, and it is calculated that 1,450 rats were destroyed.

Thirty-one farms within the City were also inspected, 24 of which showed no evidence of rats, the remaining 7 had light infestations. The County Agricultural Executive Committee was notified and they have since dealt with the farms concerned.

The following table indicates the result of sewer treatments since this work was commenced in 1944. It will be observed that whereas at one time there were several very heavy infestations and numerous heavy infestations, today there are no very heavy or heavy infestations. The calculated kill based on the amount of bait taken shows a progressive drop and is now less than one fifth of what it was originally. These facts indicate that the consistent crusade against the rat over a period of 8 years has been effective.

Summary of Treatments

Total 60 Districts = 4,385 manholes in the City.

| Year | V. Heavy 20—30 | Heavy 10—20 | Mod. 5—10 | Light .05—5 | None | Calculated kill |
|--------------------|-------------------|----------------|--------------|----------------|------|--------------------|
| 1944 1st treatment | 7 | 21 | 15 | 15 | 2 | 43,952 |
| 1944 2nd treatment | 6 | 12 | 18 | 19 | 5 | 35,675 |
| 1946 1st treatment | 1 | 17 | 9 | 21 | 12 | 25,932 |
| 1947 1st treatment | Nil | 9 | 15 | 27 | 9 | 19,675 |
| 1948 1st treatment | Nil | 9 | 17 | 23 | 11 | 17,686 |
| 1948 2nd treatment | Nil | 5 | 16 | 25 | 14 | 14,696 |
| 1949 1st treatment | Nil | 4 | 14 | 25 | 17 | 13,326 |
| 1949 2nd treatment | Nil | 1 | 16 | 25 | 18 | 12,712 |
| 1950 1st treatment | Nil | 2 | 14 | 25 | 19 | 11,494 |
| 1950 2nd treatment | Nil | 1 | 17 | 26 | 16 | 11,664 |
| 1951 1st treatment | Nil | 1 | 10 | 22 | 27 | 9,516 |
| 1951 2nd treatment | Nil | 1 | 11 | 27 | 21 | 9,659 |
| 1952 1st treatment | Nil | Nil | 13 | 18 | 29 | 9,090 |
| 1952 2nd treatment | Nil | Nil | 12 | 21 | 27 | 8,677 |

FACTORIES

The numbers and type of factories on the register are as follows :—

| | | | | | |
|---------------------------|-----|-----|-----|-----|-----|
| Bakehouses | ... | ... | ... | ... | 90 |
| Laundries | ... | ... | ... | ... | 23 |
| Tailors | ... | ... | ... | ... | 46 |
| Dressmakers and Milliners | ... | ... | ... | ... | 35 |
| Boot Repairers | ... | ... | ... | ... | 97 |
| Miscellaneous | ... | ... | ... | ... | 808 |

Details of the sanitary inspection of factories under the Factories Act, 1937, are as follows :—

Part I of the Act

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

| PREMISES (1) | Number on Register (3) | Number of | | |
|--|---------------------------------|--------------------|---------------------------|--------------------------------|
| | | Inspections (4) | Written Notices (5) | Occupiers Prosecuted (6) |
| (i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities | 292 | 206 | 2 | — |
| (ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority | 720 | 696 | 12 | — |
| (iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) | 87 | 52 | — | — |
| Total | 1,099 | 954 | 14 | — |

2.—CASES IN WHICH DEFECTS WERE FOUND

| Particulars (1) | Number of cases in which defects were found | | | | Number of cases in which prosecutions were instituted (7) |
|--|---|-----------------|---|---|---|
| | Found (3) | Remedied (4) | Referred to H.M. Inspector (5) | Referred by H.M. Inspector (6) | |
| Want of cleanliness (S.1.) | 3 | 1 | — | 4 | — |
| Overcrowding (S.2.) | — | — | — | — | — |
| Unreasonable temperature (S.3.) | — | — | — | — | — |
| Inadequate ventilation (S.4.) | — | — | — | — | — |
| Ineffective drainage of floors (S.6.) | — | — | — | — | — |
| Sanitary Conveniences (S.7.) | | | | | |
| (a) Insufficient | 13 | 13 | — | 5 | — |
| (b) Unsuitable or defective | 10 | 10 | — | 17 | — |
| (c) Not separate for sexes | — | — | — | 1 | — |
| Other offences against the Act (not including offences relating to Out-work) | 5 | 4 | 1 | 4 | — |
| Total | 31 | 28 | 1 | 31 | — |

Part VIII of the Act

OUTWORK

| | Section 110 | | | Section 111 | | |
|--------------------------------------|---|---|---|--|--------------------|------------------|
| | No. of out-workers in August list required by Section 110 (1) (c) (3) | No. of cases of default in sending lists to the Council (4) | No. of prosecutions for failure to supply lists (5) | No. of instances of work in unwholesome premises (6) | Notices served (7) | Prosecutions (8) |
| Wearing Apparel— Making, etc. ... | 15 | — | — | — | — | — |

Atmospheric Pollution.—Complaints of smoke or grit emission were not numerous and no serious problem was involved. Those complaints that were received related in most instances to boilers at laundries which seem to be particularly prone to this type of nuisance. Poor quality fuel, or inefficient stoking was the main trouble and the Department received valuable assistance from the Regional Office, Ministry of Fuel and Power who, as in the past, were always ready to co-operate.

To ascertain the extent of air pollution from motor vehicle exhausts, tests were carried out on a Saturday when the traffic was at its heaviest. The spots chosen for the tests were in the neighbourhood of St. John's Square and Kingsway in the centre of the City but the amount of pollution registered was infinitesimal.

Public Swimming Baths.—These were regularly inspected and samples of the water were taken weekly. Invariably they were found to be satisfactory.

Cesspools, Earth and Pail Closets.—The number of properties without main drainage was further reduced by connecting to the sewer 7 houses with cesspool drainage.

Tents, Vans, Sheds.—A constant watch had to be observed to prevent indiscriminate camping, particularly in the Leckwith area. In many cases Police Court proceedings were taken by the City Police against gypsies who, if left undisturbed, would make some parts of the City a regular encampment. One application for a licence for a caravan was refused.

Insects.—Again very valuable assistance has been given by the Keeper of Zoology and his Deputy in identifying numerous insects brought to the Department by worried householders. In recent years complaints of woodworm and wasps nests have been much more numerous. In these, as with other insects, the Department is able to give advice and assistance.

Aged and Infirm Persons.—Only one case was compulsorily removed to an Institution under the powers in the National Assistance Act ; several other cases were admitted voluntarily.

Hairdressing Trades.—The Health Committee considered an application from the local branches of the National Hairdressers Federation for bye-laws covering the hygienic conduct of the trade. Unfortunately the Council are not in a position to make such bye-laws as there is no power to do so in a local Act.

Pet Animals Act, 1951.—This Act became operative during the year. The Sanitary Inspectors together with the Veterinary Officer were appointed authorised officers. Licences were issued for 15 pet animal shops.

Shops Act.—No infringements were detected which were sufficiently serious to warrant legal action. Three applications were received and granted exempting exhibitions from the normal closing hours and the weekly half holiday. In each case these were conditional on the assistants being limited to a 48 hour week with their usual half holiday.

Pharmacy and Poisons Act, 1933.—During the year 280 licences were renewed and 13 new licences were issued.

Legal Proceedings.—The following is a summary of legal proceedings taken during the year in connection with general sanitary inspection :—

| Acts, etc., under which proceedings were taken | Number | Fined | Cautioned | To pay costs | Dismissed | Withdrawn | Nuisance Order obtained | Amount of Fines and Costs |
|--|--------|-------|-----------|--------------|-----------|-----------|-------------------------|---------------------------|
| | | | | | | | | £ s. d. |
| Public Health Act, 1936 ... | 16 | 2 | — | — | — | 9 | 5 | 9 15 0 |
| Housing Act, 1936 ... | 2 | — | — | — | — | 2 | — | — — — |
| Merchant Shipping Act, 1894 | 1 | 1 | — | — | — | — | — | 2 1 0 |

Water Supply.—The Department is indebted to the Water Engineer (Mr. G. W. Cover) for the following information.

- (i) The quality and quantity of the water have been satisfactory.
- (ii) Bacteriological examinations of the water, before and after treatment, are taken also at various points on the distribution system. The total number of bacteriological samples taken was 554, which showed the bacterial quality of the water to be satisfactory. Chemical analyses of the water showed the chemical and physical characters to be satisfactory.
- (iii) The liability of plumbo-solvent action is negligible, but precautions are taken by way of the controlled alkalinity of the water.
- (iv) All potable water is sterilised by chlorine treatment.
- (v) It is estimated that there are approximately 77,250 separately rated dwelling places supplied within the area of supply, and the population served is estimated at 296,000. For practical purposes there is no domestic supply by means of standpipes.

FOOD AND MILK

All slaughtering, with the exception of a private slaughterhouse in connection with a Bacon Factory, is carried out at the Public Abattoir under the supervision of the Veterinary Officer. Carcasses at the private slaughterhouse are inspected by the Sanitary Inspector for the district. During the year 8,760 pigs were slaughtered at this slaughterhouse, tuberculosis being found in 72 instances, a proportion of 0·9 per cent. Twelve unsound carcasses of pork were destroyed, and the total weight of unsound meat, including offal, surrendered was 1 ton 7 cwt. 32 lbs.

Sanitary Inspectors made 6,408 visits to restaurants, food preparing places, shops, stores, markets, etc., in the city in connection with the hygienic condition of the premises and the inspection of foodstuffs. The approximate weight of diseased or unsound food surrendered as unfit was 49 tons 17 cwt. 22½ lbs., and 85 notices were served for the remedy of insanitary conditions.

Meat Hawkers.—Only one certificate approving of the storage accommodation for meat sold from a vehicle was issued during the year.

Knackers Yard.—The only Knackers Yard in the city is regularly inspected and as it is owned by one of the most reputable firms no difficulties are experienced.

Pets' Meat Shops are also subject to a routine inspection.

Offensive Trades.—Twenty-nine offensive trades are established in the city which include gut scrapers, tripe boilers, rag and bone dealers and a fish meal factory. These are kept under regular observation.

Ice Cream.—There are 62 firms or persons registered for the manufacture of ice cream ; of these only 29 are manufacturing at the moment, 14 producing a hot mix and the remainder a cold mix. Of the 578 retailers of ice cream only 97 sell it loose, the remainder being registered for wrapped ice cream only. Although it is doubtful whether the Act permits conditions of sale to be inserted on the licence, this is very desirable where numerous other commodities are sold from the same shop ; for this reason the Health Committee have always considered it desirable to issue licences in appropriate cases which are restricted to wrapped ice cream only.

Forty samples of ice cream were taken for bacteriological examination and of these 21 were in Provisional Grade 1, two in Provisional Grade 2 and none in either Provisional Grades 3 or 4. Seventeen samples could not be examined as it was impossible to observe the conditions for pre-incubation temperatures.

Since the operation of the Ice Cream (Heat Treatment) Regulations, a complete change has occurred in this trade and it is pleasing to record that seldom have new Regulations been so successful in achieving immediately desirable Public Health improvements. It is now unusual to receive an unsatisfactory report on a sample and the general standard of hygiene observed in ice cream premises is very high.

It will be noted that the number of manufacturers is decreasing. This does not mean that the popularity of ice cream is waning but is due to the fact that the small manufacturer is finding it more economical to purchase his supplies from the larger firms whose products are not only more palatable but can be relied upon to be of a satisfactory standard both chemically and bacteriologically.

Food Bye-laws.—The operation of these byelaws is not showing spectacular results but rather there is noticeable a steady improvement in the hygienic handling of food. At the same time much remains to be done as in some cases there is still deplorable carelessness during manufacture, and far too much food is displayed for sale without proper protection. It is pleasing to note the increased interest the public are taking in the clean food campaign for they, by refusing to patronise the dirty shop, can exercise a tremendous influence.

The unsatisfactory conditions in the Central Market will very largely be rectified when loan consent has been obtained for the installation of washing facilities, and the stall holders selling cooked meat etc., have provided glass fronts and tops to their stalls. Incidentally, some stall holders already deserve to be congratulated on the improved appearance of their stalls which sets a good example to the remainder.

The removal of the open air market from the Hayes to Mill Lane was long overdue. The new site is much more suitable and the type of stall is a decided improvement.

The outbreak of Paratyphoid during the summer months involved numerous special enquiries and investigations including the placing of sewer swabs in strategic positions. Every sewer outfall in the City was also swabbed and all were positive. Branches to the main outfalls were also positive and eventually it was only found practicable to follow back on the main outfall draining the district where the source of the infection was suspected to be. Positive swabs were found throughout the length of this sewer up to a point where only twelve houses were involved but no conclusive results could be obtained on the house drains of these houses.

Details of Premises registered under Section 47, Cardiff Corporation Act, 1934.

| | | | |
|-------------------------------------|-----|-----|-----|
| Manufacture of Ice Cream | ... | ... | 62 |
| Sale of Ice Cream | ... | ... | 578 |
| Preparation of Preserved Meat, etc. | ... | ... | 129 |
| Dairies | ... | ... | 67 |
| Shops selling Bottled Milk | ... | ... | 174 |

The number of inspections of these premises was :—

| | | | |
|-------------------------|-----|-----|-----|
| Ice Cream premises | ... | ... | 781 |
| Preserved Meat premises | ... | ... | 252 |
| Dairies and Milkshops | ... | ... | 850 |

MILK SUPPLY

Excluding those selling bottled milk only, there are 67 dairies on the register whilst there are 174 shops registered for the sale of bottled milk.

The Health Committee have always frowned upon the small general shop selling loose milk and have therefore established the principle of bottled milk only in such premises.

Eight firms are now producing pasteurised milk in local dairies. Of these 6 are using the Holder Process and 2 the H.T.S.T. process. Two firms are producing Sterilised Milk.

774 samples of Pasteurised Milk were taken to ascertain whether the standard was being maintained ; 174 of these were taken at the Railway Station and the remainder from the dairy or on the round ; 746 samples were in every respect satisfactory, 22 failed to comply with the Methylene Blue Test and 6 failed on the phosphatase test. In all cases where samples failed to comply with the standard follow up visits were made by Sanitary Inspectors.

87 samples of T.T. (Pasteurised) Milk were taken, one sample failing to satisfy the Methylene Blue Test, and one failed the phosphatase test. 95 samples of Sterilised Milk were taken and proved to be satisfactory.

Of 102 samples of Tuberculin Tested Milk examined 100 were up to standard and 2 failed in the Methylene Blue Test.

62 samples of ungraded raw milk were also examined ; 59 were satisfactory, 3 failed failing in the Methylene Blue Test.

Legal Proceedings (Food and Drugs)

| Acts, etc., under which proceedings were taken | Number | Fined | Cautioned | To pay costs only | Dismissed | With-drawn | Amount of Fines and Costs |
|---|--------|-------|-----------|-------------------|-----------|------------|---------------------------|
| | | | | | | | £ s. d. |
| Food and Drugs Act, 1938 | 4 | 2 | — | 1 | 1 | — | 12 10 0 |
| Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 ... | 3 | — | — | — | 3 | — | — — — |
| Food Standards (Ice-cream) Order 1951 | 4 | 3 | — | — | — | 1 | 42 7 0 |
| Defence (Sale of Food) Regulations 1943 & 1945 ... | 1 | 1 | — | — | — | — | 5 3 0 |
| Public Health (Meat) Regulations, 1924 | 2 | 2 | — | — | — | — | 2 0 0 |

X—Report for 1952 of

Mr. J. H. M. HUGHES, M.R.C.V.S., D.V.S.M.

Veterinary Officer

The work of the Veterinary Section of the Department consists of :—

- (1) The administration of the Diseases of Animals Act, 1950 and all Orders made thereunder by the Minister of Agriculture and Fisheries so far as they relate to the City of Cardiff.
- (2) The inspection of Livestock, Meat and Bye-products at Roath Abattoir.
- (3) The granting of veterinary health certificates for meat products as demanded by most importing countries.
- (4) The certification of disinfection of packing straw used in exported merchandise.
- (5) The management and maintenance of the Public Works Department's Stud of horses.
- (6) Veterinary attention to livestock on Whitchurch Hospital Farms.
- (7) Veterinary services to the City Police under the Protection of Animals Acts.
- (8) The supervision of the management and general administration of Roath Abattoir.

DISEASES OF ANIMALS ACTS AND ORDERS

The Veterinary Officer, being an appointed Inspector under the Act and Orders, is responsible for their general administration in the City. Fourteen highly contagious diseases are scheduled under the Act, viz :—Anthrax, Foot and Mouth Disease, Swine Fever, Sheep Scab, certain forms of Tuberculosis, Fowl Pest, Epizootic Abortion in Cattle, Parasitic Mange in Horses, Asses and Mules, Sheep Pox, Cattle Plague, Contagious Bovine Pluero-pneumonia, Glanders, Epizootic Lymphangitis and Rabies. The last six of these diseases have not been encountered in this country for many years and no case of parasitic mange has been recorded during the past three years.

A number of the now extinct scheduled diseases are prevalent abroad and strict quarantine regulations prevent their entry into this country. Below will be found details of investigations carried out and legislature implemented during the year.

Swine Fever Order, 1938.—During the year 27 suspected cases of Swine Fever were investigated all of which proved negative. The summary of Scheduled Diseases will show the serious nature of this disease and a policy of pig keepers reporting all deaths and severe illnesses amongst pigs has been advocated so as to detect and control the disease at an early stage.

Swine Fever (Eastern Counties Infected Area) Revocation Order, 1952.—This Order revoked the Swine Fever (Eastern Counties Infected Areas) Order, 1951, which was imposed as a result of a severe outbreak of Swine Fever in that area.

Regulation of Movement of Swine Order, 1950.—At the weekly livestock sales at Ely Market 28 licences were granted for the movement of 165 store pigs to premises in the City and Glamorgan County. In addition 2,200 pigs were licensed into the City by other Authorities. The assistance of the City Police was welcomed in visiting the premises to which pigs were licensed during the subsequent 28 days compulsory detention. In every case the conditions of the licence were obeyed.

Rabies Order, 1938.—The introduction of Rabies, which is now extinct, is always a matter of concern in a port town. During the year 57 dogs, reported by the City Police as having bitten persons, were examined and found free from communicable disease.

Foot and Mouth Disease Orders, 1928-1938.—Foot and Mouth Disease was very prevalent throughout Great Britain during the year causing 495 outbreaks involving the slaughter of 75,454 animals. The disease situation was so serious as to cause the Minister of Agriculture to invoke the provisions of the Foot and Mouth Disease (Controlled Areas) Order, 1938, which controlled the movements of farm livestock over an extensive area of the country. Fortunately, Cardiff was well clear of all outbreaks and no restrictions on the movement of local stock were imposed.

Prohibition of Landing of Animals and Hay and Straw from the Channel Islands Order, 1952.—Owing to an outbreak of Foot and Mouth Disease in Jersey the Order prohibited the importation of ruminating animals, swine, hay and straw from the Islands. The Order was revoked in the 3rd quarter of the year to be followed by a further No. 2 Prohibiting Order which was in operation at the end of the year.

Anthrax Order, 1938.—Bacteriological examinations were carried out at Roath Abattoir on 3 suspicious cases which all proved negative.

Transit of Horses Order, 1951.—Under the provisions of this Order 78 horses were examined prior to loading at a Cardiff cattle sidings. All were found fit to travel.

Transit of Animals Orders, 1927-1947.—A total of 76 cattle destined for the knacker trade were examined at Fairwater cattle sidings before loading. There was no reason to prohibit the carriage of any animal.

One cattle lorry was put out of commission by the charterers owing to defective bodywork.

Horses (Sea Transport) Order, 1952.—This Order re-enacts, with minor amendments, the provisions of the Exportation and Transit of Horses, Asses and Mules Orders of 1921, 1923 and 1927 and extends these Orders to horses shipped to Great Britain from Overseas.

Animals (Landing from Ireland, Channel Islands and Isle of Man) Order, 1952.—During the year, 1,036 Irish fat cattle were licensed from the port of Birkenhead to Roath Abattoir for slaughter. A further 36 imported Irish cattle were licensed to a City farm from Newport Market. They were inspected during the requisite six days detention.

Movement of Animals (Records) Order, 1925.—Proceedings were instituted against one pig-keeper for failing to keep records of movements of stock. A fine of £1 was imposed.

Diseases of Animals (Boiling of Animal Foodstuffs) Order, 1947.—Thirty-one visits were paid to pig-keepers premises for the inspection of boiling facilities. In all cases the Order was duly obeyed.

Markets, Sales and Lairs Orders, 1925-1927.—All weekly sales of livestock at Ely Market were visited in connection with this Order.

Fowl Pest Order, 1936.—One suspected case of Fowl Pest in the City was investigated which proved negative. The disease continues to be prevalent in this country and the following Orders of the Minister of Agriculture were made to control it.

Live Poultry (Restrictions) Order, 1952.—This Order revoked previous Orders made for the control of movement of live poultry. It defined an area of Lancashire as scheduled where special restrictions were imposed and prohibiting the holding of Sales of live poultry throughout the country, except under licence.

During the year 125 day old chicks were licensed from the Scheduled Area to a Cardiff premises. These were visited and found to be detained for the requisite 28 days. Information was submitted to the Town Clerk on chicks and goslings found in Cardiff Central Market. As the birds were in course of delivery he considered the evidence too weak for proceedings and he instructed the stall holders concerned on their obligations under the Order.

The Live Poultry (Restrictions) (Amendment) Order, 1952.—This Order revoked Part II of the Live Poultry (Restrictions) Order, 1952, thereby removing the special restrictions imposed on poultry in the Scheduled Lancashire Area. At the end of the year uniform conditions applied to the movement and marketing of poultry throughout England and Wales (except the Isles of Scilly).

Poultry Pens, Fittings and Receptacles (Disinfection) Order, 1952.—This Order requires pens, fittings and receptacles used for poultry shows and exhibitions to be cleansed and disinfected. It also requires the notification of intention to hold a poultry show. During the year one poultry show was held in the City which was visited for the purposes of the Order. The Order revokes the Poultry Markets and Receptacles (Disinfection) Order of 1936 and the Poultry Markets and Receptacles (Disinfection) (Amendment) Order of 1937.

Poultry and Hatching Eggs (Importation) (Amendment) Order, 1952.—This Order amends a schedule to the Poultry and Hatching Eggs (Importation) Order of 1947 and prohibits the importation of live poultry and hatching eggs from Canada, Holland and the Union of South Africa.

Diseases of Animals (Therapeutic Substances) Order, 1952.—This Order prohibits the manufacture for sale or the importation of sera, antitoxins, vaccines and antigens except under licence and prescribes a standard of purity for such agents.

The Tuberculosis (South West Wales Eradication Area) Order, 1952.—Under the Attested Herds Scheme of 1950 an area comprising the County of Cardigan and the major parts of the counties of Carmarthen and Pembroke was declared an Eradication Area. In the area all bovine animals which were not voluntarily subjected to the tuberculin test were compulsorily tested and reactors eliminated. The movements of all incoming stock were subject to licence and confined to tested animals.

The Tuberculosis (South West Scotland Eradication Area) Order, 1952.—Conditions similar to the above were applied to an area comprising the counties of Ayr, Dumfries, Kirkcudbright, Renfrew, Wigton and parts of the Counties Argyll and Bute.

SUMMARY OF OUTBREAKS OF SCHEDULED DISEASES IN GREAT BRITAIN FOR YEARS
1949-1952

| | 1952 | 1951 | 1950 | 1949 |
|-------------------------------|-------|-------|------|------|
| Anthrax | 1,215 | 407 | 344 | 244 |
| Foot and Mouth Disease | 495 | 116 | 20 | 15 |
| Fowl Pest | 498 | 844 | 172 | 582 |
| Sheep Scab | 1 | 16 | 26 | 46 |
| Swine Fever | 891 | 1,343 | 430 | 5 |

THE TUBERCULOSIS (ATTESTED HERDS) SCHEME, 1950

This scheme which aims at the entire eradication of bovine tuberculosis has made good progress during the year as shewn by the comparative figures below. At the 31st December there was a total of 3,702, 995 tubercle free cattle in the country which is 39.8% of the total cattle population. The number of cattle herds totally free from the disease are:—

| | England | Wales | Scotland | Total |
|---------------------------|---------|--------|----------|--------|
| 31st December 1952 | 46,878 | 26,269 | 23,282 | 96,429 |
| " " 1951 | 36,181 | 20,640 | 17,204 | 74,025 |
| " " 1950 | 25,814 | 15,543 | 13,688 | 55,045 |
| " " 1949 | 18,838 | 13,818 | 12,233 | 44,889 |

PROTECTION OF ANIMALS ACT, 1911

All work under this Act was carried out at the request of the City Police. During the year 20 dogs, 3 cats, 2 horses, 1 cow and 1 pig which were injured in road accidents, were attended. Of these animals, 1 horse, 6 dogs and 1 cat were destroyed and the remainder were treated for injuries.

DISINFECTION OF PACKING STRAW

Owing to the possible transfer of the virus of Foot and Mouth Disease by way of packing straw, most importing countries insist on the effective disinfection of straw used to pack merchandise and require certificates to this effect. During the year I made frequent inspections of the disinfecting plant of a local firm and issued certificates in respect of the following consignments :—

| | | | | | |
|--------------|---------|-------------|--------|---------------------|--------|
| South Africa | ... 534 | New Zealand | ... 31 | Australia | ... 31 |
| Canada | ... 19 | Cyprus | ... 32 | Newfoundland | ... 14 |
| N. Ireland | ... 4 | Venezuela | ... 1 | Portugese W. Africa | 2 |
| Trinidad | ... 1 | Panama | ... 3 | U.S.A. | ... 1 |
| Sweden | ... 1 | | | | |

MEAT INSPECTION SERVICE

The service entails the employment of three full-time meat inspectors with the Veterinary Officer acting as Chief Meat Inspector. With the exception of one bacon factory, all animals for human consumption are slaughtered at Roath Abattoir where meat inspectors are on duty at all times during slaughtering operations. It is to be noted that Roath Abattoir serves a large consuming public outside the City, such as Penarth, Whitchurch, Caerphilly and Abertridwr.

All animals arriving for slaughter are subjected to veterinary ante-mortem inspection which serves the useful purpose of detecting any unfit animals which are subjected to a special inspection and possible detention after slaughter for bacteriological examination. Furthermore, cases of scheduled disease can be found at once and dealt with under the various Orders before contamination of the slaughterhouse results.

CARCASES AND ORGANS INSPECTED AND REJECTED AS UNFIT FOR FOOD

(Form as set out by the Ministry of Health)

| | Cattle excluding Cows | Cows | Calves | Sheep and Lambs | Pigs |
|--|-----------------------------|-------|--------|-----------------------|-------|
| Number Killed | 8,524 | 4,278 | 3,361 | 53,996 | 3,840 |
| Number Inspected | 8,524 | 4,278 | 3,361 | 53,996 | 3,840 |
| ALL DISEASES EXCEPT TUBERCULOSIS. | | | | | |
| Whole carcasses condemned | 18 | 1 | 45 | 70 | 28 |
| Carcases of which some part or organ was condemned | 177 | 329 | 225 | 10,628 | 315 |
| Percentage of number inspected affected with disease other than Tuberculosis | 2.07 | 7.63 | 6.69 | 19.68 | 8.20 |
| TUBERCULOSIS ONLY. | | | | | |
| Whole carcasses condemned | 15 | 82 | 6 | nil | 24 |
| Carcases of which some part or organ was condemned | 788 | 1,385 | 13 | nil | 305 |
| Percentage of the number inspected affected with Tuberculosis | 9.20 | 32.37 | 0.38 | nil | 7.94 |

ANIMALS SLAUGHTERED—COMPARATIVE TABLE

| | YEAR | | | | | |
|---------------|--------|--------|--------|--------|--------|--------|
| | 1952 | 1951 | 1950 | 1949 | 1948 | 1939 |
| Cattle | 12,802 | 14,675 | 14,837 | 12,687 | 11,767 | 6,693 |
| Calves | 3,361 | 5,686 | 8,316 | 8,330 | 6,547 | 7,788 |
| Sheep | 53,996 | 43,710 | 42,844 | 44,099 | 40,024 | 53,632 |
| Pigs | 3,840 | 3,024 | 1,693 | 1,686 | 578 | 25,257 |
| Total | 73,999 | 67,095 | 67,690 | 66,802 | 58,916 | 93,370 |

TABLE SHOWING CAUSES OF REJECTION OF CARCASSES AND PART CARCASSES

| | Cattle | | Calves | | Sheep | | Pigs | |
|---|--------|--------|--------|------|-------|------|-------|-------|
| | Total | Part | Total | Part | Total | Part | Total | Part |
| Tuberculosis | 97 | 173 | 6 | — | — | — | 24 | 176 |
| Bruising | 2 | 53 | — | 1 | — | 14 | — | 8 |
| Oedema and/or Emaciation | 8 | — | 5 | — | 51 | — | 16 | — |
| Peritonitis | — | 3 | — | — | — | — | 1 | 2 |
| Urticaria | — | — | — | — | — | — | — | 4 |
| Fevered, Moribund or Ill-bled | 3 | — | 4 | — | 9 | — | 5 | — |
| Septic Conditions | 3 | 9 | 2 | — | 8 | 6 | 4 | 10 |
| Jaundice | — | — | 5 | — | — | — | — | — |
| Immature | — | — | 22 | — | — | — | — | — |
| Arthritis | — | 3 | — | — | — | 3 | — | 11 |
| Osteomyelitis | — | 2 | — | — | — | — | — | — |
| Nephritis | — | 13 | — | — | — | — | — | — |
| Calcification | — | 6 | — | — | — | — | — | — |
| Fibrosis | — | 1 | — | — | — | — | — | 1 |
| Lympho Sarcoma | 1 | — | — | — | — | — | — | — |
| Bone Taint | — | 54 | — | — | — | 1 | — | — |
| Decomposition | — | 5 | — | — | — | — | — | 2 |
| Pyæmia | — | — | 4 | — | — | — | — | — |
| Acetonaemia | 2 | — | — | — | — | — | — | — |
| Uraemia | — | — | 2 | — | — | — | — | — |
| Erysipelas | — | — | — | — | — | — | 2 | 6 |
| Atrophy | — | 1 | — | — | — | — | — | — |
| Joint Ill | — | — | 1 | — | 1 | — | — | — |
| Gangrene | — | — | — | — | 1 | — | — | — |
| Melanosis | — | — | — | — | — | — | — | 3 |
| Total | 116 | 323 | 51 | 1 | 70 | 24 | 52 | 223 |
| Weight in lbs. | 58,487 | 28,380 | 2,018 | 8 | 2,093 | 257 | 6,385 | 3,801 |

TABLE SHOWING INCIDENCE OF TUBERCULOSIS IN ORGANS

| Animals Slaughtered | | Organs affected with Tuberculosis | Percentage | Percentage for 1951 |
|---------------------|-----------------------|-----------------------------------|------------|---------------------|
| Cattle | Bulls | 40 | 13·55 | 24·01 |
| | Heifers/Steers | 722 | 8·77 | 8·11 |
| | Cows | 1,295 | 30·29 | 33·57 |
| Calves | 3,361 | 13 | 0·38 | 0·31 |
| Sheep | 53,996 | nil | nil | nil |
| Pigs | 3,840 | 305 | 7·94 | 8·62 |

WEIGHT OF MEAT AND OFFAL REJECTED FROM ANIMALS SLAUGHTERED AT ROATH ABATTOIR

| | Tons | Cwts. | Qrs. | Lbs. |
|--------------------------------|------|-------|------|------|
| 116 Carcases Beef | 26 | 2 | — | 23 |
| 51 Carcases Veal | — | 18 | — | 2 |
| 70 Carcases Mutton | — | 18 | 2 | 21 |
| 52 Carcases Pork | 2 | 18 | 3 | 5 |
| 323 Part Carcases Beef | 12 | 13 | 1 | 16 |
| 1 Part Carcase Veal | — | — | — | 8 |
| 24 Part Carcases Mutton | — | 2 | 1 | 5 |
| 223 Part Carcases Pork | 1 | 13 | 3 | 21 |
| Cattle Offal | 100 | — | 1 | 25 |
| Calf Offal | — | 9 | 1 | 6 |
| Sheep Offal | 6 | 11 | — | 25 |
| Pig Offal | 5 | 1 | 1 | 7 |
| Total | 157 | 9 | 2 | 24 |

WEIGHT OF MEAT AND OFFAL REJECTED EX OTHER SLAUGHTERHOUSES

| | Tons | Cwts. | Qrs. | Lbs. |
|------------------------------|------|-------|------|------|
| 1 Carcase Veal | — | — | 1 | 14 |
| 4 Carcases Mutton | — | — | 3 | 3 |
| 1 Carcase Pork | — | 1 | — | 16 |
| 5 Part Carcases Beef | — | 2 | 3 | 18 |
| 27 Part Carcases Pork | — | 4 | 3 | 4 |
| Beef Offal | — | 3 | 1 | 4 |
| Pig Offal | — | 2 | 1 | 11 |
| Total | — | 15 | 2 | 14 |

GRAND TOTAL OF MEAT AND OFFAL REJECTED AT ROATH ABATTOIR DURING 1952

158 tons

5 cwts.

1 Qrs.

10 lbs.

TABLE SHOWING INCIDENCE OF CYSTICERCUS BOVIS

| Number of Cattle Killed | Number of Cases of Cyst. Bovis | Percentage of Infestation | Total Percentage |
|---------------------------|--------------------------------|---------------------------|------------------|
| 4,278 Cows | 15 | 0·35 | } 0·49 |
| 8,524 Other cattle | 48 | 0·56 | |

NUMBER OF DISEASED ORGANS REJECTED

| | Bovine | Swine | Sheep |
|-----------------------------------|--------|-------|-------|
| HEADS (including tongues)— | | | |
| Tuberculosis | 1,741 | 167 | — |
| Other Conditions | 201 | — | 1 |
| LUNGS— | | | |
| Tuberculosis | 2,035 | — | — |
| Other Conditions | 498 | — | — |
| HEARTS— | | | |
| Tuberculosis | 2,012 | — | — |
| Other Conditions | 506 | — | — |
| PLUCKS— | | | |
| Tuberculosis | — | 132 | — |
| Other Conditions | — | 299 | 2,882 |
| UDDERS— | | | |
| Tuberculosis | 5 | — | — |
| Other Conditions | 4,088 | — | — |
| THICK SKIRTS— | | | |
| Tuberculosis | 1,156 | — | — |
| Other Conditions | 398 | — | — |
| SPLEENS— | | | |
| Tuberculosis | 2,049 | — | — |
| Other Conditions | 301 | — | — |
| LIVERS— | | | |
| Tuberculosis | 538 | 2 | — |
| Other Conditions | 3,477 | 54 | 7,814 |
| TRIPES— | | | |
| Tuberculosis | 259 | — | — |
| Other Conditions | 839 | — | — |

Condemnation Certificates.—733 Certificates were granted in respect of condemned carcasses and offals at Roath Abattoir during the year 1952.

VETERINARY SERVICES TO OTHER DEPARTMENTS

Public Works Department.—140 visits were paid to Trade Street Stables in connection with the management and maintenance of the stud of horses. St. Mellons and Llanvithyn were visited for the purpose of purchasing horses.

Police Department.—78 visits were paid to animals at the request of the City Police.

Cardiff Mental Hospitals Management Committee.—By virtue of a financial arrangement, veterinary attention is given to all livestock owned by this Committee. During the year 58 visits were paid to Whitchurch Hospital Farms.

ROATH MARKET ADMINISTRATION

The Cardiff City Council at their meeting held on the 14th January, 1952, approved the transfer of the management of Roath Market and Municipal Abattoir from the Civic Buildings, Markets, etc., Committee to the Health Committee. The property ceased to be used as a livestock market many years ago and as a meat market since 1940. All operations are now concerned with the slaughter of cattle, sheep, pigs, goats and calves and matters

incidental thereto. Horses have at no time been slaughtered in the abattoir. On the introduction of the Control of Meat and Livestock Order 1940 the slaughter of all animals at the abattoir, except goats, came under the control of the Ministry of Food who installed their own Slaughterhouse Manager. Some Local Authorities agreed to the requisition of their abattoirs on an annual rental basis but the Civic Buildings, Markets, etc., Committee elected to operate the Cardiff abattoir on a toll basis, similar to that existing in the pre-control period and to be responsible for all maintenance, repairs and alterations to the abattoir. The slaughtering tolls charged, which are enumerated below, are the maxima allowed by the governing Act and are out of all proportion to present-day costs of operation. To meet the inevitable deficiency the Ministry of Food reimburse the Corporation to the extent of 90% of the difference between such deficiency and any incurred in the year 1938/39. Amending legislation authorising increased slaughtering tolls is long overdue and is a matter of concern to the Health Committee who have already made representations to the Association of Municipal Corporations in this direction.

The abattoir was taken over by the Health Committee in a poor state of repair, a considerable portion of which was due to enemy action. All war damage repairs have, to date, been borne out of income while awaiting a final settlement between the Corporation and the War Damage Commissioners. The interior of the cattle sheds were in a deplorable condition necessitating complete renewal and repair of partitions and mangers. The main electric cable was insufficient for the load of current causing periodic breakdowns and interference with work. A heavier cable was installed and all switchgear renewed. Covered cattle lairage was inadequate resulting in cattle standing in the open in inclement weather. New covered lairage was provided for about 80 cattle.

A scheme for the modernisation of the cattle and sheep slaughter hall is prominent in the minds of the Health Committee but progress in this direction is curtailed pending a declaration of Government Policy as to the future marketing of meat and livestock, as such policy will dictate the form of alteration most suitable for future trade requirements. Furthermore, an Abattoir Siting Committee, under the aegis of the Ministry of Food, is now meeting to examine present abattoir facilities and to make recommendation as to the future permanent sites and throughputs of existing premises and new abattoirs. Our slaughterhouse equipment, particularly the hand operated beef winches, are very old and in constant need of repair, which is proving a prominent item in our expenditure.

SCHEDULE OF MARKET TOLLS AND CHARGES

| | <i>Cattle</i> | <i>Sheep</i> | <i>Calves</i> | <i>Pigs</i> |
|-----------------------|---------------|-----------------|---------------|-----------------|
| Slaughtering Tolls | 2/6 | 6d. | 1/0 | 9d. |
| Carcase Market Charge | 1/0 | 2d. | 6d. | 6d. |
| Weighing Charge | 1½d. per qtr. | 1d. | 2d. | 2d. |
| Market Tolls | 3d. | 1d. | 2d. | 1d. |
| Live Weighings | 6d. | 3d. (5 or less) | 6d. | 3d. (5 or less) |
| Lairage Charge | 3d. | ½d. | 2d. | 1d. |
| Stunning Charge | — | 1d. | 1d. | 1d. |

(Offals charged at 1d. for every 5)

STAFF TRANSFERRED FROM THE CIVIC BUILDINGS, MARKETS, ETC., COMMITTEE

| | | | | |
|--------------------|------------------------------------|--|---------|---------------|
| <i>Officials</i> | Manager : | Deputy Manager : | Clerk : | Checkweighman |
| <i>Other Staff</i> | 2 Weighman Cleaners : | 1 Boilerman : | | |
| | 4 General Cleaners : | 2 Nightworkers (Watchman rates of pay) : | | |
| | 1 Part-time female office cleaner. | | | |

ANIMALS SLAUGHTERED

The total number of animals slaughtered at the abattoir during the year are as given under the section of the report dealing with Meat Inspection.

XI—Report for 1952 of

Mr. STANLEY DIXON, M.Sc., F.R.I.C., Public Analyst.

The work carried out in the City Analyst's Laboratory during the year 1952, is summarised in the following table, which shows the total number of samples examined and reported upon and the headings under which they were classified :—

For the City of Cardiff :

| | | | | |
|--|-----|-----|-----|-------|
| Under the Food and Drugs Act | ... | ... | ... | 1,403 |
| Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations | ... | ... | ... | 92 |
| For the Port Health Authority | ... | ... | ... | 30 |
| Under the Fertilisers & Feeding Stuffs Act | ... | ... | ... | 27 |
| For the Public Health Department | ... | ... | ... | 69 |
| For the City Surveyor's Department | ... | ... | ... | 24 |
| From other sources | ... | ... | ... | 12 |
| | | | | 1,657 |

For the County Borough of Swansea :

| | | | | |
|--|-----|-----|-----|-------|
| Under the Food and Drugs Act | ... | ... | ... | 555 |
| For the Public Health Department | ... | ... | ... | 13 |
| For the Waterworks Department | ... | ... | ... | 2 |
| For the Weights and Measures Department—Under the Fertilisers & Feeding Stuffs Act | ... | ... | ... | 25 |
| For the Borough Architect's Department | ... | ... | ... | 3 |
| For the Port Health Authority | ... | ... | ... | 21 |
| | | | | 619 |
| Total | ... | ... | ... | 2,276 |

A separate report on the work carried out for the County Borough of Swansea is made to the Swansea Health Committee.

CHANGES IN FOOD LEGISLATION

During the year under review, the Minister of Food made two new Food Standards Orders regulating the composition of Coffee Mixtures and Suet, while the standards for Ice-cream, which were introduced in March, 1951, were modified on account of a shortage of milk powder and fats. These, and other alterations in the legislation having a bearing on the work of the Public Analyst, are briefly referred to below.

The Food Standards (Coffee Mixtures) Order, 1952.—This Order, which came into operation on the 21st September, 1952 for all sales, prescribed standards for coffee and chicory mixtures and for coffee and fig mixtures, as follows :—

Coffee and chicory mixtures, including French coffee, shall be mixtures of coffee and chicory only ; each such mixture to contain not less than 51 per cent. by weight of pure coffee.

Coffee with fig flavour or fig seasoning, including Viennese coffee, shall be a mixture of coffee and figs only ; each such mixture to contain not less than 85 per cent. by weight of pure coffee.

The Food Standards (Suet) Order, 1952.—This Order which came into force on the 28th December, 1952 for all sales, revoked and replaced the Food Standards (Shredded Suet) Order, 1944. It made a standard for block suet for the first time and prescribed a revised standard for shredded suet :—

Block suet must consist of rendered beef suet, be free from fibrous tissue, and contain not less than 99 per cent. by weight of beef fat.

Shredded suet must consist of rendered beef suet with farinaceous material, be free from fibrous tissue, be shredded, flaked or otherwise comminuted, and contain not less than 83 per cent, by weight of beef fat.

Ice-cream.—On the 4th July, 1952, the Minister of Food announced that in order to avoid a reduction in the supply of ice-cream it was necessary, because of a shortage of milk powder and fats, to modify the standard that was introduced in March, 1951. Accordingly, the minimum fat content was reduced from 5 per cent. to 4 per cent. and the minimum non-fatty milk solids content from 7.5 per cent. to 5 per cent. with effect from the 7th July, 1952. The minimum sugar content was maintained at 10 per cent.

Mineral Oil in Food.—The Mineral Oil in Food Order, 1949, which came into operation in April of that year prohibits the use of mineral oil in the composition or preparation of any article of food intended for sale or sold for human consumption. There is an exemption from this prohibition, however, if the mineral oil content does not exceed 0.2 per cent. by weight of the food and its presence is due, not to inclusion as an ingredient, but to its use as a lubricant or greasing agent on a surface with which the food necessarily comes into contact during preparation.

As from the 1st August, 1950, this Order was amended to provide exemption also for dried fruits (defined as prunes, currants, sultanas and raisins) when these contained not more than one per cent. by weight of mineral oil, and for articles of food containing mineral oil through the use of such dried fruit as an ingredient.

The Minister of Food explained that this amendment was necessary because large stocks of dried fruit had been treated with mineral oil in the countries of origin as a deterrent to infestation, to prevent crystallisation of the natural sugars and to facilitate separation of the berries in manufacturing processes. It was intended, however, that this amendment should be a temporary measure, and exporting countries were requested to stop the use of mineral oil for the treatment of dried fruit for consignment to the United Kingdom.

By a further amending Order that came into operation on the 19th October, 1952, the amount of mineral oil permitted in dried fruit was reduced from one part to 0.5 parts per cent. by weight and corresponding reductions were made as respects the mineral oil content of foods in which dried fruit has been used as an ingredient. In a circular letter sent with this amending Order it was explained that a satisfactory substitute for mineral oil for the surface treatment of dried fruits has not yet been found. Investigation into alternative methods of treatment is still proceeding and it is hoped that it may be possible eventually to dispense with the need to use mineral oil for this purpose.

Sausages.—The ban on the use of soya products in the manufacture of sausages was lifted in March and in June the provisions permitting milk powder and vegetable fat to count as part of the meat content were removed.

Dehydrated Vegetables.—During the war the Minister of Food, acting under powers conferred upon him by the Defence (General) Regulations, 1939, authorised the importation into the United Kingdom and sale of certain dehydrated vegetables containing limited amounts of sulphur dioxide preservatives. On the 27th November, 1952, the Minister issued a revised schedule of such vegetables. Dehydrated cabbage is allowed up to 3,000 parts per million of sulphur dioxide, dehydrated runner beans, turnips, spinach, swedes, peas, mixed vegetables, parsnips and carrots up to 2,000 parts per million and dehydrated potatoes up to 550 parts per million.

Christmas Puddings.—By an amendment of the labelling of Food Order, 1950, that came into operation on the 31st March, 1952, the ingredients of Christmas puddings must now be declared on the label. The declaration must be in the specified manner, i.e., in descending order of the proportions in which the ingredients were used.

Liqueur Chocolates.—In a circular letter to Food & Drugs Authorities, the Ministry of Food has expressed the view that the use of the word "liqueur" in the description of products that contain no alcohol should be abandoned and, following discussions with the Association representing the chocolate and sugar confectionery manufacturers, has agreed that such articles might be described as "imitation liqueur chocolates" provided this description is followed immediately by the word "non-alcoholic" in substantially the same size type.

Samples taken under the Food and Drugs Act, 1938.

The total number of samples of food and drugs examined during the year for the City of Cardiff was 1,403. The fact that a sample is obtained under the provisions of the Food and Drugs Act does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon, regard was given to all relevant legislation.

The nature of the various articles submitted, the numbers of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the table below.

Samples submitted under the Food and Drugs Act during 1952.

| Nature of Sample | Number examined | Number unsatisfactory |
|---------------------------------------|-----------------|-----------------------|
| Apple sauce, Canned | 1 | 1 |
| Apricots, Dried | 2 | — |
| Baking powder | 1 | — |
| Barley, Pearl | 1 | — |
| Beans, Canned | 1 | — |
| Beans, Haricot | 1 | 1 |
| Beverage Powder | 3 | — |
| Blackcurrant juice | 1 | — |
| Bread | 6 | 3 |
| Butter | 10 | — |
| Cake | 1 | — |
| Cake mixture, Sweetened | 5 | — |
| Cheese products | 3 | 2 |
| Cherries, Glace | 6 | — |
| Cinnamon, Ground | 4 | — |
| Citrus peel, Cut | 5 | — |
| Cocoa | 2 | — |
| Coffee | 3 | — |
| Coffee and chicory essence | 4 | — |
| Condiment (vinegar substitute) | 2 | — |
| Cooking fat | 5 | — |
| Cornflour | 1 | — |
| Cream, Synthetic | 2 | — |
| Cream powder, Synthetic | 1 | — |
| Crisps | 1 | 1 |
| Dates | 2 | 1 |
| Dessert sauce powder | 2 | — |
| Drugs and Medicinal preparations— | | |
| Aspirin tablets | 4 | — |
| Bicarbonate of soda | 2 | — |
| Boric ointment | 3 | — |
| Camphorated oil | 3 | — |
| Castor oil | 3 | — |
| Citric acid | 2 | — |
| Cough mixture | 1 | — |
| Cream of tartar | 3 | — |
| Epsom salts | 3 | — |
| Glucose | 1 | — |
| Glucose pastilles | 1 | — |
| Glycerine | 1 | — |

Samples submitted under the Food and Drugs Act during 1952—continued.

| Nature of Sample | Number examined | Number unsatisfactory |
|---|-----------------|-----------------------|
| Drugs and Medicinal preparations (cont.)— | | |
| Glyceryl monostearate | 1 | — |
| Iodine, Tincture of | 5 | — |
| Iodised salt | 2 | — |
| Liquorice powder, Compound | 2 | — |
| Parrish's Food | 1 | — |
| Peppermints, Medicinal | 2 | — |
| Rose hip syrup | 1 | — |
| Sulphur ointment | 2 | — |
| Vitamin C tablets | 2 | — |
| Zinc ointment | 2 | — |
| Fish & Shellfish, Canned | 14 | 3 |
| Fish (Crab), Potted | 1 | — |
| Fish paste | 2 | — |
| Flour and Self-raising flour | 4 | — |
| Fruit in syrup, Canned | 12 | 5 |
| Fruit curd | 2 | — |
| Ginger, Ground | 2 | — |
| Gravy colouring | 1 | — |
| Horseradish cream | 1 | — |
| Ice-cream | 14 | 3 |
| Ice lolly | 1 | — |
| Jam | 9 | 1 |
| Jelly crystals and tablets | 5 | 1 |
| Lard | 5 | — |
| Lemon juice | 2 | — |
| Margarine | 10 | — |
| Marshmallow creme | 1 | — |
| Meat and meat products | 16 | 3 |
| Meringue powder | 1 | — |
| Milk | 1,085 | 73 |
| Milk, Appeal-to-cow samples | 11 | 4 |
| Milk, Condensed | 1 | 1 |
| Mincedmeat, Canned | 2 | — |
| Mint in vinegar | 2 | — |
| Nutmegs, Ground | 1 | — |
| Oatmeal and Breakfast oats | 2 | — |
| Orange juice | 1 | — |
| Peas, Canned | 2 | — |
| Pepper | 6 | — |
| Pineapple juice, Canned | 2 | — |
| Pudding mixtures, Sweetened | 1 | — |
| Rice and ground rice | 3 | — |
| Rice, Cooked creamed | 1 | — |
| Salad cream | 3 | — |
| Semolina | 2 | — |
| Sherbet powder | 1 | — |
| Soft drinks | 5 | — |
| Soup, Canned | 1 | 1 |
| Soup powder | 1 | — |
| Spice, Mixed | 1 | — |
| Spirits | 6 | — |
| Stuffing, Sage and onion | 3 | — |
| Suet, Shredded | 1 | — |
| Sultanas | 5 | 1 |
| Sweetening tablets | 1 | — |
| Sweets | 2 | — |
| Tea | 7 | — |
| Tea extender tablets | 2 | — |
| Tomato products | 7 | — |
| Tomatoes, Canned | 2 | — |
| Trifle mixture | 1 | 1 |
| Vegetable salad | 1 | — |
| Vinegar | 5 | — |
| Total | 1,403 | 106 |

Of the 1,085 samples of milk taken in the ordinary way by the Sampling Officers from roundsmen, at wholesale dairies, and at schools and hospitals, 9 contained added water, 55 others contained less than the presumptive minimum or 3.0 per cent. of fat prescribed by the Sale of Milk Regulations, and 9 samples of Channel Islands Milk contained less than 4 per cent. of fat.

Freezing Point Test.—In every case where the results of chemical analysis suggested the possibility of the presence of added water, the Hortvet freezing point test was applied. With 118, or 10.8 per cent., of the ordinary samples that contained less than the presumptive minimum of 8.5 per cent. of non-fatty solids, this test indicated that the milks had not been adulterated by the addition of water but that they were naturally poor in non-fatty solids. The lowest figure for non-fatty solids shown by these samples was 7.90 per cent., the next lowest being 8.00 per cent. which was found in two instances.

Added Water.—The presence of added water was confirmed in 9 samples, but in most cases the proportion present was small. Legal proceedings were taken in respect of formal samples of the milk in three churns from one producer in which added water was found to the extent of 2, 5 and 7 per cent. respectively. In view of what transpired when the Sampling Officer took appeal-to-cow samples at the farm, and again when the farmer later kept observation of the milking operations unknown to the milkers, the proceedings were instituted directly against one of five employees that were engaged in the milking of the cows and who subsequently was dismissed by the farmer. After hearing the evidence the Stipendiary Magistrate said that the analytical findings were not challenged but the case against the defendant had not been proved by the prosecution to his entire satisfaction and he therefore dismissed the summonses.

Fat Deficiency.—Most of the samples that contained less than 3.0 per cent. of fat were obtained in the spring and early summer months when the fat content of milk is lower than at other times of the year. Many of them were specifically described as morning milk and this is very liable to contain less than 3.0 per cent. of fat when there is an appreciably longer interval between the afternoon milking and the next morning milking than there is between successive morning and afternoon milkings of the same cows. In one case where the deficiency was large a corresponding appeal-to-cow sample was similarly low in fat. The vendors of these samples had their attention drawn to the results of analysis.

Channel Islands Milk.—"Channel Islands Milk" is defined in The Milk (Control and Maximum Prices) (Great Britain) Order, 1951, as milk which—

- (a) is produced from cows of the Channel Islands breeds, and
- (b) which shows on analysis a butter-fat content of not less than 4 per cent., and
- (c) which the producer thereof sells by retail or in respect of which he receives a premium through the medium of a premium contract issued by a Milk Marketing Board, and
- (d) which is labelled "Channel Islands Milk" or "Jersey Milk" or "Guernsey Milk" when sold in a container.

For such milk the public may be charged an extra penny per pint.

The Ministry of Food is responsible for the enforcement of this Order and it has requested that where a Food and Drugs Authority finds a sample of Channel Islands Milk to contain less than 4.0 per cent. but not less than 3.0 per cent. of butter-fat, full particulars including the name and address of the vendor and of the producer, be sent to the Milk Division of the Ministry of Food in order that appropriate action may be taken.

During the year, 55 samples of Channel Islands Milk were examined, 9 of which were found to contain less than 4 per cent. of fat, the lowest figure being 3.22 per cent. Particulars of these deficient samples were forwarded to the Milk Division of the Ministry of Food.

Appeal-to-cow Samples.—These are samples of milk taken by a Sampling Officer after he has very carefully supervised the milking of the cows. They are obtained for comparison purposes when a previous sample from the same source has been found to be unsatisfactory and they show the composition and properties of the unadulterated milk given by the cows. During the year eleven such samples were obtained, and they were taken in connection with the case in which legal proceedings were instituted and in the course of investigating a large deficiency in fat.

Average Composition of Milk Samples.—The average composition of all the milk samples submitted during the year is given in the next table. The average composition of the Channel Islands Milk and of the 'ordinary' milk samples (i.e. all samples other than channel Islands Milk) is also shown.

Average Composition of Milk Samples, 1952.

| Variety | Number of Samples | Fat per cent. | Non-fatty solids per cent. | Total solids per cent. |
|--------------------------|-------------------|---------------|----------------------------|------------------------|
| Channel Islands Milk ... | 55 | 4.47 | 9.19 | 13.66 |
| Other Milk samples ... | 1,041 | 3.51 | 8.69 | 12.20 |
| All milk samples ... | 1,096 | 3.56 | 8.71 | 12.27 |

It will be observed that the average composition of Channel Islands Milk is much superior to that of 'ordinary' milk and the results from this grade of milk are in accordance with the general finding that milk containing a high percentage of fat also contains a high percentage of non-fatty solids.

Attention has been drawn in previous reports to the steady decline in the average composition of milk samples other than those of Channel Islands Milk that has occurred since the year 1937. The annual averages for such milk since the year 1929 are given in the next table and it will be seen that the figures for fat and total solids in the year 1952 are the lowest yet recorded.

| Year | Fat per cent. | Non-fatty solids per cent. | Total solids per cent. |
|------|---------------|----------------------------|------------------------|
| 1929 | 3.71 | 8.87 | 12.58 |
| 1930 | 3.60 | 8.90 | 12.59 |
| 1931 | 3.79 | 8.78 | 12.57 |
| 1932 | 3.72 | 8.81 | 12.53 |
| 1933 | 3.72 | 8.78 | 12.50 |
| 1934 | 3.78 | 8.80 | 12.58 |
| 1935 | 3.81 | 8.83 | 12.64 |
| 1936 | 3.77 | 8.74 | 12.51 |
| 1937 | 3.81 | 8.75 | 12.56 |
| 1938 | 3.67 | 8.74 | 12.41 |
| 1939 | 3.66 | 8.78 | 12.44 |
| 1940 | 3.68 | 8.64 | 12.32 |
| 1941 | 3.61 | 8.67 | 12.28 |
| 1942 | 3.64 | 8.67 | 12.31 |
| 1943 | 3.62 | 8.76 | 12.38 |
| 1944 | 3.65 | 8.74 | 12.39 |
| 1945 | 3.59 | 8.64 | 12.23 |
| 1946 | 3.65 | 8.67 | 12.32 |
| 1947 | 3.59 | 8.73 | 12.32 |
| 1948 | 3.55 | 8.70 | 12.25 |
| 1949 | 3.57 | 8.67 | 12.24 |
| 1950 | 3.55 | 8.74 | 12.29 |
| 1951 | 3.55 | 8.67 | 12.22 |
| 1952 | 3.51 | 8.69 | 12.20 |

Articles other than Milk.

Twenty-nine samples (=9.4 per cent.) of the articles other than milk were reported upon adversely. Particulars of these are tabulated below.

| Article | Nature of Adulteration or Irregularity |
|--|--|
| Apple sauce, Canned ... | Ingredients not declared on the label in the manner prescribed by the labelling of Food Order |
| Beans, Haricot ... | Infested with maggots. |
| Bread ... | Contained a dark mass due to contamination with oil. |
| Bread ... | An oval mass of tobacco was embedded in the crumb of the loaf. |
| Bread, Sliced ... | Contaminated with rodent faeces. |
| Cheese, Processed Gruyere ... | Water content=50.9% being 5.9% in excess of the maximum water content recommended by the Food Standards Committee. |
| Cheese spread, Processed ... | Contained a small excess of water and the dry matter was somewhat deficient in fat when compared with the limits recommended by the Food Standards Committee. |
| Cherries in syrup, Canned ... | Contained an excessive proportion of iron (320 parts per million). |
| Condensed milk, Sweetened ... | Contained 3 yards of red wool. |
| Crab, Canned dressed ... | Contained 3% of starch, the presence of which was not declared on the label. |
| Crisps ... | The list of ingredients on the label was incomplete. |
| Dates ... | Infested with the saw-toothed grain beetle. <i>Oryzaephilus surinamensis</i> . |
| Ice-cream (two samples) ... | Deficient of 32% and 54% of the prescribed minimum fat content respectively. |
| Ice-cream ... | Deficient of 13% of the prescribed minimum content of non-fatty milk solids. |
| Jam, Strawberry ... | Contained only 32% of fruit instead of at least 37½%. |
| Jelly tablets ... | Failed to satisfy the prescribed setting test. |
| Luncheon meat, Canned ... | Not of merchantable quality. The sample had an objectionable odour and had also deteriorated in colour and consistency. |
| Pork, Canned cooked ... | The pork was undergoing decomposition and was unfit for human consumption. |
| Prunes, Canned ... | Not in a merchantable condition on account of hydrogen swell. Contained 315 parts of tin per million. |
| Rhubarb, Canned (3 samples) ... | Contained 300, 360 and 390 parts of tin per million, respectively. |
| Sausages, Pork ... | Contained 60% of meat instead of at least 65%. |
| Shrimps, Canned peeled (2 samples) ... | The shrimps were not of merchantable quality being very discoloured and had an objectionable taste. The drained shrimps, as eaten, contained 800 and 940 parts of iron (Fe) per million, and the brine liquor 905 and 840 parts of iron (Fe) per million respectively. |
| Soup, Canned vegetable ... | Contained 360 parts of tin per million. |
| Sultanas ... | Contained 0.6% of mineral oil. |
| Trifle mixture ... | The specific name of the sweetening agent was not declared on the label as required by the Labelling of Food Order. |

Food Hygiene.—Several samples of bread were received with complaints of the presence of objectionable matter. In one instance an oval mass of material that was identified as tobacco was embedded in the crumb portion of the loaf and, since the bakers had been warned because of previous complaints, legal proceedings were taken. After hearing the evidence, the Stipendiary Magistrate remarked that the duty of preparing food was a very high one, but having regard to the steps taken by the management to avoid contamination he considered that the case could be met by giving the defendants an absolute discharge upon payment of £10 10s. 0d. costs.

In the other cases where foreign matter was present there were no previous complaints against the bakers and they were warned by the Chief Sanitary Inspector.

A sample of haricot beans was infested with maggots and another of dates with saw-toothed grain beetle. The beans were diverted for animal food and the affected dates were destroyed.

Cheese and Cheese Spread.—In January, 1948, the Minister of Food appointed a Food Standards Committee to review the composition of foods and to recommend standards based on quality and nutritional value, designed to protect consumers against the sale of inferior products. This Committee has considered processed cheese and cheese spreads, and in 1949 it issued a report on these products containing suggested definitions and standards and recommending labelling requirements in the case of cheese spread. The recommended standards for the fat and water content of processed Gruyere cheese and processed cheese spread are as follows :—

| Description | Fat in Dry Matter | Water |
|---------------------------------|-------------------|-------------------|
| Processed Gruyere Cheese | Not less than 45% | Not more than 45% |
| Processed Cheese Spread | Not less than 45% | Not more than 48% |

Although the recommendations of this Committee have not been given statutory effect, it seems desirable that when samples fail to conform with them they should be regarded as unsatisfactory. A sample of processed Gruyere cheese contained 50.9 per cent. of water or 5.9 per cent. in excess of the recommended limit, while a processed cheese spread contained 43.8 per cent. of fat in the dry matter and 50.4 per cent. of water, neither of which is in accordance with the recommendations for this article. These two products, both of which were imported from the Continent, were therefore reported upon adversely.

Ice-cream.—Because of shortages of fats and milk powder, the Minister of Food decided in July, 1952, to lower the standards for fat and non-fat milk solids in ice-cream rather than make a reduction in the supplies of this commodity. As stated earlier in this report, the minimum fat content was reduced from 5 per cent. to 4 per cent. and the minimum non-fatty milk solids content from 7.5 per cent. to 5 per cent. the minimum sugar content being maintained as formerly at 10 per cent.

Of the 14 samples examined during the year, three were unsatisfactory, two being deficient in fat and the other was low in milk solids other than fat. The vendor of the latter sample was cautioned, but deficiencies in fat were large and legal proceedings instituted in respect of them resulted as follows :—

| | |
|--|--------------------------------------|
| Deficient of 54% of the prescribed minimum fat content | { Fined £20 and £4 4s. 0d. costs. |
| Deficient of 32% of the prescribed minimum fat content | |

The average figures found for the 14 samples were :—fat content—8.2 per cent. ; total solids—30.8 per cent.

Canned Foods.—As usual, canned foods have been closely watched, particularly for deterioration in quality and for metallic contamination. Two samples of canned meat were found to be undergoing decomposition and were unfit for human consumption. After further investigation the stocks of these products were surrendered for destruction. Two samples of canned peeled shrimps in brine were very discoloured and unpalatable. Although the interior of the cans had been lacquered and the shrimps were packed in parchment, much of the lacquer had become detached, thus exposing the metal to the action of the brine. Both the drained shrimps and the brine liquor were found to contain very excessive quantities of iron, some of which was present as sulphide of iron, to which the discoloration and objectionable taste were undoubtedly due. These samples were obtained in consequence of complaints and the rest of the stock was destroyed.

A complaint was also received in respect of a quantity of canned cherries. They were very brown in colour and were found to contain the excessive amount of 320 parts of iron per million. Since the interior of the can was well lacquered and showed no scratches the contamination must have taken place before the cherries were placed in the can.

Three samples of canned rhubarb from stock at least five years old, and one each of canned prunes and canned vegetable soup contained tin excess of the widely adopted limit of 2 grains per lb. which is equivalent to 286 parts per million. In all these cases the cans were not in a merchantable condition due to marked "hydrogen swell" and all visibly affected cans in the remainder of the stocks were destroyed.

Sausages.—One of two samples of pork sausages was somewhat sub-standard containing only 60 per cent. of meat instead of at least 65 per cent. The vendor was cautioned. Two samples of beef sausages and one of beef sausage meat contained meat in excess of the minimum of 50 per cent. prescribed for this variety.

Food Labels.—The Labelling of Food Order provides that, in general, the labels of pre-packed foods must bear the name and address of the packer (or a registered trade mark), the common or usual name of the food, and the specific names of the ingredients in the order of the proportion by weight in which they were used commencing with that used in the greatest proportion. Four samples, comprising canned apple sauce, canned dressed crab, crisps and trifle mixture, were improperly labelled in one or more of these respects and the attention of the packers was drawn to the requirements of the Order.

Mineral Oil in Food.—On the 19th October, 1952, the amount of mineral oil permitted in dried fruit was reduced from 1 part to 0.5 parts per cent. by weight. Of two samples taken early in November, one contained 0.6 per cent. of mineral oil but with three further samples the mineral oil content did not exceed the new maximum limit. Other foods examined for the presence of mineral oil included cake, edible oils and fats, ice-cream, and synthetic cream, but in no case was any detected.

Other Articles.—Suitable action was taken by the Chief Sanitary Inspector in respect of the other articles that were reported upon adversely.

MISCELLANEOUS SAMPLES.

Sterilised Milk.—The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, require sterilised milk to be filtered or clarified, homogenised and heated in bottles to a temperature not below 212°F. for such a period as to ensure that it will satisfy a prescribed test designated the Turbidity Test. During the year 92 samples of sterilised milk were submitted under these Regulations, all of which satisfied this test.

Imported Foods.—Thirty samples of imported foods comprising apples, bottled fruit (2), canned fruits (17), canned meat products (3), grapes, oranges (5) and sultanas, were examined for the Cardiff Port Health Authority. They were all of satisfactory quality ; they complied with the Preservatives in Food Regulations and there was no excessive metallic contamination in any of the samples.

Fertilisers and Feeding Stuffs Act.—During the year, 7 samples of fertilisers and 20 of feeding stuffs were submitted for analysis. Two of the feeding stuffs were found not to come within the scope of the Act.

Two feeding stuffs were each guaranteed to contain 3.5 per cent. of oil, and the amount of this constituent should have been within the range 3.15—3.85 per cent. but each contained only 2.9 per cent. The attention of the manufacturers was drawn to these deficiencies and further samples from these sources have been satisfactory.

The rest of the samples of feeding stuffs were considered to be of satisfactory composition though minor deviations outside the permitted limits of variation were found in some instances. In six of these there were slightly excesses of oil, two of which were accompanied by a deficiency in fibre, and with another sample there was a small excess of protein. These discrepancies were not to the prejudice of the purchaser.

The samples of fertilisers were found to agree satisfactorily with the analytical data contained in the statutory statements supplied by the vendors.

Statutory statements showing the composition of the articles were not given with three scheduled feeding stuffs and one of the fertilisers at the time of purchase and the vendors were cautioned by the Chief Sanitary Inspector.

Public Health Department.—Of the 69 samples examined for the Public Health Department, 31 were received from the Human Milk Bank at St. David's Hospital and though these were all submitted as human milk, one of them proved to be heat-treated cows' milk.

No fluorine was detected in a sample of mixed human milk submitted by the Medical Officer of Health, but in a sample of pasteurised cows' milk 0.04 part of fluorine per million was found.

Sixteen samples comprising both foodstuffs and animal feeding stuffs were submitted for examination for infestation with mites, etc., while insects that were reported to have been found in foods were identified as *Ptinus tectus*, the common spider beetle, and *Tribolium castaneum*, a common flour beetle, respectively.

The proportion of carbon monoxide in the air in Queen Street and Kingsway at a time when the traffic was very heavy and the wind was slight was found to be very small and unlikely to be harmful even to persons remaining close to the stream of traffic for a long time.

The Chief Sanitary Inspector submitted three samples of water that had percolated into basements of houses in order to ascertain their source. Several samples of milk were also submitted by him following complaints of early souring. These were found to be very acid, due to the milk being kept an unnecessarily long time before delivery and in each case this was quickly corrected.

The salt content of two samples of sand and one of mortar was determined for the information of the laboratory.

City Surveyor's Department.—Twenty-four samples were examined for the City Surveyor. Three samples of water from the River Taff were submitted for determination of the total suspended matter and the proportions of coal, sand and silt therein, while six samples of silt taken from the lower reaches of Roath Brook were examined to ascertain the extent of contamination of the silt with coal and clinker.

Five samples of trade waste liquors and five of deposits removed from drains and sewers were submitted by the Main Drainage Section to ascertain their nature and composition and to assist in determining their origin.

Two samples of black mortar and three of cement-lime mortar were analysed to ascertain whether the constituents were present in the proportions laid down in the specifications.

Other Samples.—A sample of blood received from a Regional Hospital was examined for lead content.

Work is undertaken for private firms and individuals only when matters of public health or public interest are involved. Particulars of eleven such samples are as follows :—

Beer (2)—for original gravity.

Ice-cream and self-raising flour (2)—for compliance with statutory requirements.

Sweetened fat—for conformity with the guaranteed composition.

Tea—found to be contaminated with traces of coal-tar phenols.

Treacle—for lead content.

Waters (3)—two for oil content and the other to ascertain its suitability as a water-wash in a process where the operators would be handling components in this water.

XII—METEOROLOGICAL OBSERVATIONS

1952

The geographical position of the Meteorological Station, which is situated at Penylan, Cardiff, is Latitude $51^{\circ} 30' N.$, Longitude $3^{\circ} 10' W.$, and the height of the Station above mean sea level is 203 feet. Observations were made daily at 9.0 a.m. Summaries of the observations made during 1952 are given in the following tables :—

BAROMETRIC PRESSURE AND RELATIVE HUMIDITY

| Month | Attached Thermo- meter (Mean) | Mean Barometric Pressure | | Hygrometer | | |
|------------------|--|--------------------------|--|--------------------|--------------------|------------------------------|
| | | Uncorrected | Reduced to Mean Sea Level and Temp. $32^{\circ} F.$ | Dry Bulb (Mean) | Wet Bulb (Mean) | Mean Relative Humidity |
| | $^{\circ} F.$ | Inches | Inches | $^{\circ} F.$ | $^{\circ} F.$ | % |
| January | 39 | 29.664 | 29.885 | 38.1 | 36.5 | 86 |
| February | 39 | 29.909 | 30.132 | 37.9 | 36.2 | 86 |
| March | 44 | 29.612 | 29.816 | 43.6 | 42.1 | 88 |
| April | 48 | 29.785 | 29.978 | 48.9 | 45.6 | 78 |
| May | 56 | 29.859 | 30.026 | 56.6 | 52.8 | 76 |
| June | 58 | 29.906 | 30.066 | 59.2 | 54.6 | 73 |
| July | 63 | 29.929 | 30.073 | 64.0 | 58.0 | 68 |
| August | 62 | 29.748 | 29.895 | 61.9 | 58.2 | 79 |
| September | 54 | 29.810 | 29.983 | 53.7 | 49.9 | 76 |
| October | 50 | 29.674 | 29.859 | 49.8 | 47.3 | 90 |
| November | 42 | 29.777 | 29.993 | 41.0 | 39.1 | 85 |
| December | 39 | 29.695 | 29.916 | 38.3 | 37.3 | 91 |
| | 50 | 29.781 | 29.968 | 49.4 | 46.5 | 80 |

TEMPERATURE

| Month | Absolute Maximum | Absolute Minimum | Mean of Maximum | Mean of Minimum | Mean Temperature | Difference from Average (63 years) |
|------------------|---------------------|---------------------|--------------------|--------------------|---------------------|--|
| | $^{\circ} F.$ | $^{\circ} F.$ | $^{\circ} F.$ | $^{\circ} F.$ | $^{\circ} F.$ | $^{\circ} F.$ |
| January | 51 | 24 | 45 | 34 | 39.5 | -0.5 |
| February | 52 | 27 | 46 | 34 | 40.0 | -0.4 |
| March | 59 | 29 | 51 | 40 | 45.5 | +2.5 |
| April | 73 | 31 | 56 | 41 | 48.5 | +1.5 |
| May | 79 | 41 | 65 | 49 | 57.0 | +4.2 |
| June | 78 | 41 | 66 | 51 | 58.5 | +0.6 |
| July | 83 | 46 | 70 | 55 | 62.5 | +1.7 |
| August | 75 | 46 | 68 | 55 | 61.5 | +0.8 |
| September | 67 | 35 | 59 | 46 | 52.5 | -4.4 |
| October | 61 | 34 | 55 | 43 | 49.0 | -1.7 |
| November | 58 | — | 46 | 38 est. | 42.0 | -2.7 |
| December | 53 | 31 | 45 | 35 | 40.0 | -1.2 |
| | 83 | 24 | 56.0 | 43.4 | 49.7 | +0.3 |

TERRESTRIAL RADIATION, UNDERGROUND TEMPERATURE
AND SUNSHINE

| Month | Underground Temperature (Mean) | | Bright Sunshine * | |
|------------------|--------------------------------|-------|-------------------|------------------------------------|
| | 1 ft. | 4 ft. | Total Duration | Difference from Average (44 years) |
| | °F. | °F. |  |  | Hours | Hours |
| January | 39·7 | 45·9 | 86·9 | +34·84 |
| February | 38·1 | 42·9 | 95·0 | +21·21 |
| March | 44·9 | 45·0 | 93·4 | -26·20 |
| April | 48·6 | 46·9 | 160·8 | - 5·99 |
| May | 57·3 | 51·8 | 189·8 | -13·12 |
| June | 60·9 | 56·0 | 213·8 | - 3·89 |
| July | 64·0 | 58·7 | 184·9 | -13·27 |
| August | 63·2 | 60·2 | 175·7 | -10·15 |
| September | 56·6 | 58·4 | 145·0 | + 0·71 |
| October | 51·0 | 54·1 | 108·8 | + 4·15 |
| November | 44·4 | 50·7 | 83·4 | +19·04 |
| December | 39·2 | 44·7 | 66·7 | +17·91 |
| | 50·6 | 51·3 | 1,603·20 | +24·24 |

*=35·5% of possible duration and a daily average of 4·3 hours.

RAINFALL

| Month | Total | Difference from Average (63 years) | Greatest Fall in 24 hours* | | Number of Rain-days (0·01 inch or more) |
|------------------|----------------|------------------------------------|----------------------------|------|---|
| | | | Amount | Day | |
| January | Inches 3·26 | Inches -0·87 | Inches 0·52 | 1st | 18 |
| February | 0·86 | -2·09 | 0·34 | 10th | 11 |
| March | 2·66 | -0·19 | 0·73 | 6th | 15 |
| April | 3·32 | +0·67 | 0·48 | 21st | 18 |
| May | 3·81 | +1·11 | 1·21 | 1st | 15 |
| June | 2·29 | -0·24 | ·81 | 8th | 11 |
| July | 2·87 | -0·17 | 1·40 | 7th | 6 |
| August | 6·02 | +1·99 | 1·33 | 15th | 16 |
| September | 4·53 | +1·26 | 1·86 | 8th | 18 |
| October | 5·70 | +1·05 | 1·07 | 12th | 18 |
| November | 3·96 | -0·12 | 1·00 | 21st | 16 |
| December | 3·32 | -1·15 | 0·82 | 20th | 20 |
| | 42·60 | +1·25 | 1·86 in. on 8th Sept. | | 182 |

*24 hours ended 9.0 a.m. (G.M.T.) next day.

XI—MISCELLANY

Disinfection.—Disinfection was carried out at 510 houses during the year, and 7,847 articles of bedding, clothing, etc., were removed to and disinfected at the Disinfecting Station ; 302 infected articles were destroyed by arrangement with or at the request of owners.

Cleansing Station.—The total number of baths for scabies, pediculosis, etc., undertaken at the Cleansing Station was 35. For particulars of baths given at the Cleansing Station, St. David's Hospital, see page 117.

Public Mortuary.—One hundred and fourteen bodies (77 males, 37 females) were taken to the Public Mortuary. Eighty bodies were removed from the mortuary to the Cardiff Royal Infirmary, where post-mortem examinations were performed.

National Assistance Acts, 1948 and 1951.—Action was taken in one case during the year. A single woman, over 80 years of age, living alone, whose family doctor found to be ill and unable to care for herself and unwilling to allow others to look after her. She was in need of treatment and attention that could only be provided in a hospital, and use was made of the provisions of the Act of 1951 whereby immediate removal is possible on the certificates of the medical officer of health and another medical practitioner and on an order made by a single justice.

APPENDIX

SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE
NATIONAL HEALTH SERVICE ACTS.

(1) Administration.—

The Local Health Authority has made one minor change only in its original arrangement for carrying out the duties under the Acts, viz. in the description of one of the sub-committees. The sub-committee formerly described as the HEALTH CENTRES SUB-Committee is now styled the HEALTH SERVICES SUB-Committee. This is brought about by the deferment generally of the provision of Health Centres in Cardiff. Apart from this, and apart also from changes in the personnel of the Sub-Committees, the constitution remains as originally planned. For convenience, the Sub-Committees and the functions dealt with by them are repeated as follows :—

- (a) *The Health Services Sub-Committee* comprising all the members of the Health Committee (all members of the Local Health Authority) with co-opted members representing the Hospital Consultant Services, the Teaching Hospital, the Order of St. John (Priory for Wales), the Cardiff Division of the British Medical Association, the Cardiff Executive Council and the local branch of the Royal College of Nursing.

Functions (i) Health Centres (Section 21), (ii) Vaccinations and Immunisations (S.26), (iii) Ambulance Service (S.27) and (iv) Health Education.

- (b) *The Maternity and Child Welfare Sub-Committee* comprising all the members of the Health Committee with co-opted members representing the Children's Committee and the Housing and Estates Committee (both members of the local health authority), the Royal College of Midwives as well as two experienced members (female) of the public who have served in this capacity for many years.

Functions (i) the Care of Mothers and Young Children (S.22), (ii) the Domiciliary Midwifery Service (S.23), (iii) Health Visiting (S.24), (iv) Home Nursing (S.25), (v) Domestic Help (S.29) and (vi) Nurseries.

- (c) *The Care and After-Care Sub-Committee* comprising all the members of the Health Committee with co-opted members representing the Cardiff Hospital Management Committee (tuberculosis), the Whitchurch and Ely Hospital Management Committee (the Physician-Superintendent of Whitchurch Hospital is appointed Honorary Consultant-Psychiatrist to the Authority), the Local Health Executive Council (two representatives), the Tuberculosis Department of the Welsh National School of Medicine, the local Family Welfare Association and one other citizen of long experience of service on governing bodies who is himself a consulting obstetrician.

Functions (i) Venereal Diseases and that part of the health visiting under Section 24 which deals with "advice to persons suffering from illness," (ii) Prevention of illness, care and after-care (S.28), (iii) duties under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts (S.51).

Administrative control of the services remains with the Medical Officer of Health, assisted by the Deputy Medical Officer, and by the staff of doctors, dentists, nurses, midwives, clerks, etc., employed in the department, the actual numbers of each class of worker being governed by the needs of the service from time to time. Notes on any fluctuations that have taken place since mid-1948 will be included under the respective individual headings of this survey report.

(2) **Co-ordination and co-operation with other parts of the National Health Service.—**(i) *Hospital and Specialist Services*

The excellent co-operation existing in Cardiff immediately prior to the transfer of hospitals to the Minister was not confined to the hospitals belonging to or controlled by the City Council but extended to other hospitals in the authority's area. Thus, we had in the large voluntary hospital (Cardiff Royal Infirmary) joint arrangements for the provision and conduct of ante-natal clinics on premises belonging to the hospital ; an agreement whereby the maternity department was run by the hospital authority as agents of the City Council ; a treatment centre for venereal diseases (also run on behalf of the City Council) and latterly complete arrangements for the treatment of schoolchildren at the cost of the Education Authority under the provisions of the Education Act of 1944 ; at the Royal Hamadryad Seamen's Hospital a scheme for the treatment (both in-patient and out-patient) of seamen suffering from venereal diseases ; at the Prince of Wales' Orthopaedic Hospital a long standing arrangement to provide in-patient treatment for children under and of school age as well as to supply surgical boots or other special appliances for those not requiring hospital treatment.

It is unnecessary to list here the schemes of co-operation that existed before the appointed day between all local authority interests and the hospitals owned or controlled by them, but only to refer in detail to the schemes now in operation (including those mentioned in the previous paragraphs that still remain but which are subject, of course, to the changes brought about by the Health Act).

(a) *With the Board of Governors of United Cardiff Hospitals.**Cardiff Royal Infirmary :—*

Joint arrangements for the conduct of booking, ante-natal and post-natal clinics on hospital premises, providing for the teaching of medical students. The medical and nursing staff being provided entirely by the local authority except for the booking clinics when they share in the provision of nursing staff, the hospital providing the medical staff.

Venereal diseases treatment centre (female), the medical officer in charge being an officer of the local health authority and devoting three sessions each week to the work of the centre.

Venereal diseases contact tracing whereby the male clinic orderly employed by the hospital authority carries out the tracing of male contacts on behalf of the local authority at an agreed sum to cover his time and travelling costs.

Follow-up of ex-inpatients and ex-outpatients through the local health authority's scheme for the after-care of diabetic cases, in which the services of the hospital consultant physician are engaged on a sessional basis and those of the hospital dietitian are provided gratuitously on reimbursement only of out-of-pocket expenses for travelling.

Referral and transfer of clinical notes of Cardiff children found at the hospital E.N.T. out-patient department to require operation, to the authority for inclusion of their names on the waiting list of cases awaiting admission to the Children's Ear, Nose and Throat Hospital.

Co-operation in the training at the hospital of students taking the Nursing Administrative (Hospital) Course of The Royal College of Nursing by the arrangement of practical demonstrations in the activities of the local authority.

Llandough Hospital—

Attendance at the hospital of the liaison health visitors for consultation with the medical staff and nursing staff before discharge of diabetic patients to their homes and also as regards gastric cases in the medical and surgical wards.

Co-operation through the Department of Child Health under Professor A. G. Watkins in the paediatric follow-up scheme of the local health authority and in the school health service of the local education authority.

Lord Pontypridd Hospital—

The in-patient treatment of children suffering from the early manifestations of rheumatic heart disease carried out at this hospital, whose medical superintendent is at the same time a senior medical officer in the employment of the local health authority and in which the routine medical supervision is provided by another of the authority's medical officers.

In the rheumatism supervisory scheme of the education authority where again the Specialist services are made available by the attendance at a weekly session of the Professor of Child Health.

(b) With the Cardiff Hospital Management Committee.

By mutual agreement between the two Bodies, the Medical Officer of Health is invited to attend meetings of the Cardiff Hospital Management Committee whenever items that may affect the local health authority are to be considered.

The Medical Officer of Health is a full member of the House Committee.

St. David's Hospital—

Administration and staffing (medical, physiotherapy and clerical) on behalf of the Hospital Management Committee of the Orthopaedic Clinic which is conducted entirely on hospital premises.

In the staffing (both medical and nursing) of ante-natal (booking) clinics and post-natal clinics conducted on hospital premises.

Co-operation in a scheme for the care of premature babies which provides for the attendance at the hospital of the liaison health visitors for the collection of first-hand knowledge and information regarding every premature child before leaving hospital. The scheme included regular post-graduate courses of training for the domiciliary midwives. A recent development of this scheme is the care of premature babies in their own homes. Following an intensive course at the hospital, one of the authority's midwives works in close touch with the Premature Baby Unit and is called in in all cases where the weight of an infant born at home is 5 lb. or under. Having all the facilities available at the hospital, as well as possessing certain items of special equipment herself, the scheme ensures that the admission of home born premature babies to hospital is reduced to the minimum.

In the Geriatric service, too, co-operation between the hospital and the local health authority provides the means of sorting out the aged persons for admission and the adjustment of the hospital waiting list following special visits by the health visitors to ascertain the home circumstances of individual cases.

Health visitors of the local health authority assist in the special care of asthma patients by attending regularly at the Asthma and Allergy Research Unit to interview new cases. Comprehensive forms of enquiry to be kept at the Unit are completed by the health visitors, who also attend the Asthma clinics and at other clinics held on hospital premises for the purpose of matching each new asthma patient with a 'control.' Home visits are made when necessary to ensure attendance at the Research Unit, or to observe the effects of the complaint on mothers before, during and after pregnancy.

The liaison health visitors for the diabetic after-care referred to under Llandough Hospital have now extended their hospital attendance to St. David's Hospital where patients are seen during their stay and especially immediately prior to discharge to home when the special problems presented by their complaint are discussed with them and any special instructions of the physician on the patients' after-care are noted.

Prince of Wales' Orthopaedic Hospital—

Continuance of the orthopaedic treatment scheme by which in-patient treatment is available in the Prince of Wales' Orthopaedic Hospital as well as special surgical appliances for out-patients. The scheme provides also for the services of the consultant orthopaedic surgeon at special consultation clinics.

Royal Hamadryad General and Seamen's Hospital—

The treatment centre for venereal diseases in seamen, both out-patient and, when necessary, in-patient, on exactly similar lines as existed before the transfer of hospitals and treatment centres to the Minister.

Children's E.N. & T. Hospital, Ely—

The allocation to the authority of a proportion of beds for cases residing in the area, the beds being filled from the waiting list kept by the authority (referred to already under Cardiff Royal Infirmary).

Chest Clinic—

Co-operation in the work of the Chest Clinic is no less complete than it was before the appointed day. It continues by way of the co-optation on the Care and After-Care Sub-Committee of the Chest Physician (Dr. S.H. Graham) and the David Davies Professor of Tuberculosis in the Welsh National School of Medicine (Professor F. R. G. Heaf) and by the fifty per cent. division of the time of the liaison tuberculosis visitor between work at the clinic and under the authority, not to mention the interchange of information between the two services which vitally affects the welfare of the patients in attendance, whose home conditions are under the constant attention of the district health visitors. The advice of the Chest Physician and his assistants is always readily available in cases receiving special attention, e.g. for rehousing, type and amount of employment advised, rehabilitation, or for selection for special forms of treatment, e.g. through the Swiss Government Scheme—and as regards fitness for attendance of child patients at school.

(c) *With the Whitchurch and Ely Hospital Management Committee.**Whitchurch Hospital—*

Link-up between the Child Guidance Clinic run by the Cardiff Education Authority and the Child Guidance Clinic held on Cardiff Royal Infirmary premises under the scheme of the Whitchurch and Ely Hospital Management Committee and staffed by officers of the Whitchurch Hospital. There is an interchange of cases and information where appropriate. Co-operation also exists between the two departments in regard to mental health generally, by our referring to the Psychiatric Out-patient Department adult cases (such as the parents of our own child guidance cases who we feel need treatment) as part of the whole mental problem of the family.

The Psychiatric Social Workers employed by the hospital have, by arrangement with the Physician Superintendent (who is, at the same time, Honorary Consultant Psychiatrist to the local health authority), undertaken the follow-up in their homes of ex-hospital patients.

The scheme is now being developed to cover not only ex-inpatients of the Whitchurch Hospital or any other mental hospital but to include those patients who are under treatment and supervision at the Psychiatric Out-patient Clinic. In this extension of the scheme, a health visitor employed by the local health authority has undergone a year's special training at the out-patient clinic and the hospital, and now acts as liaison health visitor between these institutions and the authority's health visitors in the same way as do the liaison visitors engaged in other follow-up schemes, by attending regularly on out-patient clinic days to maintain the desired contacts in her work and to know the patients during their illness and treatment.

(d) *With the Welsh Regional Hospital Board.*

By the Medical Officer of Health's membership of the Liaison Medical and the Tuberculosis Committees, in the first of which problems of common interest to the Board and the Medical Officers of Health of local health authorities are discussed with the Board's officers to mutual advantage.

The acceptance by the Board of full financial responsibility for the authority's arrangements to provide orthoptic treatment in Cardiff by the employment of two single-handed orthoptists with the necessary equipment and clinic accommodation, the authority supplying the staff and facilities as agents of the Board. This service necessarily includes the services of the consultant ophthalmologist who hitherto contracted directly with the authority.

Specialist services formerly paid for by the authority and now accepted as the responsibility of the Board are ear, nose and throat, ophthalmic, orthopaedic and paediatric.

(ii) *The General Practitioner Service.*

Co-ordination between the local health services and the general practitioners has always been maintained, and still is, through various channels of contact that existed before the Act was passed. These are (a) in the field of infectious illness and epidemics, (b) the home nursing service for certain cases (e.g. young children, pneumonia, etc.) and (c) the ambulance service (in the efficiency of which the co-operation of general practitioners is indispensable). The means of contact have since expanded and now include (d) a close liaison between the health visitors and the doctors through all the schemes of follow-up after hospital treatment mentioned in these paragraphs, (e) through the duly authorised officers under

the Lunacy and Mental Treatment Acts, and more recently through a scheme agreed upon with the Local Medical Committee with the object of securing a closer link between the health visitor and midwife working in an area and the general medical practitioners who normally practice in the same area. The essential features of the scheme are as follows :—

The health visitor concerned to telephone the general practitioners with whom she would normally work to arrange an appointment to see them at a convenient time. At this interview the health visitor would have the opportunity of meeting the general practitioner to discuss with him any families which are giving rise to concern and where the general practitioner thinks that the Local Health Services would be of help to their patients : this would cover not only the expectant mother and babies but also infants, schoolchildren, home nursing, domiciliary midwifery, elderly people, problem families, housing difficulties and so on.

The health visitor would also have the opportunity of knowing the various doctors and bringing forward cases on which she would wish to have help, such as only the general practitioner can give to the family.

If when the health visitor rings up, the general practitioner feels that he has no need to meet her at that time, or is too busy, he can say so quite frankly ; no harm will have been done and she can ring him up another time.

The Medical Officer of Health attends the meetings of the Local Medical Committee for the express purpose of learning the practitioners' point of view as it effects the authority's duties under the Act and a much closer co-operation to the mutual benefit of the two branches of the service, is experienced as a result.

Steps taken to inform general practitioners of the authority's arrangements usually take the form of ad hoc circulars, but preliminary proposals and exploratory discussions take place at meetings of the Local Medical Committee.

Information regarding all the health services provided by a local health authority is given to the medical students of the Welsh National School of Medicine in their last year through a scheme whereby the relevant passages contained in the Cardiff health services booklet are extracted and supplied to the Professor of Preventive Medicine for distribution to the students.

As regards the public, the local health authority issued a handbook and distributed copies to officers of official and voluntary bodies who are in close touch with the general public (e.g. teachers, welfare officers, medical practitioners, etc.).

(iii) *Estimate of efficiency of these arrangements and any suggestions for improving them.*

As has been said many times since the inception of the National Health Service, difficulties of co-ordination and co-operation within it arise inherently from its tripartite structure, but on the other hand the very fact that this is becoming widely known is automatically provoking efforts to bridge the gaps between the different parts by those concerned. Thus, in relation to general practitioners we have been making greater efforts than before the advent of the National Health Service to make them appreciate the advantages that they may derive from using the services of health visitors, and we are losing no opportunity to get them actively in touch with each other. It is a pleasure to record here that the general practitioners generally do receive the health visitors with every courtesy and co-operate whole-heartedly with them on social problems, notably those of the problem families—"children neglected and ill-treated in their own homes, etc. . . . " The general practitioners obviously appreciate also the ambulance service which however comes within the ambit of curative rather than preventive medicine.

The hospitals, like the general medical practitioners appreciate most of all the Ambulance Service, and to a less extent the work of the home nurses, but here again we are trying to get the work of health visitors appreciated by the hospital service, particularly through our hospital follow-up scheme for certain diseases which is described on other pages. Nevertheless, it does seem to happen in hospital services (it always did, and the tendency has been aggravated by the advent of the National Health Service) that they tend to run in "blinkers" with insufficient regard to what is happening outside their own "cloistered" world. They will respond with every courtesy to appeals for co-operation in individual instances, but tend to be unaware of any need to come to us for help in their work.

My personal opinion is that the degree of co-ordination and co-operation would be considerably less than it is if it were not that so many of the *individuals* concerned in the various parts of the health service had already had years of experience of working together *before* 5th July, 1948. It is when these individuals retire and are replaced by others who do *not* know each other at all, that the real strain on co-operation is likely to arise.

A long term policy of improving this state of affairs is the education of medical students and student nurses in preventive medicine ; a shorter term policy and most effective of all would be to revert to the multi-purpose health authority proposed in the Willink white paper on a national health service.

(3) *Joint Use of Staff*—

Details of the services in which members of the staff of the local health authority devote some part of their time to other parts of the national health service are included in the preceding paragraphs.

(4) *Voluntary Organisations*—

From the commencement of the nationalised health service the local health authority has utilised the services of voluntary bodies operating in the area in every way that the services provided by the particular organisation fitted into their arrangements. In all cases the schemes of co-operation now existing with each one prove to be an expansion of the services rendered to the authority hitherto. Thus we have (1) with the Cardiff Branch of the Queen's Institute of District Nursing (a) a scheme of full co-operation in the operation of the home nursing service (Section 25), (the authority employing no home nurses directly) and (b) participation in the midwifery section to the extent that the authority is responsible for the entire expenses of the maternity branch in which is employed a total of eight midwives including the superintendent, and the Part II Training School for pupil midwives dealing annually with approximately 30 pupils ; (2) with the Order of St. John of Jerusalem (Priory for Wales) arrangements whereby the scheme operated by that Order for many years for the provision of nursing equipment and medical comforts on loan is now operated on behalf of the local health authority on almost identical lines as existed before ; (3) through the membership of the Secretary on an appropriate sub-committee and the attendance by invitation of the authority's officers at their case conferences, much useful co-operation is brought about between the authority and the Family Welfare Association. The authority make a small grant to the Association by way of assistance with the administrative and overhead expenses.

The Association is a very active one and co-operates with the authority in many ways including the assistance of families whose circumstances are temporarily disorganised through the illness of a parent ; the absence of the mother in childbirth ; the preparation and equipping of a member of the family for admission to hospital ; assistance towards the cost of visiting relatives in hospital or sanatorium in cases where the National Assistance Board is not qualified to act. This latter circumstance (i.e. the inability of the National Assistance Board to act in certain circumstances) arises rather oftener than one would imagine and would apply, for example, to the case of a man on full Army or other Service pension who is faced with unusual expenditure that

cannot be met out of his normal income without hardship. This Association, as well as several other voluntary agencies (N.S.P.C.C., British Legion, Soldiers, Sailors and Airmen's Families Association, Discharged Prisoners' Aid Society and the Society of St. Vincent de Paul) continue to carry out much good work in the authority's arrangements for co-ordinating the care of children neglected or ill-treated in their own homes, first through their attendance at case conferences which are held regularly for the collection of information and for discussion on the help needed to solve the problems confronting these families and then to follow-up the agreed recommendations at these case conferences.

Another voluntary body with which the authority has received unfailing co-operation over many years and receive to no lesser degree to-day is the Salvation Army, whose social welfare organisation has provided a mother and baby home in the area. Full use of this home is made in the authority's scheme for the care of illegitimate children.

Advice on pregnancy in relation to the health of the mother is available through the Cardiff Mothers' Advisory Clinic to which cases are referred on medical grounds and an annual grant made by the authority towards the running expenses of the clinic. The Family Planning Association is also allowed to offer similar advice at one of the Council's district clinic premises which the Association use rent free.

(5) *Care of Expectant and Nursing Mothers and Children under school age—*

Development of the plans to provide ante-natal and post-natal clinics, as also child welfare clinics have taken place according to the changing needs of the area, but no arrangements are made with general medical practitioners, neither for work to be done in their own surgeries, nor for their engagement on a sessional basis for work at the authority's clinics. As was the case at July, 1948, however, a number of duly qualified medical practitioners (not in general practice) is employed on a part-time basis for work at clinics to supplement the time available for this work from the medical officers in the whole-time service of the authority.

With the growth of housing communities the Clinic facilities are being reviewed in order that they may be available at the most convenient points.

Some ways in which the present facilities compare with those provided in 1946 are as follows :—

| | 1946 | 1952 |
|--------------------------|------|------|
| Ante-natal Clinics— | | |
| Premises provided | 9 | 10 |
| Weekly sessions | 16 | 19 |
| Post-natal Clinics— | | |
| Clinics | 2 | 2 |
| Weekly sessions | 2 | 2 |
| Child Welfare Clinics— | | |
| Premises provided | 15 | 17 |
| Weekly sessions | 23 | 26 |

There has been no change in the authority's arrangements for the provision of maternity outfits for home confinements.

Care of Premature Infants.—In amplification of the notes under (2) above* referring to this service, the following details as intimated by circular to general medical practitioners in 1950, are given :—

*Co-ordination and co-operation with other parts of the National Health Service.

Hospital Admission.

St. David's Hospital has a special unit for premature babies of 20 beds which can admit cases from Cardiff and district though it must be understood that accommodation is limited. In the event of a Practitioner wanting a premature baby admitted, he should contact St. David's Hospital in the first instance and instruct the ambulance to call at St. David's en route to the patient's home to collect a Nurse and special equipment for the ambulance journey. It should be noted that early admission is desirable especially in babies under 4 lbs. as it is in the first 24-48 hours that hospital technique is mostly required.

Home Nursing.

1. On notifying the Public Health Department at the City Hall the Practitioner may utilise the following services :
 - (a) Care of the baby by an experienced midwife and Health Visitor.
 - (b) Arrangements for "Home-help."
 - (c) Special equipment to aid home nursing. This includes :
 1. Portable cot with blankets and hot water bottles.
 2. Necessary toilet requisites for a premature baby.
 3. Mucus extractors, catheters, etc.
2. On request of St. David's Hospital a supply of breast milk can be obtained from the Milk Bureau.
3. Domiciliary Paediatric Consultant Service may be obtained through the National Health Service Scheme.

Supply of Dried Milks, etc.—Since the Ministry of Food have ceased to employ their own officers for the distribution of welfare foods (such officers having used the authority's clinic premises for the purpose as far as was practicable) the work has been carried out by the authority's clinic staff through utilising the services of the food sales assistants employed by the authority to deal with the other milk foods, etc. at the clinics for the convenience of those attending. At a few centres where the quantity of material being handled under the Government Welfare Foods Scheme is rather more than can be managed by one and the same officer the local Food Executive Officer has been able to arrange for voluntary workers to do the work.

Dental Care.—The impact of the free dental service through private dentists on the service provided by the local health authorities was felt more by some authorities than others. In Cardiff, it was not until October, 1949, that the number of whole-time dentists in employment was reduced by one through resignation in favour of private practice. The reduction of dental staff time devoted to the treatment of mothers and young children was, of course, correspondingly reduced but it did not end there. The "natural" increase in the number of dentists required envisaged in the scheme proposed to be operated under the Act did not materialise because the dentists were just not available. The number of dental sessions estimated to be required was thirty-three per week—or 1,452 in a year (i.e. equivalent to the whole-time service of three dentists) whereas the actual number found to be available in each year was, 1949—352 ; 1950—298 ; 1951—316 ; and 1952—382.

The decrease in 1950 was because of the depletion of dental staff not only by the resignation of one dentist in the last quarter of 1949 but also through the prolonged illness of another, with the result that only emergency dental treatment was possible at one of the centres. Half-way through the year 1951 the services of one dentist were secured and thus some improvement is reflected in the figures quoted above ; then in 1952 the full effect of the appointment was felt. One further appointment of a dental officer was made towards the end of 1952 but the officer had not taken up duties by the end of the year. Since that time an improvement in the situation is in sight owing to the appointment of another whole-time dentist by the education authority (thereby ensuring a fair proportion of his time being devoted to the mother-and-child dental service), and also by the acceptance of the services of one private dentist to work on a sessional basis at the authority's clinic premises.

(6) *Domiciliary Midwifery*—

Medical and non-medical supervision continues to be carried out by the Senior Medical Officer for Maternity and Child Welfare and the Non-medical Supervisor of midwives respectively, whose duties in this respect embrace all midwives in domiciliary practice in the area, whether employed by the authority or not.

As the adequacy of a domiciliary midwifery service is measured by the number of home confinements, the numbers of these taking place in the area of the authority during the past four years are quoted :—

| Year | Domiciliary | Institutional | Total |
|------|-------------|---------------|-------|
| 1949 | 2,164 | 3,532 | 5,696 |
| 1950 | 2,031 | 3,297 | 5,328 |
| 1951 | 1,955 | 3,139 | 5,094 |
| 1952 | 1,985 | 3,153 | 5,138 |

For convenience figures are included to show the home confinements alongside the institutional ones and the total for each year, and they seem adequately to illustrate a diminishing need for the domiciliary service rather than an increasing one. For this reason it is clear that no expansion of the authority's service has become necessary. Reference has already been made to the scheme for the care of premature births in which the whole-time services of one of the midwives are utilised. A second midwife has undergone an intensive course of study at the Premature Babies' Unit in order that she may act as a substitute or assist in the work.

All the midwives in the authority's service, including those employed by voluntary organisations, are qualified to administer gas and air analgesia. They are not, however, provided with their own supplies of pethedine, but administer this, if at all, under the instructions of the medical practitioner in attendance.

Attendance at the authority's clinic premises by the midwives for ante-natal supervision is a routine.

All cases of recommended hospital confinement on social grounds are visited by the district midwives who report as to whether they could confine the mother in the home. In all cases where the midwife reports against home confinement, admission to hospital is arranged.

Two of the midwives employed directly by the authority and one of those under the co-operating voluntary body are sent each year on a post-graduate course conducted by the Royal College of Midwives.

(7) *Health Visiting*—

A general picture of the authority's arrangements for health visiting is given in the following table which shows the establishment and allocation of duties of health visitors at the end of 1952 :—

| | | | | | | |
|------------------------------|---------------------------------|-----|-----|-----|----------------|-----------------|
| 1. <i>Administrative</i> | | | | | | |
| (a) | Superintendent | ... | ... | ... | 1 | |
| (b) | Deputy Superintendent | ... | ... | ... | $\frac{1}{2}$ | |
| | | | | | — | $1\frac{1}{2}$ |
| 2. <i>Specialised Duties</i> | | | | | | |
| (a) | Immunisation against Diphtheria | ... | ... | ... | 1 | |
| (b) | Open-air School | ... | ... | ... | $\frac{1}{2}$ | |
| (c) | T.B. Liaison Officer | ... | ... | ... | 1 | |
| (d) | Diabetic and Gastric Follow-up | ... | ... | ... | $1\frac{1}{2}$ | |
| (e) | Paediatric Follow-up | ... | ... | ... | 1 | |
| (f) | Premature Infant Follow-up | ... | ... | ... | 1 | |
| (g) | Mental Deficiency Visitor | ... | ... | ... | 1 | |
| (h) | V.D. Clinic (M. & C.W.) | ... | ... | ... | $\frac{1}{2}$ | |
| (i) | Asthma Follow-up | ... | ... | ... | 1 | |
| (j) | B.C.G. Visiting | ... | ... | ... | 1 | |
| (k) | Child Neglect and Ill-treatment | ... | ... | ... | 1 | |
| (l) | Mental Health Follow-up | ... | ... | ... | 1 | |
| (m) | V.D. Follow-up | ... | ... | ... | — | |
| | | | | | — | $11\frac{1}{2}$ |

3. *Combined duties in Areas*

| | |
|--|--------------------|
| (a) School Nursing | 10 |
| (b) Nursery Supervision | 2 |
| (c) T.B. Visiting | 3 |
| (d) Mental Deficiency Visiting | 1 |
| (e) Gastric Visiting | $\frac{1}{2}$ |
| (f) Immunisation and Vaccination | 1 |
| (g) General Health Visiting :— | |
| Care of Mothers and Young Children ... | } 21 $\frac{1}{2}$ |
| Care of the Aged | |
| Follow-up of acute and chronic sick ... | |
| (co-operation with hospital almoners and | |
| checking home nursing and home help | |
| requirements) | |
| Problem Families | |
| | — 39 |
| | — 52 |
| | — |

The average case load per district health visitor in terms of total population is about 6,000, the figure including 580 pre-school children and nearly 1,000 children of school age.

This table expresses the work of individuals in terms of staff *time*, e.g., the "one" health visitor engaged on asthma follow-up is really two health visitors, each of them engaged in general duty health visiting half-time and doing the asthma work in the other half of their time. Again, the paediatric follow-up (expressed in the table as "one" health visitor) is carried out by *two* individuals each giving half-time to general duties and half-time to paediatrics.

The V.D. follow-up health visitor is a different individual from the one who helps at the Special V.D. Clinic for mothers and young children. Although she is, so to speak, on call, and in the early days after the war was very busy, it is gratifying to note in passing that there is now hardly any demand for her services in that way and she can devote almost the whole of her time to her main job as one of the senior health visitors in one of the city areas. It so happens that most of the actual or potential reservoirs of venereal infection live in the district where this particular health visitor works. The health visitor who spends half her time helping at the Special V.D. Clinic for mothers and young children spends the other half of her time on district general duties, or, as they are called in the list, "Combined Duties in Areas." It should be noted that the "T.B. Liaison Officer" shown in the table in the list on specialised duties "(c)" is, in fact, one individual who spends half her time at the chest clinic and the other half on special T.B. social visits and in explaining T.B. cases generally to the rest of the health visitors who between them devote time to visiting tuberculosis patients in their own homes which amounts to staff time of three health visitors. Again one of the diabetic and gastric follow-up in the one-and-a-half shown for "(d)" under "Specialised Duties" in the table is a single individual. This post with which we started our hospital follow-up system has always been given to one individual specialist who does most of the follow-up herself, although she is helped by a general duty health visitor half-time. The reason for appointing a specialist health visitor on the diabetic work is because of the complicated nature of the job involving special training at hospital and elsewhere before she could take it on. The same applies to the health visitor engaged on mental health follow-up, who before she became an S.R.N., S.C.M., and H.V., had already gained her R.M.P.A. certificate and had had four years experience of mental hospital nursing. Following twelve years experience as a qualified health visitor, she then had a year's special post-graduate training to qualify her for her post as Mental Health Follow-up Health Visitor.

The B.C.G. Visiting Health Visitor started part-time but the work has grown so rapidly that she has had to become whole-time. She also has a special interest in her work by reason of her having spent a year in a well-known tuberculosis hospital during her training as a nurse.

Yet another specialist is the Premature Infant Follow-up Health Visitor who was trained at Sorrento, Birmingham, before we had our own premature infants' unit set up in Cardiff.

There is one health visitor specialising on immunisation against diphtheria. This she does with such great success, helped also by being taken from door to door with a mobile unit, that 55 per cent. of our diphtheria immunisation in Cardiff is done through her. The heading under Combined Duties for "one" health visitor doing immunisation and vaccination, listed as "(f)" represents the time devoted by all the health visitors in persuading or trying to persuade mothers to have their babies immunised and vaccinated against diphtheria, whooping cough and small pox. 90 per cent. of our population aged 0—15 have been immunised against diphtheria.

Diphtheria immunisation used always to be done by assistant medical officers in the department but we have shown that health visitors can do it just as well and at the same time save medical manpower. A further saving in medical manpower (to an extent that is estimated at the staff time of a whole-time assistant medical officer), is effected by encouraging health visitors to do as much as they can of the consultations with mothers at infant welfare and minor ailment clinics.

The last specialist to be mentioned is the most recent, and she is the health visitor who is specially concerned with Children Neglected and Ill-treated in their own Homes, a duty which has recently been placed upon the medical officer of health. Just as the other specialist health visitors act as liaison officers between the health department and the hospitals, so does she act as liaison officer between the health department and the various agencies official and voluntary that are in any way concerned with problem families, e.g., the National Assistance Board, the N.S.P.C.C., the Estates Department, the Children Department, the Probation Officer, the Ministries of Pensions and National Insurance and the various religious organisations.

The work of the general duty district health visitors in Cardiff is arranged by dividing the city into six areas each of which is staffed by a team of a varying number of health visitors (the number varying according to volume and aggregation of the population as well as "toughness") in each area. Each area team works with and under a senior health visitor and is based on an area clinic. To the senior health visitor is delegated by the superintendent health visitor the responsibility of running the area clinic and seeing that the work of the team which is organised at headquarters, runs smoothly, e.g., in case of sudden illness of one of its members. As far as possible the delegated area organisation embraces the work of the specialist, "liaison" health visitor, but there are exceptions in the case of tuberculosis, premature infants, mental deficiency, "children neglected, etc.," immunisation and mental health. These officers still work from headquarters.

Our procedure for problem family consultation is to arrange at a local authority clinic a monthly case conference for each one of the general-duty-district-health-visitor areas described above. A monthly programme of case conferences and agenda for each of them are sent out under "confidential" cover to each and all of the voluntary and official agencies involved in problem family case work, i.e., "children neglected or ill-treated in their own homes."

It is up to these agencies to be represented at as many or all of the monthly case conferences as they can manage. The advance despatch to them of agenda papers shows them the names and addresses of the cases so that they know whether there are any in which they are interested. They may also if they wish attend and bring up cases of their own with addresses in the district concerned even though such cases are

not on the advanced agenda paper. In practice it is found that the attendance at the district case conferences is remarkably representative and that those who attend are all most enthusiastic. Each case is opened by a report from the specialist health visitor who is liaison officer for children ill-treated and neglected in their own homes. Various officers representing the different organisations then speak on the case, almost invariably the representative of the National Assistance Board and nearly always an inspector of the N.S.P.C.C. Others who frequently contribute to the discussion are the sanitary inspector and representatives of the Children's Officer and the Housing Department, but the "key" contribution is usually from the district health visitor who knows the home well. Finally the case conference chairman (usually the M.O.H. or his deputy) sums up, lines of action are agreed upon and also the period when the case shall come up for review—one month, two months, three months and so on. It is felt that even though it is too early to appraise the end results of the case conferences it is a good thing to have so many people concerned in social work getting together and getting to know each other.

The disproportionate demand on the time of the district health visitors in dealing with problem families is largely compensated for by the "good" mothers who require so much less attention than they did in the early days of mothercraft education. These "good" mothers all attend the clinics so regularly that it is felt it is not so essential to "follow-up" so frequently in their homes. Thus it is not a question of "disbanding the army" but of marshalling them to fight on new fronts.

Another way in which we save the time of the health visitor is by employing 5 "clinic helpers." These are unqualified but good practical workers who relieve the health visitors of some or all routine duties in connection with (1) duties in the recovery room at dental extraction clinics, (2) attendance at diabetic clinics to assist in testing of urine, (3) duties at infant welfare centres, including charting weights of infants and other record keeping, (4) attendance on physiotherapists at orthopaedic clinic, (5) preparation of dressings for vaccinations, etc., (6) treatment of scabies and cleansing of verminous heads at cleansing stations and school clinics, (7) assisting health visitors in maintaining stocks at clinics and repairing linen. All our dentists have their own dental clerk-attendants. It is many years since they had health visitors to assist them.

A contribution towards the training of health visitors takes the form of practical demonstrations in the work to students of the courses conducted at the Welsh National School of Medicine. These demonstrations, to an average of 20 students are given in the Cardiff Public Health Department. Each student is attached to a district (general duties) health visitor in the first instance and this is followed by spending the requisite sessions with each of the liaison and special duty visitors to allow the student to get a thorough grasp of the respective special duties.

No assisted scheme for the training is undertaken by the authority.

Following on the suggestion contained in the reports and recommendations of the Nurses Salaries (Rushcliffe) Committee, health visitors in post are afforded facilities for taking refresher courses. Four members of the staff are sent each year to the courses organised by the Royal College of Nursing or the Women Public Health Officers' Association and the specialist visitors are delegated to attend conferences arranged by other bodies on subjects affecting their work.

(8) *Home Nursing*—

The notes under (2) above explain that this service is carried out by the local branch of the Queen's Institute of District Nursing as agents of the authority. There is no organised night service though the need for one becomes evident at times. The attendance by night of a home nurse is, however, arranged in any special case if the available staff permits. Co-operation between general medical practitioners and home nurses is, as always, excellent.

The branch is recognised for the training of district nurses and four such nurses are under training at any one time.

Work in this branch of the service has increased steadily in the past few years, the increase in demand being mainly in respect of medical cases (i.e. carcinoma, pneumonia, tuberculosis—general nursing and streptomycin injections and senility). There is a distinct increase in the number of new cases referred for home nursing and this increase is closely associated with the medical classification, being accounted for largely by the greater number of senility cases.

(9) *Vaccination and Immunisation—*

The sustained effort to stress the importance of immunisation and of vaccination in infancy is explained under the section on Health Visiting and the success of this can be judged by the fact that at the end of 1952 at least 90 per cent. of the child population (0—15 years) were immune to diphtheria and that since 1950, in spite of a falling birth rate, the number of infant vaccinations increased from 1,684 to 1,767 in 1951 and to 1,819 in 1952.

Booster doses of diphtheria prophylactic are given three or four years after the original protective treatment in infancy, i.e., about the time the child enters school. They are given again at, or about the age of 10 years if on testing the child is found to be Schick positive.

Whooping cough vaccination is now offered and, indeed, advised to the parents of children by the health visitor at the same time as she talks to the mother regarding vaccination against smallpox and the treatment is carried out at the same clinics when the child reaches the age of 6 months or shortly afterwards.

(10) *Ambulance Service—*

During the year 1952, the 15 vehicles in the service (13 ambulances and 2 sitting-case cars) ran a total of 236,245 miles and conveyed 46,675 patients, the average mileage per journey being 8·20 and per patient 4·59.

Examination of figures showing the number of patients carried, the journeys entailed in this and the mileage covered cannot be regarded in itself a means by which to judge the effectiveness or efficiency of the ambulance service, but it is worth recording that, whereas the number of vehicles in use at the end of 1952 is almost exactly the same as it was in December, 1948, and the numbers of personnel engaged at those two dates differed but little, the number of patients conveyed in 1952 was 22,000 more than in 1949 and the total mileage was 7,122 miles less. The radio telephone system has operated since the middle of 1951 and has in itself proved without doubt a considerable saving in mileage, staff overtime and running costs.

The co-operation received by the authority from general practitioners is very satisfactory and most valuable, but that received from the staffs at hospitals still leaves room for improvement, more particularly as regards the conveyance of out-patients, especially physiotherapy cases.

It is especially appropriate to mention here the co-operation that exists between the service of the Cardiff authority and that of the adjoining authority (Glamorgan County Council) through which journeys to and from points outside Cardiff are arranged beforehand in a very successful scheme of mutual aid.

(11) *Prevention, Care and After-care—*

One important development of the service coming under this main heading that has not been mentioned specifically before is the scheme introduced early in 1950 for the protection against tuberculosis by B.C.G. vaccination. Treatment was commenced at the Children's Homes, the children selected for treatment were those in whose families there was a history of tuberculosis and whose parents had consented. They were Mantoux-tested and if negative, were treated with B.C.G. Later the scheme was extended to other children who gave negative reaction to the Test and whose parents consented. Soon the work was extended further and two sessions a month were devoted at the central clinic for the treatment of the general public. Student nurses from the Cardiff Royal Infirmary took full advantage of this and 32 of them had completed treatment by the end of the year 1950.

Resulting from the action taken both before and immediately following the receipt of Ministry of Health Circular 72/49 and Memo. 322/B.C.G., a hostel for the segregation of children while under treatment was opened in September, 1951. The premises, known as "Preswylfa," consist of a large, imposing, suburban villa, standing in its own grounds of about three acres is adapted and equipped to accommodate 20 children and the necessary residential staff.

"Preswylfa" will, however, be more than a place for the segregation of vaccinated children because the Ministry of Health has selected Cardiff as one of three centres in England and Wales where tuition and demonstrations shall be given in the administration of B.C.G. vaccine. Under the advice of Professor Heaf, who is official adviser to the Ministry of Health on B.C.G., the supervision of the scheme in detail by Dr. S. H. Graham, Chest Physician to the Cardiff Hospital Management Committee, and the assistance of Dr. Phyllis Bowen, an assistant medical officer of the local health authority. "Preswylfa" has become a centre of information on anti-tuberculosis vaccination work for the whole of Wales and part of the West of England, as well as for overseas students. The unit, in providing facilities for the vaccination of all persons deemed to be in need of this form of protection against tuberculosis, will stand as evidence of a further stage towards the eventual eradication of the disease.

(12) *Domestic Help Service—*

This service has grown very considerably and changed in character since the early part of the national health service (and more so since its inception in 1921). At the end of 1948 there was a staff of 20 whole-time and 7 part-time home helps working under a whole-time organiser then recently appointed. During that year the home helps attended nearly three confinement cases to one of any other kind but by the end of 1952 the total number of home helps in employment had grown to 101 (21 whole-time, 24 half-time and 56 casually employed) and, taking the cases attended throughout the year, the ratio of confinement cases had dropped to one in six. A far greater number of tuberculous and chronic sick patients is now receiving help through this scheme than ever before and the demand on the service by such cases is still increasing. By assisting these patients in this way the pressure on hospital beds must be eased and a reduction of the calls on the home help service itself has been effected by the co-operation of voluntary organisations (the W.V.S.) in arranging for "neighbour" help to be provided at the cost of National Assistance. Up to the present this reduction is more than offset by the new cases taken on but it is hoped that in time the relief of the home help service in this respect will be material and lasting.

(13) *Health Education—*

Health education in Cardiff is carried out consistently by medical officers at clinics and at routine medical inspections of children ; by the health visitors, also at clinics and when they visit the homes in the normal course of their duties ; by sanitary inspectors who are in constant touch with people in their homes on matters of environmental health and by midwives, home nurses and others whose work brings them into contact with the general public. The authority continues to employ a whole-time Public Relations Officer who organises lectures, film shows, talks, poster displays, etc. at clinics and at other gatherings, such as works canteens, youth clubs, men's institutes and townspeople's guilds. The regular services of an experienced lecturer on sex education are engaged on a sessional basis for such talks in schools. Showings of programmes of health education films are usually arranged so that, with the co-operation of the Provost of the Welsh National School of Medicine and the Professor of Preventive Medicine, an opportunity is afforded the medical students to attend them.

Special measures of health education are undertaken from time to time by way of health exhibitions, or displays of special subject poster series and also through post-graduate courses organised locally by officers of the department or with the assistance of the Central Council for Health Education. These courses are arranged to cover the work of sanitary inspectors, health visitors, midwives, school teachers, and food handlers.

Special attention is given to cancer education and the authority has appointed two representatives on the Cardiff Cancer Education Committee. The committee was formed following a public meeting which was addressed by Mr. Malcolm Donaldson, F.R.C.S., the well-known surgeon. The members represent all appropriate official and voluntary interests and include specialists in cancer treatment, general medical practitioners, the hospital and home nursing services, educational and social workers. The inaugural meeting was held in May, 1952, and first appointed as its chairman one of the medical practitioner members (Dr. C. A. Bence who is also one of the authority's representatives), and the Town Clerk of Cardiff was appointed Honorary Secretary. Discussion took place as to the best forms of cancer education to be pursued and as to the promotion of welfare of cancer patients treated in their own homes. The work of the committee has gone on steadily through meetings held at intervals of two or three months and efforts have been concentrated on the selection of suitable films, leaflets, posters, etc., urging the necessity for seeking early medical advice.

(14) *Mental Health*—

(1) *Administration.*

- (a) *Constitution and Meetings of Mental Health Sub-Committee*—The local health authority exercise their control of the City's Mental Health Service through the Care and After-Care Sub-Committee of the Health Committee. Meetings are held monthly.
- (b) *Staff*—The organisation, administration, control and the medical direction of the service is the responsibility of the Medical Officer of Health, and he is assisted by the Deputy Medical Officer of Health, a Senior Medical Officer (Male), an Administrative Officer, and the necessary clerical staff.

The Physician-Superintendent of Whitchurch Hospital, who has been appointed Honorary Consultant Psychiatrist to the Local Health Authority, is co-opted on the Care and After-Care Sub-Committee, and his advice on mental health is always available in that capacity. In addition, he retained responsibility for the care and after-care of mental hospital patients in the community, and this service is centred on the Whitchurch Hospital.

Number and Qualifications of Staff—Five medical officers of the local health authority, in addition to the medical staff mentioned above, are employed part-time in the service, and all are approved by the local health authority for the purpose of giving medical certificates under the Mental Deficiency Acts.

Routine visiting is carried out by the health visitors (equivalent to one whole-time visitor) and some by the authorised officers, while special visits are dealt with by a whole-time health visitor allocated to the work and by the Administrative and Visiting Officer who is also Petitioning Officer.

The staff of the Occupation and Training Centre consists of one supervisor (Female) (a trained, certificated teacher), one female assistant (Domestic Science Diploma), one female assistant (qualified nursery nurse), two male assistants (unqualified but having the appropriate experience for occupying the males in woodwork, gardening, metal work, boot repairing, physical culture, etc.) and two other female assistants (unqualified).

Two Duly Authorised Officers are engaged in work under the Lunacy and Mental Treatment Acts, in some routine visiting of mental defectives and in the after-care of mentally ill ex-Servicemen, etc.

- (c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees*—The after-care of mental hospital patients is carried out by the Physician-Superintendent of the Whitchurch Hospital, his medical staff and social workers, with the assistance of the health visitors generally and also the liaison health visitor specially trained and seconded for this work (see (2) (c).)

The supervision, etc., of mental defectives on licence from institutions is carried out by the staff of the local health authority on behalf of the Hospital Management Committee.

- (d) *Duties delegated to Voluntary Associations*—The local health authority have no arrangements with local voluntary associations, but occasionally, when placing mental defectives on licence or under guardianship in places outside their area, utilise the services of the National Association for Mental Health through their Headquarters in London.
 - (e) *Training of Mental Health Workers*—The Physician-Superintendent of the Whitchurch Hospital has organised a course of training for mental health workers and health visitors of the local health authority, and provided the intensive training for the liaison health visitor already referred to.
- (2) *Account of Work undertaken in the Community.*
- (a) *Under Section 28, National Health Service Act, 1946—Prevention, Care and After-Care*—The local health authority have organised and set up the mental health service required under this Section of the Act.
 - (i) *Mental Illness*—The after-care of ex-hospital patients is carried out by the social workers of the Mental Hospital under the direction of the Physician-Superintendent and his medical staff at present, but now that the mental health workers and the health visitors of the local health authority have undergone the training mentioned above, they will undertake some of this work under the direction of the Hospital staff alongside that for the out-patients in the scheme described under (2) (c).
 - (ii) *Mental Defectiveness*—The community care and training of mental defectives is being carried out by the staff of the local health authority.
 - (b) *Under the Lunacy and Mental Treatment Acts, 1890-1930, by the Duly Authorised Officers*—The Duly Authorised Officers carry out their duties as laid down in the above-mentioned Acts, and in addition they undertake the work connected with the rehabilitation of patients on their being referred by the Physician-Superintendent of the Whitchurch Hospital and other sources. As explained above, they also assist in the arrangements for visiting mental defectives.
 - (c) *Under the Mental Deficiency Acts, 1913-1938.*
 - (i) *Arrangements for ascertaining and supervising mental defectives*—The Medical and Non-Medical Staff mentioned above work in close co-operation in the ascertainment and supervision of mental defectives in the community and there is an excellent liaison between the local health authority and the sources of notification.
 - (ii) *Guardianship*—Whenever necessary the local health authority obtains Guardianship Orders for mental defectives requiring such care and the patients are provided with the necessary community care, training, etc.
 - (iii) *Training of Mental Defectives.*
 - (a) *At Occupation and Training Centres*—The local health authority has a well equipped Centre at Pengam Road, Cardiff, capable of meeting the needs of the City for many years to come.
 - (b) *At Home*—Home Teachers are not employed as the number of cases not otherwise provided for is insufficient to warrant the appointment of such officers.

PORT HEALTH SERVICE

The Cardiff Port Sanitary (now Health) Authority was constituted by provisional order of the Local Government Board (now Ministry of Health) in 1882, becoming permanently constituted with extended limits of jurisdiction in 1894. The limits of the Port Health District extend from Sully Island to the Rhymney River, the Authority having jurisdiction over all waters, docks, harbours and vessels within the said limits.

The Port Health Authority is invested with all the functions, rights and liabilities of an Urban Sanitary Authority under certain sections of the Public Health Acts, so far as they are applicable to waters, vessels, persons, goods or things on, or landed from, any vessel within the said jurisdiction.

I—STAFF

| Name of Officer | Nature of Appointment | Date of Appointment | Qualifications | Any other Appointments held |
|----------------------------|---------------------------|---------------------|---|-----------------------------|
| J. Greenwood Wilson | Medical Officer of Health | 1st December, 1933 | M.D., F.R.C.P., D.P.H. | M.O.H., City |
| W. Powell Phillips, O.B.E. | Deputy M.O.H. | 18th April, 1932 | M.R.C.S., L.R.C.P., D.P.H. | Deputy M.O.H., City |
| C. W. Anderson | Assistant M.O.H. | 26th July, 1928 | M.B., Ch.B., D.P.H., T.D.D. | Senior M.O., City |
| G. E. Phillips | Assistant M.O.H. | 1st January, 1938 | M.R.C.S., L.R.C.P., D.P.H. | Asst. M.O., City |
| N. Frank | Assistant M.O.H. | 1st March, 1951 | M.B., Ch.B., D.P.H., B.Hy., D.T.M. | Asst. M.O., City |
| F. S. Barnard | Chief Sanitary Inspector | 7th November, 1949 | Certificates R.S.I. and Inspector of Meat and Other Foods | None |
| T. G. Newby | Deputy Chief Inspector | 18th November, 1949 | Certificates R.S.I. and Inspector of Meat and Other Foods | None |
| W. J. Davies | Asst. Sanitary Inspector | 31st March, 1919 | Certificates R.S.I. and Inspector of Meat and Other Foods | None |
| S. A. Howell | Asst. Sanitary Inspector | 13th January, 1938 | Certificates R.S.I. and Inspector of Meat and Other Foods | None |
| G. Lewis | Asst. Sanitary Inspector | 13th October, 1952 | Certificate R.S.I. | None |
| D. J. Williams | Asst. Sanitary Inspector | 13th October, 1952 | Certificate R.S.I. | None |
| J. R. Littlechild | Deratisation Officer | 3rd March, 1947 | None | None |
| F. J. Elliott | Rodent Operative | 22nd April, 1946 | None | None |
| M. J. Kelleher | Senior Clerk | 19th November, 1919 | None | None |
| A. E. Cosh | Assistant Clerk | 7th November, 1949 | None | None |

{ City Hall, Cardiff.
Cardiff 31033.

Address and Telephone No. of the Medical Officer of Health

II—SHIPPING ENTERING THE PORT

AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The number and tonnage of vessels entering the port (which includes Penarth) inspected by officers of the Port Health Authority during 1952 are set out below :—

TABLE B.

| Ships from | Number | Tonnage | Number Inspected by the | | Number of Ships reported as having or having had during the voyage infectious disease on Board |
|-------------------|--------|-----------|---------------------------|--------------------|--|
| | | | Medical Officer of Health | Sanitary Inspector | |
| Foreign Ports ... | 588 | 978,413 | 50 | 432 | 4 |
| Coastwise ... | 2,729 | 1,195,559 | 1 | 836 | 4 |
| Total ... | 3,317 | 2,173,972 | 51 | 1,268 | 8 |

The following table shows the number of vessels entering the port which were dealt with by the department each month during 1952 :—

| Month | From Foreign Ports | Coastwise | Total |
|---------------|--------------------|-----------|-------|
| January ... | 46 | 213 | 259 |
| February ... | 57 | 219 | 276 |
| March ... | 44 | 248 | 292 |
| April ... | 49 | 211 | 260 |
| May ... | 57 | 235 | 292 |
| June ... | 59 | 237 | 296 |
| July ... | 55 | 270 | 325 |
| August ... | 38 | 203 | 241 |
| September ... | 49 | 223 | 272 |
| October ... | 39 | 228 | 267 |
| November ... | 63 | 204 | 267 |
| December ... | 32 | 238 | 270 |
| Total ... | 588 | 2,729 | 3,317 |

The nationalities of the several types of vessels entering the port which were dealt with by the department during 1952 are shown in the following table :—

| Nationality | Steam | Motor | Sailing | Total |
|----------------------|-------|-------|---------|-------|
| American | 5 | — | — | 5 |
| Argentinian | 4 | — | — | 4 |
| Belgian | — | 4 | — | 4 |
| British | 1,776 | 629 | 230 | 2,635 |
| Costa Rican | 8 | — | — | 8 |
| Cyprian | 2 | — | — | 2 |
| Danish | 31 | 5 | — | 36 |
| Dutch | 5 | 264 | — | 269 |
| Finnish | 17 | — | — | 17 |
| French | 26 | 3 | — | 29 |
| German | 19 | 22 | — | 41 |
| Greek | 17 | 1 | — | 18 |
| Honduran | — | 2 | — | 2 |
| Indian | 1 | — | — | 1 |
| Irish | 8 | 5 | — | 13 |
| Israelian | — | 1 | — | 1 |
| Italian | 10 | — | — | 10 |
| Liberian | 4 | — | — | 4 |
| Monrovia | 1 | — | — | 1 |
| Norwegian | 21 | 5 | — | 26 |
| Panamanian | 29 | — | — | 29 |
| Portuguese | 4 | 9 | — | 13 |
| Russian | 2 | — | — | 2 |
| South African | — | 1 | — | 1 |
| Spanish | 17 | — | — | 17 |
| Swedish | 89 | 28 | — | 117 |
| Swiss | 1 | — | — | 1 |
| Turkish | 2 | — | — | 2 |
| Yugo-slav | 9 | — | — | 9 |
| Total | 2,108 | 979 | 230 | 3,317 |

III—CHARACTER OF TRADE

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C.

| | | | |
|-------------------|---|--|----|
| Passenger Traffic | { | Number of passengers INWARD | 90 |
| | { | Number of passengers OUTWARD | 41 |
| Cargo Traffic | { | Principal IMPORTS—Iron ore, timber, pitwood, fruit, and provisions. | |
| | { | Principal EXPORTS—Coal, patent fuel, road vehicles, heavy iron and steel goods, and general merchandise. | |

Principal Countries from which ships arrive—Spain, France, Italy, Portugal, Norway, Sweden, Finland, United States of America, Canada, and North and West Africa.

IV—INLAND BARGE TRAFFIC

Numbers and Tonnage using the District and Places served by the Traffic.

NONE.

V—WATER SUPPLY

Source of supply for (a) the district, and (b) shipping.

The water supply for the port and shipping is derived entirely from the Cardiff Corporation supply, the water being supplied to ships by means of hydrants installed at convenient points.

Reports of tests for contamination.

During the year 60 samples of drinking water from ships were submitted to the Public Health Laboratory for bacteriological examination, the results being as follows :—

| | | | |
|--------------|-----|-----|----|
| Satisfactory | ... | ... | 48 |
| Contaminated | ... | ... | 12 |
| | | | — |
| Total | ... | ... | 60 |
| | | | — |

Notices were served on the masters of the twelve vessels having contaminated water on board, and in each instance the tanks were emptied, cleansed and refilled at this port.

Precautions taken against contamination of hydrants and hosepipes.—Water hydrant chambers on the dockside are protected by tight-fitting iron covers. Hoses used for supplying fresh water to shipping are regularly inspected by officers of the Port Health Department. Samples of the water are taken periodically and submitted to the Public Health Laboratory for analysis.

Number and sanitary condition of water boats, and powers of control by the Authority.—There are no water boats used for supplying water to ships at the Port of Cardiff.

VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

The Master of a ship approaching a port in the United Kingdom, which during its voyage has been in a foreign port, other than an "excepted port" (see below), is required to ascertain the state of health of all persons on board and must fill in and sign a Declaration of Health on the prescribed form. When completed the Declaration is handed to the Customs Officer or Officer of the Port Health Authority, whoever is the first to board the vessel.

("excepted port" means a foreign port situated on the European coast of France, the coast of Belgium or Holland, or that part of the coast of Germany which is between the frontier with Holland and the River Elbe, including the east bank of that river between the entrance to the Kiel Canal and Hamburg inclusive and any place within the Kiel Canal).

Arrangements have been made whereby signed Declarations of Health, which have been tendered to Customs Officers, are collected from the Waterguard Offices by the Port Health Inspectors who visit the respective vessels as soon as possible after arrival.

Declaration of Health forms are issued to masters by Customs Officers, Port Health Officers, and Pilots of foreign-going vessels.

LIST OF INFECTED AREAS. (Regulation 6).

Arrangements for the preparation and amendment of the list, the form of the list, the persons to whom it is supplied, and the procedure for supplying it to those persons.

A list (with copies) of countries and localities where quarantinable or other infectious diseases are known, or suspected, to exist is delivered to the Waterguard Office of H.M. Customs and Excise for the use of boarding Customs Officers, and to the Pilotage Office for the information of Pilots of inward bound traffic. This list of "infected" or "suspected" localities is amended whenever necessary from information contained in the Weekly Record of Quarantinable Diseases received from the Ministry of Health. A copy of the list is also supplied to the Airport Commander at Pengam Moors Airport, Cardiff.

RADIO MESSAGES.

- (a) **Arrangements for sending permission by radio for ships to enter the district. (Regulation 13).**

Cardiff is not designated as a radio transmitting port.

- (b) **Arrangements for receiving messages by radio from ships and for acting thereon. (Regulation 14 (1) (a) and (2)).**

Cardiff being an approved port for the receiving of radio messages, masters of vessels requiring the attention of the Port Medical Officer can transmit any such request direct to the Port Health Authority using the telegraphic address "Portelth" Cardiff, or through local shipping agents with whom an arrangement exists for the transferring to this Authority of any such message received. Provision is made for the receiving of radio or other messages after official hours, by a rota system of emergency duty for Port Medical Officers and Port Health Inspectors.

NOTIFICATIONS OTHERWISE THAN BY RADIO. (Regulation 14 (1) (b)).**Arrangements for receiving notifications otherwise than by radio and for acting thereon.**

Masters of vessels not equipped with radio transmitting apparatus or radio telephone, when requiring the attention of the Port Medical Officer, may, when within port waters, in addition to showing the appropriate signal, make contact with the Pilots on station in the Bristol Channel, who would transmit the information by radio telephone from the Pilot Boat to the Piermaster's Office, Pier Head, for transfer to the Port Health Authority. In addition, when passing up to Cardiff, messages can be given to the Signal Station situated in Barry Roads.

All vessels reporting sickness are boarded on arrival by a Port Medical Officer accompanied by an officer of the Port Health Authority.

Motor ambulances are available at any time during the day or night for the purpose of removing infectious cases to hospital.

MOORING STATIONS. (Regulations 22 to 30).**Situation of stations, and any standing directions issued under these Regulations.**

A berth in the north west corner of the Queen Alexandra Dock has been designated as a mooring station within the docks and a position near the Flat Holm Island in the Bristol Channel as an outside mooring station. These berths have been designated for the isolation of vessels, crews and passengers, should a quarantinable disease exist on board.

The following classes of vessels are allowed exemption from detention and may proceed to their ordinary place of mooring, loading or discharge. Vessels on which a death from, or a case of, infectious disease has occurred during the current voyage and within the past four weeks, unless such disease is known, or suspected, to have been plague, cholera, yellow fever, smallpox, typhus or relapsing fever, and vessels arriving from ports included in the list of "infected" or "suspected" ports or seaboard, unless there has been, during the voyage, sickness or death among the crew or passengers, or an unusual mortality among rats on board.

ARRANGEMENTS FOR—

- (a) **Hospital accommodation for infectious disease (other than smallpox—see Section VII).**

Cases of infectious disease are accommodated at the Cardiff City Isolation Hospital

- (b) **Surveillance and follow-up of contacts.**

Contacts are medically examined on board and those remaining on the vessel are kept under daily observation by a member of the Port Health Staff. Contacts who are allowed to proceed to a given destination are instructed as to any procedure which may be required

by the Medical Officer. Pre-paid reply post cards are issued to such persons for notification to the Medical Officer of any change of address they may make during the period of surveillance. A history of cases which have occurred and names and addresses of contacts are forwarded to the Medical Officers of Health for the districts to which such person have departed.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.

The cleansing and disinfecting of ships for the purpose of preventing the spread of infectious disease are carried out under the supervision of the Port Health Inspectors. The cleansing of persons and the disinfection of bedding, clothing and other articles are carried out at the Cleansing and Disinfecting Station belonging to the Cardiff City Council.

During the year five vessels were found to be infested with bed-bugs and seventy-six vessels with cockroaches and notices were served upon the masters requiring them to take all necessary steps to eradicate the insects, the beds infested with bed-bugs being subsequently destroyed. Fifteen seamen discovered to be suffering from scabies were treated at the Seamen's Baths belonging to the Cardiff Corporation.

VII—SMALLPOX

Name of Isolation Hospital to which smallpox cases are sent from the District.

From Cardiff City Isolation Hospital to Penrhys Isolation Hospital, Pentre, Rhondda.

Arrangements for transport of such cases to that hospital by ambulance, giving the name of the Authority responsible for the ambulance and the vaccinal state of the ambulance crews.

Arrangements are made at the City Isolation Hospital, the Cardiff City Council being responsible for the ambulance service.

Ambulance crews are vaccinated.

Names of smallpox consultants available.

G. Emrys Harries, M.B., B.S., D.P.H.,
Medical Superintendent,
Cardiff City Isolation Hospital.

G. F. J. Thomas, M.R.C.S., L.R.C.P., D.P.H.,
Senior Hospital Officer,
St. David's Hospital, Cardiff.

Facilities for laboratory diagnosis of smallpox.

Facilities are provided by the Public Health Laboratory Service, Institute of Pathology, Cardiff Royal Infirmary.

VIII—VENEREAL DISEASE

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen.

The Treatment Centre for the diagnosis and treatment of venereal disease for seamen is at the Royal Hamadryad General and Seamen's Hospital near the docks. Circulars printed in several languages, conveying information on the dangers of venereal disease, the name and location of Hospital and times for attending, are distributed by the Port

Health Inspectors when carrying out shipping inspection. Printed plaques are also displayed in the public conveniences on the docks. Seamen suffering from venereal disease receive treatment at the Centre at 10.0 a.m. on Mondays, Wednesdays and Fridays, but provision is made for new cases to attend on any morning. In-patient treatment is available at the above Hospital.

The number of cases of venereal disease dealt with at the special treatment centre for seamen during the year were as follows :—

| Persons attending at the Centre for the First Time | | | | | Total Attendances |
|--|----------|------------|-----------------------------------|-------|-------------------|
| Year | Syphilis | Gonorrhoea | Non-Venereal and other Conditions | Total | |
| 1952 | 62 | 175 | 214 | 451 | 2,571 |

Twenty cases of venereal disease came to the knowledge of officers of the Authority during the year and were recommended for treatment at the centre.

IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

During the year nine cases of infectious disease were landed from vessels and one case of infectious disease was reported to have occurred on a vessel during the voyage, as shown in the following table :—

TABLE D.

| Category | Disease | Number of cases during the year | | Number of Ships concerned |
|---|--------------|---------------------------------|------|---------------------------|
| | | Passengers | Crew | |
| Cases landed from ships from foreign ports | Dysentery | — | 1 | 1 |
| | Malaria | — | 3 | 1 |
| | Influenza | — | 1 | 1 |
| Cases which have occurred on ships from foreign ports but have been disposed of before arrival | Pneumonia | — | 1 | 1 |
| Cases landed from other ships ... | Influenza | — | 1 | 1 |
| | Pneumonia | — | 1 | 1 |
| | Tuberculosis | — | 2 | 2 |

Other Cases of Infectious Disease.—Two cases of tuberculosis, which were dealt with by the port health officers, were found to fall properly within the province of urban administration, and were referred to the Cardiff Urban Authority.

X—OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

During the period of the report, three cases of malaria were landed at Cardiff for hospital treatment from a vessel of foreign nationality which arrived from Pepel, West Africa, via Las Palmas. No malaria occurred on British vessels arriving during the same period.

From enquiries made on British vessels which arrived from West African Ports in particular, it was ascertained that masters had taken precautionary measures by issuing paludrine to members of crews, and had carried out other preventive measures whilst in the malarial zone.

XI—MEASURES AGAINST RODENTS

MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE.

During the year no ships arrived with a case, or suspected case, of plague on board. Vessels arriving from plague-infected or suspected areas are visited on arrival, or as soon afterwards as possible, by the Port Medical Officer and Port Health Inspector on rota duty. All vessels arriving from these areas are thoroughly searched for rat evidence by the Authority's rodent operatives, trapping is carried out and any rats caught or found dead are submitted to the Public Health Laboratory for bacteriological examination.

MEASURES OF RAT DESTRUCTION ON VESSELS FROM PLAGUE "INFECTED" OR "SUSPECTED" AREAS.

| Total Number of such vessels arriving | Number of such vessels fumigated by H.C.N. | Number of rats killed | Number of such vessels on which trapping, poisoning, etc. were employed | Number of rats killed | Number of such vessels on which measures of rat destruction were not carried out |
|---------------------------------------|--|-----------------------|---|-----------------------|--|
| 48 | — | — | 28 | 47 | 20 |

XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

Procedure for inspection of ships for rats.

Certificates of deratting or deratting exemption are checked for validity and enquiries made to members of crews as to whether rats have been seen or are known to be on board. Trapping is carried out on vessels where rat indications are found and, as a precautionary measure, instructions are given to place rat-guards on mooring ropes. Masters of vessels producing invalid certificates, and on which vessels the rat population cannot be classed as negative, are instructed to have the vessels fumigated.

Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year.

A proportion of all rats trapped or found after fumigation is submitted to the Public Health Laboratory for examination for the detection of plague. The number of rats destroyed by fumigation was 63, of which 16 were submitted for examination for the detection of plague. The number of rats caught by traps was 81, of which 13 were examined for plague. The total number of rodents sent for examination during the year was 29.

Arrangements in the district for deratting ships, the methods used, and, if done by a commercial contractor, the name of the contractor.

Arrangements for the deratting of ships by hydrogen cyanide have been carried out in strict accordance with the Hydrogen Cyanide (Fumigation of Ships) Regulations, 1951, which became operative on the 1st February, 1952. During the year, 12 vessels were fumigated by hydrogen cyanide only, for the issue of deratting certificates. Whenever fumigation of a vessel is arranged, the department is notified in advance by the contractor and an officer of the Port Health Authority attends during the operation. Deratting is carried out by private contractors, the undermentioned operate in the district :—

The Western Scaling and Painting Co., Cardiff.

Messrs. David Thomas and Sons, Ltd., Cardiff.

Mr. Charles B. Brister, Newport, Mon.

Occasional fumigations are carried out by the Associated Fumigators Ltd., London, and the Fumigation Services, Ltd., Barking, Essex.

Progress in the rat-proofing of ships.

Considerable progress has been noted in the rat-proofing of the newer type of vessel visiting the port. The correcting of rat harbourage and its elimination has been, over a long period, the subject of discussion between inspecting officers of the department and the Marine Superintendents representing the shipowners.

TABLE E.

RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM FOREIGN PORTS.

| Category | Number |
|-----------------------------|--------|
| Black rats | 144 |
| Brown rats | — |
| Species not known | — |
| Sent for examination | 29 |
| Infected with plague | — |

TABLE F.

DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS.

| No. of Deratting Certificates issued | | | | | Number of Deratting Exemption Certificates issued | Total Certificates issued |
|--------------------------------------|------------------------------------|----------------|-----------------|-------|---|---------------------------|
| After fumigation with | | After trapping | After poisoning | Total | | |
| H.C.N. 1 | Other fumigant (state method) 2 | | | | 3 | 4 | 5 | 6 | 7 |
| 12 | nil | nil | nil | 12 | 138 | 150 |

The fees received by the Port Health Authority in respect of these certificates amounted to £474 18s. 0d.

The following table shows the numbers of deratting and deratting exemption certificates issued in each of the past ten years :—

| Year | Deratting Certificates | | Deratting Exemption Certificates | | Total |
|-------------|------------------------|------------|----------------------------------|------------|-------|
| | Number | Percentage | Number | Percentage | |
| 1943 | 50 | 42 | 70 | 58 | 120 |
| 1944 | 57 | 44 | 73 | 56 | 130 |
| 1945 | 65 | 39 | 101 | 61 | 166 |
| 1946 | 52 | 35 | 97 | 65 | 149 |
| 1947 | 27 | 21 | 101 | 79 | 128 |
| 1948 | 38 | 20 | 150 | 80 | 188 |
| 1949 | 35 | 22 | 121 | 78 | 156 |
| 1950 | 20 | 15 | 113 | 85 | 133 |
| 1951 | 15 | 11 | 123 | 89 | 138 |
| 1952 | 12 | 8 | 138 | 92 | 150 |

The number of fumigations of vessels, the total number of dead rats found after fumigation, and the average number of dead rats found per vessel during each of the years 1943-1952 are set out below :—

| Year | Number of Fumigations of Vessels | Total Number of rats found dead after Fumigation | Average Number of dead Rats found per Vessel |
|----------|----------------------------------|--|--|
| 1943 ... | 50 | 508 | 10·16 |
| 1944 ... | 57 | 595 | 10·44 |
| 1945 ... | 65 | 716 | 11·02 |
| 1946 ... | 52 | 729 | 14·02 |
| 1947 ... | 27 | 345 | 12·78 |
| 1948 ... | 38 | 339 | 8·92 |
| 1949 ... | 35 | 261 | 7·46 |
| 1950 ... | 20 | 75 | 3·75 |
| 1951 ... | 15 | 174 | 11·60 |
| 1952 ... | 12 | 63 | 5·25 |

XIII—INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices.

| Nature and number of inspections | Notices served | | Result of serving Notices |
|--|-------------------|---------------|--|
| | Statutory Notices | Other Notices | |
| Defects of Original Construction ... | 30 | — | 30 Ships on which defects were remedied 2 |
| Structural Defects through Wear and Tear | 205 | — | 205 Ships on which defects were remedied 173 |
| Dirt, Vermin and Other Conditions prejudicial to health | 210 | — | 210 Ships on which nuisances were remedied 202 |
| Total | 445 | — | 445 377 |

During the year 1,364 sanitary defects and nuisances were found to exist on 269 ships and 1,245 of these defects and nuisances were remedied on 212 ships.

Total number of re-visits made to vessels during the year was 4,182.

Defects and nuisances dealt with during 1952 were as follows :—

| | |
|--------------------------------------|----|
| Insufficient ventilation | 13 |
| „ lighting | 2 |
| „ heating | 2 |
| Obsolete privies | 9 |
| Privies without water service | 10 |

List of other staff engaged on this work.

F. S. Barnard, Chief Port Sanitary Inspector.
 T. G. Newby, Deputy Chief Port Sanitary Inspector.
 S. A. Howell, Assistant Port Sanitary Inspector.

Organisation of work and nature and amount of aliens traffic.

Passenger traffic at the port is relatively small and casual. Thirty-eight ships arrived during the year with 58 alien passengers on board ; 14 of these passengers were medically inspected and 12 subjected to detailed medical examination. During the same period three aircraft arrived at Cardiff Airport from outside the "excepted area" carrying 65 alien passengers, all of whom were medically inspected on arrival.

Accommodation for medical inspection and examination.

Accommodation is provided at the Port Health Offices for the medical inspection and examination of alien passengers, but passengers are usually examined on board ship. Passengers arriving by air are medically inspected at the Airport where rooms are provided for this purpose.

Facilities are available for the removal to hospital of persons who may be suffering from infectious disease. The cleansing, disinfection and disinfestation of aircraft, persons and clothing can be carried out under similar arrangements as are at present in force for sea-going vessels arriving at the Port of Cardiff.

Close co-operation exists between the Airport Staff and the Staff of H.M. Customs and Excise, whereby advance information regarding the arrival of aircraft is transmitted immediately to the Port Health Department.

XVI—MISCELLANEOUS**Arrangements for the burial on shore of persons who have died on board ship from infectious disease.**

A ship arriving in the port with the body of a person who has died on board is visited by the Port Medical Officer who examines the deceased, and if death is found to have been caused by infectious disease, precautionary measures against the spread of infection are carried out by the department. In the case of death from a quarantinable disease, the body would be removed from the vessel by Municipal conveyance to a place appointed, pending cremation. Where death has occurred from minor infectious disease, the body would be removed under similar arrangements to await burial.

The Dangerous Drugs Regulations, 1937.—One certificate was issued authorising the master of a foreign ship to purchase dangerous drugs.

Certificates of Health.—During the year one certificate in respect of the health of the port was issued to the Commander of a Naval Vessel of foreign nationality.

THE PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Systematic visits are paid by inspectors to quays, wharves, and warehouses in the vicinity of the docks, and owners and occupiers are advised as to the best means of eradicating rodents. In most instances warehouses are reasonably rat-proof, possessing concrete floors and sliding, close-fitting doors. The importance of rendering all buildings near the docks rat-proof is constantly emphasised on owners and occupiers by the inspectors.

Extensive baiting around the docks is undertaken systematically by the dock owners and by owners and occupiers of premises in the vicinity of the docks, under the supervision of officers of the department. During the year rat-catchers employed by the dock owners laid 7,375 poison bait points—each weighing six ounces, a total of 44,250 ounces, of which

1,079 ounces were consumed, and 257 rats and 17 mice were found dead, the estimated total number of rats destroyed being 2,693. The number of poison baits laid by owners and occupiers of other premises in the vicinity of the docks amounted to 2,089 and 1,454 rats and 30 mice were found dead. A total of 1,711 rats and 47 mice were found dead as a result of these measures.

For the purpose of surveying the area around the docks for rats, the district is divided into four areas. Traps are set by the rat-catcher for one week in each area. Sixty rats were caught under this scheme, of which 18 were examined for plague.

The following table shows the number and species of rats destroyed in docks, quays, wharves and warehouses, and the number submitted to the Public Health Laboratory for examination for the detection of plague during 1952 :—

| Category | Number |
|-----------------------------|--------|
| Black rats | 60 |
| Brown rats | — |
| Species not known | 1,711 |
| Sent for examination | 18 |
| Infected with plague | — |

THE PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

The Prevention of Damage by Pests (Application to Shipping) Order, 1951, made under Section 23 of the Prevention of Damage by Pests Act, 1949, applying the provisions of the Act, with appropriate modifications to shipping, has been strictly enforced.

Under the provisions of the above Order periodical inspection of coastal vessels, etc., is carried out by officers of the department, and 57 Rodent Control Certificates were issued to masters of vessels during the year.

Diseases of Animals Acts, etc.—Ninety-seven dogs and 296 cats were brought to the port on vessels. All the vessels were visited regularly during their stay in port to ensure that the requirements were observed.

FOOD INSPECTION.

The principal food imports during the year were from Australia, New Zealand, and Argentina, and consisted of beef, mutton, pork, lamb, offal, butter, cheese and fresh and dried fruits. From Canada and United States of America, wheat, flour, cereals, canned meats and fruit were imported, and from European countries, fresh fruits and canned vegetables. In addition to these direct imports, large quantities of foodstuffs, transhipped at other ports in the British Isles, arrived by coastwise traffic.

Examination of imported food is carried out by the food inspectors in the dockside warehouses and occasionally on board ship. If the food examined is found to be in good condition, the whole consignment is released for distribution, but if found to be diseased or unsound, the whole consignment is detained until a complete examination has been carried out. Diseased and unsound articles of food are disposed of under the supervision of the food inspectors. When necessary, samples of foodstuffs are submitted for examination.

Examination of imported meat is carried out in the transit sheds on the dock sides and in the local cold stores. The glandular examination of mutton and lamb carcasses weighing over 42 lb. was continued, but very few cases of caseous lymphadenitis were found.

Imported Foodstuffs.—The quantities of various kinds of foodstuffs imported during the year are shown in the following table :—

| Description | Tons | Cwt. | Bags | Bales | Barrels | Boxes | Miscellaneous |
|------------------------------|--------|------|--------|-------|---------|---------|---------------|
| Bacon | — | — | — | 2,191 | — | — | — |
| Barley | 9,437 | — | 11,505 | — | — | — | — |
| Biscuits | — | — | — | — | — | 3,090 | — |
| Butter | — | — | — | — | — | 53,101 | — |
| Cheese | — | — | — | — | — | 48,352 | 678 cheeses |
| Citric Acid | — | — | — | — | 20 | — | — |
| Cocobutter | — | — | 56 | 50 | — | — | — |
| Confectionery | — | — | — | — | — | 688 | — |
| Eggs | — | — | — | — | — | 6,497 | — |
| Eggs, Pulp Canned | — | — | — | — | — | 15,338 | — |
| Fat, Edible | — | — | — | — | 240 | 5,326 | — |
| Farina | — | — | 51 | — | — | — | — |
| Fish, Fresh | 2,872 | — | — | — | — | — | — |
| Flour | — | — | 18,764 | — | — | — | — |
| Fondant | — | — | — | — | — | 228 | — |
| Fruit, Bottled | — | — | — | — | — | 726 | — |
| Fruit, Canned | — | — | — | — | — | 71,120 | — |
| Fruit, Fresh | — | — | — | — | 12,783 | 292,981 | — |
| Fruit Juice, Canned | — | — | — | — | — | 1,350 | — |
| Fruit Pulp | — | — | — | — | 23 | 1,255 | — |
| Gin, Bottled | — | — | — | — | — | 50 | — |
| Hams | — | — | — | — | — | 85 | — |
| Honey | — | — | — | — | 1,866 | — | — |
| Jam, Bottled | — | — | — | — | — | 600 | — |
| Macaroni | — | — | — | — | — | 200 | — |
| Meat, Canned | — | — | — | — | — | 41,354 | — |
| Milk, Canned | — | — | — | — | — | 5,755 | — |
| Oats | — | — | 11,413 | — | — | — | — |
| Oil, Hardened | — | — | 37 | — | — | — | — |
| Sugar | 10,500 | — | 56 | — | — | — | — |
| Tomato Ketchup | — | — | — | — | — | 96 | — |
| Tomato Paste, Canned | — | — | — | — | — | 1,500 | — |
| Vegetables, Canned | — | — | — | — | — | 60,592 | — |
| Vegetables, Dried | — | — | 431 | — | — | — | — |
| Vegetables, Fresh | 1,105 | — | 23,029 | — | 32 | 49,834 | — |
| Vegetables, Preserved | — | — | — | — | 109 | — | — |
| Wheat | 23,500 | — | — | — | — | — | — |

Overseas Meat.—In addition to the foodstuffs already referred to, five cargoes of frozen meat were imported, the quantities being as follows :—

| | | | |
|--------------------------------|---------|-----------------------------------|-------|
| Carcases of lamb | 520,011 | Lamb hearts (bags) | 2,600 |
| Carcases of mutton | 39,217 | Calf hearts (bags) | 10 |
| Carcases of ewe | 22,396 | Pigs hearts (bags) | 2 |
| Boneless meat (bags) | 10,334 | Sheep kidneys (cartons) | 298 |
| Sides of pork | 3,891 | Calf kidneys (cartons) | 11 |
| Quarters of beef | 1,627 | Lamb sweetbreads (cartons) | 25 |
| Quarters of beef (bags) | 9 | Sheep brains (bags) | 60 |
| Lamb livers (cartons) | 13,381 | Sundries (bags) | 1,125 |
| Calf livers (cartons) | 40 | Sundries (packages) | 1,315 |
| Pigs livers (cartons) | 25 | | |

The quantities of various kinds of foodstuffs withheld from human consumption during the year were as follows :—

| | Tons | cwt. | lbs. |
|-----------------------|------|------|------|
| Baby Foods, Canned | — | 7 | 36½ |
| Barley | — | — | 58 |
| Biscuits | — | — | 23½ |
| Butter, Canned | — | 3 | 63 |
| Cereals | — | 14 | 44¼ |
| Chicken Paste, Canned | — | — | 1 |
| Chocolate | — | — | 111 |
| Cockles | — | — | 18 |
| Cocoa | — | — | 6 |
| Coffee | — | — | 62 |
| Coffee Beans | — | 2 | 35 |
| Condiments | — | — | 17 |
| Confectionery | — | 2 | 9¾ |
| Cornflour | — | — | 4 |
| Cream, Canned | — | — | 8 |
| Curry Powder | — | — | 20 |
| Cheese | — | — | 3½ |
| Fish, Canned | — | 1 | 69 |
| Fish, Frozen | — | 4 | 51 |
| Flour | 7 | 19 | 94 |
| Fruit, Canned | 6 | 15 | 106½ |
| Fruit, Dried | — | 16 | 63½ |
| Fruit, Fresh | 18 | 17 | 16 |
| Fruit, Preserved | — | 14 | 8 |
| Fruit Juice, Canned | — | — | 3¾ |
| Fruit Pulp, Canned | — | — | 54 |
| Hops, Dried | — | — | 16 |
| Irish Stew, Canned | — | — | 11 |
| Jam, Canned | — | — | 22 |
| Lard | — | — | 2 |
| Macaroni | — | — | 8 |
| Meat, Canned | 1 | 5 | 92 |
| Meat, Frozen | 1 | 15 | 60 |
| Milk, Canned | — | 11 | 36 |
| Mustard | — | — | 8 |
| Nuts | — | — | 2½ |
| Oatmeal | 1 | 13 | 86¼ |
| Oats, Canned | — | 12 | 74 |
| Oats, Rolled | — | 4 | 58 |
| Pepper | — | — | 3 |
| Poultry | — | 1 | 63 |
| Rabbits, Frozen | — | — | 30 |
| Rice | — | 12 | 55 |
| Rusks | 2 | 3 | — |
| Sausage, Canned | — | — | 15 |
| Semolina | — | 1 | 31 |
| Soup, Canned | — | — | 3½ |
| Sugar | — | — | 7 |
| Sweets | — | — | 17¼ |
| Tea | — | — | 4 |
| Tomato Chutney | — | — | 9 |
| Tomato Paste, Canned | — | 3 | 4 |
| Tomato Puree, Canned | — | 1 | 8 |
| Vegetable Fat | — | — | 2 |
| Vegetables, Canned | 1 | 6 | 37¼ |
| Vegetables, Dried | — | 9 | 79 |
| Vegetables, Fresh | 13 | 13 | 10 |
| Vegetables, Pickled | — | 1 | 23 |
| Vermicelli | — | — | 14 |
| Vinegar, Bottled | — | — | 6 |
| Wheat | 1 | 9 | 69 |
| Yeast | — | — | 11 |
| Total | 63 | 10 | 59 |

The Public Health (Imported Food) Regulations, 1937-1948, the Public Health (Preservatives, etc., in Food) Regulations, 1925-1948, and the Food and Drugs Act, 1938 (Section 39).—Thirty samples of imported food were submitted to the Public Analyst for analysis. The nature, country of origin, and the number of samples are shown in the following table :—

| Description | Country of Origin | Number of Samples |
|------------------------------|-------------------|-------------------|
| Apples | Canada | 2 |
| Cherries, Canned | Italy | 6 |
| Grapes | Spain | 1 |
| Oranges | Spain | 1 |
| Oranges | Palestine | 4 |
| Peaches (Jars) | Eire | 2 |
| Peaches (Canned) | Australia | 1 |
| Pears (Canned) | Australia | 1 |
| Strawberries (Canned) | Holland | 2 |
| Sultanas | Australia | 1 |
| Tomatoes (Canned) | Italy | 4 |
| Tomatoes (Canned) | Holland | 2 |
| Ham and Veal (Canned) | Holland | 2 |
| Mincemeat (Canned) | Australia | 1 |

Each of the samples was reported to be genuine or to contain preservatives within the limits prescribed in the Public Health (Preservatives, etc., in Food) Regulations.

Bacteriological Examinations.—Three samples of canned ham and veal and two samples of canned luncheon meat from Holland were submitted for bacteriological examination. Two of the samples of canned ham and veal were reported to be unfit for human consumption and the consignments from which these samples were taken were appropriately dealt with, the remaining three samples were reported to be satisfactory.

The Public Health (Imported Milk) Regulations, 1926.—No fresh milk was imported during the year.

SCHOOL HEALTH SERVICE

I—STAFF

Medical.—The proportion of the time of the Department's Medical Officers which is devoted to the School Health Service is equivalent to $6\frac{1}{2}$ whole-time medical officers.

Dental.—The staff of the School Dental Service remained during the year at 6 Dental Surgeons and 6 Dental Clerk/Attendants. There is every prospect of a 7th Dental Surgeon commencing duty early in 1953.

Nursing.—The duties of the Health Visitors are organised to include school nursing and the Superintendent and Deputy Superintendent devote approximately one-third of their time to this service. There are 50 Health Visitors employed for all purposes in the Department and the time devoted to school nursing is equivalent to that of fourteen whole-time school nurses. Five Clinic Helpers who have experience as assistant nurses are employed to relieve the trained staff of certain duties, and of these five the time of $1\frac{1}{2}$ is devoted to the School Health Service.

Medical Auxiliaries.—Two Speech Therapists are engaged in treatment at the various clinics throughout the city. Two Orthoptists are employed at the Richmond Road and Canton Clinics. Three Physiotherapists are engaged at the Orthopaedic Clinic and half their time is considered to be allotted to the School Health Service.

Child Guidance Centre.—Dr. C. W. Anderson, Senior Medical Officer, is the Psychiatrist and devotes part-time to this work. A full-time Educational Psychologist, Mr. R. Robertson, was appointed during the year by the Education Committee and he devotes part of his time to Child Guidance work. A Psychiatric Social Worker and a Secretary are engaged full-time.

II—MEDICAL INSPECTION

The average numbers of schoolchildren and the average attendance for the year ending March, 1952, were as follows :—

| | Average Number on Registers | Average Attendance |
|------------------------------------|--------------------------------|-----------------------|
| Grammar Schools | 4,939 | 4,595 |
| Secondary Modern Schools | 6,004 | 5,238 |
| Other Secondary Schools | 108 | 99 |
| Primary and All Age Schools | 25,897 | 22,729 |
| Special Schools | 273 | 221 |
| Severn Road Nursery School | 106 | 84 |
| Total | 37,327 | 32,966 |

The numbers of schoolchildren inspected at periodic medical inspections at schools during 1952 were as follows :—

| Group | Boys | Girls | Total |
|---|-------|-------|-------|
| PRESCRIBED GROUPS :— | | | |
| Entrants (within 12 months of admission) | 2,283 | 2,223 | 4,506 |
| Second Age Group (at 10 plus years) | 1,237 | 1,172 | 2,409 |
| Third Age Group (at 14 plus years—Secondary Schools) | 882 | 589 | 1,471 |
| Third Age Group (at 15 plus years—High Schools) | 394 | 338 | 732 |
| Total | 4,796 | 4,322 | 9,118 |
| OTHER PERIODIC GROUPS :— | | | |
| Entrants to High Schools | 155 | 141 | 296 |
| Special Schools | 152 | 118 | 270 |
| Entrants to other Secondary Schools | — | — | — |
| Total | 307 | 259 | 566 |
| Grand Total | 5,103 | 4,581 | 9,684 |

The number of schoolchildren specially inspected and the number of re-inspections undertaken were as follows :—

| | Boys | Girls | Total |
|--|-------|-------|-------|
| Special Inspections { At School | 178 | 82 | 260 |
| { At School Clinic | 1,586 | 1,524 | 3,110 |
| Total | 1,764 | 1,606 | 3,370 |
| Re-inspections { At School | 151 | 140 | 291 |
| { At School Clinic | 1,118 | 1,162 | 2,280 |
| Total | 1,269 | 1,302 | 2,571 |

III—FINDINGS OF MEDICAL INSPECTION

The following table shows the number of individual children found at periodic medical inspection to require treatment (excluding defects of nutrition, uncleanliness and dental disease) :—

| | Found to require treatment for | | | |
|--|--------------------------------|------------------|-------------------------|------------|
| | Defective Vision | Other Conditions | Total Individual pupils | Percentage |
| PRESCRIBED GROUPS : | | | | |
| Entrants | 107 | 892 | 960 | 21·3 |
| Second Age Group | 183 | 357 | 509 | 21·1 |
| Third Age Group | 205 | 192 | 353 | 16·0 |
| Total | 495 | 1,441 | 1,822 | 20·0 |
| OTHER PERIODIC INSPECTIONS : | | | | |
| Entrants to High Schools | 27 | 29 | 52 | 17·6 |
| Special Schools | 14 | 35 | 43 | 15·9 |
| Entrants to other Secondary Schools | — | — | — | — |
| Total | 41 | 64 | 95 | 16·8 |
| Grand Total | 536 | 1,505 | 1,917 | 19·8 |

The percentages of children found to require treatment showed a decrease in a number of Age-groups. Defective vision, squint and other eye defects formed more than a quarter of the total defects requiring treatment.

The defects found by the medical inspection of 9,684 children at the periodic medical inspections and of 5,941 at special inspections were as follows :—

| Code No. | DISEASE OR DEFECT | PERIODIC INSPECTIONS | | SPECIAL INSPECTIONS | |
|----------|-----------------------------------|----------------------|---|---------------------|---|
| | | No. of Defects | | No. of Defects | |
| | | Requiring Treatment | Requiring to be kept under observation but <i>not</i> requiring Treatment | Requiring Treatment | Requiring to be kept under observation but <i>not</i> requiring Treatment |
| 4 | SKIN : | | | | |
| | Ringworm Scalp | 1 | — | 19 | — |
| | Body | 2 | — | 6 | — |
| | Scabies | 3 | — | 9 | — |
| | Impetigo | 7 | — | 38 | — |
| | Other | 81 | 87 | 136 | 19 |
| 5 | EYES : | | | | |
| | Vision | 536 | 304 | 53 | 4 |
| | Squint | 84 | 54 | 6 | 3 |
| | Other | 50 | 26 | 37 | 5 |
| 6 | EARS : | | | | |
| | Hearing | 54 | 60 | 37 | 7 |
| | Otitis Media | 32 | 24 | 16 | 3 |
| | Other | 36 | 26 | 43 | 8 |
| 7 | NOSE OR THROAT | 377 | 370 | 536 | 110 |
| 8 | SPEECH | 50 | 76 | 33 | 5 |
| 9 | CERVICAL GLANDS | 60 | 204 | 58 | 37 |
| 10 | HEART AND CIRCULATION | 60 | 104 | 43 | 75 |
| 11 | LUNGS | 135 | 214 | 98 | 87 |
| 12 | DEVELOPMENTAL : | | | | |
| | Hernia | 16 | 18 | 7 | 4 |
| | Other | 21 | 30 | 10 | 8 |
| 13 | ORTHOPAEDIC : | | | | |
| | Posture | 81 | 49 | 29 | 7 |
| | Flat Foot | 225 | 197 | 85 | 19 |
| | Other | 221 | 165 | 108 | 17 |
| 14 | NERVOUS SYSTEM : | | | | |
| | Epilepsy | 2 | 14 | 1 | 4 |
| | Other | 28 | 26 | 149 | 40 |
| 15 | PSYCHOLOGICAL : | | | | |
| | Development | 10 | 30 | 12 | 1 |
| | Stability | 12 | 27 | 19 | 6 |
| 16 | OTHER DISEASES AND DEFECTS | 207 | 55 | 1,070 | 382 |
| | Total | 2,391 | 2,160 | 2,658 | 851 |

Nutrition.—The following is a classification of the nutrition of children medically inspected :—

| AGE GROUPS | Number of Children Inspected | A (Good) | | B (Fair) | | C (Poor) | |
|---------------------------------|------------------------------|----------|------------|----------|------------|----------|------------|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| PRESCRIBED GROUPS : | | | | | | | |
| Entrants | 4,506 | 2,161 | 47·9 | 2,233 | 49·5 | 112 | 2·6 |
| Second Age Group | 2,409 | 1,047 | 43·5 | 1,269 | 52·7 | 93 | 3·8 |
| Third Age Group | 2,203 | 987 | 44·8 | 1,150 | 52·2 | 66 | 3·0 |
| Total | 9,118 | 4,195 | 46·0 | 4,652 | 51·0 | 271 | 3·0 |
| OTHER PERIODIC GROUPS : | | | | | | | |
| Entrants to High Schools | 296 | 152 | 51·3 | 134 | 45·3 | 10 | 3·4 |
| Special Schools | 270 | 55 | 20·4 | 190 | 70·4 | 25 | 9·2 |
| Total | 566 | 207 | 36·6 | 324 | 57·2 | 35 | 6·2 |
| Grand Total | 9,684 | 4,402 | 45·4 | 4,976 | 51·4 | 306 | 3·2 |

IV—"FOLLOWING-UP" AND THE WORK OF HEALTH NURSES

A summary of the work of the health nurses in connection with domiciliary visitation is given in the following table :—

| Disease or Defect | Total |
|--|-------|
| Defects of vision | 496 |
| Defects of teeth | 68 |
| Defects of ear, nose and throat | 203 |
| Other defects and diseases | 1,389 |
| Scabies | 20 |
| Nursery School Pupils | 414 |
| Total | 2,590 |

The following is a summary of work done by the nurses in connection with uncleanness during the year :—

Number of—

| | |
|---|--------|
| Special visits to schools | 823 |
| Examinations of children for uncleanness | 89,715 |
| Children found with vermin and/or nits | 4,038 |
| Children found to be free from vermin and nits | 2,377 |
| Children for whom cleansing notices issued | 3,597 |
| Children for whom cleansing orders issued | 433 |

Health Nurses paid 1,519 routine and special visits to schools to inspect and follow up children reported to require treatment.

Health Nurses' Survey of the Intermediate Group.—In addition to periodic medical inspection, pupils in primary schools are inspected at the age of eight years by Health Nurses. The number of pupils inspected by nurses during the year was 3,640 (1,892 boys and 1,748 girls). 558 of these children were found to have defects requiring treatment, and 243 pupils were unclean.

The general condition of the pupils was classified as follows :—

| | | | | <i>Number</i> | <i>Percentage</i> |
|----------|-----|-----|-----|---------------|-------------------|
| A (good) | ... | ... | ... | 1,729 | 47·5 |
| B (fair) | ... | ... | ... | 1,837 | 50·5 |
| C (poor) | ... | ... | ... | 74 | 2·0 |

Silver Jubilee Camp School, Porthcawl.—The Department provided a Health Visitor on rota for duty at this school, when children are in residence but, owing to a depleted staff, a temporary school nurse was employed. This arrangement was dispensed with when on 1st April, the Headmaster's wife undertook certain of the duties previously allotted to the nurse. In addition arrangements were put in hand for any children who became ill, to be returned to their homes or to be conveyed to hospital.

Each child is inspected by a Health Visitor before travelling to the Camp, mainly to reduce the risk of infection and spread of verminous conditions but, also to prevent any child attending who may have become unfit since selection. 70 visits were paid to schools during the year to undertake such inspections.

V—TREATMENT

Particulars of the treatment of minor ailments, defective vision and squint, external eye diseases, defects of ear, nose and throat, of orthopaedic and postural defects, dental defects, etc., are given in the following tables :—

(a) *Minor Ailments*

| DISEASE OR DEFECT | Number of Defects treated or under treatment during the year under the Authority's Scheme | Total number of attendances at Clinics |
|--|---|--|
| SKIN : | | |
| Ringworm Scalp | 20 | |
| Body | 50 | |
| Scabies | 38 | |
| Impetigo | 274 | |
| Other Skin Diseases | 230 | |
| MINOR EYE DEFECTS | 189 | |
| MINOR EAR DEFECTS | 213 | |
| MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.) | 2,153 | |
| Total | 3,167 | 12,966 |

(b) *Defective Vision and Squint*

Particulars of the work of the Ophthalmic Clinics during the year are given below :—

| | |
|-----------------------------------|-------|
| Number of children examined | 4,389 |
| Errors of Refraction | 3,738 |
| †Spectacles prescribed | 2,531 |
| Other defects or diseases treated | 542 |
| Referred to Orthoptic Clinic | 295 |
| Attendances at clinics | 9,389 |

†In addition there was no change in the prescription in a further 489 refractions.

Spectacles are supplied through the Supplementary Ophthalmic Service of the National Health Service. The total number of spectacles provided for schoolchildren during the year was 3,079.

Ophthalmic Operations—Five operations were performed during the year by the Ophthalmic Surgeon and 20 further cases were on the waiting list at the 31st December. Orthoptic operations are reported in the statistical table for the Orthoptic Clinic.

The Orthoptic Clinic.—With the recruitment of a second Orthoptist in the latter part of 1951, it was possible to open a second Orthoptic Clinic at Wessex Street School Clinic early in the year to serve the Riverside, Canton, Llandaff, Fairwater and Ely areas. Great difficulty had been experienced in persuading parents particularly from Ely to bring their children to the Central Clinic once or twice a week for a course of treatment and the opening of the second centre has therefore been a great convenience to these parents.

In spite of this improvement in facilities, one in every three children referred to the clinic by the Ophthalmic Surgeon, fails to attend. There are therefore approximately another 100 children each year who are requiring treatment but who are never brought to the clinic.

It is very pleasant to record that there has been a substantial improvement in the position of operations. The Cardiff Hospital Management Committee allocated a number of beds at the Children's Ear, Nose and Throat Hospital at Ely, and 32 operations were performed at this hospital by the Cardiff Ophthalmic Surgeons. At the same time conditions improved in relation to admissions to Llandough Hospital and a further 57 operations were performed there. A large proportion of these 89 operations were performed in the latter half of the year and it may be anticipated that the large waiting list for such operations will have been dealt with during the present year. A substantial increase in the number of children satisfactorily discharged should now be recorded as the hold up over operations is being overcome.

Of the 181 children discharged from the clinic during the year, 82 or 45% were perfect cures or substantially improved. 55 of this number were without the aid of an operation. Many of the other 27 children received "cosmetic" operations as the sight in the squinting eye could not be brought by occlusion to the standard required for Orthoptic Treatment or because the onset of the squint was at birth or in infancy which again precludes them from orthoptic treatment.

Statistics for the work of the clinic during 1952 are as follows :—

Patients accepted for treatment—

| | | | | | |
|---------------------------|-----|-----|-----|-----|-----------|
| Schoolchildren | ... | ... | ... | ... | 162 |
| Children under school age | | | ... | ... | 49 |
| Glamorgan children | | ... | ... | ... | 3 |
| | | | | | <hr/> 214 |

Patients discharged—

| | | | | | |
|---|-----|-----|-----|-----|----------|
| With Single Binocular vision (23 without operation) | | | | | 24 |
| Cosmetically straight (4 without operation) | ... | | | | 18 |
| Improved (28 without operation) | ... | ... | | | 40 |
| | | | | | <hr/> 82 |
| No improvement | ... | ... | ... | ... | 12 |
| Refused treatment (occlusion, operation, etc.) | ... | | | | 5 |
| Failed to attend for treatment | | | ... | ... | 74 |
| Left Cardiff | ... | ... | ... | ... | 8 |
| | | | | | <hr/> 99 |

Patients under treatment at end of 1952—

| | |
|--|------------|
| Regular weekly or bi-weekly treatment ... | 29 |
| Having monthly occlusion | 48 |
| Under supervision awaiting operation ... | 96 |
| Reporting two to six monthly until old enough for treatment | 37 |
| Under supervision between courses of treatment | 318 |
| Total | 528 |

| | |
|---|-------|
| <i>Patients referred, awaiting appointments</i> | — |
| <i>Operations performed (Llandough Hospital—57)</i> ... | 89 |
| <i>Number on waiting list for operations</i> | 96 |
| <i>Number of attendances</i> | 5,611 |

(c) Defects of Ear, Nose and Throat

| | EAR | NOSE AND THROAT | |
|--|-------|----------------------|---------------|
| | | Tonsils and Adenoids | Other Defects |
| Received Operative Treatment | 19 | 1,081 | 23 |
| Received other forms of treatment | 405 | 135 | |
| Total number of children examined | 742 | 1,574 | |
| Attendances at Clinics | 1,486 | 3,241 | |

Waiting List for Operative Treatment at 31st December, 1952.

| | |
|---|------------|
| Tonsils and Adenoids—Urgent ... | 88 |
| Ordinary ... | 671 |
| | <u>759</u> |
| Other ear, nose and throat conditions ... | 10 |
| | <u>769</u> |
| Total | 769 |

(d) Orthopaedic and Postural Defects

| | Residential treatment with education | Residential treatment without education | Non-residential treatment at an orthopaedic clinic | Total number treated |
|--------------------------------|--------------------------------------|---|--|----------------------|
| Number of children treated ... | 4* | — | 2,061 | 2,065 |

*Also treated at an Orthopaedic Clinic.

The following is a summary of the work carried out at the orthopaedic clinic :

| | |
|--|-------|
| Number of children examined for the first time ... | 579 |
| <i>Recommendations for :</i> | |
| Treatment in Hospital | 36 |
| Treatment at Clinic (Special and Routine) ... | 167 |
| Application of plaster at Clinic ... | 15 |
| Appliances | 13 |
| Alterations to appliances | 1 |
| Alterations to boots | 700 |
| Special boots | 1 |
| Attendances at Clinic | 2,894 |
| Discharged, or failed to attend for treatment ... | 649 |
| <i>Routine Treatments—</i> | |
| Radiant Heat | 11 |
| Massage | 9 |
| Wax | 24 |
| Faradism | 44 |
| Exercises for | |
| Posture | 1,092 |
| Foot Defects | 471 |
| Asthma | 325 |
| Re-education of spastics or after poliomyelitis | 512 |
| Application of plasters | 57 |
| Manipulations | 26 |
| Strapping | 599 |
| | <hr/> |
| Total of treatments given | 3,170 |
| | <hr/> |
| Number attending for treatment for first time ... | 119 |

The following statement relates to treatment at and provision of appliances, etc., through the Prince of Wales' Hospital, Cardiff :

| <i>Hospital Treatment :</i> | <i>Children of School Age</i> |
|---|-------------------------------|
| <i>Admitted to Prince of Wales' Hospital—</i> | |
| (a) Day cases | 1 |
| (b) Other cases | 3 |
| Under treatment at Prince of Wales' Hospital at end of 1952 | 1 |
| On Prince of Wales' Hospital waiting list at end of 1952 : | |
| (a) Day cases | 18 |
| (b) Other cases | 171 |
| <i>Other treatment or provision (including appliances, etc., provided following hospital treatment) :</i> | |
| Appliances provided | 226 |
| Appliances altered | 29 |
| Alterations to boots | 1,273 |
| Special boots provided | 1 |

(e) Heart Disease and Rheumatism

The following is a record of the supervisory work carried out during the year at the Rheumatism Clinics :—

| | | |
|--|--------|-------|
| Cases remaining under supervision at beginning of year | ... | 593 |
| New cases attending | ... .. | 104 |
| Cases discharged from supervision on leaving school | ... | 89 |
| Other cases who ceased to be supervised : | | |
| Left Cardiff | ... .. | 4 |
| Died | ... .. | 2 |
| Discharged not suffering from Rheumatism | ... | 79 |
| Transferred to Private Practitioners and other clinics | ... | 7 |
| Ceased to attend | ..... | 75 |
| Cases remaining under supervision at end of the year | ... | 441 |
| Total attendances at routine Rheumatism Clinics | ... .. | 1,261 |
| Routine Clinic Sessions | ... .. | 96 |
| Average attendance at routine clinic sessions | ... .. | 13.1 |
| Average number of new cases at routine clinic sessions | ... .. | 1.1 |

The following table shows the condition of the heart in the 89 cases that ceased to remain under supervision :—

| | <i>On</i> | <i>On</i> |
|----------------------------|----------------------|------------------|
| | <i>Ascertainment</i> | <i>Discharge</i> |
| Normal | 52 | 56 |
| Minor Heart Manifestations | 28 | 18 |
| Major Heart Manifestations | 9 | 15 |

The types of heart diseases present in the 15 cases having major heart manifestations on discharge were as follows :—

| | | |
|------------------------------------|-----|----|
| Mitral regurgitations | ... | 3 |
| Mitral stenosis | ... | 6 |
| Aortic regurgitations | ... | 1 |
| Mitral stenosis and Aortic Disease | ... | 2 |
| Congenital | ... | 3 |
| Total | ... | 15 |

(f) Radiography

The number of children referred for radiography was 24, the total number of radiographs taken being 46, comprising : spine 11, hips 3, foot 5, toes 1, knees 4, fingers 1.

(g) Ringworm of the Scalp

There has been a decrease in the number of children suffering from ringworm of the scalp and special facilities for its diagnosis and treatment have been discontinued, but it was necessary to refer cases, which were of the chronic type, to the Cardiff Royal Infirmary, where some of them received radiotherapy.

(h) Enuresis

The Special Clinic held by Dr. E. M. Davies, for the treatment of children who suffer with enuresis, and which was described at length in my report for 1951, has continued its work during the year.

(i) *Cleansing Station*

(a) *Cleansing of children with unclean heads.*—It will be noted that the report of the work of the Health Nurses refers to the cleansing inspections in schools. Every effort is made to ensure that children whose heads are unclean are cleansed at home by the parents. A small proportion for various reasons remain unclean in spite of advice given to parents and such children are sent for cleansing at the Cleansing Station. If this opportunity is not taken by the parents the Authority may proceed against them in the Court under the provisions of the Education Act of 1944. During the year 433 children attended the station for such cleansing but it was not necessary to seek any further powers to secure the cleansing of any child.

(b) *Treatment of Scabies.*—Whilst scabies is no longer a problem of the same dimensions as was encountered during the war years, measures are necessary to secure effective treatment of the smaller numbers of persons who become infected. The Departments' Cleansing Station, which is staffed as required by clinic helpers, is available for the treatment of adults and children. A summary of the work of the station during the year is as follows :—

Number of cases treated :

| | |
|----------------------------------|-------|
| Schoolchildren | 5 |
| Children under school age | 21 |
| Adults | 2 |
| | <hr/> |
| Total | 28 |
| | <hr/> |

Attendances for treatment :

| | |
|----------------------------------|-------|
| Schoolchildren | 13 |
| Children under school age | 45 |
| Adults | 6 |
| | <hr/> |
| Total | 64 |
| | <hr/> |

VI—SCHOOL DENTAL SERVICE

Report for the year 1952 of

Mr. D. W. ELLIOT, L.D.S., R.C.S., Senior Dental Officer

The dental staff consists of six dental officers and six dental attendants, a staff which is quite incapable of coping with the immense amount of conservative work which requires to be carried out among the school population. The number of children requiring extensive treatment is increasing and the incidence of caries is rising. Even when a child has had routine treatment completed, it is difficult to give an approximate date as to when the child will again be inspected and treated. The result is that the child usually presents itself as a special case requiring the extraction of a permanent tooth.

These special cases retard systematic routine treatment and have increased from 1,269 in 1948 to 4,922 in 1952. The number of permanent teeth extracted has also increased from 2,721 in 1948 to 3,408 in 1952. The number of children on the registers of the primary and secondary schools was 32,345, and on the registers of the high schools 5,020. 15,792 primary school children were examined at routine dental inspections; in addition 4,922 specials were examined at the clinics, making a total of 20,714 inspected, i.e., 64% of those on the registers. 14,668, i.e., 70·7% of these required treatment and 14,014 were referred for treatment and 10,636 of these received treatment, an acceptance rate of 75·9%.

800 high school pupils were inspected at school and 1,646 at the clinics, a total of 2,446. 2,059 required treatment, 2,036 being referred and 1,198 of these received treatment. 8,073 permanent fillings were completed and the number of teeth filled was 7,589, an increase of 1,364 over 1951. The number of permanent teeth extracted was 3,408, a ratio of 2·3 permanent teeth saved to each permanent tooth lost. In 1949 the ratio was 3·2.

Orthodontics.—142 appliances were fitted and were of the simple types, inclined planes, oral screens, Badcock expansion plates and labro-buccal arches.

144 dentures were also fitted during orthodontic sessions.

X-rays.—Mr. C. N. Howitt, L.D.S., reports that 104 children attended for x-ray and the number of radiographs taken was 220. The following table shows the types of cases which were satisfactorily diagnosed:—

| | | | |
|-----------------------------|-----|-----|----|
| Unerupted and missing teeth | ... | ... | 72 |
| Apices | ... | ... | 17 |
| Root Fillings | ... | ... | 9 |
| Buried Roots | ... | ... | 3 |
| Pulp Chamber | ... | ... | 1 |
| Antrum | ... | ... | 2 |

Clinics. Roath District.—The situation as regards the long waiting list for conservative treatment does not show much improvement, although a number of children have received treatment at private practitioners.

The following figures show how urgent this matter is.

48 pupils of Roath Park primary school who were inspected in 1951 had 85 permanent teeth saveable, and 61 of these have had to be extracted owing to severe toothache.

I suggest that a part-time surgery should be established in this area and when an additional dental officer is appointed to take charge of the Rumney Clinic he could devote two or three sessions per week to the dental treatment of the school children in the Roath area.

It is amazing the number of parents who are ignorant of the fact that their children may be treated under the National Health Service by private practitioners, and that all treatment is free excepting for the provision of dentures. I am certain that if notices explaining these facts were printed and exhibited in all the clinics, in public libraries, etc., many more children would be treated by private practitioners.

The full statistical table of the school dental work carried out during 1952 is as follows :

(1) Number of Children inspected by the Dentists :

| | | | | | |
|---|-------------|------------------------------|-----|--------|------------------|
| | <i>Aged</i> | | | | |
| At School— (a) Periodic Age-groups | } | 2 | ... | 8 | |
| | | 3 | ... | 33 | |
| | | 4 | ... | 365 | |
| | | 5 | ... | 2,116 | |
| | | 6 | ... | 2,277 | |
| | | 7 | ... | 1,740 | |
| | | 8 | ... | 1,925 | Total ... 16,592 |
| | | 9 | ... | 1,843 | |
| | | 10 | ... | 1,525 | |
| | | 11 | ... | 1,408 | |
| | | 12 | ... | 1,412 | |
| | | 13 | ... | 871 | |
| | | 14 | ... | 713 | |
| | | 15 or over | | 356 | |
| | | (b) Specials—Primary Schools |  | ... | ... | 4,922 |
| (c) „ —Secondary Schools | | ... | ... | 1,646 | |
| | | Grand Total | ... | ... | 23,160 |
| (2) Requiring treatment | ... | ... | ... | ... | 16,727 |
| (3) Referred for treatment | ... | ... | ... | ... | 16,050 |
| (4) Actually treated | ... | ... | ... | ... | 11,834* |
| (5) Attendances made by children for treatment | ... | ... | ... | ... | 19,062 |
| (6) Half-days devoted to : | | | | | |
| Inspection | ... | ... | ... | 95 | |
| Treatment | ... | ... | ... | 2,281† | |
| | | Total | ... | — | 2,376 |
| (7) Fillings : | | | | | |
| Permanent teeth (7,589 teeth filled) | ... | ... | ... | 8,073 | |
| Temporary teeth (260 teeth filled) | ... | ... | ... | 281 | |
| | | Total | ... | — | 8,354 |
| (8) Extractions : | | | | | |
| Permanent teeth | ... | ... | ... | 3,408 | |
| Temporary teeth | ... | ... | ... | 14,880 | |
| For Regulation purposes (perm.) | ... | ... | ... | 931 | |
| | | Total | ... | — | 19,219 |
| (9) Administrations of general anaesthetics for extractions : | | | | | 9,866 |
| (10) Other operations—Permanent teeth | ... | ... | ... | | |
| (a) Scalings | ... | ... | ... | 320 | |
| (b) Cleanings | ... | ... | ... | 701 | |
| (c) Dressings | ... | ... | ... | 398 | |
| (d) Root Fillings | ... | ... | ... | 9 | |
| (e) X-rays | ... | ... | ... | 220 | |
| (f) Dentures provided | ... | ... | ... | 144 | |
| (g) Crowns | ... | ... | ... | 4 | |
| (h) Gum treatments | ... | ... | ... | 216 | |
| | | Total | ... | — | 2,012 |
| | | Temporary Teeth | ... | | 222 |
| (11) Regulation appliances | ... | ... | ... | 142 | |
| Attendances | ... | ... | ... | 1,539 | |
| Cases completed | ... | ... | ... | 78 | |

*Including 6,646 who had received treatment previously.

†Also 144 anaesthetic sessions by Dental Officers, but includes 20 sessions for X-rays.

VII—HANDICAPPED PUPILS

The numbers of handicapped pupils known to the department at 31st December, 1952 are shown in the following table.

BLIND CHILDREN :

| | | | | | |
|----------------------------------|-----|-----|-----|-----|-------|
| At Special Schools for the Blind | ... | ... | ... | ... | 10 |
| At no School | ... | ... | ... | ... | 1 |
| | | | | | <hr/> |
| Total | ... | ... | ... | ... | 11 |

PARTIALLY SIGHTED CHILDREN :

| | | | | | |
|--|-----|-----|-----|-----|-------|
| At Special Classes for the Partially Sighted | ... | ... | ... | ... | 15 |
| At no School or Institution | ... | ... | ... | ... | — |
| At Maintained Schools | ... | ... | ... | ... | — |
| At Independent Schools | ... | ... | ... | ... | — |
| | | | | | <hr/> |
| Total | ... | ... | ... | ... | 15 |

DEAF CHILDREN :

| | | | | | |
|------------------------|-----|-----|-----|-----|-------|
| At Residential Schools | ... | ... | ... | ... | 20 |
| At no School | ... | ... | ... | ... | 5 |
| | | | | | <hr/> |
| Total | ... | ... | ... | ... | 25 |

PARTIALLY DEAF CHILDREN :

| | | | | | |
|------------------------|-----|-----|-----|-----|-------|
| At Residential Schools | ... | ... | ... | ... | 4 |
| At no School | ... | ... | ... | ... | 1 |
| | | | | | <hr/> |
| Total | ... | ... | ... | ... | 5 |

CHILDREN SUFFERING FROM EPILEPSY :

| | | | | | |
|------------------------|-----|-----|-----|-----|-------|
| At Maintained Schools | ... | ... | ... | ... | — |
| At Residential Schools | ... | ... | ... | ... | 1 |
| At no School | ... | ... | ... | ... | 1 |
| | | | | | <hr/> |
| Total | ... | ... | ... | ... | 2 |

CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS :

| | | | | | |
|-----------------------------|-----|-----|-----|-----|-------|
| At Special Schools | ... | ... | ... | ... | 20 |
| At Maintained Schools | ... | ... | ... | ... | 26 |
| At other Institutions | ... | ... | ... | ... | 16 |
| At no School or Institution | ... | ... | ... | ... | 8 |
| | | | | | <hr/> |
| Total | ... | ... | ... | ... | 70 |

CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS :

| | | | | | |
|-----------------------------|-----|-----|-----|-----|-------|
| At Special Schools | ... | ... | ... | ... | 5 |
| At Maintained Schools | ... | ... | ... | ... | 30 |
| At other Institutions | ... | ... | ... | ... | — |
| At no School or Institution | ... | ... | ... | ... | 4 |
| | | | | | <hr/> |
| Total | ... | ... | ... | ... | 39 |

DIABETIC PUPILS :

| | | | | |
|--------------------------------|-----|-----|-----|---|
| At Residential Special Schools | ... | ... | ... | 2 |
| Total | ... | ... | ... | 2 |

DELICATE CHILDREN (Children who by reason of impaired physical condition cannot without risk to their health be educated under the normal regime of an ordinary school) :

| | | | | |
|--------------------------------------|-----|-----|-----|-----|
| At Special Day Schools | ... | ... | ... | 116 |
| At Special Residential Schools, etc. | ... | ... | ... | 1 |
| Total | ... | ... | ... | 117 |

PHYSICALLY HANDICAPPED CHILDREN :

| | | | | |
|--------------------------------|-----|-----|-----|-----|
| At Residential Special Schools | ... | ... | ... | 3 |
| At Maintained Schools | ... | ... | ... | 37 |
| At no School or Institution | ... | ... | ... | 22* |
| At Independent School | ... | ... | ... | — |
| Total | ... | ... | ... | 62 |

*19 of this number receive home tuition.

EDUCATIONALLY SUB-NORMAL CHILDREN :

| | | | | |
|--------------------------------|-----|-----|-----|-----|
| At Special Day Schools | ... | ... | ... | 175 |
| At Special/Residential Schools | ... | ... | ... | 3 |
| At Maintained Schools | ... | ... | ... | 304 |
| At Independent Schools | ... | ... | ... | 5 |
| At no School or Institution | ... | ... | ... | 1 |
| Total | ... | ... | ... | 488 |

MALADJUSTED CHILDREN :

| | | | | |
|--|-----|-----|-----|----|
| At Maintained Schools | ... | ... | ... | — |
| In Special Schools | ... | ... | ... | 9 |
| At Hostels | ... | ... | ... | 15 |
| Awaiting Admission to Hostels or Special Schools | ... | ... | ... | 3 |
| Total | ... | ... | ... | 27 |

During the year 262 children, who had been reported as being handicapped pupils, were specially medically examined with the following results :

| | | | | | |
|---|-----|-----|-----|-----|----|
| Educationally subnormal and suitable for education in a special school (day) | ... | ... | ... | ... | 61 |
| Educationally subnormal and suitable for education in a residential special school | ... | ... | ... | ... | 6 |
| Transferred to the care of the Local Health Authority | ... | ... | ... | ... | 35 |
| Educationally subnormal but do not require supervision after leaving school | ... | ... | ... | ... | 2 |
| Educationally subnormal—to attend special class (Delta Class) | ... | ... | ... | ... | 39 |
| Educationally subnormal—to have special educational treatment in an ordinary school | ... | ... | ... | ... | 31 |
| Educationally subnormal—to remain in Delta Class | ... | ... | ... | ... | 2 |
| Educationally subnormal but suitable for education in ordinary class | ... | ... | ... | ... | 8 |
| Not Educationally subnormal | ... | ... | ... | ... | 2 |
| Educationally subnormal—to return to ordinary class from Delta Class | ... | ... | ... | ... | 14 |

| | |
|--|-----|
| Children for whom a decision regarding their capabilities has been deferred | 9 |
| Pupils attending Occupation Centre who have been recommended for a trial in a Special Day School | 4 |
| Pupils of Gabalfa Special School for educationally subnormal children : | |
| (a) Granted permission to leave before attaining age of 16 years | 1 |
| (b) Recommended to return to ordinary school | 3 |
| (c) Recommended to remain at Gabalfa Special School until the age of 16 years | 1 |
| Epileptic—for admission to a residential special school | 1 |
| Physically handicapped—for admission to a residential school | 4 |
| Blind—for admission to a residential special school | — |
| Partially sighted—for special school | 2 |
| Partially Deaf—for admission to a residential special school | 2 |
| Deaf—for admission to a residential special school | 6 |
| Maladjusted—for admission to a residential Hostel or special school | 10 |
| Recommended for home teaching | 19 |
| Total | 262 |

In addition to the above, 60 children were found to be delicate pupils and recommended for admission to the Greenhill Open-air School and a further six pupils were recommended for a period at Convalescent Homes or Residential Special Schools for Delicate Pupils.

Thirty-five children were notified to the Local Authority during 1952 in accordance with Section 57 of the Education Act, 1944.

“Delta” Classes.—At the end of the year, 76 children (48 boys and 28 girls) were attending the special classes for educationally retarded children, which are known as “delta” classes and which are held at two primary schools. During the year 27 children (16 boys and 11 girls) were admitted to the classes.

Greenhill Open-air School.—The number of delicate children on the register at the end of the year was 116, and the average attendances during the year was 102. Sixty children (30 boys and 30 girls), were admitted to the school, and 66 (20 boys and 46 girls) were discharged.

Classes for Speech Training.—The total number of children dealt with during the year was 257. The numbers admitted and discharged were 135 and 134 respectively. Of the 135 children discharged, 35 were withdrawn by their parents without having completed treatment. The classifications at the time of discharge of the remaining 99 were as follows :

| | |
|---------------------------------|----|
| Cured | 10 |
| Much improved | 49 |
| Improved—discharged temporarily | 21 |
| Left the district | 1 |
| Left school | 7 |
| Unsuitable for treatment | 3 |
| No need for treatment | 1 |
| Transferred to Special Schools | 6 |
| Died | 1 |
| Total | 99 |

During the year, head teachers were asked to supply reports regarding scholars who had passed through the special classes and who were still attending school. The replies received indicated that, in the majority of cases, the good results obtained in the classes were sustained.

The Speech Therapists, Miss B. Morris and Miss B. Bolwell, made 181 routine visits to schools and to the homes of children.

Child Guidance Clinic.—The following is a summary of the work of the Child Guidance Clinic :

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| (1) Number of patients referred to the Clinic during the year : | | | | | | |
| Boys ... | ... | ... | ... | ... | ... | 95 |
| Girls | ... | ... | ... | ... | ... | 46 |
| Total ... | | | | | | 141 |
| (2) Number of patients carried forward from 1951 : | | | | | | |
| Boys ... | ... | ... | ... | ... | ... | 41 |
| Girls | ... | ... | ... | ... | ... | 29 |
| Total | | | | | | 70 |
| (3) Sources of ascertainment of patients actually dealt with for the first time : | | | | | | |
| Parents or Guardians | ... | ... | ... | ... | ... | 20 |
| Juvenile Court | ... | ... | ... | ... | ... | 1 |
| Social Agencies | ... | ... | ... | ... | ... | 16 |
| Schools | ... | ... | ... | ... | ... | 29 |
| School Health Service | ... | ... | ... | ... | ... | 46 |
| Other sources | ... | ... | ... | ... | ... | 4 |
| Probation Officers | ... | ... | ... | ... | ... | 7 |
| Private Medical Practitioners | ... | ... | ... | ... | ... | 13 |
| Total ... | | | | | | 136 |
| (4) Problems for which patients were referred to the Clinic : | | | | | | |
| <i>Nervous Disorders :</i> | | | | | | |
| Fears | ... | ... | ... | ... | ... | 6 |
| Seclusiveness | ... | ... | ... | ... | ... | 4 |
| Depression | ... | ... | ... | ... | ... | 6 |
| Excitability | ... | ... | ... | ... | ... | 3 |
| Apathy | ... | ... | ... | ... | ... | 1 |
| Obsessions | ... | ... | ... | ... | ... | — |
| <i>Habit Disorders and Physical Symptoms :</i> | | | | | | |
| Speech Disorders | ... | ... | ... | ... | ... | 5 |
| Sleep | ... | ... | ... | ... | ... | 6 |
| Movement | ... | ... | ... | ... | ... | 3 |
| Feeding | ... | ... | ... | ... | ... | 1 |
| Excretory | ... | ... | ... | ... | ... | 15 |
| Nervous pains and paralysis | ... | ... | ... | ... | ... | 6 |
| Fits, disorders | ... | ... | ... | ... | ... | — |
| <i>Behaviour Disorders :</i> | | | | | | |
| Unmanageable | ... | ... | ... | ... | ... | 31 |
| Temper | ... | ... | ... | ... | ... | 10 |
| Aggressiveness | ... | ... | ... | ... | ... | 11 |
| Jealousy | ... | ... | ... | ... | ... | 4 |
| Demanding attention | ... | ... | ... | ... | ... | — |
| Stealing | ... | ... | ... | ... | ... | 19 |
| Lying and romancing | ... | ... | ... | ... | ... | 4 |
| Truancy | ... | ... | ... | ... | ... | 18 |
| Sex difficulty | ... | ... | ... | ... | ... | 5 |

Education and Vocational difficulties :

| | | | | | |
|--------------------------|-----|-----|-----|-----|----|
| Backwardness | ... | ... | ... | ... | 17 |
| Inability to concentrate | ... | ... | ... | ... | 1 |
| Inability to keep jobs | ... | ... | ... | ... | — |
| Special Disabilities | ... | ... | ... | ... | — |

For special examination :

| | | | | | |
|---|-----|-----|-----|-----|---|
| Psychological examination | ... | ... | ... | ... | 1 |
| Educational advice | ... | ... | ... | ... | 7 |
| Vocational guidance | ... | ... | ... | ... | — |
| Court examination | ... | ... | ... | ... | 1 |
| Admissions to Special (not M.D.) residential school, etc. | ... | ... | ... | ... | 2 |
| Placement in Foster Homes | ... | ... | ... | ... | 1 |
| Adoption | ... | ... | ... | ... | — |

Number of patients dealt with — 162

(5) Age of patients dealt with for the first time :

| Years | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | Total |
|-------|---|---|---|---|---|---|----|----|---|----|----|----|----|----|----|----|-------|
| Boys | — | — | 1 | 2 | 4 | 6 | 12 | 10 | 4 | 10 | 7 | 16 | 6 | 4 | 5 | 2 | 89 |
| Girls | — | — | 1 | — | 5 | 2 | 1 | 6 | 3 | 4 | 5 | 8 | 6 | 4 | 2 | — | 47 |
| Total | — | — | 2 | 2 | 9 | 8 | 13 | 16 | 7 | 14 | 12 | 24 | 12 | 8 | 7 | 2 | 136 |

(6) Results of treatment of patients discharged :

| | | | | | | |
|----------------------------------|-----|-----|-----|-----|-----|-----|
| Advisory | ... | ... | ... | ... | ... | 59 |
| Adjusted | ... | ... | ... | ... | ... | 14 |
| Partially adjusted | ... | ... | ... | ... | ... | 14 |
| Unadjusted | ... | ... | ... | ... | ... | 3 |
| Transferred to other agencies | ... | ... | ... | ... | ... | 16 |
| Unsuitable for further treatment | ... | ... | ... | ... | ... | 2 |
| Failed to co-operate | ... | ... | ... | ... | ... | 26 |
| Total | ... | ... | ... | ... | ... | 134 |

- (7) Number recommended for admission to Residential Schools or Hostels 9
 Number admitted to Residential Schools or Hostels 6

(8) Works of Sections :

(a) *Psychiatric* :

| | | | | |
|-----------------------------|-----|-----|-----|----|
| Patients examined ... | ... | ... | ... | 89 |
| Treatment interviews ... | ... | ... | ... | 45 |
| Interviews with parents ... | ... | ... | ... | 31 |
| School visits ... | ... | ... | ... | 1 |
| Other interviews ... | ... | ... | ... | 5 |
| Home visits ... | ... | ... | ... | — |

(b) *Psychological* :

| | | | | |
|-----------------------------|-----|-----|-----|----|
| New patients dealt with ... | ... | ... | ... | 95 |
| Re-examinations ... | ... | ... | ... | 35 |
| Remedial teaching ... | ... | ... | ... | — |
| School visits ... | ... | ... | ... | 13 |
| Interviews with parents ... | ... | ... | ... | 8 |
| Other interviews ... | ... | ... | ... | 2 |

(c) *Social Service* :

| | | | | |
|--|-----|-----|-----|-----|
| Interviews with parents, etc., at Clinic ... | ... | ... | ... | 179 |
| Visits to homes of patients ... | ... | ... | ... | 61 |
| School visits concerning patients ... | ... | ... | ... | 47 |
| Other visits concerning patients ... | ... | ... | ... | 74 |

| | | | | |
|--|-----|-----|-----|-----|
| (9) Staff conferences regarding patients ... | ... | ... | ... | 618 |
| Staff conferences ... | ... | ... | ... | 40 |

(10) Number of patients waiting to be dealt with at end of year :

| | | | | | |
|-----------|-----|-----|-----|-----|----|
| Boys ... | ... | ... | ... | ... | 37 |
| Girls ... | ... | ... | ... | ... | 12 |
| | | | | | — |

Total 49

VIII—NURSERY SCHOOLS AND CLASSES

Severn Road Nursery School.—During the year the average number of children on the register of Severn Road Nursery School was 106, the average attendance being 84.

There are eight Nursery Schools and two Nursery Classes in the City, situated as follows :

| | | | | | |
|--------------------------|----|-------------------|-----|-----|--------------------------|
| Nursery Schools : | 1. | CANTON | ... | ... | Severn Road. |
| | 2. | GRANGETOWN | ... | ... | Ferry Road. |
| | 3. | SPLOTT | ... | ... | Moorland Road. |
| | 4. | ELY | ... | ... | Vachell Road. |
| | 5. | SPLOTT (Tremorfa) | ... | ... | Baden Powell School. |
| | 6. | ELY | ... | ... | Hywel Dda School. |
| | 7. | SOUTH (Docks) | ... | ... | West Yard, Bute Street. |
| | 8. | RUMNEY | ... | ... | Rumney School. |
| Nursery Classes : | 1. | NINIAN PARK | ... | ... | Ninian Park School. |
| | 2. | ADAMSDOWN | ... | ... | Tredegaville C/W School. |

Accommodation is provided at the Nursery Schools for a total of 486 children aged 2—5 years. At the Nursery Classes 60 children aged 2—5 years can be accommodated.

The appointment of Nurseries' Organiser has been discontinued and a Head Teacher is in charge of each Nursery School. Health Visitors pay a visit to each Nursery School and Class at least once in each week and very often at more frequent intervals as such visits become necessary. A Medical Officer visits the Nursery Schools and Classes at intervals of approximately one month for the purpose of medically inspecting new entrants, and of reviewing the health of pupils.

The number of children medically inspected during 1952 as "Entrants" to the Nursery Schools and Nursery Classes was 369 (195 boys and 174 girls), and the defects found (excluding uncleanliness, dental caries and defects of nutrition) were as follows :

| Disease or Defect | Number of Defects | |
|-----------------------------------|--------------------|---|
| | Treatment Required | Requiring to be kept under Observation only |
| SKIN : | | |
| Ringworm Scalp | — | — |
| Ringworm Body | — | — |
| Scabies | 2 | — |
| Other Diseases | 15 | 4 |
| EYE : | | |
| Defective Vision | — | — |
| Squint | 9 | 2 |
| External Eye Disease | 1 | 1 |
| Other Eye Disease | 4 | 1 |
| EAR : | | |
| Defective Hearing | 2 | — |
| Otitis Media | 3 | — |
| Other Diseases | 1 | — |
| NOSE AND THROAT | 9 | 18 |
| DEFECTIVE SPEECH | 2 | 7 |
| ENLARGED CERVICAL GLANDS | 1 | 5 |
| HEART AND CIRCULATION | 8 | 1 |
| LUNGS | 1 | 14 |
| DEVELOPMENTAL : | | |
| Hernia | — | 1 |
| Other | — | 1 |
| ORTHOPAEDIC : | | |
| Posture | — | 5 |
| Flat Foot | 8 | 1 |
| Other | 17 | 13 |
| NERVOUS SYSTEM : | | |
| Epilepsy | 1 | — |
| Other Conditions | 1 | 3 |
| PSYCHOLOGICAL : | | |
| Development | — | 5 |
| Stability | — | — |
| TEETH : | | |
| Dental Diseases | 2 | — |
| OTHER DEFECTS AND DISEASES | 21 | 3 |
| Total | 108 | 85 |

The number of children referred for medical treatment was 84.

The following is a classification of the nutrition of the children inspected :

| | <i>Number</i> | <i>Percentage</i> |
|-----------------|---------------|-------------------|
| A (Good) | 58 | 15·7 |
| B (Fair) | 214 | 60·0 |
| C (Poor) | 97 | 26·3 |

Twenty-two children were found to be unclean.

Health Visitors visited the Nursery Schools and Classes on 563 occasions during the year and paid 414 visits to the homes of the pupils.

IX—MISCELLANY

INFECTIOUS DISEASES

The number of schoolchildren ascertained to be suffering from infectious diseases during the year were as follows :

| | |
|---|-------|
| Scarlet Fever | 211 |
| Whooping Cough | 115 |
| Diphtheria | — |
| Measles | 1,000 |
| Acute Pneumonia | 25 |
| Meningococcal Infection | 2 |
| Paralytic Poliomyelitis | 7 |
| Non-Paralytic Poliomyelitis | 2 |
| Acute Encephalitis—Post Infectious | — |
| Dysentery | 47 |
| Para-Typhoid Fever | 18 |
| Tuberculosis—Respiratory | 21 |
| Other Forms | 15 |
| Chickenpox | 738 |
| Erysipelas | — |
| Food Poisoning | 5 |
| Rubella... .. | 556 |
| Mumps | 709 |
| Jaundice | 20 |

PROVISION OF MEALS

Kitchens are in operation at Maindy, Ely, Tremorfa, Gabalfa Special School, Greenhill Open-air School, Rumney Primary School, Ton-yr-ywen School, Heol Trelai School, Windsor Clive School, Cathays High School, Canton High School, Cardiff High School for Girls, Glantaf School, Gabalfa Primary School.

Canteens.—Facilities are available at 99 School Canteens for providing mid-day meals for 10,000 children daily.

The numbers of children attending primary, high, special and nursery schools provided with dinners and/or milk during the first and last complete weeks of 1952 were as follows :

| | <i>First complete week, 1952</i> | <i>Last complete week, 1952</i> |
|---|--------------------------------------|-------------------------------------|
| Average number of necessitous children provided with dinner daily free | 2,103 | 2,121 |
| Average number of children provided with milk daily free | 31,548 | 31,062 |
| Average number of children provided with dinner daily on payment | 6,613 | 7,438 |

MEDICAL EXAMINATIONS OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION.

The School Medical Officer is an examining medical officer for the Education Committee in respect of the entry of teachers into the superannuation scheme. During the year 101 teachers were examined for this purpose.

From 1st April, 1952, the Minister of Education instituted new arrangements for medical examinations for entrants to the teaching profession and for candidates applying for entry to training colleges, university departments of education and approved art schools. (Circular 249, 28th March, 1952).

The School Medical Officer has the duty of examining candidates applying for admission to training colleges and entrants to the teaching profession except those intending to enter the teaching profession on completion of an approved course of training, where they will be examined as at present by the College Medical Officer. The School Medical Officer has to fulfil this last obligation in respect of students completing courses at the Cardiff College of Art as he acts as the College Medical Officer.

As a result of these new requirements, 70 such candidates or entrants were medically examined.

The Minister has also directed that x-ray examinations shall be an essential part of such medical examination on entry to the teaching profession as from 1st April, 1953. (Circular 248, 28th March, 1952).



On the 14th April, 1952, the Minister of Education and Science, Mr. J. H. Keenan, announced in the Dáil that the Government had decided to establish a new medical school in Dublin. The school is to be known as the Dublin Medical School and is to be established in the year 1953.

The Dublin Medical School has the duty of providing education and training for the medical profession in Dublin. It is to be established as a public body under the control of the Government. The Dublin Medical School is to be established in the year 1953 and is to be known as the Dublin Medical School.

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