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Contributors

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City and Port of Cardiff

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT

1960

W. POWELL PHILLIPS, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health
Principal School Medical Officer
Port Medical Officer*

CITY OF CARDIFF MUNICIPAL OFFICES
GREYFRIARS ROAD
CARDIFF
Telephone 31033



City and Port of Cardiff

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CARDIFF
SOUTH WALES

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COMMITTEES

(As at December, 1960)

Health Committee

THE LORD MAYOR

(Alderman M. DOROTHY LEWIS, O.B.E., J.P.)

Chairman

Councillor HILDA COHEN, J.P.

Deputy Chairman

Councillor A. A. HUISE

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„ W. J. HARTLAND, J.P.	„ J. E. H. EDWARDS
„ HELENA EVANS, C.B.E., J.P.	„ MAUD HEADON
„ GLADYS HORLE	„ EVA DAVIES
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„ J. P. KEOHANE	„ P. R. ALEXANDER
	„ J. EMRYS THOMAS

Maternity and Child Welfare Sub-Committee

Chairman

Alderman GLADYS HORLE

Deputy Chairman

Alderman HELENA EVANS, C.B.E., J.P.

The Members of the HEALTH COMMITTEE
The Chairman of the CHILDREN COMMITTEE
and the following co-opted Members :—

Mrs. ERIC EVANS, J.P.

Mrs. R. E. JENKINS

Professor A. G. WATKINS

Miss A. H. COLVILLE

Mrs. ANITA GREEN

Midwifery and Home Nursing Services Sub-Committee

Chairman

Professor G. I. STRACHAN

Deputy Chairman

Alderman HELENA EVANS, C.B.E. J.P.

The Members of the HEALTH COMMITTEE, and the following :—

Mrs. O. CAMPBELL	Miss E. M. SMITH
Mrs. F. M. CRAFTER	Mrs. R. TRAHERNE
Mr. E. J. DAVIS	Dr. MORGAN G. WILLIAMS
Mrs. E. G. MORGAN	Dr. J. D. WILLIAMSON
Mr. J. R. MORGAN	

Mental Health, After-Care and Health Services Sub-Committee

Chairman

Deputy-Chairman

Councillor HILDA COHEN, J.P.

The Members of the HEALTH COMMITTEE
and the following co-opted Members :—

Dr. S. H. GRAHAM	Dr. G. F. PETTY
Mrs. G. M. HORNER	Miss MARY DAVIES
Dr. AELWYN GRIFFITHS	The Hon. JOHN H. BRUCE
Dr. J. P. SPILLANE	Dr. J. D. WILLIAMSON

Education Committee

Chairman

Alderman HELENA EVANS, C.B.E., J.P.

Deputy Chairman

Councillor LLEWELYN JENKINS, B.A.

Alderman J. WALKER, M.D., D.P.H., D.P.M.	Councillor F. D. WALTERS
„ Sir JAMES COLLINS	„ S. W. DOXSEY
„ C. A. HORWOOD, J.P.	„ J. E. H. EDWARDS
„ MIRIAM C. BRYANT, J.P.	„ HILDA COHEN, J.P.
„ GLADYS HORLE	„ OLWEN PARRY
Councillor A. LINCOLN HALLINAN	„ D. C. PURNELL
„ W. GROVES	„ A. B. MATTHEWSON
„ H. FERGUSON JONES, J.P.	„ W. E. PRIDE
„ G. A. S. TURNBULL, J.P.	„ DOROTHY GEORGE
„ WINIFRED MATHIAS	„ R. JAMES FOX
„ REG. J. FOX	„ W. H. CARLING
„ A. A. HUISH	„ BELLA BROWN
„ T. E. COAKLEY	„ P. R. ALEXANDER

Co-opted Members

The Rev. F. WALL	The Rev. W. A. WINTON
Professor ERIC EVANS, M.A.	The Rev. GRIFFITH J. HARRIS
Mrs. BEATRICE KENNEDY	Mr. E. TEAR, J.P.
Mrs. M. BEVAN	Mr. CAMPBELL BALFOUR
Mr. GEORGE E. BROWN	

PREFACE

I have the honour to present the Annual Report on the health of the City of Cardiff for the year 1960.

In this short preface it is not possible to detail the many fields of activity of the Health Department, but rather to emphasise developments which are occurring in the local health services and underline some of the special investigations which are being undertaken. It is important to consider aspects of our work which may be improved in the future.

General Statistics.—There were no major epidemics during 1960.

The birth-rate at just under 19 births per thousand of the population exceeded the national figure by almost 2 births per thousand. The illegitimate births were lower than the national average.

Infant deaths under one year were slightly in excess of the national rate, as 14 more children died under one year than would have occurred if the infant deaths in Cardiff had conformed to the England and Wales infant-mortality rate. The chief causes of death in infancy were post-natal asphyxia and atelestasis, pneumonia and birth injury. Reduction of deaths in the first year is a prime objective of the maternal and child welfare services. There is a great measure of co-operation between hospitals, general practitioners and local health services. A joint scheme of study in all aspects of child birth is now being undertaken for both hospital and home confinements. The results should demonstrate any weakness in the service. The co-operation between general practitioners, health visitors and midwives is of especial importance and it is pleasing to note that considerable progress has been made in this field.

The crude death rate for all ages at 10·99 compares favourably with England and Wales. More than one half of all deaths are due to forms of circulatory disorder.

Infectious Disease.—The modern health department takes positive measures to prevent the spread of dangerous infections. Some measure of the time devoted to the control of tuberculosis will be appreciated in the details given by Dr. A. H. Griffith, Senior Medical Officer, in this report. Especially important is the active liaison with the Chest Physician, Dr. S. H. Graham.

Post-graduate courses are held at regular intervals in Cardiff. They are of three days duration, attended by doctors practising in other areas, and deal with practical methods of tuberculosis prevention. The organisation of these courses is done jointly by the Tuberculosis Department of the Medical School, the Chest Clinic and our own department. They are a stimulus in our own work.

The usual immunisation campaigns are proceeding, the feature in 1960 being the introduction of triple antigen as from January. All infants are now protected against tetanus, in addition to diphtheria and whooping-cough. Cardiff is now a centre for Yellow Fever inoculation.

The Chief Public Health Inspector, Mr. W. Bate, describes briefly some features of a food poisoning outbreak involving 126 patients.

Lymphocytic meningitis has been quite prevalent in Cardiff. Fortunately, the illness is relatively mild. Dr. Anne Guy, Assistant Medical Officer, has studied the epidemiology of the illness and is publishing her results in a medical journal.

Mental Health.—Arrangements for carrying out responsibilities under the Mental Health Act, 1959, are at this stage largely bound up with the selection and training of a mental health team. Of especial importance is a close integration with the hospitals. Three sites have been earmarked for hostels and the demand for these will depend largely upon our efforts to improve domiciliary care.

Occupation and Training Centre staff are being trained at our centres and given lectures and demonstrations. This is being done as a combined procedure with the neighbouring authorities of Glamorgan, Monmouthshire and Newport.

A new centre will be required to replace the existing Occupation and Training Centre at Pengam. Industrial development in the area is the cause. In many ways this is fortunate, because there will now be an opportunity to produce a centre which is more in accord with modern conceptions of training and teaching.

Mental Health work is in a stimulating period of advancement and offers great possibilities, both in institutional and domiciliary care.

The Aged.—A consultant geriatrician has been appointed in Cardiff in the person of Dr. M. S. Pathy. This is of vital import and will serve as a focus for all of our work in this increasing problem. His appointment is a joint one between the Regional Hospital Board and the local health authority. The appointment is already showing signs of benefit even at this early stage.

The Health Department will inaugurate a chiropody service on an approved basis in 1961.

The Welfare Department and the Health Department work closely together in all aspects of the care of the elderly.

School Health Service.—Work has proceeded on the established lines, with particular emphasis upon the educational and medical needs of the handicapped child.

The early ascertainment of deafness is now a part of the routine duties of the health visitors. Each one has been trained to do this.

The school dental section is harassed by a shortage of school dental officers and Mr. H. V. Newcombe, the Senior Dental Officer, complains that without an expansion in staff only the fringe of the problem of dental decay is being touched. This is not a local matter, but one which requires urgent attention at the highest level.

Environmental Health.—The Chief Public Health Inspector's section of this report deals with many of Cardiff's needs. Slum clearance is now proceeding with the first stages of the re-development in Bute Town. Improvements in the hygiene of food premises are being steadily persevered with and to this end the provision of toilet facilities in eating places formed a part of the Cardiff Corporation Act, 1961.

The Health Committee took an important decision on future policy relating to the Municipal Abattoir and resolved to rebuild this on a new site.

Extensive flooding took place when the River Taff overflowed in December, 1960. The Public Health Inspectors were particularly concerned in the cleaning-up operations.

General Comments.—Public Health Departments are to my mind becoming more and more concerned with the integration between the different sections into which the National Health Service is divided. The Health Committee will know that each week a brief bulletin is dispatched to every general practitioner and hospital in Cardiff by the Medical Officer of Health. It is good to note that not only matters in which the local authority services are implicated are dealt with, but our hospital colleagues are making use of this method of distributing useful information to the medical profession in the area.

The transfer of the Department's offices in August, 1960, to the new Municipal Offices at Greyfriars Road was a very welcome improvement, particularly in bringing under one roof several of the administrative sections which had been separately accommodated in converted private houses.

Finally, may I express my abiding thanks to all the members of the Health Committee for their stimulus and, indeed, helpful criticism. It would be invidious to mention individual members of the staff of this Department, but each one has made his or her contribution to the Health Services of the City in 1960.

W. POWELL PHILLIPS

Public Health Department
City of Cardiff Municipal Offices
Greyfriars Road
Cardiff

October, 1961.

Publications

MULTIPLE PUNCTURE VACCINATION USING 35 MONTHS OLD FREEZE DRIED VACCINE.

Griffith, A. H. *Tubercle, Lond.* (1960), 41, 178.

A TUBERCULIN SURVEY IN A LARGE URBAN AREA.

Griffith, A. H., Bellamy, Marjorie J., McFarlane, Jean K., *Tubercle, Lond.* (1960), 41, 233.

MASS TUBERCULIN TESTING OF CHILDREN BY LOCAL AUTHORITIES.

Griffith, A. H., *Royal Soc. of Health J.* (1960), 80, 76.

THE LOUSY BRITISH.

Griffith, A. H. *Better Health* (1960), 7, 199.

AN INBORN DEFECT IN THE METABOLISM OF TYROSINE IN INFANTS ON A NORMAL DIET.

Hazel R. Bloxam, M. G. Day, Nancy K. Gibbs and L. I. Woolf.
Biochem. J. (1960), 77, 320.

CHANGING CONCEPTS IN PUBLIC HEALTH.

Powell Phillips, W., O.B.E., M.R.C.S., L.R.C.P., D.P.H.,
Presidential address 1960, proceedings of Cardiff Medical Society.

PRESENT TRENDS IN PROTECTION AGAINST INFECTIONS.

Powell Phillips, W., O.B.E., M.R.C.S., L.R.C.P., D.P.H.,
Practitioner's Handbook, Cassell, London, pp.134-137.

Visitors from Abroad

Certain aspects of the work of the department have attracted the interest of medical officers and others concerned with health and welfare problems in the Commonwealth and in foreign countries. As a result an increasing number of visitors from abroad have been welcomed to Cardiff and have been given the opportunity of seeing the day-to-day work of the various sections of the department. Many of these have been referred to Cardiff specially by officials of the World Health Organisation.

In many cases these visitors have been impressed with the various administrative, technical and clinical activities which have been shown to them and have expressed their appreciation at the time and in subsequent correspondence. On the other hand, the information which many of them have given of the health and welfare services existing in their own countries has been interesting and informative and in some instances helpful in amending or improving the health facilities offered to the public in Cardiff.

The following list indicates the wide extent of the countries from which the visitors attended :—

Russia, Turkey, Italy, France, India, Pakistan, Finland, Japan, Brazil, Canada, Poland, Yugoslavia, Czechoslovakia, Hong Kong, Sudan, Philippines, Ghana, Saudi Arabia, Northern Nigeria, Trinidad, South Africa, East Africa and Mauritius.

In addition to visitors from abroad, many medical officers and assistant medical officers of local authorities, medical officers in H.M. Forces and medical representatives of Universities, Colleges and Medical Schools in this country, visited the department mainly in connection with special courses, research surveys and daily activities relating to the investigation of tuberculosis.

Staff Conferences

A feature of the department's domestic policy of keeping the various members of the large staff in touch with one another, and with any developments which may affect the administration or practical work in the various sections, is the regular Staff Conference.

Since 1954 monthly meetings have been held, usually on the third Saturday morning of each month, which all full-time and part-time medical officers, including the sponsored D.P.H. Students, are invited to attend. A very wide variety of topics are brought forward for discussion and valuable suggestions, amendments and recommendations on existing administrative arrangements and techniques, topics for research and future departmental policies often arise.

When matters relating to particular subjects are on the Agenda, invitations are also sent to various individuals who, although not members of the staff, are likely to be able to give expert advice as a result of their specialised experience or knowledge. In some instances this has resulted in subsequent formal lectures, with or without films or slides, and when it is thought advisable or beneficial, all sections of the department, medical officers, health visitors, district nurses and midwives, etc. attend. Consultant anaesthetists, paediatricians, dermatologists, psychiatrists, ophthalmologists, have willingly given their services in this respect. A number of large biological firms have also co-operated by showing a wide range of health educational films.

These Staff Conferences have proved of great value and interest to the medical staff, and for a number of years this practice has also been extended to the Health Visiting staff. Monthly meetings, presided over by the Superintendent Health Visitor, are held and joint meetings with district nurses and midwives are frequently arranged. Demonstrations, films, lectures, etc. are also a feature of these meetings.

During 1960 the scheme has been further extended and Staff Conferences for all staff dental officers, and presided over by the Medical Officer of Health and the Principal School Dental Officer, are now held regularly.

PUBLIC HEALTH DEPARTMENT STAFF (as at 31st December, 1960)**MEDICAL OFFICER OF HEALTH (CITY AND PORT)
AND PRINCIPAL SCHOOL MEDICAL OFFICER**

W. POWELL PHILLIPS, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

**DEPUTY MEDICAL OFFICER OF HEALTH
AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER**

CECIL W. ANDERSON, M.B., CH.B., D.P.H., T.D.D.

SENIOR MEDICAL OFFICERS

A. H. GRIFFITH, M.B., B.S., D.P.H.

NANCY K. GIBBS, M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS (Whole-time)

JEAN W. SMELLIE, M.B., CH.B., D.P.H.

ANNE GUY, B.SC., M.B., B.S., D.CH., D.P.H.

G. EDWARD PHILLIPS, M.R.C.S., L.R.C.P., D.P.H.

ENID CURRAN, M.B., B.CH., D.CH.

N. FRANK, M.B., D.P.H., D.T.M.

DOUGLAS HARRETT, M.B., B.CHIR., D.P.H.

GEOFFREY IRELAND, M.B., B.CH., D.P.H.

Eight Part-time Assistant Medical Officers

VISITING SPECIALIST MEDICAL OFFICERS

RUPERT PARRY, M.D., B.S., F.R.C.S., Ophthalmic Surgeon

HECTOR A. THOMAS, F.R.C.S., Aural Surgeon

Professor A. G. WATKINS, M.D., F.R.C.P., Professor of Child Health

S. H. GRAHAM, M.D., Chest Physician

DENTAL

Principal School Dental Officer—H. V. NEWCOMBE, L.D.S.

Dental Officers

D. W. ELLIOT, L.D.S.

D. J. ANDREWS, L.D.S.

C. N. HOWITT, L.D.S.

BARBARA J. W. DOLBY, B.D.S.(LOND.)

J. W. LEWIS, L.D.S.

SHIRLEY L. FALCONER, L.D.S.

Five Part-time Dentists. Nine Dental Clerk-Attendants.

NURSING AND MIDWIFERY

Superintendent Health Visitor—Miss N. M. OSMOND

One Deputy Superintendent.

Fifty-three Health Visitors

Four State Registered Nurses

One Physiotherapist

One Social Worker

Non-Medical Supervisor of Midwives and Superintendent of Midwifery Service—Miss BUCKLEY

One Midwifery Tutor

Two Assistant Superintendents

Twenty-three Domiciliary Midwives

Superintendent of Home Nursing Service—Miss G. M. WILLIAMS

Two Assistant Superintendents

Thirty-seven Domiciliary Nurses (including the equivalent of two night nurses)

SANITARY ADMINISTRATION

Chief Public Health Inspector (Urban)—W. BATE, M.A., D.P.A.

One Deputy Chief Public Health Inspector; Six Specialist Public Health Inspectors; Fourteen Public Health Inspectors; One Lady Visitor for Housing Estates; One Rodent Officer

Chief Port Health Inspector—T. G. NEWBY

One Port Health Inspector; One Deratisation Officer

VETERINARY, MEAT INSPECTION AND ABATTOIR

Veterinary Officer, Chief Meat Inspector and Abattoir Manager

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

Four Meat Inspectors; One Additional Inspector, Diseases of Animals Acts; One Deputy Abattoir Manager

PUBLIC ANALYST'S LABORATORY

Public Analyst—S. DIXON, M.SC., F.R.I.C.

One Deputy Public Analyst; Three Assistant Chemists; Two Laboratory Technicians

ADMINISTRATION, ETC.

Chief Administrative Assistant—A. E. BRAIN

Administrative Officers—Mental Health and Finance—W. C. SWEETLAND

Maternity, Child Welfare and School Health—P. H. WILLIAMS, F.C.C.S.

Administrative and Clerical Assistants—General, Finance, Maternity and Child Welfare, etc.—30

Sanitary Administration—5

School Health Service—16

Others—3

Ambulance Officer, Domestic Help Organiser and Deputy, Mental Welfare Officers—3; Two Senior Supervisors Occupation and Training Centres, Supervisors—8, Assistant Supervisors—3, Nursery Assistants 5, Orthoptists (Single-handed)—2; Speech Therapists—3.

PHILIPINE HEALTH DEPARTMENT STAFF (as of 31st December 1950)

CHIEF OF BUREAU OF HEALTH
AND ASSISTANT CHIEF OF BUREAU

DEPARTMENT OF HEALTH
AND ASSISTANT DEPARTMENT

CHIEF OF BUREAU OF HEALTH
AND ASSISTANT CHIEF OF BUREAU

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AND ASSISTANT CHIEF OF BUREAU

DEPARTMENT OF HEALTH
AND ASSISTANT DEPARTMENT

GENERAL HEALTH SERVICE

1—SUMMARY OF GENERAL AND VITAL STATISTICS

Area (acres) :—

Including inland water and foreshore	...	...	...	...	...	18,066
Including inland water (excluding foreshore)	...	...	...	...	...	15,271
Excluding inland water	...	...	...	...	...	14,867

Population :—

Census, 1951	...	...	...	...	...	243,632
Registrar-General's estimate, mid-1960	...	...	...	...	...	255,470
Number of persons per acre	...	...	...	...	...	17·18
Estimated number of inhabited houses	...	...	...	...	...	67,870
Estimated number of inhabited houses per acre	...	...	...	...	...	4·6
Estimated average number of persons per occupied house	...	...	...	...	...	3·76
Rateable Value, 1/4/61	...	...	...	...	...	£4,480,486
Estimated product of a penny rate 1960/61	...	...	...	...	...	£17,900
Live Births ... 4,834.	Birth-rate per 1,000	{ Crude	...	...	...	18·92
		{ Adjusted by A.C.F.	...	...	...	17·78
Deaths ... 2,810	Death-rate per 1,000	{ Crude	...	...	...	10·99
		{ Adjusted by A.C.F.	...	...	...	12·21
Excess of births over deaths—Males, 923 ; Females, 1,101	Total	...	...	...	...	2,024
Deaths under one year ... 119.	Death rate per 1,000 live births	...	...	...	...	24·62
Deaths under one month ... 89.	Death rate per 1,000 live births	...	...	...	...	18·41

Deaths arising from Pregnancy, Childbirth, or Abortion	1	<i>Death-rate per 1,000 Total Births</i>	0·202
--	---	--	-------

Deaths from various causes :—

	<i>Number</i>	<i>Death-rate per 1,000 population</i>
Meningococcal infections	1	0·004
Typhoid fever	—	—
Measles	—	—
Scarlet fever	—	—
Whooping cough	—	—
Diphtheria	—	—
Tuberculosis of respiratory system	28	0·11
Other forms of tuberculosis	3	0·01
Cancer, all forms, including leukaemia	505	1·976
Influenza	6	0·023
Acute poliomyelitis	—	—
Enteritis and diarrhoea (under 2 years)	1	0·004

II—AREA AND POPULATION

The area of Cardiff (land and inland water but excluding foreshore) is 15,271 acres.

According to the Census of 1951, the population of Cardiff was 243,632 (males 115,468, females 128,164).

The population at mid-1960, as estimated by the Registrar-General, was 255,470 and it is on this figure that the vital statistics for 1960 are computed.

III—BIRTHS

The numbers of Births and Still-births registered and allocated to Cardiff during 1960 sub-divided according to sex and legitimacy, are shown in Table I.

Live-births and crude rates per 1,000 population are compared with the England and Wales figures for past years in Table II.

Still-birth statistics and illegitimate birth figures are shown in Tables III and IV respectively.

Table I Live Births

	Legitimate	Illegitimate	Total
Males	2,274	134	2,408
Females	2,318	108	2,426
TOTAL ...	4,592	242	4,834

Still Births

	Legitimate	Illegitimate	Total
Males	52	3	55
Females	47	4	51
TOTAL ...	99	7	106

Table II Live Births

Year	Population	Legitimate Births	Illegitimate Births	Total	Birth Rate	England & Wales Birth Rate
1950 ...	244,600	4,204	204	4,408	18.02	15.8
1951 ...	243,627	4,142	185	4,327	17.77	15.4
1952 ...	244,800	4,140	211	4,351	17.77	15.3
1953 ...	246,600	4,216	205	4,421	17.93	15.4
1954 ...	248,000	4,280	212	4,492	18.11	15.2
1955 ...	248,400	3,985	202	4,187	16.85	15.0
1956 ...	249,800	4,251	216	4,467	17.88	15.7
1957 ...	251,300	4,361	234	4,595	18.28	16.6
1958 ...	253,300	4,347	230	4,577	18.07	16.4
1959 ...	254,200	4,321	219	4,540	17.86	16.5
1960 ...	255,470	4,592	242	4,834	18.92	17.1

Table III

Still Births

Year	Legitimate	Illegitimate	Total	Rate per 1,000 total births		Rate per 1,000 population	
				Cardiff	England & Wales	Cardiff	England & Wales
1950	104	9	113	25	23	0.46	0.37
1951	120	7	127	29	23	0.52	0.36
1952	103	9	112	28	23	0.46	0.35
1953	99	—	99	22	22	0.40	0.35
1954	110	7	117	25	23	0.47	0.36
1955	122	8	130	30	23	0.50	0.35
1956	113	5	118	25.7	23	0.47	0.37
1957	93	7	100	21.3	22.6	0.40	0.37
1958	92	6	98	20.9	21.6	0.39	0.36
1959	97	13	110	23.6	20.7	0.43	0.35
1960	99	7	106	21.46	19.7	0.41	0.34

Table IV

Illegitimate Births

Year	Live	Still	Total	Rate per 1,000 total births		Rate per 1,000 population	
				Cardiff	England & Wales	Cardiff	England & Wales
1950	204	9	213	47	51	0.87	0.82
1951	185	7	192	43	49	0.79	0.75
1952	211	9	220	49	49	0.90	0.76
1953	205	—	205	45	48	0.83	0.74
1954	212	7	219	48	47	0.88	0.71
1955	202	8	209	48	48	0.84	0.70
1956	216	5	221	48	48	0.86	0.75
1957	234	7	241	51	47	0.96	0.77
1958	230	6	236	50	49	0.93	0.8
1959	219	13	232	49.8	51	0.91	0.8
1960	242	7	249	50.4	54	0.98	0.92

IV—DEATHS

Deaths from all Causes.—The total number of deaths from all causes and at all ages registered during the year and allocated to Cardiff was 2,810 (1,485 males and 1,325 females). The total number of deaths registered in Cardiff was 3,004, but 586 of these were deaths of non-residents, which occurred mainly in hospitals and nursing homes, and 392 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 1960, and the preceding ten years with the death-rates for England and Wales for the same period.

Year	Deaths	Crude Death Rate	England & Wales Death Rate
1950	2,837	11.59	11.6
1951	3,182	13.07	12.5
1952	2,724	11.13	11.3
1953	2,774	11.25	11.4
1954	2,872	11.58	11.3
1955	2,830	11.39	11.7
1956	2,809	11.24	11.7
1957	2,798	11.13	11.5
1958	2,777	10.96	11.7
1959	2,727	10.73	11.6
1960	2,810	10.99	11.5

Cancer.—The number of deaths from malignant neoplasms including 16 deaths from leukaemia and aleukaemia was 505 (278 males and 227 females). The deaths are classified according to age and localisation of the disease in the Table on page 6. The total cancer deaths excluding leukaemia and aleukaemia for the previous ten years are shown below.

Year	No. of Deaths			Death Rates		
	Males	Females	Total	Males	Females	Total
1950	243	229	472	2·11	1·76	1·93
1951	256	243	499	2·20	1·90	2·05
1952	253	229	482	2·17	1·78	1·97
1953	278	305	483	2·37	1·58	1·97
1954	261	244	505	2·20	1·89	2·04
1955	270	228	498	2·27	1·76	2·00
1956	277	233	510	2·31	1·79	2·04
1957	279	193	472	2·32	1·47	1·88
1958	243	242	485	2·02	1·83	1·91
1959	277	220	497	2·21	1·71	1·95
1960	269	220	489	2·24	1·62	1·91

Deaths from Motor Vehicle Accidents.—The number of deaths due to road traffic accidents in the year was 38 (26 males and 12 females) as compared with 28 deaths during 1959, and with an average of 27 for the preceding ten years (1959-48).

Other Accidents.—Other accidents due to violence totalled 72 (41 males and 31 females) and of that number 37 were under 65 years of age, 22 of them being under 45 years. Home accidents accounted for 33 deaths.

Accidents in the Home.—Of the 33 accidents in the home, 24 concerned persons over 65 years of age. Falls caused a total of 27 deaths.

Accidents other than in the Home.—Of these, 5 deaths were attributable to drowning. A boy of 4 years died as a result of decapitation accidentally sustained through being run over by a railway wagon during shunting operations. A boy of 15 years died of shock due to multiple injuries through falling over a cliff. A man of 27 years died of asphyxia due to inhalation of mud when he was accidentally buried in a trench by a fall of earth.

Maternal Mortality.—During the year there was 1 death from pregnancy, the cause being :—

1. (a) Anuria.
- (b) Accidental Haemorrhage of Pregnancy.
2. Blood coagulation defect.

The death occurred in hospital.

Infant Mortality.—The number of deaths under 1 year was 119, and of these, 112 were legitimate and 7 illegitimate. There were 75 deaths of infants under 1 week and when the 106 stillbirths are added, the peri-natal mortality rate is 36·64. The neo-natal deaths number 89 being 75% of the total deaths. As will be seen from the table below, post-natal asphyxia and atelectasis caused 45 infant deaths, pneumonia 19 deaths, and birth injuries a further 16 deaths. Congenital Malformations resulted in 24 infant deaths

The table below compares the infant mortality rate with the preceding 10 years and with the rates for England and Wales.

Year	Infant Deaths			Neo-natal Deaths			Still Births		
	No.	Rate per 1,000 Live Births C'diff. E. & W.		No.	Rate per 1,000 Live Births C'diff. E. & W.		No.	Rate per 1,000 Total Births C'diff. E. & W.	
1950	121	27·0	29·6	74	16·8	18·5	113	25	22·6
1951	140	32·0	29·7	82	18·9	18·8	127	29	23·0
1952	124	28·0	27·6	79	18·1	18·3	112	28	22·7
1953	119	27·0	26·8	70	15·8	17·7	99	22	22·4
1954	153	34·0	25·4	98	21·9	17·7	117	25	23·5
1955	139	33·21	24·9	81	19·1	17·3	130	30	23·1
1956	124	27·76	23·8	85	19·03	16·9	118	25·7	22·9
1957	104	22·85	22·9	78	16·97	16·5	100	21·3	22·4
1958	116	25·34	22·5	84	18·35	16·2	98	20·96	21·6
1959	111	24·45	22·0	80	17·62	15·8	110	23·65	20·7
1960	119	24·62	21·7	89	18·41	15·6	106	21·46	19·7

The causes of death of infants under one year of age in age periods during 1960 (completed from figures supplied by the Registrar-General) are shown in the following table.

Causes of Death	Under 1 day	1-6 days	1 wk.	2 wks.	3 wks.	Total under 4 wks.	1-2 mths.	3-5 mths.	6-8 mths.	9-11 mths.	Total all ages
Meningococcal Infections ...	—	—	—	—	—	—	1	—	—	—	1
Inflammatory Diseases of Central Nervous System ...	—	—	—	1	—	1	1	—	—	—	2
Pneumonia ...	1	1	—	1	1	4	7	7	—	1	19
Bronchitis ...	—	—	—	—	—	—	1	—	—	—	1
Gastro-Enteritis ...	—	—	—	—	—	—	1	—	—	—	1
Spina Bifida and Meningocele ...	—	4	2	—	—	6	—	2	—	—	8
Congenital Hydrocephalus ...	—	—	—	—	—	—	1	—	1	—	2
Congenital Malformations of Heart...	1	—	1	—	—	2	3	—	1	—	6
Congenital Malformations of Genito-Urinary System ...	—	1	—	—	—	1	—	—	—	—	1
Other Congenital Malformations ...	1	4	2	—	—	7	—	—	—	—	7
Injury at Birth ...	12	3	1	—	—	16	—	—	—	—	16
Post-Natal Asphyxia and Atelectasis ...	24	18	3	—	—	45	—	—	—	—	45
Immaturity ...	4	—	—	—	—	4	—	—	—	—	4
Obstruction by Inhalation or Ingestion ...	—	—	—	—	1	1	1	—	—	—	2
All other causes ...	1	—	1	—	—	2	—	—	—	2	4
Total all causes ...	44	31	10	2	2	89	16	9	2	3	119
Percentage ...	36·9	26·1	8·4	1·7	1·7	74·8	13·4	7·6	1·7	2·5	100

The following table, compiled from figures supplied by the Registrar-General, shows the causes of death at various ages during 1960.

CAUSES OF DEATH	ALL AGES			AGE GROUPS							
	M.	F.	Total	Under 1 yr.	1-4 yrs.	5-14 yrs.	15-24 yrs.	25-44 yrs.	45-64 yrs.	65-74 yrs.	75 yrs. and up wards
1. Tuberculosis of Respiratory System ...	21	7	28	—	—	—	—	2	18	5	3
2. Other forms of Tuberculosis ...	2	1	3	—	1	—	—	1	—	1	—
3. Syphilitic Disease ...	7	1	8	—	—	—	—	2	3	3	—
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infection ...	1	—	1	1	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ...	5	3	8	—	—	1	1	1	3	2	—
10. Malignant Neoplasm—											
Stomach ...	45	30	75	—	—	—	—	4	22	23	26
11. Lung, Bronchus ...	95	11	106	—	—	—	—	4	45	40	17
12. Breast ...	—	48	48	—	—	—	—	4	21	13	10
13. Uterus ...	—	25	25	—	—	—	—	1	15	5	4
14. Other Malignant and Lymphatic Neoplasm ...	129	106	235	—	1	2	2	8	73	71	78
15. Leukaemia, Aleukaemia ...	9	7	16	—	—	1	1	—	4	5	5
16. Diabetes ...	4	11	15	—	—	—	—	—	2	5	8
17. Vascular Lesions of the Nervous System ...	145	247	392	—	—	1	1	7	66	107	210
18. Coronary Disease, Angina ...	369	250	619	—	—	—	—	16	182	219	202
19. Hypertension with Heart Disease ...	38	41	79	—	—	—	—	—	26	21	32
20. Other Heart Diseases ...	105	157	262	—	—	—	2	12	34	60	154
21. Other Circulatory Diseases ...	76	75	151	—	—	—	—	3	27	28	93
22. Influenza ...	3	3	6	—	—	—	—	—	1	—	5
23. Pneumonia ...	59	39	98	19	—	2	2	3	11	18	43
24. Bronchitis ...	115	30	145	1	2	1	—	4	40	32	65
25. Other Respiratory Diseases ...	17	6	23	—	1	—	—	1	8	9	4
26. Ulceration of the Stomach or Duodenum ...	7	6	13	—	—	—	—	1	2	4	6
27. Gastritis, Enteritis, Diarrhoea ...	4	9	13	1	—	—	—	—	4	5	3
28. Nephritis and Nephrosis ...	11	14	25	—	—	1	—	4	7	5	8
29. Hyperplasia of the Prostate ...	15	—	15	—	—	—	—	1	1	3	10
30. Pregnancy, Childbirth ...	—	1	1	—	—	—	—	1	—	—	—
31. Congenital Malformations ...	17	20	37	24	2	1	3	1	4	2	—
32. Other Defined and Ill-defined Diseases ...	102	121	223	71	3	6	4	7	37	29	66
33. Motor Vehicle Accidents ...	26	12	38	—	2	6	5	6	11	2	6
34. All Other Accidents ...	41	31	72	2	3	7	3	7	15	8	27
35. Suicide ...	17	10	27	—	—	—	2	6	12	5	2
36. Homicide and Operations of War ...	—	3	3	—	—	—	1	2	—	—	—
ALL CAUSES ...	1,485	1,325	2,810	119	15	29	27	109	694	730	1,087
Percentages of Total Deaths				4.2	0.5	1.0	1.0	3.9	24.7	26.0	38.7

TABLE SHOWING POPULATION, BIRTH-RATES, DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES, ETC., OF A NUMBER OF THE LARGER AUTHORITIES FOR 1960.

Name of Authority	England and Wales	Birmingham	Bradford	Bristol	Cardiff	Kingston-upon-Hull	Leeds	Leicester	Liverpool	Manchester	Newcastle-upon-Tyne	Nottingham	Sheffield
Registrar General's estimated population for 1960	45,755,000	1,093,160	289,860	433,750	255,470	302,400	514,760	273,370	754,670	665,590	268,970	313,760	499,610
Comparability factor—													
(a) Births	—	0.95	1.00	1.00	0.94	0.96	0.98	1.01	0.93	0.96	0.97	0.96	1.01
(b) Deaths	—	1.15	0.99	0.98	1.11	1.22	1.13	1.00	1.22	1.17	1.12	1.13	1.10
Crude birth rate per 1,000 population	17.1	19.00	18.76	15.88	18.92	19.12	17.1	16.63	21.15	18.92	18.70	18.26	15.67
Birth rate as adjusted by factor	—	18.05	18.76	15.88	17.78	18.35	16.8	16.80	19.67	18.16	18.14	17.53	15.83
Crude death rate per 1,000 population	11.5	11.03	12.91	12.13	10.99	10.55	11.2	12.64	11.78	12.42	12.66	10.97	11.63
Death rate as adjusted by factor	—	12.68	12.78	11.89	12.21	12.88	12.7	12.64	14.37	14.53	14.17	12.39	12.78
Infant mortality rate per 1,000 live births	21.7	22.57	28.32	19.7	24.62	23.34	22.6	24.42	28.26	29.06	26.65	23.22	19.93
Neonatal mortality rate per 1,000 live births	15.6	15.98	20.60	14.4	18.41	15.91	14.9	16.72	18.9	18.82	19.09	15.36	14.18
Stillbirth rate per 1,000 total births	19.7	19.86	20.18	14.45	21.46	22.13	18.2	22.58	23.07	25.30	23.15	19.68	18.68
Perinatal mortality rate per 1,000 total births	—	34.01	37.84	26.9	36.64	34.00	30.3	37.63	38.86	41.01	37.55	31.66	31.34
Maternal mortality rate per 1,000 total births	0.39	0.53	0.00	0.14	0.202	0.84	0.22	0.65	0.306	0.38	—	0.51	—
Tuberculosis rates per 1,000 population													
(a) Primary notifications—													
Respiratory	—	0.71	0.66	0.46	0.59	0.51	0.63	0.57	0.58	0.59	0.758	0.564	0.61
Non-respiratory	—	0.08	0.09	0.06	0.09	0.07	0.07	0.095	0.058	0.05	0.112	0.086	0.06
(b) Deaths—Respiratory	0.068	0.07	0.07	0.058	0.11	0.11	0.07	0.080	0.107	0.12	0.089	0.080	0.11
Non-respiratory	0.007	0.01	0.003	0.007	0.01	0.01	0.01	—	0.004	0.00	0.015	0.006	0.00
Death Rates per 1,000 population from—													
Cancer (all forms including Leukaemia and Aleukaemia)	2.11	2.07	2.31	2.18	1.976	2.24	2.03	2.40	2.14	2.44	2.49	2.062	2.22
Cancer of Lungs and Bronchus	0.481	0.54	0.49	0.47	0.414	0.6	0.52	0.519	0.60	0.67	0.73	0.548	0.56
Meningococcal infections	—	0.01	0.00	0.002	0.004	0.007	0.01	—	0.006	0.01	—	0.006	—
Whooping Cough	—	0.00	0.00	—	—	0.004	—	—	0.004	0.00	—	—	0.00
Influenza	—	0.03	0.01	0.02	0.023	0.07	0.004	0.015	0.02	0.02	0.037	0.028	0.01
Measles	—	—	0.003	—	—	—	—	—	0.001	0.00	—	—	—
Acute Poliomyelitis and Encephalitis	—	0.01	0.003	—	—	0.004	—	—	—	—	—	—	—
Diarrhoea (under 2 years)	—	0.01	0.01	0.002	0.004	0.02	0.01	0.007	0.026	0.02	0.007	0.016	0.00
Diarrhoea (under 2 years) (per 1,000 live births)	—	0.77	0.73	0.15	0.207	0.96	0.57	0.44	1.253	1.19	0.40	0.873	0.38

The summary compiled by the Medical Officer of Health of Liverpool is printed here with his permission, with a column added for England and Wales.

V—NOTIFIABLE DISEASES

Foreword

The incidence of notifiable diseases, compared with that of the previous ten years is shown in the following table:—

Disease	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950
Scarlet Fever ...	93	228	351	173	290	176	203	336	334	184	289
Whooping Cough ...	414	101	105	587	570	112	467	1,070	408	1,267	877
Diphtheria ...	—	—	—	—	1	—	—	—	—	—	—
Measles ...	137	3,609	980	4,816	122	6,869	33	1,837	2,625	3,116	2,699
Acute Pneumonia ...	161	245	329	348	242	265	191	282	182	262	185
Meningococcal Infection ...	3	2	6	7	7	14	15	10	6	16	9
Paralytic Acute Poliomyelitis ...	1	—	4	12	4	14	12	7	19	2	11
Non-Paralytic Acute Poliomyelitis ...	2	2	2	1	13	24	5	23	8	13	4
Acute Encephalitis (Infective) ...	—	—	—	—	3	1	—	—	—	—	—
Acute Encephalitis (post infectious) ...	—	—	—	—	2	2	3	1	1	1	1
Dysentery ...	139	1,084	639	23	115	296	228	22	235	237	248
Ophthalmia Neonatorum ...	19	14	50	4	7	16	14	8	2	8	22
Puerperal Pyrexia ...	31	17	57	51	174	111	155	137	114	76	46
Para-Typhoid Fever	1	4	—	—	1	8	89	2	50	2	2
Typhoid Fever ...	1	—	—	—	—	1	1	—	—	—	—
Food Poisoning ...	163	56	38	13	27	47	21	29	26	15	69
Erysipelas ...	22	38	49	31	48	37	35	51	42	50	64
Malaria ...	1	4	—	1	1	3	2	4	5	2	2
Acute Rheumatism...	16	15	—	—	—	—	—	—	—	—	—

Comments on the Prevalence and Control of Infectious Diseases

Scarlet Fever.—93 cases (49 males, 44 females) were notified. As in recent years, most of the cases were very mild with no complications. There were no deaths.

Whooping Cough.—There were 414 cases notified. There were no deaths. Further details on whooping cough are discussed in the section on immunisation. The following table gives details by age and sex for the past ten years.

Notifications of Whooping Cough by age and sex, 1951-1960

Year	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15 yrs. and over		Total Sexes		Totals
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
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	28	29	58	54	1	2	1	2	206	202	408
1953	72	45	68	54	73	67	63	71	79	99	160	206	1	4	1	7	517	553	1,070
1954	25	33	25	19	34	38	22	36	31	36	77	85	1	2	—	3	215	252	467
1955	6	13	3	6	9	12	6	11	5	10	13	16	1	—	—	1	43	69	112
1956	30	41	16	15	30	28	33	35	41	40	122	121	6	9	—	3	278	292	570
1957	34	44	19	29	25	33	33	31	36	40	123	111	8	10	1	10	279	308	587
1958	10	9	6	9	2	10	6	7	9	5	10	20	1	—	—	1	44	61	105
1959	10	6	9	7	7	2	3	4	4	7	10	17	9	2	3	1	55	46	101
1960	22	29	29	19	18	20	23	22	18	27	73	91	11	5	4	3	198	216	414

The percentage of the total cases in age groups up to 10 years is illustrated by the following table:—

Percentage of total cases shown in Age Groups, 1951-1960

Year	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years
	%	%	%	%	%	%
1951	11.3	13.1	15.5	18.0	17.3	20.9
1952	13.5	11.3	17.4	14.9	14.0	27.4
1953	10.9	11.4	13.9	12.5	16.6	34.2
1954	12.4	9.4	15.5	12.4	14.3	35.3
1955	16.9	8.0	18.8	15.2	13.4	25.9
1956	10.7	5.4	10.2	12.0	14.2	42.6
1957	13.7	8.2	9.9	10.9	12.9	39.9
1958	18.1	14.3	11.4	12.4	13.3	28.6
1959	15.8	15.8	8.9	6.9	10.9	26.7
1960	12.3	11.6	9.2	10.9	10.9	39.9

Gastro Intestinal Infections :

Typhoid Fever.—There was one case during the year. The patient was admitted to the Lansdowne Hospital on 27th June, 1960 with a history of headache, neck stiffness and abdominal pain of one week's duration. Apart from generalised enlargement of his glands and a little purulent sputum all investigations at this stage were normal and there was little to account for his symptoms. His C.S.F. was normal and faecal swabs were negative. His temperature subsided and suddenly rose again and it was decided to transfer him to Llandough Hospital.

Almost on admission there he developed acute enteritis which revealed a Salmonella infection. Blood culture showed the organism to be Salmonella typhi. It was at this stage (30th July) that the department became aware of the case and an investigation made in an attempt to trace the source of infection. The patient claimed to have drunk water from a stream about 7-10 days before the onset of symptoms but although this water was found, on examination, to be unsatisfactory for drinking purposes, no Salmonella typhi was isolated. No connection was found between the case and any known carrier. Specimens of blood and faeces from members of the patient's household proved negative. The patient was discharged from hospital on 5th September after 5 negative faecal swabs, a satisfactory blood culture and almost normal Widal titre.

Paratyphoid Fever.—There was one case during the year. The patient was a four-year-old girl attending a Nursery School. The child suffered from diarrhoea and vomiting for two days and received treatment from her medical practitioner. When the child returned to Nursery School the usual routine of taking a faecal swab was carried out in view of the diarrhoea. Salmonella paratyphi B. was isolated (Phage type Beccles). An investigation was made at the home but the source of infection could not be traced. No other member of the household was affected and the child was admitted to the Lansdowne Hospital. After treatment three negative faecal swabs were obtained before discharge.

Dysentery.—There was a considerable reduction in the number of cases compared with the preceding two years. There were 139 cases during the period under review.

The number of cases notified to the Registrar General during the four quarters of the year, was as follows:—

Quarter ending	26th March	...	...	...	45
	25th June	...	...	...	39
	24th September	...	...	...	30
	31st December	...	...	...	25

Diphtheria.—There were no cases during the year. There has only been one case of diphtheria in the past ten years and this occurred in 1956.

Measles.—This was not an epidemic year for measles and only 137 cases were notified. There were no deaths.

Acute Pneumonia.—161 Cases were notified. Deaths cannot be correlated 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 1960 are given in the following table:—

0-1 year		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	
5	3	2	2	1	5	5	6	3	1	16	4	9	1	15	12	20	13	17	21	93	68	161

Meningococcal Infection.—Three cases were notified during the year. All cases were young male children. One, a male child aged two months, died in Llandough Hospital in February, 1960.

Acute Poliomyelitis (Paralytic and Non-paralytic).—Although sixteen suspected cases of poliomyelitis were admitted to the Lansdowne Hospital during the year in only three instances was this diagnosis confirmed. All three cases occurred in the last quarter of the year, one being paralytic and two non-paralytic.

The first case—a male child aged 3 years—was admitted to hospital on 22nd November with a history of fever and pain on swallowing for 5 days. On the day before admission he did not move his left arm and it seemed to be painful. He had suffered from an abscess in the left axilla a month previously which had caused swelling of the left hand but X-rays had not detected any bone injury.

Complement fixation tests on his blood were positive for poliovirus Type 3 and this virus was also isolated from his stools.

On discharge there was full movement of the left shoulder and elbow and it was anticipated that a weakness in the fingers of his left hand would disappear. This patient had received two injections of polio vaccine.

The second case—a female aged 11 years—was admitted on 1st December with a three week history of frontal headache and pain in the legs on walking. The third case—a female aged 20 years—was admitted with a one-day history of severe headache, nausea (no vomiting) and an inability to see persons standing on her left side. The ultimate diagnosis of non-paralytic poliomyelitis in both these cases was made after discharge from hospital as a result of positive complement fixation tests—in the first case for Type 3 poliovirus and the second case to Type 2 and Type 3 poliovirus. Both patients had received three injections of polio vaccine.

Details of the work on immunisation against this disease are given in the Immunisation Section of this Report.

Encephalitis Infection.—There were no cases notified during the year.

Erysipelas.—Twenty-two cases were notified. It is not known if any deaths occurred from this disease as they are not classified separately in the Registrar's returns.

Food Poisoning.—There was a considerable increase in the number of cases of food poisoning notified, the total for the year being 163.

Details are given in the following table in the form prescribed by the Ministry of Health:—

ANNUAL RETURN OF FOOD POISONING

(Salmonella Infections that are not considered to be food borne should not be included under items (2), (3) or (4), but should be shown separately under item (5).

1. Local Authority :	Cardiff County Borough				Year : 1960
2. (a) FOOD POISONING NOTIFICATIONS (Corrected) AS RETURNED TO REGISTRAR GENERAL	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
	5	34	90	34	163
(b) CASES OTHERWISE ASCERTAINED	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
	2	17	13	4	36
(c) SYMPTOMLESS EXCRETERS	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
	1	1	4	—	6

NOTE :—Symptomless excreters should not be regarded as cases and any notification of a symptomless excreter should be corrected. The numbers for each quarter or the yearly total alone, if more convenient, may at the Authority's discretion, be entered here.

(d) FATAL CASES	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
	—	1	—	—	1

3. PARTICULARS OF OUTBREAKS

Details of each outbreak should also be given separately as in Appendix D (ii) of Memo. 188/Med. (Revised 1958) if this information has not already been sent to the Welsh Board of Health.

AGENT	No. of Outbreaks		No. of Cases		Total No. of cases
	Family Outbreaks	Other Outbreaks	Notified	Otherwise ascertained	
Agent identified :					
(a) Chemical Poisons ... (type to be stated)	—	—	—	—	—
(b) Salmonella ... typhi-murium ...	1	—	—	2	2
	—	1	98	24	122
(c) Staphylococci ... (including toxin)	—	—	—	—	—
(d) Cl. botulinum ...	—	—	—	—	—
(e) Cl. welchii ...	—	—	—	—	—
(f) Other bacteria ... (to be named)	—	—	—	—	—
TOTALS ...	1	1	98	26	124
Agent not identified ...	6	—	18	—	18

4. SINGLE CASES

AGENT	No. of Cases		Total No. of cases
	Notified	Otherwise Ascertained	
Agent identified :			
(a) Chemical Poisons (type to be stated) ...	—	—	—
(b) Salmonella (type to be stated) typhi-murium	10	7	17
london	1	—	1
enteritidis	2	—	2
heidelberg	1	2	3
(c) Staphylococci (including toxin)	—	—	—
(d) Cl. botulinum	—	—	—
(e) Cl. welchii	—	—	—
(f) Other bacteria (to be named)	—	—	—
TOTALS	14	9	23
Agent not identified	33	1	34

5. SALMONELLA INFECTIONS, NOT FOOD-BORNE

Salmonella (type)	Outbreaks		No. of cases (Outbreaks)	Single Cases	Total No. of cases (outbreaks and single cases)
	Family	Other			
TOTALS	Nil	Nil	Nil	Nil	Nil

The majority of cases were due to an outbreak of food poisoning which occurred during the months June–September. This outbreak first became apparent on 30th June when it was learned that a group of thirteen notified cases were of salmonella phage type 12. At this stage a number of cases had been notified during May and June and there had been earlier sporadic cases in the early part of the year. It was apparent that during the immediately preceding few days cases had been on the increase and it seemed likely that an outbreak was in course of developing.

The course of the outbreak is given in the following table :—

	June	WEEK ENDING												Total	
		July					August				September				
		2	9	16	23	30	6	13	20	27	3	10	17		24
Cases	32	3	11	16	4	17	10	14	6	4	—	—	—	5	122

Faecal specimens from these cases proved positive Salmonella typhimurium phage type 12. Although no particular foodstuff was implicated after enquiry at the premises it became apparent as a result of a systematic swabbing of drains at the public abattoir, butchers and meat preparing premises that the infection was probably conveyed via butchers meat.

Further details of this enquiry are given on page 76 of this report.

Weils Disease

A man, aged 62 years, suffering from Weils Disease was admitted to the Lansdowne Hospital on 12th October. He had been bitten by a rat on the left leg in late August while at work in a local dairy. Before admission to hospital there was a five-week history of giddiness, frontal headache, vomiting and aching in the left arm. He was found to have a positive agglutination reaction for Weils Disease. He was given massive doses of Penicillin and made an uneventful recovery.

An investigation was carried out at the dairy to ascertain whether a rodent infestation existed. The occasional rat had been seen around the boiler house some months previously and had been treated by the staff with rat bait.

No evidence of rats was found but bait was laid at a number of points in the dairy, drainage inspection chambers and adjoining premises. Only a small take was recorded and 'no takes' were recorded when points were relaid.

Acute Rheumatism. This has been notifiable in certain specified areas, specified in the Acute Rheumatism Regulations 1953 to 1959. In the Acute Rheumatism (Amendment) Regulations, 1959, the Minister of Health extended the list of areas to include Cardiff as from 16th February, 1959.

The Regulations require that cases of acute rheumatism in persons under sixteen years of age shall be notified to the Medical Officer of Health.

The following table gives details of the cases notified during the year :—

**TABULATION BY AGE, SEX AND CLINICAL CLASSIFICATION
CASES NOTIFIED AS ACUTE RHEUMATISM DURING THE YEAR 1960**

Notification Area :—CARDIFF COUNTY BOROUGH

Clinical Classification of Cases Notified	AGE IN YEARS								Total All Ages		Total Both Sexes
	0-4		5-9		10-14		15 over		M	F	
	M	F	M	F	M	F	M	F			
1. Rheumatism Pains and/or Arthritis without heart disease	—	—	2	1	—	—	1	—	3	1	4
2. Rheumatic Heart Disease (Active)											
(a) alone	—	—	—	1	—	—	—	—	—	1	1
(b) with polyarthritis	1	—	2	1	2	3	—	—	5	4	9
(c) with chorea	—	—	—	—	—	—	—	—	—	—	—
3. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
4. Rheumatic Chorea (Alone) ...	—	—	1	1	—	—	—	—	1	1	2
TOTAL Rheumatic Cases	1	—	5	4	2	3	1	—	9	7	16
5. Congenital Heart Disease ...	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart Disease or disorder	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease ...	—	—	—	—	—	—	—	—	—	—	—
TOTAL Non-rheumatic Cases ...	—	—	—	—	—	—	—	—	—	—	—

Lymphocytic Meningitis

An epidemic of benign lymphocytic meningitis occurred in the City during the year. A very comprehensive investigation of cases in 1960 and recent years was carried out by Dr. Anne Guy, M.B., B.Ch., D.P.H., D.C.H., Assistant Medical Officer.

She has produced a very full, interesting and valuable report on certain epidemiological, clinical and causal features of these cases. This is to be published in full in one of the medical journals in the near future.

CLASSIFICATION BY AGE AND SEX OF INFECTIOUS DISEASES CASES FOR YEAR 1960.

DISEASES	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-65 years		65 years and 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	Tot	
	Scarlet Fever	—	1	1	2	7	4	3	2	7	11	28	17	2	7	—	—	1	—	—	—	—	—	—	—	—	—	—	49	44	93
Whooping Cough	22	29	18	20	18	20	23	22	18	27	73	91	11	5	—	—	—	—	—	—	—	—	—	—	—	—	—	188	226	414
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	5	9	17	15	9	6	9	6	4	10	21	20	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia	5	3	2	2	1	5	5	6	3	1	16	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	68	69	137
Meningococcal Infection	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Paralytic Acute Poliomyelitis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Non-Paralytic Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Acute Encephalitis Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis Post Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	4	1	5	6	6	9	8	4	1	4	10	18	6	8	3	3	3	7	6	9	3	5	3	4	1	2	59	80	139	
Ophthalmia Neonatorum	12	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	7	19
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid (Exc. Paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
...Contracted in this Country	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ..Contracted Abroad	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
...Induced	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	7	1	7	3	6	1	10	9	3	1	13	13	7	7	4	6	4	4	5	8	6	7	9	10	6	6	87	76	163	
Acute Rheumatism	—	—	—	—	—	—	—	—	1	—	3	4	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	9	7	16
Tuberculosis—Respiratory	1	—	—	—	1	—	1	—	—	—	2	3	2	3	2	5	5	7	16	13	12	12	42	15	7	3	91	61	152	
Meninges	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Others	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	11	21

CASES OF ACUTE INFECTIOUS DISEASES NOTIFIED IN MUNICIPAL WARDS FOR YEAR 1960

Municipal Wards	Scarlet Fever	Whooping Cough	Measles	Acute Polio-myelitis		Diphtheria	Meningococcal Infection	Acute Encephalitis		Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Acute Pneumonia	Para typhoid Fever	Typhoid Fever	Food Poisoning	Erysipelas	Malaria	Tuberculosis			Acute Rheumatism	
				Para-lytic	Non-Para-lytic			Infective	Post-Infective										Respiratory	Meninges	Others		
Central	3	12	5	-	-	-	-	-	-	8	-	-	1	-	-	11	2	-	-	4	-	1	-
South	4	44	29	-	-	-	-	-	-	7	-	1	10	-	-	6	1	-	-	13	1	1	1
Cathays	4	24	2	-	-	-	-	-	-	4	-	-	6	-	-	5	-	-	-	7	-	-	1
Adamsdown	5	25	12	-	-	-	-	-	-	7	-	-	9	-	-	6	3	-	-	5	-	2	-
Riverside	4	17	7	1	-	-	-	-	-	11	1	-	11	-	-	15	-	-	-	10	-	-	-
Canton	2	21	2	-	1	-	-	-	-	11	-	-	17	-	-	12	-	-	-	13	1	3	1
Grangetown	7	19	4	-	-	-	-	-	-	8	1	-	14	-	-	9	-	-	-	8	-	1	1
Roath	8	29	20	-	-	-	1	-	-	10	1	3	19	-	-	15	4	1	-	25	-	2	2
Plasnewydd	3	21	12	-	-	-	-	-	-	10	-	1	13	-	-	12	-	-	-	11	-	1	-
Splott	9	32	10	-	-	-	-	-	-	15	-	-	11	-	1	12	5	-	-	14	-	2	1
Penylan	10	21	10	-	-	-	1	-	-	4	-	-	7	-	-	5	-	-	-	9	-	2	-
Llandaff	9	25	9	-	-	-	-	-	-	10	-	-	12	-	-	15	2	-	-	7	1	3	4
Gabalfa	9	23	10	-	-	-	1	-	-	12	-	-	15	-	-	14	-	-	-	14	-	2	2
Ely	12	90	5	-	1	-	-	-	-	17	-	3	8	1	-	12	5	-	-	12	-	1	3
Institutions	4	11	-	-	-	-	-	-	-	5	16	23	8	-	-	14	-	-	-	-	-	-	8
TOTALS	93	414	137	1	2	-	3	-	-	139	19	31	161	1	1	163	22	1	-	152	3	21	16

VI—PREVENTION OF TUBERCULOSIS

A. H. Griffith, M.B., B.S., D.P.H., Senior Medical Officer

The number of new cases of pulmonary tuberculosis notified in Cardiff during 1960 was substantially lower than in 1959, which was the previous best year on record. It amounted to just over half the numbers notified during 1956 and 1957, and indicates the success achieved in our campaign against the disease. As tuberculosis is, however, an infectious disease, further efforts to identify and treat sources of infection and to increase the resistance of vulnerable individuals should result in a further reduction in the incidence of the disease in Cardiff.

STATISTICAL REVIEW

Deaths

The number of deaths from pulmonary tuberculosis was 28; greater than in any other year since 1956. Only nine of these persons were, however, under the age of 45, and is about the same number as during the preceding four years. No Cardiff person under the age of 25 has died of pulmonary tuberculosis since 1955. Further details regarding deaths from pulmonary tuberculosis are given in Table I.

Table I

Giving Annual Number of Deaths from Pulmonary Tuberculosis
in Age Groups

Age Groups	NUMBER OF DEATHS ANNUALLY FROM PULMONARY TUBERCULOSIS									
	1937	1938	1947	1948	1955	1956	1957	1958	1959	1960
0—14	4	3	1	1	—	—	—	—	—	—
15—24	40	37	32	23	1	—	—	—	—	—
25—34	44	50	32	34	12	2	1	1	1	1 (1)
35—44	33	37	34	41	4	4	3	2	5	1
45—54	36	41	29	26	9	5	6	5	6	7 (5)
55—64	16	19	21	27	8	16	6	5	6	9 (8)
65 and over	8	4	12	12	12	9	4	11	7	10 (7)
TOTAL	181	191	161	164	46	36	20	24	25	28 (21)

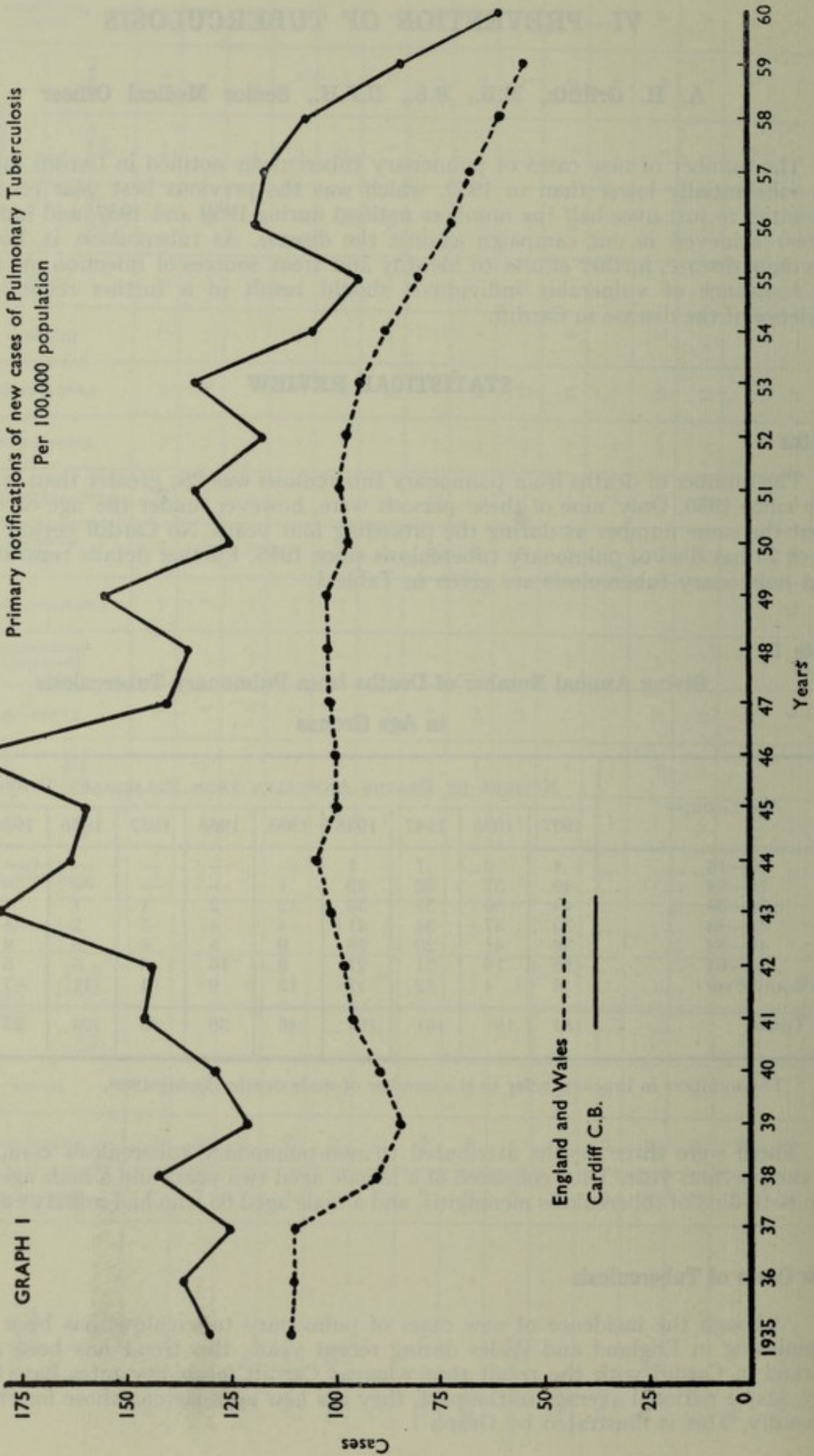
The numbers in brackets refer to the number of male deaths during 1960.

There were three deaths attributed to non-pulmonary tuberculosis compared with six the previous year. They consisted of a female aged two years and a male aged 42 years, who both died of tuberculosis meningitis, and a male aged 65 who had miliary tuberculosis.

New Cases of Tuberculosis

Although the incidence of new cases of pulmonary tuberculosis has been gradually diminishing in England and Wales during recent years, this trend has been even more marked in Cardiff with the result that whereas Cardiff morbidity rates have been 20 to 50% above national average in the past, they are now approaching those for the country generally. This is illustrated by Graph I.

Primary notifications of new cases of Pulmonary Tuberculosis
Per 100,000 population



GRAPH I

England and Wales -----
Cardiff C.B. —————

The number of notifications of new cases of pulmonary tuberculosis was, as is shown in Table II, the lowest yet recorded for any year and showed a 25% reduction on the previous best year, 1959. The total number of cases of pulmonary tuberculosis in Cardiff receiving treatment or medical supervision decreased slightly from 2,886 to 2,874 (Table III).

Table II

**Giving number of new cases of tuberculosis notified and
number on register during recent years**

	1948	1949	1955	1956	1957	1958	1959	1960
Number of new notifications of pulmonary tuberculosis	325	376	222	294	299	266	211	152
Number of new notifications of non-pulmonary tuberculosis	46	43	37	31	34	21	26	24
Number of pulmonary tuberculosis cases on register at end of the year	1,850	1,956	2,604	2,653	2,755	2,832	2,886	2,874
Number of non-pulmonary tuberculosis cases on register at end of the year	475	466	430	392	383	348	338	348

Table III

**Giving number of cases of Tuberculosis on the Register in Cardiff
on the 31st December, 1959 and 1960**

	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis		
	Males	Females	Total	Males	Females	Total
Number of cases on the register 31/12/59	1,576	1,310	2,886	148	190	338
Number removed during 1960 through deaths	27	7	34	—	1	1
Number no longer traceable	22	12	34	2	4	6
Number removed during 1960 through leaving Cardiff to live elsewhere	47	31	78	3	2	5
Number removed during 1960 as "recovery" cases	33	24	57	6	3	9
Number of newly notified cases during 1960	91	61	152	11	13	24
Number of known cases who came from outside to live in Cardiff	19	20	39	3	1	4
Number of cases on the register 31/12/60	1,557	1,317	2,874	151	194	345

Table IV

**Giving the numbers of new cases of Tuberculosis
during 1960 by Age and Sex**

Age Groups	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis		
	Males	Females	Total	Males	Females	Total
Under 1	1	—	1	—	—	—
1-4	2	—	2	3	2	5
5-9	2	3	5	2	—	2
10-14	2	3	5	—	1	1
15-19	2	5	7	—	—	—
20-24	5	7	12	1	—	1
25-34	16	13	29	3	6	9
35-44	12	12	24	—	2	2
45-54	20	8	28	—	2	2
55-64	22	7	29	2	—	2
65+	7	3	10	—	—	—
TOTAL	91	61	152	11	13	24

Table IV gives the age and sex distribution of the 1960 new cases of tuberculosis. Whereas in 1959 a third (70) of the 211 new cases of pulmonary tuberculosis were aged 45 years or over, the proportion was 44% (67 cases) in 1960. This shows that the reduction in the incidence of new cases of pulmonary tuberculosis has been confined almost entirely to the younger age groups. For instance there were only 61 new cases under 35 years of age in 1960 compared with 91 in 1959 and 103 in 1958.

Once again three out of every five new cases of pulmonary tuberculosis were males. There was an even distribution of the disease between males and females under 45 years of age but a marked preponderance of males (49 new cases) over females (18 new cases) above 44 years of age.

The incidence of new cases of non-pulmonary tuberculosis showed little change from 1959, but as is shown in Table V there were three cases of tuberculosis meningitis, a disappointing feature following the records of the previous two years.

Table V

**New Cases of Non-Pulmonary Tuberculosis by Sex
and Localisation of the Disease**

Site of Infection	1955		1956		1957		1958		1959		1960	
	M	F	M	F	M	F	M	F	M	F	M	F
Nervous System	3	1	3	2	1	1	—	1	—	—	1	2
Intestines and Peritoneum	1	—	—	3	1	2	—	—	—	—	—	1
Vertebral Column	4	2	5	—	2	—	1	—	2	—	1	—
Bones and Joints	6	4	2	1	—	2	1	1	—	—	1	—
Cervical Glands	3	10	5	6	2	11	3	7	4	7	4	3
Kidneys	—	3	—	—	—	2	1	1	1	3	—	2
Other Organs	6	3	3	1	4	5	—	5	3	6	4	5
TOTAL	23	23	18	13	10	23	6	15	10	16	11	13

ASCERTAINMENT OF NEW CASES

Dr. S. H. Graham, Consultant Chest Physician for the Cardiff area, reports that general practitioners were again responsible for instigating investigations resulting in the diagnosis of the majority of new cases of pulmonary tuberculosis (Table VI). By referring patients with symptoms for examination at the Chest Clinic, they accounted for 32 new notifications, while, as a result of sending other relatively symptomless patients to Mass Radiography General Practitioner X-Ray Sessions, another 38 new cases were found. The Mass Radiography Unit, by its own surveys, identified another 30 new Cardiff cases of pulmonary tuberculosis.

Table VI

Sources of Ascertainment of New Cases of Pulmonary Tuberculosis

Source	1955	1956	1957	1958	1959	1960
General Medical Practitioners	114	93	63	70	42	32
General Practitioner X-ray Sessions ...	35	93	88	75	53	38
Hospitals	43	39	35	34	34	27
Mass Radiography Service	10	34	56	33	36	30
Examination of Contacts	13	30	31	35	20	16
Other Sources	4	5	26	19	17	9
TOTAL	219	294	299	266	202	152

Sputum Positive and Drug Resistant Cases

Dr. Graham's comments on the incidence of sputum positive cases in Cardiff, known sources of infection mixing freely with the public at large, are reproduced in full below.

Table VII

Number of known sputum positive cases in Cardiff at the end of 1959 and 1960

Year	Recently diagnosed		Persistently positive for one year or more		TOTAL
	Sensitive*	Resistant*	Sensitive*	Resistant*	
1959 ...	16	—	10	40	66
1960 ...	16	—	6	33	55

* Classified according to dry sensitivity

It will be noted from this table that the number of patients at the end of the current year with resistant tubercle bacilli was 7 fewer than at the end of 1959.

Patients with sensitive tubercle bacilli should be no great problem, for adequate drug therapy can render them non-infectious in three or four months, but it is imperative that drug therapy continues for up to two years otherwise there is a danger of relapse and infectiousness recurring. This requires very considerable determination and perseverance on the part of the patients, so it is not surprising that some fail and resistant tubercle bacilli are then likely to appear. Many of the persistently positive drug resistant cases have been in hospital on numerous occasions and have left against medical advice; the prognosis in these cases is not good.

It is essential that every effort be made to see that patients with sensitive tubercle bacilli do not become resistant; there can be no doubt that the still depressingly large number (33) at the end of 1960 with resistant tubercle bacilli is in part the result of lack of knowledge in the early days of drug therapy, and as already indicated, in part to lack of perseverance on the part of the patient.

Mass Radiography

I am indebted to Dr. T. Francis Jarman, Medical Director of the Welsh Regional Hospital Board's Mass Radiography Unit, for his permission to reproduce the following facts recorded in his Annual Report for 1960.

A total of 21,066 persons were examined by the Static Mass Radiography Unit in Cardiff during 1960. A total of 1,436 persons were found to have abnormal X-rays and of these 1,118 were referred to Chest Clinics for further investigations. The proportion of those referred for further investigations increased with their ages as shown in Table VIII.

Table VIII

Number examined at the Cardiff Static Mass Radiography Unit during 1960

Age Group	MALES				Cases of pulmonary tuberculosis found	FEMALES				
	Number examined	Referred to Chest Physician		Number examined		Referred to Chest Physician		Cases of pulmonary tuberculosis found		
		No.	%			No.	%		No.	%
Under 15 ...	4	—	—	—	—	—	—	—	—	
15-24 ...	4,526	74	1.6	4	0.09	3,226	44	1.4	4	0.12
25-34 ...	2,101	54	2.5	6	0.29	1,894	62	3.3	5	0.26
35-44 ...	1,729	84	4.9	7	0.41	1,675	86	5.1	7	0.42
45-59 ...	1,992	235	11.8	14	0.70	1,894	138	7.3	4	0.21
60 and over ...	1,166	252	21.6	7	0.60	864	89	13.0	—	—
TOTAL ...	11,509	699	6.1	38	0.33	9,557	419	4.6	20	0.21

Among other abnormalities were 73 new cases of cancer.

In order to persuade adults of all ages to attend the Static Unit for examinations, letter of advice from the Medical Officer of Health was enclosed with all rate demand sent out from the City Treasurer's Department during the year.

In addition to the work done at the Static Unit, mobile Mass Radiography Units examined 6,146 persons in the City, and discovered three new cases of pulmonary tuberculosis among them.

Examination of Contacts

Examination of contacts yielded 16 new cases of pulmonary tuberculosis during 1960. Contacts seen at the same sessions at the Chest Clinic were composed of a high yield group which consisted of contacts of newly discovered cases of pulmonary tuberculosis and contacts of recently infected school children and a lower yield group consisting of contacts of previously notified cases attending for periodical examinations, tuberculin hypersensitive school children whose tuberculin conversion occurred more than a year previously and some of their household contacts not previously examined. Recent tuberculous infection in children was identified by the fact that they had been ascertained to be non-reactors to the Heaf test during the previous twelve months but now showed tuberculin sensitivity above the Heaf I grade. Of the 16 cases found among the contacts examined, 7 were contacts of notified cases of tuberculosis, 5 were tuberculin converters

discovered by routine testing at school and 4 were home contacts of converters. Another 9 cases of pulmonary tuberculosis were discovered among the contacts who attended the Mass Radiography Static Unit.

Tuberculin Testing

Routine tuberculin testing (Heaf tests) was carried out at all Council and private schools in Cardiff again during the year and the results recorded on the tuberculin record card of every child. All children whose names appeared on school registers were offered these tests which were carried out on approximately 90%. Apart from detecting recently infected children, these tests formed a means of ascertaining whether tuberculosis was being disseminated in any class and it provided a means of determining the prevalence of spread of infection in various parts of the City. Particulars of the numbers of children tested during the school year ending July, 1960, according to their ages, vaccination state and size of reaction are given in Table IX. The number of tuberculin converters identified during the same period is given in Table X, but as no case of tuberculosis was found among converters to the Heaf grade I sensitivity or among their adult home contacts, it is considered that this sensitivity state in unvaccinated children may occasionally have been brought about by non-pathogenic mycobacteria rather than tubercle bacilli.

Table IX

Showing the number of Children Tuberculin Tested during school years, 1958-59 and 1959-60, according to Age and Vaccination State

Age	1958-59 Number of Children				Natural Positive Rate % Total Tested	1959-60 Number of Children				Natural Positive Rate % Total Tested
	Tested	Already Vaccin- ated	Unvaccinated			Tested	Already Vaccin- ated	Unvaccinated		
			Tuber- culin Neg- ative	Tuber- culin Positive				Tuber- culin Neg- ative	Tuber- culin Positive	
1	421	78	340	3	0.7	439	58	381	0	—
2	1,043	93	941	9	0.9	541	57	484	0	—
3	1,026	86	929	11	1.1	666	75	587	4	0.6
4	881	120	749	12	1.4	529	78	443	8	1.5
5	2,782	318	4,162	48	1.7	2,565	248	2,280	37	1.4
6	3,130	319	2,713	98	3.2	3,183	296	2,825	62	1.9
7	3,660	358	3,157	145	4.0	4,046	387	3,536	123	3.0
8	3,628	297	3,152	179	4.9	3,338	317	2,888	133	4.0
9	3,690	330	3,108	252	6.8	3,377	281	2,914	182	5.4
10	3,789	318	3,188	283	7.4	3,663	328	3,093	242	6.6
11	4,473	353	3,694	426	9.5	4,062	333	3,373	356	8.8
12	3,533	249	2,868	416	11.8	3,807	239	3,131	437	11.5
13	2,482	428	1,670	384	15.4	2,994	711	1,845	438	14.6
14	2,051	1,273	471	307	15.0	2,541	1,773	395	373	14.7
15	1,193	840	159	194	15.3	1,355	1,050	92	213	15.7
16	595	449	70	76	12.4	675	521	31	123	18.2
Total	38,377	5,909	31,371	2,843	—	37,781	6,752	28,298	2,731	—

Table X

**An Analysis of Tuberculin Converters according to Age and
Tuberculin Sensitivity September, 1959—July, 1960**

Age at time of second Test	No. of Unvaccinated Tuberculin Negative Children Tested	Tuberculin Sensitivity Grade (Heaf) at time of second Test				Total
		I	II	III	IV	
5	2,280	5	—	—	—	5
6	2,825	16	1	7	—	24
7	3,536	12	1	4	2	19
8	2,888	16	3	1	1	21
9	2,914	22	5	3	1	31
10	3,093	22	4	5	2	33
11	3,373	30	2	2	—	34
12	3,131	47	7	2	—	56
13	1,845	37	5	3	—	45
14	395	2	—	—	—	2
15	92	1	—	—	—	1
Total ...	26,372	210	28	27	6	271

The incidence of tuberculin reactors among school children of various ages during the school years ending in July, 1959, and July, 1960, is indicated by Graph II. This shows a demonstrable decrease in the proportion of children found infected at all ages.

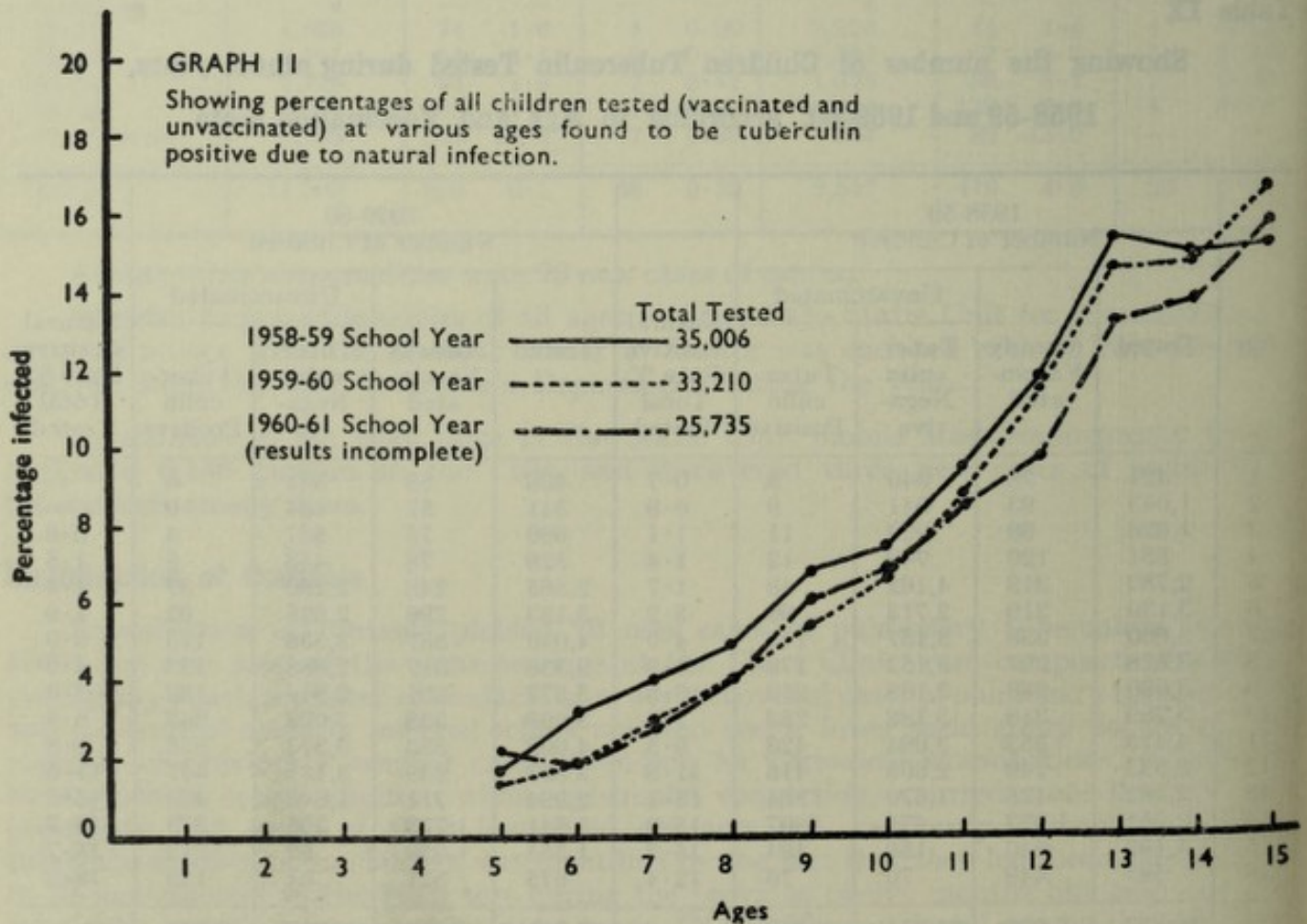


Table XI gives another indication that the risk of tuberculosis infection during childhood is decreasing steadily in Cardiff, for it reveals that the proportion of children infected during the first 13 years of life is decreasing from one year to another.

Table XI

Showing the Proportion of Tuberculin Positive Reactors
among 13-year-old children only

Year	Number of 13-year-old school children		Percentage of 13-year-old children Tuberculin Positive
	Tuberculin Tested	Found to be Tuberculin Positive	
1954	1,173	282	24.0
1955	1,885	352	18.7
1956	1,919	360	18.8
1957	2,504	426	17.0
1958	1,872	367	19.5
1959	3,050	460	15.8
1960	3,838	629	16.1

B.C.G. VACCINATIONS

As in previous years, B.C.G. vaccination was offered to tuberculin negative persons in the following groups:—school children aged 13, children living in tuberculous homes, new born infants at St. David's Hospital, university and technical school students, medical students and nurses. The number vaccinated is given in Table XII.

Table XII

B.C.G. Vaccinations—Cardiff 1950-60

Year	NUMBER OF									
	Contacts (ex Babies)			School Children				Newborn Babies Vaccinated		† Others Vaccinated
	Vaccinated	Tuberculin Positive	Revaccinated	Offered Vaccination	* Not Tuberculin tested	Tuberculin Positive	Vaccinated	Contacts	Non-Contacts	
1951	127	—	10	—	—	—	—	—	—	92
1952	283	117	18	—	—	—	—	76	—	19
1953	617	186	45	403	128	9	186	90	—	89
1954	468	159	19	5,010	1,003	1,131	2,876	127	—	105
1955	431	121	11	4,746	1,240	853	2,653	130	—	298
1956	607	138	10	2,910	593	560	1,757	118	—	225
1957	849	139	3	3,490	609	471	2,410	126	—	147
1958	851	118	2	2,378	432	384	1,562	202	843	64
1959	513	20	4	4,455	862	841	2,752	186	809	223
1960	456	50	—	4,862	751	772	3,334	278	924	219

* Includes absentees and scholars whose parents withheld consent.

† Includes university and technical school students, and nurses in 1959 and 1960.

A tuberculin positive state following vaccination is accepted as evidence of a successful vaccination. The proportion of school children found to be tuberculin positive a year after vaccination is given in Table XIII.

Table XIII

Showing the Results of Tuberculin Tests carried out during 1954-1960 on Pupils Vaccinated 12 months previously

Year B.C.G. Given	Number Tuberculin Tested 12 months later	Number Tuberculin Positive	% Tuberculin Positive	Number Tuberculin Negative	Number re-vaccinated
1954	223	223	100	—	—
1955	643	639	97.8	4	—
1956	1,233	1,196	97.0	37	4
1957	1,574	1,533	97.0	41	25
1958	2,111	2,025	95.9	86	47
1959	2,851	2,774	97.3	77	77

COURSES HELD

During 1960 three day postgraduate courses on B.C.G. vaccination and tuberculin testing were again held in the Department and attended by Medical Officers of various local authorities and of H.M. Forces.

B.C.G. Vaccinations—Oxoid 1959-60

NUMBER OF

Year	Vaccinated		Tuberculin Positive		Total	Percentage Positive
	Number	Percentage	Number	Percentage		
1959	2,851	100	2,774	97.3	2,851	97.3
1958	2,111	100	2,025	95.9	2,111	95.9
1957	1,574	100	1,533	97.0	1,574	97.0
1956	1,233	100	1,196	97.0	1,233	97.0
1955	643	100	639	97.8	643	97.8
1954	223	100	223	100	223	100

VII—NATIONAL HEALTH SERVICE ACTS, 1946-1957

CARE OF MOTHERS AND YOUNG CHILDREN

Vital Statistics

Live births (registered)	4,834
Live birth rate per 1,000 population	18.92
Illegitimate live births per cent of total live births	5.01
Still births (registered)	106
Still birth rate per 1,000 total live and still births	21.46
Total live and still births	4,940
Infant deaths	119
Infant mortality rate per 1,000 live births—total	24.62
Infant mortality rate per 1,000 live births—legitimate	24.39
Infant mortality rate per 1,000 live births—illegitimate	28.92
Neo-natal mortality rate per 1,000 live births	18.41
Early neo-natal mortality rate per 1,000 live births	15.51
Peri-natal mortality rate	36.64
Maternal mortality (including abortion) :	
Number of deaths	1
Rate per 1,000 total live and still births	0.202

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 1960, according to the source of notification:—

<i>Notified by—</i>	<i>Live births</i>	<i>Still births</i>	<i>Total</i>
Municipal Midwives	1,760	10	1,770
Private Midwives (Domiciliary)	—	—	—
Private Midwives (Nursing Homes)	500	3	503
Parents or Doctors	7	—	7
Maternity Hospitals:—			
(a) Cardiff Maternity Hospital	2,064	73	2,137
(b) St. David's Hospital	1,657	53	1,710
	5,988	139	6,127

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	8	—	8
Private Midwives (Domiciliary)	—	—	—
Private Midwives (Nursing Homes)	206	1	207
Parents	—	—	—
Maternity Hospitals:—			
(a) Cardiff Maternity Hospital	473	20	493
(b) St. David's Hospital	377	12	389
	1,064	33	1,097

Transferred notifications of Cardiff cases were 62. Thus, after allowing for all transferred notifications, the number of Cardiff births notified was 5,092 and this figure was made up as follows:—

	<i>Live births</i>	<i>Still births</i>	<i>Totals</i>
Domiciliary	1,776	10	1,786
Institutional	3,209	97	3,306
			5,092

Child Welfare and Ante-Natal Clinics

(a) Child Welfare Centres

The total number of sessions held at Child Welfare Centres was 1,570, the average attendance at each being 39.7, and the total number of attendances was 62,328. The number of children who, at their first attendance during the year, were under 1 year of age was 6,752. The total number of children who attended during the year was 8,441.

Deafness

The work of screening hearing lists by the Health Visitors trained last year by Dr. Taylor of the University of Manchester has continued.

Each quarter, lists of "children at risk" are received from the Cardiff Maternity Hospital and from St. David's Hospital, Maternity Department. "Children at risk" are cases in which some illness of the mother, or blood condition, or birth injury has occurred which may cause deafness in the children. The mothers of these children are requested to bring them to clinic soon after they are six months old and if they fail to attend they are visited and tested at home.

Routine testing of as many children over 6 months as possible is carried out at the ordinary sessions of the Infant Welfare Clinics.

Routine Urine Testing for Phenylketonuria

In March, 1960, two years work in the routine testing by means of the Ferric Chloride test of the urine of all babies born in Cardiff was completed. As in the first year, the number of specimens received was only about 27% of the babies born. By March, 1960, it was, therefore, decided to substitute two Phenistix tests—the first at two weeks and the second at eight weeks after birth. Prior to this the strip test had been thoroughly investigated and found to be reliable. As this test only needs a freshly wetted napkin, it does away with the preparation, distribution and collection of bottles and refrigeration of the specimen when collected. Each Health Visitor, after appropriate demonstration of the test, is asked to test a wet napkin, if available, at her first visit to the home after the birth of the baby. This visit is at or about the fourteenth day after the birth. If no wet napkin is available, the mother is asked to take one to the next session of her nearest Infant Welfare Clinic. Similarly, a second test is done at the Health Visitor's second home visit, which is made when the baby is eight weeks old, or, as described above, it may be done at the next Infant Welfare Clinic session.

During the period 26th March, 1960, to 31st December, 1960, there were 3,575 live births in the City.

	<i>No. of First Tests Done</i>	<i>No. of Second Tests Done</i>
At Home ...	2,678	1,370
At Clinic ...	1,226	1,557
TOTAL ...	<u>3,904</u>	<u>2,927</u>

The number of tests done is greater than the number of births in that period, because some children born in January and February, not yet two months old, were also tested.

One positive test was found by a Health Visitor in July, when the infant was a fortnight old. He is the sibling of a positive case found in 1957. This older boy is still under treatment and has shown marked social improvement, although he was not discovered until he was just seven years old. The infant is under the care of the Professor of Paediatrics and is receiving appropriate dietary treatment. When examined just before he was four months old, his intelligence level was above 100. His physical progress has been below average because of anaemia.

(b) Ante-Natal Clinics

The number of sessions held was 1,538, the average attendance at each session being 18.7. The total number of attendances was 28,825. The number of women who attended for the first time was 5,160 and the total number of women who attended during the year was 6,543,

It is gratifying to record the continued increase in the number of expectant mothers utilising the services of the ante-natal clinics, as follows :—

- (i) Total number of notified births belonging to Cardiff, 5,092.
- (ii) The number of expectant mothers who attended the ante-natal clinics for the first time, 4,585.

(c) Care of Expectant Mothers

Mrs. Neale, the physiotherapist who was appointed in August 1958, continued her Ante-Natal Relaxation Exercise Classes at all our main clinics for Expectant Mothers having their first babies at home.

Each class is combined with talks on mothercraft, including health education, diet, etc., given by Health Visitors and Midwives. In addition, Dr. Barbara Meyler, Senior Registrar at Whitchurch Psychiatric Hospital, gave one talk to each group on certain aspects of mental health which may be related to motherhood.

The husbands of the patients who attended the above classes were invited to attend a talk by Dr. Gwyn Roberts, Senior Registrar at Whitchurch Hospital. Dr. Roberts gave three talks during the second half of 1960.

During the past year the physiotherapist has introduced the method used by Dr. Pierre Vellay of Paris. During the summer of 1960 Mrs. Neale attended the first Seminar to be held in this country, demonstrating the Vellay technique. A combination of this method and the Dick-Reid method is now used in our clinics.

The arrangements for taking blood tests at Ante-Natal Clinics, both for domiciliary cases and for private nursing homes, where necessary, have worked smoothly. Between 95–100% of expectant mothers had these tests done.

The Wassermann reaction and the Pryce Precipitation reaction and the haemoglobin are tested at the first visit so that if treatment is required as a result of either test it can be given at once. A high proportion of expectant mothers was found to need treatment for anaemia.

Between the 32nd and 34th week of pregnancy, blood tests are again done. On this occasion the haemoglobin is checked and the Rh. group determined.

All four results are noted on the Personal (co-operation) Card, so that the results are available to the midwife, general practitioner and also for hospital staffs, if the Resuscitation Unit had to be called out or if the patient had to be admitted to hospital as an emergency. In either of the latter happenings the blood group is of vital importance, as blood transfusion is usually required as part of the treatment.

During the year 11 expectant mothers needed further investigation of their W.R. results and three were true syphilitic cases. In addition, four cases of Gonorrhoea were diagnosed out of 56 patients referred.

The Obstetric Liaison Committee, set up under the Cranbrook Report, has helped to increase the close co-operation between the Public Health Ante-Natal work, that of the General Practitioner and that of the Maternity Hospitals. Re-organisation of the booking arrangements which is to take place will add to these close relations.

Deaths ascribed to Pregnancy or Childbirth

There was one death ascribed to pregnancy or childbirth in respect of expectant mothers in the City which was the result of 1(a) Anura, 1(b) Accidental Haemorrhage and 2 Blood Coagulation Defect, and occurred in hospital after operative treatment.

Infectious Diseases

The following cases were notified during the year:—

	<i>Domiciliary Confinements</i>	<i>Institutional Confinements</i>
Ophthalmia Neonatorum	4	15
Pemphigus Neonatorum	—	—
Puerperal Pyrexia	20	10

All the Ophthalmia Neonatorum cases cleared up, with no impairment of vision.

Birth Control

The Health Committee makes a contribution to the funds of the Mothers' Advisory Clinic and is entitled to refer certain cases only on medical grounds to this clinic. The report shows that in the period September, 1959 to July, 1960, only one new case was referred out of a total of 503 new cases seen at the clinic. The statistics for this clinic also show that 1,084 cases returned for further advice and treatment.

Separately from this clinic the Family Planning Association provides two clinics in the Cardiff area. The Health Committee have given the free use of premises at Ely Clinic for this purpose for some years and during the year it was arranged with the approval of the Health Committee to transfer this clinic to the Gabalfa Clinic, North Road. The Association's other clinic is held at St. David's Hospital. The annual report of the Cardiff branch of the Association refers to both clinics and shows that 714 new patients and 94 other patients transferred from other branches were dealt with. There were in addition 1,295 second or subsequent visits to the clinic and a further 551 visits for supplies. The total number of patients attending during the year totalled 1,305. The clinic also gives training to doctors and nurses in this work and during the period ten doctors and five nurses completed their training.

Nose and Throat Defects

	<i>Children under School Age</i>
Number examined for the first time	418
Received operative treatment in hospital	117
Received other forms of treatment at clinic	121
Total attendances at clinic	616

Visual Defects

Attended clinic for the first time	901
Examined for errors of refraction	534*
Spectacles prescribed	361*

* Including cases first examined in and carried over from 1959.

Maternity Outfits

Maternity outfits are made available where necessary in all cases of confinements other than in N.H.S. Hospitals. The number supplied during the year was 1,767.

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 for cases of confinement during the year was 124.

Care of Illegitimate Children

The admission to the Salvation Army Home (Northlands), of unmarried expectant mothers was arranged in 13 instances during 1960. The Authority accepted financial responsibility for 13 cases. Arrangements were also made for 4 cases to be admitted to the Salvation Army Home at Bristol, these cases being approved transfers from "Northlands" Home in special circumstances.

Care of Premature Infants

Special visits are made in the case of premature babies born at home, 1,948 such visits having been made during the year. The scheme for following-up the premature babies on discharge from hospital is described in the reports for 1949 (page 22), and 1953 (page 33).

Statistics relating to prematurity (after correction for transfers) are shown in the following tables:—

Number of Premature Live Births notified—

(a)	In hospital	...	...	...	255
(b)	At home	...	...	...	77
(c)	In private nursing homes	...	...	...	6
TOTAL					338

Number of Premature Still Births notified—

(a)	In hospital	...	...	...	63
(b)	At home	...	...	...	4
(c)	In private nursing homes	...	...	...	—
TOTAL					67

Maternity Homes

At 31st December, 8 Nursing Homes remained on the Register, 3 having accommodation for maternity cases. The number of beds provided for maternity cases was 29. Other accommodation for maternity cases is provided in two local General Hospitals, viz., the Cardiff Maternity Hospital and St. David's Hospital. Both hospitals are approved for Part I of the Midwifery Training, and recognised also for the training in gas and air analgesia.

Registration of Private Nursing Homes—Public Health Act

The general pattern under the above Act has changed considerably, particularly since the National Health Service Act, 1946 became law in 1948.

Of the eight nursing homes registered in the city, only three are now entirely for maternity cases, one being run by the Salvation Army. This home is enabled to carry on private maternity work largely because of the social work connected with it. One of the remaining two is a two bedded home only.

Three other nursing homes which in the past were mainly for maternity cases, now cater for the care of the chronic sick. The majority of the patients in these nursing homes are very elderly and infirm, needing considerable nursing care. All three of these homes have constant requests to admit cases both from general practitioners and hospitals. This is inevitable because of the shortage of geriatric beds in hospitals.

Nurseries and Child Minders Regulation Act, 1948

Number of premises registered at 31st December, 1960	...	8
Number of children provided for	...	252
Number of Registered Daily Minders at 31st December, 1960	...	2
Number of children provided for	...	37

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL BIRTHS					
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed there entirely			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less ...	43	22	12	4	2	1	—	—	—	—	—	—	—	—	—	34	1	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ...	43	6	32	10	1	8	3	—	3	2	—	2	—	—	—	19	2	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	52	3	47	11	—	11	—	—	—	1	—	1	—	—	—	5	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	117	2	114	43	—	41	6	—	5	3	—	3	—	—	—	5	1	—
TOTALS ...	255	33	205	68	3	61	9	—	8	6	—	6	—	—	—	63	4	—

The number of children in attendance is approximately 250, and one nursery has as many as 30 on the waiting list.

The nurseries are registered to take 3 to 5-year-old children only, as the cloak-room and toilet facilities are considered unsuitable for younger children. Also in most cases the staff have no special qualifications to deal with the very young child. Except in two cases the nurseries are open in the morning only. During 1960 one application was considered unsuitable to recommend for registration.

Health Visiting

102,416 visits were made by Health Visitors during the year. A detailed analysis of visiting will be found on page 37.

DENTAL TREATMENT, 1960

REPORT OF H. V. NEWCOMBE, L.D.S., R.C.S.

Principal School Dental Officer

The following is a record of all forms of dental treatment carried out during 1960 in connection with maternity and child welfare, i.e., expectant and nursing mothers and young children.

	Expectant Mothers	Nursing Mothers	Pre-School Children	Total
(a) <i>Numbers provided with dental care</i>				
Referred for treatment by M.O.s	598	705	875	2,178
Attended for inspection	472	534	793	1,799
Found to be in need of treatment	459	515	709	1,683
Treated for first time	330	440	623	1,393
Made dentally fit	164	409	596	1,169
Attendances for treatment	911	2,267	839	4,017
(b) <i>Treatment provided</i>				
Teeth filled	369	604	176	1,149
Teeth extracted	718	1,927	1,088	3,733
Silver Nitrate treatment	—	2	15	17
Dressings	89	106	65	260
Scalings with gum treatment	62	120	11	193
Scalings	53	99	2	154
Extractions under local anaesthetic	98	244	87	429
Administrations of general anaesthetics	146	329	534	1,009
Crowns and inlays	—	—	—	—
Mothers supplied with dentures	44	284	—	328
(c) <i>Dentures supplied</i>				
Full upper	20	162	—	182
Partial upper	20	106	—	126
Full lower	10	109	—	119
Partial lower	12	84	—	96

Number of sessions—577.

Radiographs—23.

Numbers Provided with Dental Care

Of the total number of mothers (expecting and nursing) and children examined, 96.8% and 89.4% (97% and 93.5%) respectively required treatment. In the case of expectant mothers requiring treatment 71.8% (83.2%) were treated—a fact which may well be due to extraction cases being referred too late, that is after the seventh month of pregnancy; as regards nursing mothers 86.0% were treated. This total number of patients made dentally fit at 1,169 showed little change from that of the previous year (1,172).

Treatment Provided

In consequence of the slightly improved staff situation and a substantial fall in working time lost through sickness compared with last year, more sessions were devoted to the treatment of mothers and children and there was an overall increase of 10·3% in the volume of work performed.

Fillings

The total number of teeth filled at 1,149 (946)—represents an increase of 21·4%.

Extractions

In the case of extractions performed under general anaesthesia there was an overall increase of 17·2%. The rate of teeth filled to that of teeth extracted was 1,149 to 3,733 (946 to 3,183)—the improvement in this respect has been continuous in recent years.

Dentures Supplied

Compared with last year there was an increase of 20·2% in the number of mothers supplied with dentures and an increase of 25·2% in the number of dentures supplied.

Figures shown in brackets relate to 1959.

Equipment

In the early part of the year we were extremely fortunate in obtaining four ultra-high-speed dental air turbines and these were installed respectively at Grangetown, Ely, Splott and Wessex Street clinics.

In my report last year I mentioned that the dental air turbine seemed eminently suitable in the treatment of the more apprehensive type of mother and also for use with children of pre-school age and this has been amply borne out in practice. Mothers who have had no previous treatment of a conservative character have usually continued for the full course of treatment when once begun.

The children generally show little sign of fear once they have been shown 'how it works.'

The turbine known as the Faro—is of the latest type and has a solaroid operated control unit; the handpiece is extremely light and delivers considerable torque. One disadvantage in common with all types of apparatus of this kind is the size of the head which limits to some extent its use with very small children.

HOME NURSING

The district nursing staff on 31st December, 1960, consisted of 29 whole-time and 2 half-time State Registered Nurses (including 1 male). In addition there were 6 student district nurses, and 1 State Enrolled Assistant nurse, making a total whole-time equivalent of 38. Eleven student district nurses completed training during the year. An increasing demand on the service has resulted in the expansion of the establishment by the addition, in terms of full-time staff, of two district nurses and two night nurses.

The usual facilities for observing the work of the domiciliary nursing service were afforded to 17 students undertaking the health visitors' course at the Welsh National School of Medicine, and to 54 student nurses from the Cardiff Royal Infirmary.

Night Relief Nurses

This service has now been in operation for a full year and is appreciated. Twenty-seven families have received relief from nurses or night sitters during 66 nights. The type of patient receiving this help was usually the elderly, but there were some in the younger age groups suffering extreme stages of illness.

Laundry Service for Incontinent Patients

As anticipated, this service has expanded since its inauguration early in 1959. The weekly average number of patients catered for during the year rose to 45 and the provision of this service has helped to relieve the pressure on hospital accommodation by providing help to the family of a patient being nursed at home.

Chiropody Service

Treatment through this service, which is sponsored by the Marchioness of Bute Fund, is received by patients who are bed-ridden or house-bound. The year's working shows 70 patients treated, necessitating 280 visits.

Statistics

The statistics relating to the work of the service during 1960, are as follows:—

No. of new cases	...	...	...	...	...	3,445
Cases carried over from 1959	...	...	...	...	...	864
TOTAL						4,309

Classification of cases and visits :—

	CASES	VISITS
Medical	2,710	103,692
Surgical	627	20,691
Tuberculosis	506	8,798
Maternal complications	—	—
Others	466	780
4,309		133,961

Sources from which cases were referred :—

General Practitioners	...	...	...	3,210
Hospitals	...	...	...	59
Public Health Department	...	...	...	82
Miscellaneous	...	...	...	94
Brought forward—January, 1960	...	...	...	864
				4,309

DISTRICT MIDWIFERY SERVICE

1960 has been the first year in which the unified Midwifery Service has operated after the transfer of the staff of the Cardiff District Nursing Association.

It has been a period of consolidation and the problem of integrating the two staffs as one has been completed.

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	...	...	75
(ii) Midwives employed in Nursing Homes	...	...	8

(b) Domiciliary

(i) Midwives employed by the Authority :—			
(a) Headquarters Midwives	...	...	8
(b) District Midwives	...	...	15
(ii) Midwives in private practice	...	...	1

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

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

(a) For Domiciliary cases

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service ...	260
(ii) Others	—

(b) For cases in Institutions —

Deliveries attended by midwives during the year were as follows :—

(1)	Domiciliary Cases				Totals	Cases in institutions
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
(2)	(3)	(4)	(5)	(6)	(7)	
(a) Midwives employed by the Authority	11	68	115	1,576	1,770	—
(b) Midwives employed by Voluntary Organisations :—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ...	—	—	—	—	—	3,787
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—	—	499
TOTALS	11	68	115	1,576	1,770	4,286

(This table relates to women delivered, not, in the case of multiple births, to infants)

Administration of Gas and Air Analgesia by Domiciliary Midwives

This section of the report relates only to those midwives employed directly by the Local Health Authority (referred to as municipal midwives),

(a) Midwives qualified to administer analgesia

At 31st December, 1960, all municipal midwives were qualified in the administration of gas and air analgesia.

(b) Possession of apparatus

At the end of 1960 the municipal midwives possessed 29 sets of the necessary apparatus for the administration of analgesia.

(c) Administration during the year

The total administrations, total confinements and resulting percentages of administrations to confinements were as follows:—

<i>Total Administrations</i>	899
<i>Total Confinements</i>	1,770
<i>Percentage</i>	50.67

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 inhalational analgesia in accordance with the requirements of the Central Midwives' Board:—

<i>(a)</i> Employed in hospitals in the National Health Service ...	75
<i>(b)</i> Employed in private nursing homes	7

Pethidine

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

	<i>When doctor was not present at time of delivery of child</i>	<i>When doctor was present at time of delivery of child</i>	<i>Total</i>
Municipal Midwives ...	718	70	788
	—	—	—

Trilene

The number of cases in which trilene was administered by midwives in domiciliary practice during the year was as follows:—

	<i>When doctor was not present at time of delivery of child</i>	<i>When doctor was present at time of delivery of child</i>	<i>Total</i>
Municipal Midwives ...	258	16	274
	—	—	—

Transport

At the end of the year motor car allowances were being paid to 18 midwives using their cars in connection with the service.

Supervision

Officers of the Department made 196 visits of inspection of midwives.

A SURVEY ON THE TREATMENT OF UMBILICAL CORDS IN DOMICILIARY PRACTICE

By **E. E. JOSLIN, S.R.N., S.C.M., M.T.D., Midwifery Tutor**

Until the Spring of 1959, the treatment of Umbilical Cords in domiciliary practice in Cardiff had been unchanged, namely to apply methylated spirit to the base of the cord daily, and cover with a sterile dressing and binder.

Since it was known that many hospitals had tried various treatments in recent years, and that some had been adopted by Local Authorities, it was decided to treat some cords by one of the new methods and compare the results.

The new method was to be the application of a watery solution of a coal tar dye called Gentian Violet, used on the cord and its base, after the usual tying and severing of the cord at birth. The dye was then to be further applied at intervals to dry the cord until its separation.

There was apprehension at first in case the dye stained the infant's own clothes (a problem that hospitals would not be confronted with), but a piece of lint was placed loosely between the cord and the baby's clothes effectively.

For six months from 1st April, 1959, the Districts worked from the Area Office and Training School, were divided—East and West of the river. Infants born on one side of the river to have cords treated with the dye method, and on the other side to continue with the old method. After 3 months the treatment was reversed, so that all personnel had experience in both treatments.

During this time 213 umbilical cords were treated with the dye and 244 with the old method. It was discovered that the cords treated by the old method of spirit, dressing and binder, separated 1 to 2 days earlier, and that the incidence of moist cords or navels, caused by mild infection was less in these cases (56, or 22.95%, as compared with 69, or 32.4%).

Since the dye treatment had not reduced the time for separation or incidence of infection, and infants' movements are less hampered without a binder, the treatment of cords with the application of methylated spirit to the base of the cord daily, without any dressing, as opposed to the same treatment with the application of a sterile dressing and binder, was next considered.

This Survey was then commenced on 1st June, 1960, for 6 months. The areas were divided as before, being reversed after 3 months. 217 cords were treated without dressings, and 233 with dressings in this Survey, and it was discovered that most umbilical cords treated without dressings separated one day later but the incidence of cord or navel infections was much less (23, or 10.6%, compared with 48, or 20.6%).

No cord bases were allowed to become wet during toilet time, with any treatment, in either of the surveys.

A comparison of the two surveys revealed that of these 3 treatments, whilst the application of methylated spirit without a dressing to the cord does not give the earliest cord separation, it is not the latest, and most certainly has minimal cord or navel infection, possibly because it is free from the persistent wet napkin or binder, and air is more readily accessible to the cord tissues than when treated with a coal tar dye. (Incidence of infection: with gentian violet, 69 or 32.4%; with spirit and dressing: 48 or 20.6%; with spirit and no dressing: 23 or 10.6%).

It was anticipated that the mother may be frightened to handle her baby with its cord uncovered, but this was not widely encountered.

HEALTH VISITING

At the end of the year the staff consisted of the Superintendent, Deputy Superintendent and 53 health visitors, there being one vacancy. The equivalent time of 39½ health visitors was devoted to the full range of duties which includes general health visiting, school nursing, tuberculosis visiting, mental subnormality routine visiting and care of the aged. The remainder were undertaking particular duties which had been assigned to them and which include the hospital follow-up schemes, care of premature infants, liaison with the Chest Clinic, B.C.G. vaccination, immunisation and mental health work.

To relieve health visitors, four State Registered Nurses are employed on duties at clinics, centres, and schools.

Home Visiting

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

Births—First Visits	...	...	...	...	...	4,470
Births and Infant Deaths—combined visits	...	...	...	...	...	41
Still birth investigations	...	...	...	...	...	84
Infant death investigations	...	...	...	...	...	81
Routine re-visits of children—Under 1 year	...	...	...	...	...	15,634
				Over 1 and under 2 years	...	9,473
				Over 2 but under 5 years	...	25,623
Ante-natal	...	...	...	{ First visits	...	1,317
				{ re-visits	...	811
Post-natal	...	...	...	{ First visits	...	3,997
				{ re-visits	...	83
Ophthalmia Neonatorum	...	...	...	{ First visits	...	12
				{ re-visits	...	11
Immunisation	...	...	...	{ First visits	...	64
				{ re-visits	...	47
Vaccination	...	...	...	{ First visits	...	186
				{ re-visits	...	26
B.C.G.	...	...	...	{ First visits	...	975
				{ re-visits	...	731
Whooping Cough	...	...	...	{ First visits	...	1
				{ re-visits	...	1
Cardiac visits	...	...	...	{ First visits	...	144
				{ re-visits	...	752
Premature infants	...	...	...	{ First visits	...	200
				{ re-visits	...	1,748
Nutritional	...	...	...	{ First visits	...	73
				{ re-visits	...	125
Paediatric	...	...	...	{ First visits	...	516
				{ re-visits	...	636
Diabetic	...	...	...	{ First visits	...	120
				{ re-visits	...	481
Gastric	...	...	...	{ First visits	...	1
				{ re-visits	...	8
Tuberculosis	...	...	...	{ First visits	...	254
				{ re-visits	...	4,853
Asthma	...	...	...	{ First visits	...	129
				{ re-visits	...	83
Special V.D.	...	...	...	{ First visits	...	—
				{ re-visits	...	14
Mental Sub-Normality	...	...	...	{ First visits	...	73
				{ re-visits	...	1,102

Mental Welfare	...	...	{	First visits	...	...	139
				re-visits	...	...	668
Geriatric	...	...	{	First visits	...	...	949
				re-visits	...	...	4,181
Home Help Cases	...	...		...	...	...	251
Problem Families	...	...	{	First visits	...	...	78
				re-visits	...	...	1,042
Scabies ...	...	...		...	...	...	16
Clinic visits	...	...		...	...	...	294
Ineffectual visits	...	...		...	...	...	14,299
Other unclassified visits	...	...		...	...	...	3,813
							100,710

The work of health visitors can be further classified as follows :—

1. Number of individual children under 5 years of age visited	22,696
2. Visits to expectant mothers	2,128
3. Visits to children under 1 year of age	23,855
4. Visits to children aged 1 years and under 2 years	9,776
5. Visits to children aged 2 years and under 5 years	26,215
6. Visits to tuberculous households	6,813
7. Other visits	20,330
8. Number of separate families or households visited	20,192

DOMESTIC HELP SERVICE

This service continues to expand and the number of Home Helps employed at the end of the year was 185, against 167 for 1959. The average number of hours authorised for each week has been increased to 3,913.

An analysis of the cases in which help was provided shows a slight increase under maternity, but a reduction for tuberculosis and chronic sick; the figure of 838 against aged and infirm is up by 108.

Details of the service provided during the year are as follows :—

Number of Home Helps employed at the end of the year :-

Whole-time	...	...	...	26
Part-time	...	...	...	159
				185

Cases in which help was provided :

Maternity	...	...	...	124
Tuberculosis	...	...	...	40
Chronic Sick	...	...	...	119
Aged and Infirm	...	...	...	838
Mental	...	...	...	1
Blind	...	...	...	33
Acute Sick	...	...	...	62
Miscellaneous	...	...	...	47
				1,264

Charges—cases in which :

Whole fee charged	14
Part fee charged	1,249
Service provided free	1
	<hr/>
	1,264
	<hr/>

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

I am pleased to report that the total number vaccinated, 3,387, shows a further increase over the previous year and is the highest number vaccinated since 1945, when vaccination was compulsory. Of the total number 2,528 were children aged under one year, an increase of 164 over the previous year.

Continual propaganda has helped to maintain the level of vaccination of young infants. Notices giving details about smallpox vaccination and other immunisations are sent to all parents when their children are one month old. At the same time the Health Visitor who is making the first visit to the child will obtain consent for the necessary immunisations and vaccinations, appointments being sent at the appropriate time.

An additional aid to the normal methods of propaganda, which was introduced at the beginning of the year, was the issue to all parents of new-born infants of a personal immunisation record card giving the recommended time-table for the various injections and space for recording these injections.

In the following table vaccinations and re-vaccinations are shown in separate age groups and the work done by general practitioners is also indicated separately :—

	<i>By Public Health Dept.</i>	<i>By Private Practitioner</i>	<i>Total</i>
PRIMARY VACCINATION			
Under 1 year	2,042	486	2,528
1 to 2 years	11	30	41
2 to 4 years	5	27	32
5 to 14 years	2	16	18
15 years and over	41	123	164
	<hr/>	<hr/>	<hr/>
Totals	2,101	682	2,783
	<hr/>	<hr/>	<hr/>
Insusceptible or unsuccessful at first attempt and not re-vaccin- ated	79	9	88
	<hr/>	<hr/>	<hr/>
RE-VACCINATIONS			
Under 1 year	—	—	—
1 to 2 years	—	—	—
2 to 4 years	—	17	17
5 to 14 years	4	31	35
15 years and over	79	473	552
	<hr/>	<hr/>	<hr/>
Totals	83	521	604
	<hr/>	<hr/>	<hr/>

No case of post-vaccinal encephalitis was reported during the year.

For comparison with previous years the following table gives details of primary and re-vaccinations since 1950. A separate column shows the primary vaccination of infants under one year and this figure expressed as a percentage of the births each year is the most satisfactory method of indicating the scale of vaccination each year. From this table it can be seen that the steady increase in the percentage of children under one year vaccinated has been maintained.

Vaccination against Smallpox

Year	Primary Vaccination		Re-vaccinations	Births (4)	Percentage of Vaccinations under 1 year (Col. 1) to Births (Col. 4) (5)
	Under 1 year (1)	All ages (2)	All ages (3)		
1950 ...	1,684	1,936	414	4,402	38·3
1951 ...	1,767	2,156	911	4,234	41·7
1952 ...	1,819	2,133	435	4,351	41·8
1953 ...	1,752	2,024	291	4,421	39·6
1954 ...	1,709	2,016	367	4,320	39·6
1955 ...	1,745	1,957	341	4,187	41·7
1956 ...	1,918	2,166	390	4,467	42·9
1957 ...	1,980	2,360	521	4,595	43·1
1958 ...	2,078	2,390	531	4,577	45·4
1959 ...	2,364	2,676	525	4,481	52·8
1960 ...	2,528	2,783	604	4,834	52·3

Diphtheria Immunisation

The protection of the child against diphtheria still holds a position of prime importance in health education activities in the city, even in the face of counter-publicity for poliomyelitis vaccination. As a result, the total of 4,225 children under 5 years of age who were fully protected against diphtheria was again higher than the previous year. An increase in the number of births was one reason for the increase, but the constant propaganda directed at parents also played its part. At the 31st December, 1960 84·8% of children between the ages of one and five years had been immunised against diphtheria.

At the beginning of the year it was decided to offer protection against diphtheria, whooping cough and tetanus in the form of a triple vaccine and most parents now consent to their children receiving this vaccine. As most children are now being vaccinated against tetanus in infancy, it is most important that parents should have a record of such vaccination, particularly if the child becomes exposed to tetanus infection in later life. In order to meet this need, parents of children now receiving tetanus vaccination are issued with a personal record card for their child, on which it is possible to record all other forms of vaccination and immunisation which a child receives. This record card also acts as a form of propaganda by giving parents a time-table of the various injections which a child requires. In addition, of course, through the work of the Health Visitor and the use of an efficient appointments system, all parents are given the opportunity of bringing their children to nearby clinics for all the necessary injections. In the case of diphtheria, whooping cough and tetanus immunisation, numbers of children are immunised by means of the Mobile Unit, although the percentage immunised by this means has dropped from nearly 50% in 1952 to less than 20% in 1960.

During the year 4,392 children received primary immunisation against diphtheria. The number immunised by general practitioners was 572, which was 13·5% of the total number immunised. There were 138 definite refusals and 64 children whose parents refused to complete the treatment after only one injection.

Following are the details of where and by whom children were given primary immunisation against diphtheria or against diphtheria, whooping cough and tetanus combined :—

				<i>Diphtheria, Whooping Cough and Tetanus combined</i>	<i>Diphtheria only</i>
Special Clinics	...	...	...	1,212	44
Infant Welfare Clinics	...	...	...	1,550	53
Mobile Unit	...	...	...	698	94
Schools	...	...	...	—	169
Private Practitioners	...	...	...	565	7
			Total	4,025	367

Apart from primary immunisation the following were given booster doses against diphtheria only :—

Number given booster doses :—

1 to 4 years	...	...	...	250
5 to 14 years	...	...	...	4,178

The following table gives details of where and by whom children under five years of age were immunised each year since 1950. The figures show a further increase in the number of children being immunised at the department's clinics and a corresponding decline in the number immunised by means of the Mobile Unit.

**Details of where and by whom children under five years received
Primary Immunisation 1950-60**

Year	Infant Welfare and Special Clinics		Mobile Unit		Gen. Practitioners		Total
	Number	%	Number	%	Number	%	
1950	2,228	51·9	1,759	41·0	303	7·1	4,290
1951	1,806	45·5	1,857	46·7	313	7·8	3,970
1952	1,681	44·5	1,828	48·4	266	7·1	3,775
1953	1,778	46·8	1,741	45·8	282	7·4	3,801
1954	2,866	68·3	1,012	24·2	316	7·5	4,194
1955	2,277	61·2	1,032	27·8	408	11·0	3,717
1956	2,512	61·9	1,146	28·3	400	9·8	4,058
1957	2,295	63·6	891	24·6	427	11·8	3,613
1958	2,492	60·9	1,085	26·5	524	12·6	4,101
1959	2,772	65·7	924	21·9	525	12·4	4,221
1960	2,860	67·7	792	18·8	572	13·5	4,224

The return required by the Ministry of Health follows. In this return no child is shown as being immunised unless he has received a primary course of immunisation or a booster dose within five years.

Number of children at 31st December, 1960 who had completed a course of Immunisation before that date (i.e., at any time since 1st January, 1946)

Age on 31st December, 1960 i.e., born in year	Under 1 year 1960	1-4 1950-1956	5-9 1955-1951	10-14 1950-1946	Total under 15 years
A Last complete course of injections (whether primary or booster) 1956-1960	1,416	14,678	12,590	9,609	38,293
B 1955 or earlier	—	—	6,760	11,241	18,001
C Estimated mid-year child population	4,490	17,310	41,400		63,200
Immunity Index 100 A/C. ...	31.5%	84.8%	53.6%		60.6%

The Immunity Index of 60.6% for all children up to 15 years of age shows only a slight decrease of 0.4% from the figure for 1959. Once again a decrease in the index for children between five and fourteen years of age was the main reason for the decrease. The following details of Schick testing carried out on children between the age of eight and fifteen years of age give a more encouraging picture of the immunity of that age group. Again, it must be noted that more than 97% of children over one year and under fifteen years have received either primary immunisation only or primary immunisation and a booster dose.

Most of the children who were Schick-tested had the test read six days later. Definite positives were given a course of three injections of T.A.F. Slight and doubtful positives were given one injection of T.A.F.

Table I. Details of children who were definite positives

Schools			Number Tested	Number Positive	Percentage Positive
Juniors	8-11 years	...	685	29	4.2%
Secondary Modern	11-14 years	...	573	21	4.0%

Table II. Definite and slight Positives grouped under one heading "Positive"

Schools			Number Tested	Number Positive	Percentage Positive
Juniors	8-11 years	...	685	62	10.4%
Secondary Modern	11-14 years	...	583	71	11.6%

Using the results of Schick testing as a measure of the general immunity of children in the respective age groups the above figures give an immunity index as follows:—

8-11 years of age	89.6%
11-14 years of age	88.4%

The immunity index for these age groups as calculated for the Ministry of Health which considers a child immune only if given a primary or booster injection within five years is as follows:—

8-11 years of age	47.4%
11-14 years of age	48.3%

PROTECTION AGAINST WHOOPING COUGH

There were 414 notifications of whooping cough, the highest number since 1957, but there were no deaths from the disease during the year. The following table gives details of age and sex of persons notified.

Notifications of Whooping Cough by age and sex, 1948-1960

Year	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15 yrs. and over		Total		Grand Totals
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
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	28	29	58	54	1	2	1	2	206	202	408
1953	72	45	68	54	73	67	63	71	79	99	160	206	1	4	1	7	517	533	1,070
1954	25	33	25	19	34	38	22	36	31	36	77	85	1	2	-	3	215	252	467
1955	6	13	3	6	9	12	6	11	5	10	13	16	1	-	-	1	43	69	112
1956	30	41	16	15	30	28	33	35	41	40	122	121	6	9	-	3	278	292	570
1957	34	44	19	29	25	33	33	31	36	40	123	111	8	10	1	10	279	308	587
1958	10	9	6	9	2	10	6	7	9	5	10	20	1	-	-	1	44	61	105
1959	10	6	9	7	7	2	3	4	4	7	10	17	9	2	3	1	55	46	101
1960	22	29	29	19	18	20	23	22	18	27	73	91	11	5	4	3	198	216	414

The percentages of the total cases in the various age groups are shown in the following table. The figures in the last two columns are not separable into individual ages for the whole period and are therefore shown as one group.

Percentage of total cases shown in Age Groups, 1948-1960

Year	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10 years and over
	%	%	%	%	%	%	%
1948	14.1	16.0	14.3	15.4	18.3	20.3	1.6
1949	11.4	14.2	19.0	16.0	12.8	24.6	2.0
1950	12.6	12.3	15.6	17.9	18.0	21.8	1.8
1951	11.3	13.1	15.5	18.0	17.3	20.9	3.9
1952	13.5	11.3	17.4	14.9	14.0	27.4	1.2
1953	10.9	11.4	13.9	12.5	16.6	34.2	0.5
1954	12.4	9.4	15.5	12.4	14.3	35.3	0.7
1955	16.9	8.0	18.8	15.2	13.4	25.9	1.8
1956	10.7	5.4	10.2	12.0	14.2	42.6	4.9
1957	13.3	8.2	10.0	10.9	13.0	39.9	4.7
1958	18.1	14.3	11.4	12.4	13.3	28.6	1.9
1959	15.8	15.8	8.9	6.9	10.9	26.7	15.0
1960	12.3	11.6	9.2	10.9	10.9	39.6	5.5

In the following tables are given the births for the years 1951-1960, the number of children in age groups who have received protective treatment against whooping cough and the percentage of children in the different age groups who have been protected. The figures for the different age groups of those treated in 1951 and 1952 are not available. Treatment at that time was carried out by the Medical Research Council and these details were not kept.

Children Protected against Whooping Cough

Year	No. of Births	NUMBER PROTECTED					Total
		Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	
1951	4,327	—	—	—	—	—	2,000
1952	4,351	—	—	—	—	—	2,000
1953	4,421	1,377	437	111	48	19	1,992
1954	4,492	2,425	766	138	68	16	3,413
1955	4,187	2,483	921	49	20	11	3,483
1956	4,467	2,987	763	48	23	16	3,837
1957	4,595	2,699	633	42	12	6	3,392
1958	4,577	3,051	824	59	17	12	3,963
1959	4,481	3,339	660	38	17	11	4,065
1960	4,834	3,397	553	38	20	19	4,027

Percentage of Children of the different age groups protected against Whooping Cough

Year	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years
	%	%	%	%	%
1953	31.1	10.0	2.6	*	*
1954	54.6	48.5	10.9	4.1	*
1955	59.3	74.5	49.6	13.7	*
1956	66.8	75.1	75.6	50.1	*
1957	58.8	81.0	78.5	75.8	50.2
1958	65.6	76.7	82.1	79.0	76.0
1959	74.5	81.1	77.4	82.7	79.2
1960	70.2	86.9	81.9	77.9	83.2

* Figures not available.

Whooping cough morbidity in the protected and unprotected groups shows little general change from the previous year, although there was an increase in the number of protected children who developed whooping cough. The six children under one year who had received a course of combined diphtheria and whooping cough injections were notified as suffering from whooping cough in the short period of three to four months after the third injection had been given.

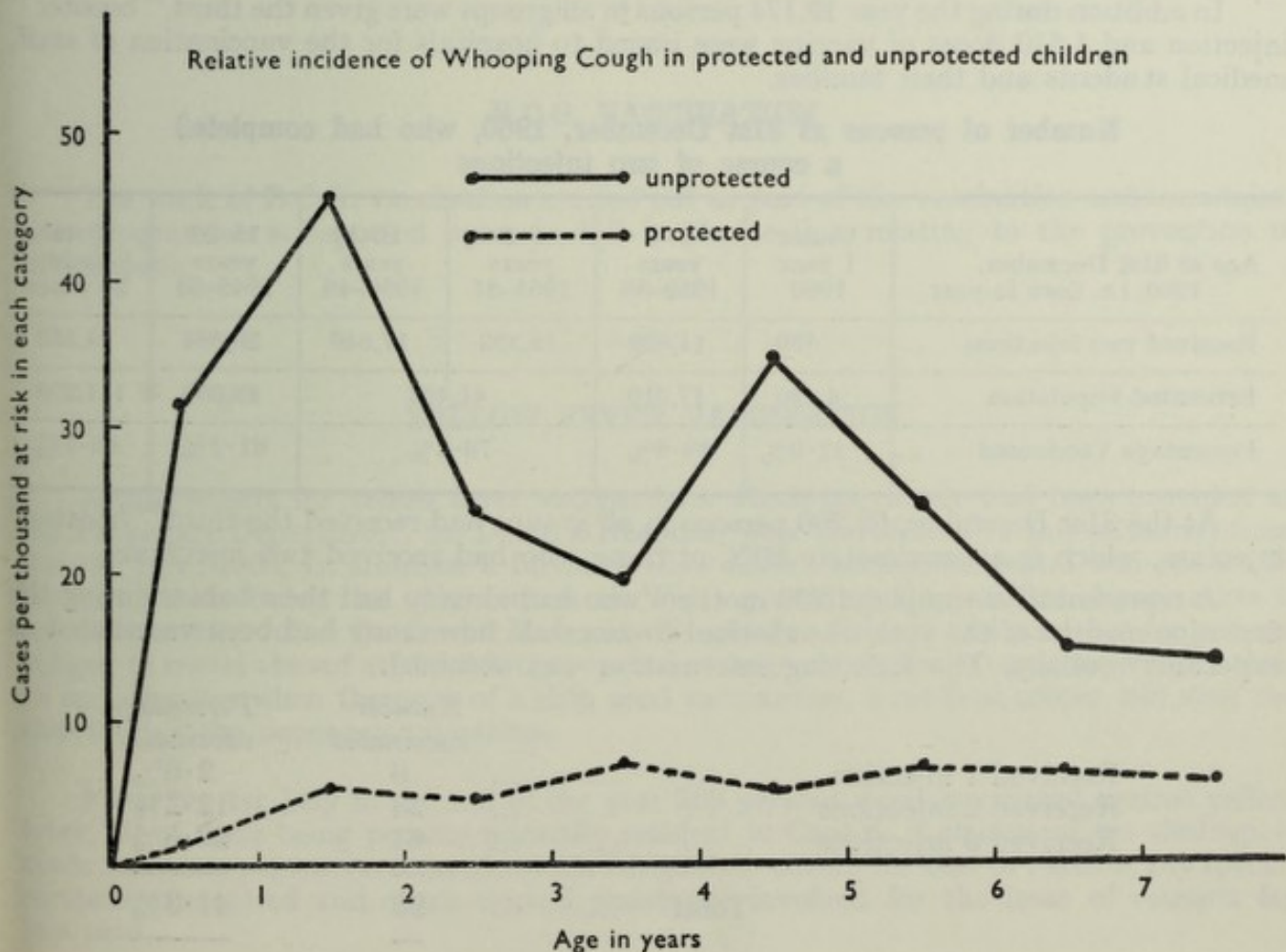
Ages of Cases of Whooping Cough which occurred in the Protected Group in 1960

Year whooping cough vaccine was given	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	Total
1960	6	9	2	—	—	—	—	—	—	—	17
1959	—	12	8	1	—	—	—	—	—	—	21
1958	—	—	8	14	3	—	1	—	—	—	26
1957	—	—	—	9	10	2	—	—	—	—	21
1956	—	—	—	1	6	14	—	—	—	—	21
1955	—	—	—	—	—	7	10	—	—	—	17
1954	—	—	—	—	—	—	11	11	1	—	23
1953	—	—	—	—	—	—	—	2	1	—	3
TOTAL ...	6	21	18	25	19	23	22	13	2	—	149

The following graph indicates the relative incidence of whooping cough in the protected and unprotected children up to the age of eight years. It was only in 1952 that immunisation against whooping cough began on a large scale.

The graph illustrates quite clearly the difference in risk between protected and unprotected children. Whilst the risk to the protected child is very low and remains constant, the risk to the unprotected child is high and variable and is particularly high in the 1-2 year and 4-5 year age groups.

**RELATIVE INCIDENCE OF WHOOPING COUGH
IN PROTECTED AND UNPROTECTED CHILDREN**



POLIOMYELITIS VACCINATION

This was a year of quiet progress in the programme of poliomyelitis vaccination and the opportunity was taken to consolidate and put in order the record system. The great rush of the previous years to vaccinate as many persons up to the age of twenty-six years as possible had gradually declined and propaganda was being directed to getting infants and expectant mothers vaccinated.

Early in the year the age limit for persons entitled to vaccination was increased to forty years and certain priority groups such as dentists and their families, and public health staffs who might come into contact with poliomyelitis cases and their families, also became eligible. In order to bring the facts to the notice of persons now entitled to vaccination a comprehensive poster campaign was launched with the assistance of one of the vaccine manufacturers. Posters giving details of special evening clinics were issued to most large factories, offices and shops in the area and 26,000 small handout leaflets were issued to children in school to take home, urging their parents to avail themselves of the opportunity for vaccination and also giving details of special evening clinics. Unfortunately the response from this not inconsiderable labour was very poor. However, evening clinics were continued at monthly intervals during the year at three main clinics, viz., Gabalfa, Canton and Central. Vaccination was also carried out at the premises of several large firms who requested our services.

Following are the details of persons vaccinated against poliomyelitis during the year :—

<i>Class</i>	<i>Received two injections</i>
Children born in years 1943–1959	4,298
Young persons born in years 1933 to 1942	1,283
Persons born before 1933 who have not passed their 40th Birthday	4,744
Others (in special priority groups)	343

In addition during the year 19,174 persons in all groups were given the third " booster " injection and 1,510 doses of vaccine were issued to hospitals for the vaccination of staff, medical students and their families.

Number of persons at 31st December, 1960, who had completed a course of two injections

Age at 31st December, 1960, i.e. born in year	Under 1 year 1960	1–4 years 1959–56	5–9 years 1955–51	10–14 years 1950–46	15–26 years 1945–34	Total under 26 years
Received two injections ...	539	11,869	15,332	17,046	29,364	74,150
Estimated Population ...	4,490	17,310	41,400		48,000	111,200
Percentage Vaccinated ...	12.0%	68.6%	78.2%		61.2%	66.7%

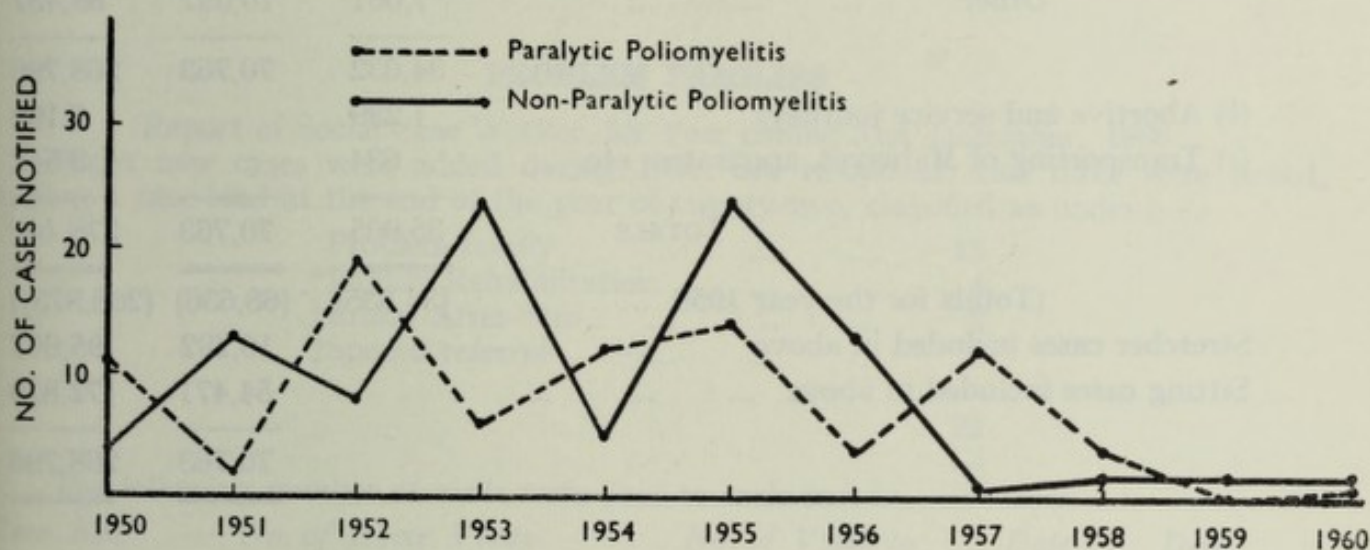
At the 31st December, 62,200 persons in all groups had received the third " booster " injection, which is approximately 80% of those who had received two injections.

A representative sample of 230 mothers who had already had their babies during the first nine months of the year was checked to ascertain how many had been vaccinated as expectant mothers. The following information was obtained.

	<i>Number vaccinated</i>	<i>Percentage vaccinated</i>
Received 1 injection	6	2.6%
Received 2 injections	28	12.2%
Received 3 injections	61	26.5%
Total	95	41.3%

The six who received only one injection were given repeated appointments for the second injection but did not attend clinic. Of the twenty-eight who received two injections, five had not attended after repeated appointments for the third injection, the remainder were not due for the third injection. It was only possible to check the vaccination records of these mothers by their married names. It is probable that numbers of them may have been vaccinated before marriage, their records being filed under their single names and therefore not traceable.

The following graph shows the notifications of paralytic and non-paralytic poliomyelitis each year since 1950. Vaccination against poliomyelitis was begun in 1956.



B.C.G. VACCINATION

The work of B.C.G. vaccination carried out as part of the vaccination and immunisation programme is reported upon in full in the section relating to the prevention of tuberculosis.

YELLOW FEVER VACCINATION

Arrangements for yellow fever vaccinations which previously had been provided at the Pathology Department, St. David's Hospital, were transferred to this authority from the 1st July, 1960. In addition a further yellow fever vaccination centre was opened in Swansea, these being the only centres in Wales providing this service. Vaccination is normally carried out at the Cardiff Maternity Hospital on Fridays at 4 p.m. but for persons obliged to travel abroad at short notice, special arrangements can be made for vaccination. In certain cases when the crew of a ship need vaccination, a medical officer will visit the ship to give the necessary injections.

From the 1st July to the end of the year 393 persons were vaccinated against yellow fever, 60 of these being persons normally resident in Cardiff. A charge of ten shillings is made for every person vaccinated, which adequately covers the cost of vaccine, any special equipment required and extra clerical assistance involved for the issue of receipts for fees paid.

AMBULANCE SERVICE

Analysis of Journeys, 1st January — 31st December, 1960

(a) Patient-Carrying :

	<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
Emergency	7,527	7,783	60,234
Accident	1,758	2,017	9,100
Outpatient	17,686	50,866	140,025
Other	7,061	10,097	59,437
	34,032	70,763	268,796
(b) Abortive and service journeys	1,239		6,102
(c) Transporting of Midwives, apparatus, etc. ...	634		3,542
	35,905	70,763	278,440
(Totals for the year 1959)	(34,835)	(68,636)	(263,873)
Stretcher cases included in above		16,292	95,967
Sitting cases included in above		54,471	172,829
		70,763	268,796
Average mileage per journey	7.75		
Average mileage per patient	3.88		

MORTUARY ARRANGEMENTS

The Council of the Welsh National School of Medicine, after consultation with the Board of Governors of United Cardiff Hospitals, have agreed to the Department of Pathology at the Cardiff Royal Infirmary undertaking responsibility for the reception of bodies which would otherwise have been sent to the Public Mortuary, and also for providing facilities for post-mortem examinations. In the event of a substantial increase in the number of cases, especially at night or at week-ends, it may be necessary to review the financial arrangements connected with this service, but at present there are no financial implications.

The circumstances giving rise to this alteration in the Council's arrangements are that no suitable application was received for the post of Mortuary Keeper (resident) when that post became vacant in July, 1960. It is not proposed, however, to take the Public Mortuary out of commission altogether but to retain it on an emergency basis. Keys are held by the Storekeeper of the Department's Depot adjoining the Mortuary and by one of the van drivers employed in the Department. A third key is held at the Ambulance Depot and the Police and Hospital Authorities have been informed that the Mortuary can be made available for use at any time in emergency.

The number of bodies received in the Public Mortuary in recent years has been comparatively small, but all post-mortem examinations have been done at the pathological laboratory for a very long time. Particulars of the number of bodies removed to the Mortuary and of the number of post-mortem examinations held, will no longer be recorded in this report, but as these have not appeared in recent reports either, figures are here given for the years 1957, 1958, 1959 and the first half of 1960.

	<i>Bodies Removed to Public Mortuary</i>			<i>Post-Mortem Examinations</i>
1957	31	7
1958	19	7
1959	12	12
1960 (first half only)	8	4

PROBLEM FAMILIES

Report of Social Case Worker, for Year ending 31st December, 1960

Eight new cases were added during 1960, one re-opened, and three were closed, leaving a case-load at the end of the year of twenty-two, classified as under :—

Problem family	...	...	...	15
*Family Rehabilitation	...	...	...	4
†Prison After-care	...	...	...	2
‡Special referral	...	...	...	1
				—
				22
				—

The following number of visits were paid to each case :—

<i>Case No.</i>	<i>No. of Home Visits</i>		<i>No. of Visits to Agencies</i>	<i>Date opened</i>	<i>Date closed</i>
	<i>Paid</i>	<i>Out</i>			
1	100	—	8	1.1.59	
2	85	—	2	"	
3	40	3	3	"	30.11.60
4	71	29	9	"	
5	63	6	10	"	
6	71	7	5	"	
7	29	2	4	"	29.6.60
8	97	12	12	"	
9	54	6	3	"	
10	79	4	5	"	
11	56	2	13	"	
12	9	—	—	26.10.60	
13	95	8	5	30.6.59	
*14	58	6	12	1.10.59	
*15	12	1	2	1.10.59	
†16	4	—	—	20.4.59	
†17	3	—	—	1.8.59	
*18	58	9	23	1.2.60	
19	2	—	1	1.2.60	1.3.60
20	19	—	1	1.5.60	
21	14	3	—	21.6.60	
22	23	9	4	23.8.60	
23	11	—	—	5.9.60	
*24	10	4	2	21.10.60	
‡25	4	—	1	6.12.60	
	1,067		125		

" Agencies " include Housing Dept., Schools, Nursery Schools, Hospitals, Law Courts, Probation Officers, Youth Employment Office, N.A.B., W.V.S., Gas Board, Electricity Board, Employers and relatives.

More contacts were made by telephone during 1960 than in the previous year. The co-operative measures obtained have proved fruitful.

Of the three cases which were closed, one was at the request of the parents, who became sensitive to the implication of child neglect, as the social worker was visiting a mother in the neighbourhood who had served a prison sentence for this offence. Another was closed because of the lack of response, and the fact that the Housing Welfare Officer was interested in following up the case after a transfer of house had been arranged. The third case had been one of enquiry only.

The remainder of the cases showed varying degrees of improvement, and the visits were found to be helpful. Most of the families were under a good deal of stress, and needed to talk out their emotional problems, and to be given assistance with employment, debts, and family difficulties. In most of the families some measure of stability had been achieved; difficulties with children and deprivation are mainly confined to one child in the family, caused by underlying rejection, frequently because of the child's mental backwardness.

Data :

No. of children in above cases :—

Age under 5 years	...	...	50
Age 5-15 years	...	...	87
Age 15-21 years	...	...	15
			<hr/>
			152
			<hr/>

Of these, the following numbers were away from home at end of year :—

Age under 5 years	...	...	6
Age 5-15 years	...	...	19
Age 15-21 years	...	...	6
			<hr/>
			31
			<hr/>

Total number of children born to the parents :—

Both parents	...	...	...	141
Mother outside marriage	...	...	...	22
Father's previous marriage	...	...	...	7
Mother's previous marriage	...	...	...	5
				<hr/>

175 (An average of 7 per family)

Of these 175 children :

8 are deceased	...		
3 are adopted			
7 are married			
5 are living with grand-parents or elsewhere	...	...	23
			<hr/>

No. of children attending Nursery School	...	...	...	3
No. of children attending Play Centre	...	...	...	4
No. of children attending E.S.N. School	...	...	...	7
No. of children attending Open Air School	...	...	...	3
No. of children in Children's Homes	...	...	...	16
No. of children in Approved Schools	...	...	...	5

The opening of the voluntary Play Centre at Ely has been very helpful, and two of the families have benefited. Other children are on the waiting list for admission to Nursery Schools and the Play Centre.

ELY PLAY CENTRE

The Health Committee, as a result of representations made to it, approved the making of a grant of £150 per annum towards the expenses incurred in setting up this Centre. It was opened on the 26th April at the Y.W.C.A., Cowbridge Road.

Children attending the Play Centre are mainly from problem families and special efforts are made to develop good relations with the parents, with a view to providing advice and encouragement in order to improve the well-being of these families.

The Play Centre seems to answer the real need in the area.

CO-OPERATION WITH GENERAL PRACTITIONERS

Excellent relations have existed for many years between the general medical practitioners in the City and the health visiting staff. During the latter part of the year, however, it was decided to review these arrangements, in consultation with representatives of the general practitioners, with a view to providing a more formal basis for co-operation.

The scheme which was put into operation in October provides for individual health visitors to be linked with general practitioners, either in group or single practice. It was felt that general practitioners should be able to look to one individual health visitor to take requests, to arrange visits and to report direct to the general practitioner. No health visitor's area would be identical with the area in which any one general practitioner practises and, therefore, the health visitor has a duty to pass on requests to the health visitor for the appropriate district to obtain reports and to transmit these to the general practitioner concerned.

This arrangement was notified to all general practitioners in Cardiff in October and has met with a very good response. In the period up to the end of December, 1960, 184 cases were referred by general practitioners to health visitors, and almost all of these were problems relating to the care of the aged.

CHIROPODY SERVICES

Circular 11/59 (Wales) issued by the Welsh Board of Health, authorised Local Health Authorities to formulate proposals for a Chiropody Service which, in its early stages, should be restricted to the elderly, the physically handicapped and to expectant mothers.

This service may be provided by subsidizing local voluntary organisations, or by providing a direct service, and reasonable charges would be made.

Proposals were put forward and approved by the Health Committee for a scheme to provide a direct service, but in consideration of the estimates of expenditure for the year 1960/61, provision was not made for the service to be commenced.

The voluntary scheme operated under the George Hill-Snook Charity continued throughout the year and provided treatment for aged persons. The whole of the resources of this Charity were used for this purpose by agreement with the National Corporation for the Care of Old People and contributions were made to the fund by the Cardiff Charity for Special Relief.

THE CARE OF THE ELDERLY

DOUGLAS HARRETT, B.A., M.B., B.Chir., D.P.H.

Much recent publicity has been devoted to the growing problem of elderly people in this country. From Table I it can be seen that the percentage of elderly people is rising from 11·8% in 1941 to an estimated 15·3% in 1964 and will probably reach 18·2% by 1979, when there will be approximately 2,000,000 more persons of pensionable age in the community than at present.

The position in Cardiff is shown in Table II. The estimated number of persons of pensionable age living in the City is 38,320. This shows an increase of 12,988 over the 1941 figure and by 1979 the number is expected to have risen to 49,555, an increase of a further 11,235 over the present day.

Table I
Estimated Number of Elderly Persons in Great Britain
and Ratio to Total Population, 1941-79

Year	Men 65 and over	Women 60 and over	Total number of elderly	Ratio of elderly to Total Population (%)
1941	1,850,000	3,680,000	5,530,000	11·8
1951	2,170,000	4,450,000	6,620,000	13·5
1954	2,230,000	4,660,000	6,890,000	13·9
1964	2,430,000	5,330,000	7,760,000	15·3
1979	3,330,000	6,170,000	9,500,000	18·2

(Extract from Cmd. 9333, Dec., 54. H.M.S.O.)

Table II

Year	Population—Cardiff C.B.	Ratio of Elderly as shown in Table	Number of Elderly Persons in accordance with ratio shown
1941	Estimated 214,680	11·8%	25,332
1951	Census 243,632	13·5%	32,890
1954	Estimated 248,000	13·9%	34,472
1960	Estimated 255,470	15·0%	38,320
1964	Projected 262,060	15·3%	40,095
1979	(1971 Projection) 272,280	18·2%	49,555

The reasons for this are not hard to find. Advances in medicine are enabling more and more people to live into old age. In former times many succumbed in middle life to hazards such as tuberculosis or pneumonia, who nowadays by the use of antibiotics and modern therapies are enabled to reach retirement age and beyond. This, combined with the low birth rate in this country, before and during the last war, has resulted in the present situation where fewer and fewer younger people are available to care for the aged in the community.

Smaller families have resulted in more old people finding themselves without a son or daughter remaining at home to look after them and the greater mobility of labour in the post-war years has resulted in many sons and daughters moving away to other parts of the country, leaving the old folk to look after themselves at home.

The care of the aged has in recent years formed an increasing proportion of the work of our health visiting, home nursing and home help services. In recognition of the importance of the problem, a medical officer was given special responsibility for the problems of elderly people as they affected the Health Department and to help co-ordinate our services with those of the Welfare Department and Hospital Geriatric Service, and Miss M. G. Major was appointed full-time specialist health visitor for the care of the elderly in July, 1959, to deal with the more difficult cases which required more intensive visiting than the area health visitors are able to give, and to link up with other services.

Health Visiting of the Elderly

Health visiting forms the most important part of our services to the elderly. It is often the Health Visitor who first hears of a problem case. She it is who advises them on their problems and arranges for the provision of other services such as home nursing, home help or voluntary services, such as W.V.S. meals on wheels, etc.

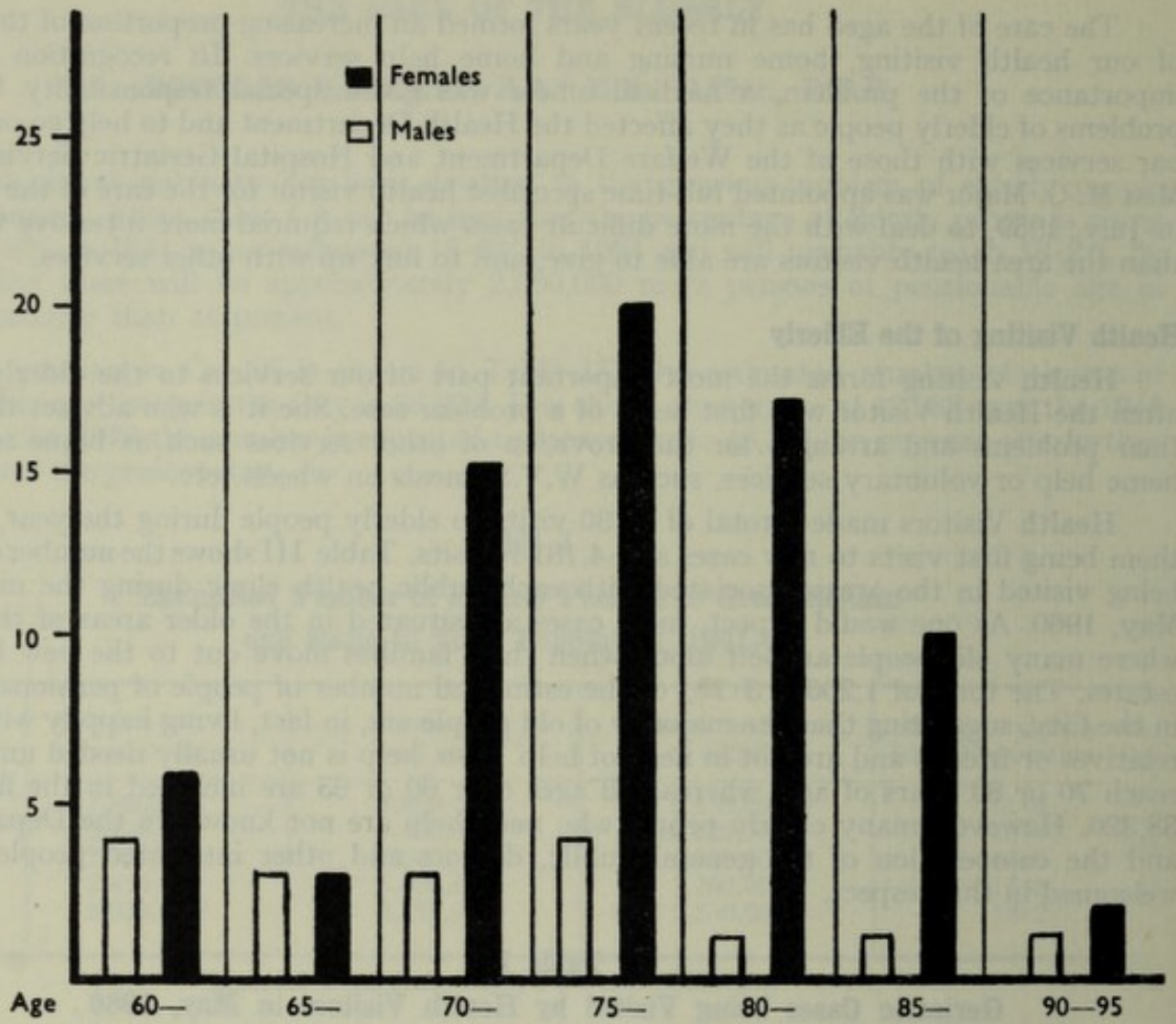
Health Visitors made a total of 5,130 visits to elderly people during the year, 949 of them being first visits to new cases and 4,181 revisits. Table III shows the number of cases being visited in the areas associated with each public health clinic during the month of May, 1960. As one would expect, most cases are situated in the older areas of the City, where many old people are left alone when their families move out to the new housing estates. The total of 1,206 is 3.1% of the estimated number of people of pensionable age in the City, suggesting that the majority of old people are, in fact, living happily with their relatives or friends and are not in need of help. Also, help is not usually needed until they reach 70 or 80 years of age, whereas all ages over 60 or 65 are included in the figure of 38,320. However, many elderly people who need help are not known to the Department and the co-operation of the general public, doctors and other interested people will be welcomed in this respect.

Table III
Geriatric Cases being Visited by Health Visitors in May, 1960

Central	...	...	...	...	307
Gabalfa	...	...	...	...	139
Splott	...	...	...	...	46
Grange	...	...	...	...	151
Canton	...	...	...	...	208
Ely ...	...	...	...	...	105
Llanrumney	...	...	...	...	73
College Farm	...	...	...	...	46
Fairwater	...	...	...	...	70
Llanishen	...	...	...	...	21
Miss Major	...	...	...	...	40
					<hr/> 1,206 <hr/>

During the year an intensive study of two areas in the Roath area of the City was undertaken in connection with the design of a new record card for the use of Health Visitors. A total of 90 cases was included in the survey and Fig. 1 shows the numbers of males and females in each age group known to the Department at the time. There are comparatively few cases being visited in the 60-70 age group, but at ages 70-75 there is a sudden rise in the number of females, reaching a peak at ages 75-80, then falling regularly to age 95. Male figures show no very definite trend with age, but the chart shows that the problem is predominantly one of elderly ladies, due to the fact that most wives outlive their husbands so that the wife is often left alone, and some of course are spinsters. Fig. 2, which shows the number of persons living alone in each age group, further emphasises this point, the pattern following very closely that of the previous table. Thirty-two people live alone out of the 90 in the group, over 30% of those being visited in these areas.

Number of persons known to Health Visitor for the area



Number of persons living alone

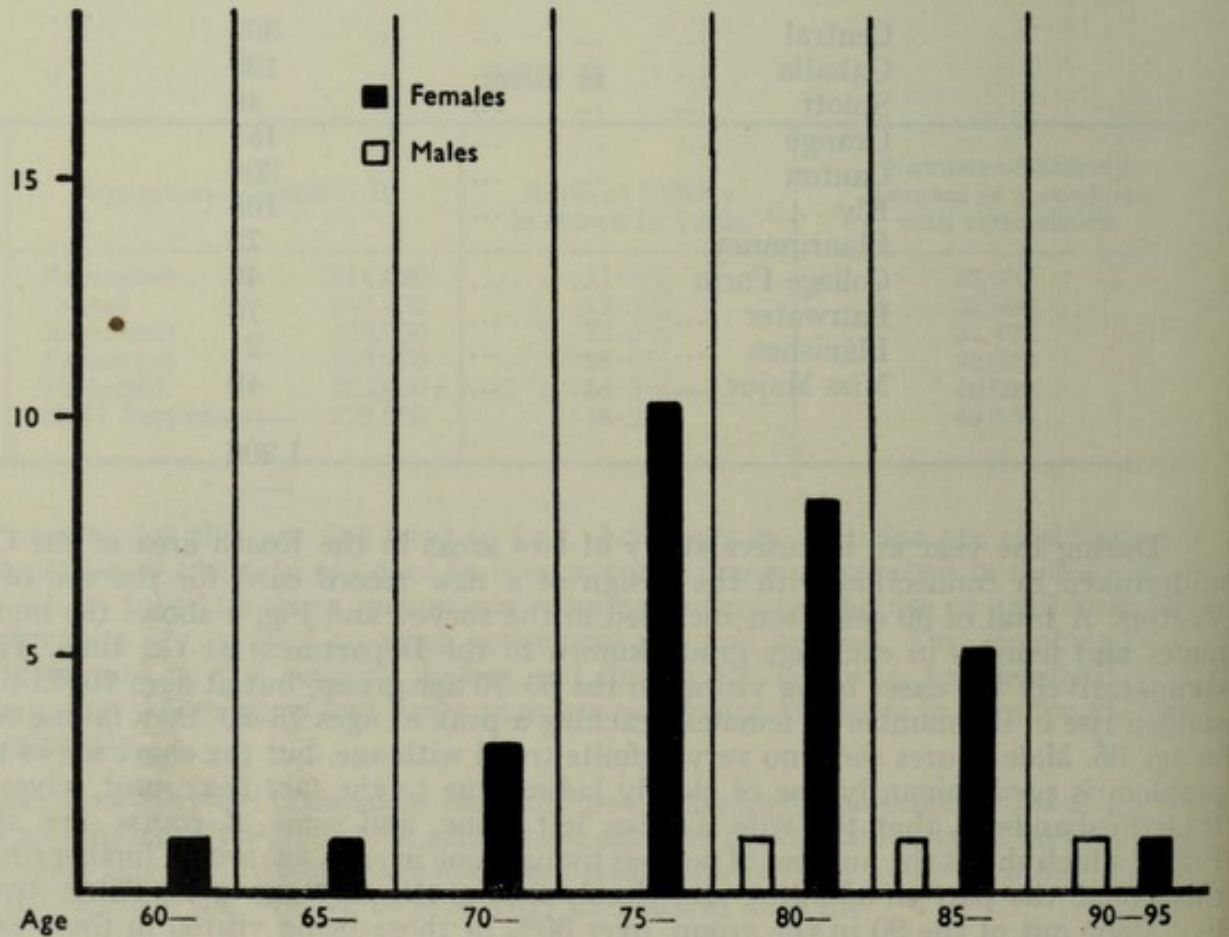


Table IV

Disease	Number of Patients in the Area known to be suffering from each condition
Hypertension	12
Rheumatoid Arthritis	11
Anaemia	8
Blindness of varying degrees	8
Old fracture of Femur	5
Cerebral Hemorrhage	4
Cardiac Failure	4
Deafness	4
Varicose Veins	3
Diabetes	2
Parkinson's Disease	2
Pernicious Anaemia	2
Multiple Sclerosis	1
Colitis	1
Prostatism	1
Chronic Bronchitis	1

58 Cases 12 with Multiple Defects

Table IV shows the number of persons in the group suffering from a specific medical condition. Of the 90 cases, 58 cases had some specific medical defect, twelve of them having multiple defects. Almost two-thirds of these people were, therefore, prevented in some measure from leading a normal life or caring properly for themselves, and as the numbers in the older age groups become larger this feature will become more and more important in designing the services needed for their care.

Miss M. G. Major continued her work as Liaison Health Visitor for the care of the elderly. She visited 278 new cases during the year, with 861 revisits. Miss Major deals with the more difficult cases requiring frequent visiting and usually makes the initial visit and assessment of cases referred by General Practitioners, the National Assistance Board or others. She works closely with the hospital service, visiting patients on the waiting list for hospital beds, furnishing the hospital with a report and seeing that any necessary services are provided until a bed becomes available. Table V shows by whom new cases were referred to her during the year. The steady stream of referrals from General Practitioners, the National Assistance Board and the Welfare Department reflects the excellent liaison built up during the year.

Her appointment has brought about a greater co-ordination of our services for the elderly and enables us to act more swiftly in cases of urgent need. Her work will undoubtedly increase in importance as time goes on.

Table V
New Visits during the Year 1960 and by whom referred

St. David's Hospital	147
General Practitioners	28
Welfare Department	38
National Assistance Board	17
Hospital Almoner	4
Relatives, etc.	21
Home Nursing Service	3
Public Health Inspector	1
Found Whilst Visiting	14
Duly Authorised Officer	4
Councillor	1
TOTAL	278

Home Nursing Service

With so many elderly people being in fact elderly invalids the work of the Home Nursing Service forms a vital part in the services to maintain elderly people in their homes. Additional services which help considerably are a laundry service for incontinent cases and a night relief service for the relatives of those cases which are very difficult at night.

Home Help Service

Domestic help for the elderly forms a large part of the work of the Home Help Service. A little help with the household chores may make all the difference between staying on in their own home or deteriorating until hostel or hospital admission is required. It was felt that many old people might benefit more from several short sessions rather than one good clean through once a week. This would mean that they would be relieved of such tasks as fire lighting on several days and, in cases living alone, would benefit from merely seeing and talking to someone more often. Progress has continued in organising sessions on this basis.

MENTAL HEALTH SERVICES

The Mental Health Act, 1959, came into full operation on the 1st November, 1960, and active measures were started to put into effect the proposals approved by the Minister of Health during the year.

The proposals outline the services which, when fully developed, will provide a comprehensive community care service for the prevention of and the care and after-care of persons suffering from mental disorder, and the proposals are given as an appendix to this report.

Cardiff, like many other county boroughs, is suffering from an acute shortage of land upon which to develop its building programmes, but despite this the City Council has given top priority to the schemes for mental health and there is every possibility that 1961 will see the commencement of the new premises to replace the Pengam Road Centre and the first of the city's mental welfare hostels.

The building contractors were unable to complete the new buildings at the Preswylfa Training Centre in 1960, as anticipated, but the buildings should be ready for occupation before the end of 1961. On completion one building will be used as a Special Care Unit for which it has been purpose-built and this will enable Cardiff to cater for subnormals with dual defects, such as spasticity, blindness, deafness, speech defects, behaviour problems, etc. Although many of these cases are already catered for at the existing centres, the new building will permit the provision of more specialised care and training and should be a major step towards eliminating the necessity of hospital care in such cases. The other building is designed as a nursery and will meet the growing need for nursery accommodation for subnormals.

Mental Illness

Table I gives details of the cases dealt with by the Mental Welfare Officers, and Table II summarises the cases dealt with by these officers from 1951-1960. The shortage of hospital beds continues to be a serious problem and it is doubtful whether the need will be met until hostels are provided to cater for those in hospitals who are suitable for hostel care.

Subnormality

Statistical tables, including those conforming to the requirements of the Ministry of Health, are submitted.

The number of cases on the Urgent Waiting List for hospital beds at the end of 1960 was the lowest for several years and the Welsh Regional Hospital Board is to be commended for the energetic measures it has taken in recent years to meet this problem.

Subnormality and " Niamid "

Reports of the beneficial value of " NIAMID " in certain cases of Mongolism resulted in a trial of the effect of this drug on children attending the Cardiff Training Centres during 1960.

The parents of 33 mongol children accepted the trial offer and the patients were divided into two groups, each group acting in turn as a control during the period of observation, viz., two terms.

Careful observation of the children's behaviour and progress was continued throughout by the supervisors of the centres and a simple questionnaire on the observed results was completed on each child by his parents and the supervisors.

Professor A. G. Watkins, Consultant Paediatrician, Department of Child Health, Llandough Hospital, who inaugurated the trial and supervised it throughout, subsequently reported on the findings at a " Clinical Meeting on Niamid " held at the Royal Society of Medicine on 21st and 22nd October, 1960.

Within the limited scope of this trial, analysis of the results proved inconclusive and there seemed no obvious general beneficial effect from giving the drug to the mongols in these centres.

Course for Assistant Supervisors of Training Centres

By agreement with a number of neighbouring authorities the second course for Assistant Supervisors of Training Centres has been organised by the Deputy Medical Officer of Health in co-operation with the appropriate officers of the several authorities. Lectures and visits of observation take place each Thursday afternoon during the course and practical training is given at two training centres. Sixteen students attended the course and sat an examination in five separate sections in both written and practical work. In addition students were asked to submit specimens of handicrafts suitable for use by pupils of varying ages and " day books " on individual cases formed part of the final examination. The majority of the candidates showed an overall mark which would entitle them to a pass certificate. The course has proved most useful in the training of staff at various training centres in the locality and the experience gained will be reviewed by a meeting of representatives of the local authorities concerned with a view to deciding whether it shall be continued in its present form or whether certain amendments are necessary.

TABLE I. Lunacy, Mental Treatment, and Mental Health Acts. Work of the Mental Welfare Officers during 1960

Number of Cardiff Cases		599		
(1) Admitted to Mental Hospital		Males	Females	Total
(a) Whitchurch Hospital :	Informal	167	192	
	Voluntary	3	3	
	Temporary	1	1	
	Certified	4	—	
	Section 25	1	—	
	Section 29	1	—	
	Magistrates Order	1	—	
	Abandoned Patients Returned	9	5	
(b) Ely Hospital :	Informal	27	40	
(c) Other Hospitals :	Informal	—	3	
	Certified Patient Returned	—	1	
	Voluntary	1	—	
	Abandoned Patient on Licence Returned	1	1	
		216	246	
(2) Otherwise disposed of :				
(a) Admitted direct to Sick Wards St. Davids Hospital		9	14	
(b) Transferred to Sick Wards St. Davids Hospital		7	14	
(c) Discharged Home		52	37	
(d) Discharged Part III Accommodation		—	1	
(e) Discharged Care of Ships Agent		1	—	
(f) Discharged to Glanely Hospital		—	1	
(g) Discharged to Welfare Hostel		1	—	
		286	313	599
(3) Seen by Psychiatrist needing medical attention only		52	75	127
(4) Glamorgan County Cases admitted to St. David's Hospital				28
(b) Whitchurch Hospital (Informal)		3	10	
(c) Ely Hospital (i) Voluntary		—	1	
	(ii) Informal	2	4	
	St. Cadoc's Hospital Caerleon, (Informal)	—	1	
(5) Otherwise disposed of :				
(a) Transferred to Sick Wards, St. David's Hospital		2	3	
(b) Discharged Home		1	1	
		8	20	28

TABLE II. Summary of the Work of the Mental Welfare Officers 1951-1960

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Admitted to Mental Hospitals	267	291	347	348	364	419	455	448	440	448
Returned to Mental Hospitals	—	—	12	14	12	13	24	13	27	14
Transferred to Sick Wards ...	121	98	102	111	99	93	116	88	28	21
Admitted direct to Sick Wards	8	7	4	13	15	10	15	21	67	23
Discharged home or to Welfare Authorities	77	101	72	101	98	81	77	76	89	93
Placed in care of Police, Military Authorities, etc.	—	—	11	4	5	4	5	7	3	—
Died in Observation Wards	—	2	1	—	—	—	1	1	—	—
Other Discharges	2	—	2	—	2	1	1	1	—	—
Cases still under Observation	3	1	10	7	4	2	7	7	—	—
TOTAL ...	478	500	561	598	599	623	701	662	654	599
Seen by Psychiatrist in Sick Wards—No action taken...	275	232	180	139	66	58	90	100	143	127

TABLE III. Mental Deficiency Acts. Particulars of Cases reported from 1st January to 31st October, 1960

(a) 1ST JANUARY-31ST OCTOBER, 1960	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. PARTICULARS OF CASES REPORTED :—									
(a) Cases 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	11	9	20	—	—	—	11	9	20
(2) On leaving Special Schools	4	5	9	—	—	—	4	5	9
(3) On leaving Ordinary Schools	—	—	—	—	—	—	—	—	—
(ii) Police or by Courts	—	—	—	—	—	—	—	—	—
(iii) Other Sources	—	—	—	1	5	6	1	5	6
TOTAL of 1 (a)	15	14	29	1	5	6	16	19	35
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	—	7	7	1	7	8	1	14	15
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	7	11	18	2	3	5	9	14	23
(d) Cases reported in which action was incomplete at 31st October, 1960, and are thus excluded from (a) or (b)	—	—	—	—	—	—	—	—	—
TOTAL of 1(a)-(d) inc.	22	32	54	4	15	19	26	47	73
2. DISPOSAL OF CASES REPORTED :—									
(a) Of the cases ascertained to be defective "subject to be dealt with," number :—									
(i) Placed under Statutory Supervision	15	14	29	1	4	5	16	18	34
(ii) Placed under Guardianship	—	—	—	—	—	—	—	—	—
(iii) Taken to "places of safety"	—	—	—	—	—	—	—	—	—
(iv) Admitted to Institutions	—	—	—	—	1	1	—	1	1
(v) Action not yet taken	—	—	—	—	—	—	—	—	—
(vi) Left Cardiff or Deceased	—	—	—	—	—	—	—	—	—
(b) Of the cases not ascertained to be defectives "subject to be dealt with," number :—									
(i) Placed under voluntary supervision	—	7	7	1	7	8	1	14	15
(ii) Action unnecessary	7	11	18	2	3	5	9	14	23
(iii) Left Cardiff or Deceased	—	—	—	—	—	—	—	—	—
TOTAL of Item 2	22	32	54	4	15	19	26	47	73

(b) 1st NOVEMBER-31st DECEMBER, 1960	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. PARTICULARS OF CASES REPORTED :—									
(a) Cases ascertained to be subnormals and severely subnormals. Action taken on reports by :—									
(i) Local Education Authorities on children									
(1) While at school or liable to attend school									
	3	3	6	—	—	—	3	3	6
(2) On leaving Special Schools									
	—	—	—	—	—	—	—	—	—
(3) On leaving Ordinary Schools									
	1	—	1	—	—	—	1	—	1
(ii) Police or by Courts									
	—	—	—	—	—	—	—	—	—
(iii) Other Sources									
	—	—	—	—	—	—	—	—	—
(iv) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)									
	2	3	5	1	—	1	3	3	6
TOTAL of 1 (a)									
	6	6	12	1	—	1	7	6	13
2. DISPOSAL OF CASES REPORTED :—									
(i) Placed under Supervision									
	4	3	7	—	—	—	4	3	7
(ii) Placed under Guardianship									
	—	—	—	—	—	—	—	—	—
(iii) Taken to " places of safety "									
	—	—	—	—	—	—	—	—	—
(iv) Admitted to Hospitals									
	—	—	—	—	—	—	—	—	—
(v) Action not yet taken									
	—	—	—	—	—	—	—	—	—
(vi) Left Cardiff or deceased									
	—	—	—	—	—	—	—	—	—
(vii) Action unnecessary									
	2	3	5	1	—	1	3	3	6
TOTAL of Item 2									
	6	6	12	1	—	1	7	6	13

TABLE IV

Number of cases admitted for Temporary Residential Care during 1960.

	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(a) National Health Service Hospitals	1	7	8	—	1	1	1	8	9
(b) Elsewhere*	6	11	17	17	1	18	23	12	35
TOTAL	7	18	25	17	2	19	24	20	44

* The Cardiff Branch of the National Society for Mentally Handicapped Children provided care for 35 patients at the Preswylfa Occupation Centre in Cardiff during August, 1960.

TABLE V.

Number of Subnormals and Severely Subnormals who were in Hospitals, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1960, who ceased to be under any of these forms of care during the period ending 31st October, 1960 and 31st December, 1960.

(a) 1ST JANUARY TO 31ST OCTOBER 1960	Under 16 years			Over 16 years			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(a) Ceased to be under Care :—									
(i) Transferred to Local Education Authority :									
(a) On reaching School Age	—	4	4	—	—	—	—	4	4
(b) Under Education (Mis- cellaneous Provisions), Act	1	1	2	—	—	—	1	1	2
(ii) No longer in need of									
(a) Statutory Supervision	—	—	—	6	15	21	6	15	21
(b) Voluntary Supervision	—	—	—	2	4	6	2	4	6
(iii) Admitted to Mental Hospital									
(a) From Statutory Super- vision	—	—	—	—	—	—	—	—	—
(b) From Voluntary Super- vision	—	—	—	—	—	—	—	—	—
(c) From Hospitals ...	—	—	—	—	—	—	—	—	—
(b) Died, Removed from Area, or Lost Sight of :—									
(i) Died under Statutory Super- vision	1	—	1	1	2	3	2	2	4
(ii) Died under Voluntary Supervision	—	—	—	—	—	—	—	—	—
(iii) Died in "Places of Safety"	—	—	—	—	—	—	—	—	—
(iv) Died whilst in Hospital ...	—	2	2	5	1	6	5	3	8
(v) Left Cardiff :									
(a) Statutory Supervision	1	1	2	4	3	7	5	4	9
(b) Voluntary Supervision	2	—	2	3	6	9	5	6	11
(vi) Lost Sight of									
(a) Statutory Supervision	—	—	—	4	1	5	4	1	5
(b) Voluntary Supervision	—	—	—	3	4	7	3	4	7
	5	8	13	28	36	64	33	44	77
(b) 1ST NOVEMBER—31ST DECEMBER, 1960									
(a) Ceased to be under Care :—									
(i) Transferred to Local Education Authority :									
(a) On reaching School Age	—	1	1	—	—	—	—	1	1
(b) Under Section 57 Educa- tion Act, as amended	—	—	—	—	—	—	—	—	—
(ii) No longer in need of super- vision	—	—	—	—	—	—	—	—	—
(iii) Admitted to Hospitals for Mental Illness									
(a) From Supervision ...	—	—	—	—	—	—	—	—	—
(b) From Hospitals for Sub- normality	—	—	—	—	—	—	—	—	—
(b) Died, Removed from Area, or Lost Sight of :—									
(i) Died under Supervision ...	—	—	—	—	—	—	—	—	—
(ii) Died in "Places of Safety"	—	—	—	—	—	—	—	—	—
(iii) Died whilst in Hospital ...	—	—	—	1	—	1	1	—	1
(iv) Left Cardiff	—	—	—	—	—	—	—	—	—
(v) Lost Sight of	—	—	—	—	—	—	—	—	—
	—	1	1	1	—	1	1	1	2

TABLE VI.

Disposal of Cases not included in Tables III(a) (2) and V(a)

(a) 1ST JANUARY-31ST OCTOBER, 1960	Under 16 years			Over 16 years			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Admitted to Hospitals—									
(i) Under Order	—	—	—	—	—	—	—	—	—
(ii) Informally	2	8	10	3	4	7	5	12	17
Discharged from Order and detained on Informal Basis—									
(a) In Hospital	1	—	1	6	4	10	7	4	11
(b) Under Guardianship ...	—	—	—	—	—	—	—	—	—
Informal Cases left Hospital ...	—	—	—	2	2	4	2	2	4
Placed under Guardianship ...	—	—	—	—	—	—	—	—	—
Admitted to Places of Safety ...	—	—	—	2	1	3	2	1	3
Granted Licence	—	—	—	1	3	4	1	3	4
Licence revoked	—	—	—	—	1	1	—	1	1
Transferred from one Hospital to another	—	—	—	2	2	4	2	2	4
Transferred from Licence to Guardianship	—	—	—	—	1	1	—	1	1
Transferred from "Places of Safety" to Hospital	—	—	—	—	—	—	—	—	—
Discharged from "Places of Safety" to Hospital	—	—	—	1	—	1	1	—	1
Admitted to Mental Hospitals ...	—	—	—	—	—	—	—	—	—
Discharged from Mental Hospitals	—	—	—	—	—	—	—	—	—
Abandoned from Hospital	—	—	—	—	—	—	—	—	—
Discharged from Order :									
Licence	—	—	—	1	2	3	1	2	3
Hospital	—	—	—	3	5	8	3	5	8
Guardianship	—	—	—	—	—	—	—	—	—
Died in Mental Hospitals	—	—	—	1	1	2	1	1	2
Provided with Temporary Accom- modation	1	7	8	—	1	1	1	8	9
	4	15	19	22	27	49	26	42	68
(b) 1ST NOVEMBER-31ST DECEMBER,									
Admitted to Hospitals—									
(i) Compulsory	—	—	—	—	1	1	—	1	1
(ii) Informally	—	1	1	3	—	3	3	1	4
Discharged from Order and detained on Informal Basis—									
(a) In Hospital	—	—	—	—	1	1	—	1	1
(b) Under Guardianship ...	—	—	—	—	—	—	—	—	—
Informal Cases left Hospital ...	—	—	—	—	—	—	—	—	—
Placed under Guardianship ...	—	—	—	—	—	—	—	—	—
Admitted to Places of Safety ...	—	—	—	—	—	—	—	—	—
Granted Licence	—	—	—	—	1	1	—	1	1
Licence revoked	—	—	—	—	—	—	—	—	—
Transferred from one Hospital to another	—	—	—	—	—	—	—	—	—
Transferred from Licence to Guardianship	—	—	—	—	—	—	—	—	—
Transferred from "Places of Safety" to Hospital	—	—	—	—	—	—	—	—	—
Discharged from "Places of Safety" to Hospital	—	—	—	—	—	—	—	—	—
Admitted to Mental Hospitals ...	—	—	—	—	—	—	—	—	—
Discharged from Mental Hospitals	—	—	—	—	—	—	—	—	—
Abandoned from Hospital	—	—	—	—	—	—	—	—	—
Compulsory Cases Discharged :									
Licence	—	—	—	—	—	—	—	—	—
Hospital	—	—	—	—	—	—	—	—	—
Guardianship	—	—	—	—	—	—	—	—	—
Died in Hospitals for Mental Illness	—	—	—	1	—	1	1	—	1
Provided with Temporary Accom- modation	1	1	2	—	—	—	1	1	2
	1	2	3	4	3	7	5	5	10

TABLE VII

Mental Deficiency Acts. Statistical Return.

(a) Total cases on registers at 31st October, 1960.

	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	56	51	107	196	215	411	252	266	518
(ii) Under Guardianship	—	—	—	1	4	5	1	4	5
(iii) In " Places of Safety "	—	—	—	—	—	—	—	—	—
(iv) In Certified Institutions	24	18	42	146	114	260	170	132	302
(v) In State Institutions	—	—	—	7	1	8	7	1	8
(vi) On Licence from Institutions	2	—	2	4	4	8	6	4	10
(vii) Absconded from Institutions	—	—	—	—	—	—	—	—	—
(viii) Action not yet taken	—	—	—	—	—	—	—	—	—
(b) Cases not at present " Subject to be dealt with " :—									
(i) Under Voluntary Supervision	5	9	14	77	106	183	82	115	197
(ii) Action not yet taken	—	—	—	—	—	—	—	—	—
TOTAL	87	78	165	431	444	875	518	522	1040

Mental Health Act. Statistical Return.

(b) Total of Subnormals and Severely Subnormals on registers at 31st December, 1960.

	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 Supervision	65	61	126	271	320	591	336	381	717
(ii) Under Guardianship	—	—	—	1	3	4	1	3	4
(iii) In " Places of Safety "	—	—	—	—	—	—	—	—	—
(iv) In Hospitals	21	17	38	151	117	268	172	134	306
(v) In State Hospitals	—	—	—	7	1	8	7	1	8
(vi) On Licence	2	—	2	4	4	8	6	4	10
(vii) Absconded from Hospitals	—	—	—	—	—	—	—	—	—
(viii) Action not yet taken	—	—	—	—	—	—	—	—	—
TOTAL	88	78	166	434	445	879	522	523	1045

TABLE VIII

(a) Mental Deficiency Acts. Number of Cases receiving training at Local Health Authority Training Centres, on 31st October, 1960.

	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(A) PENGAM ROAD CENTRE									
(a) Nursery (Class A)	6	8	14	—	—	—	6	8	14
	—	—	—	—	—	—	—	—	—
(b) Nursery (Class B)	11	4	15	—	—	—	11	4	15
	—	—	—	—	—	—	—	—	—
(c) Occupation Centre	3	4	7	8	4	12	11	8	19
	—	—	—	—	—	—	—	—	—
(d) Training Centre	1	—	1	23	19	42	24	19	43
	—	—	—	—	1	1	—	1	1
TOTAL	21	16	37	31	24	55	52	40	92
(B) "PRESWYLFA," CLIVE ROAD CENTRE									
(a) Nursery (Class A)	7	5	12	—	—	—	7	5	12
	—	—	—	—	—	—	—	—	—
(b) Nursery (Class B)	5	10	15	—	—	—	5	10	15
	—	—	—	—	—	—	—	—	—
(c) Nursery (Class C)	7	7	14	—	—	—	7	7	14
	—	—	—	—	—	—	—	—	—
(d) Junior Group	12	7	19	—	—	—	12	7	19
	—	1	1	—	—	—	—	1	1
TOTAL	31	30	61	—	—	—	31	30	61
TOTAL (A) & (B)	52	46	98	31	24	55	83	70	153

(b) Mental Health Act. Number of Subnormals and Severely Subnormals receiving training at Local Health Authority Training Centres, on 31st December, 1960.

	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(A) PENGAM ROAD CENTRE									
(a) Nursery (Class A)	7	9	16	—	—	—	7	9	16
	—	—	—	—	—	—	—	—	—
(b) Nursery (Class B)	11	5	16	—	—	—	11	5	16
	—	—	—	—	—	—	—	—	—
(c) Occupation Centre	4	4	8	8	4	12	12	8	20
	—	—	—	—	—	—	—	—	—
(d) Training Centre	1	—	1	25	19	44	26	19	45
	—	—	—	—	1	1	—	1	1
TOTAL	23	18	41	33	24	57	56	42	98
(B) "PRESWYLFA," CLIVE ROAD CENTRE									
(a) Nursery (Class A)	8	7	15	—	—	—	8	7	15
	—	—	—	—	—	—	—	—	—
(b) Nursery (Class B)	5	10	15	—	—	—	5	10	15
	—	—	—	—	—	—	—	—	—
(c) Nursery (Class C)	7	7	14	—	—	—	7	7	14
	—	—	—	—	—	—	—	—	—
(d) Junior Group	12	9	21	—	—	—	12	9	21
	—	1	1	—	—	—	—	1	1
TOTAL	32	34	66	—	—	—	32	34	66
TOTALS (A) & (B)	55	52	107	33	24	57	88	76	164

TABLE IX

Classification of Subnormals in the Community in need of Hospital Care on 31st December, 1960 (according to need on that date).

	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(a) Cases included in Table VII (a) (i)-(iii) and (b) (i) in need of Hospital care and reported accordingly to the Hospital Authority :—									
(1) In urgent need of Hospital care :—									
(i) "Cot and Chair" cases	—	2	2	—	—	—	—	2	2
(ii) Ambulant low grade cases	1	2	3	2	—	2	3	2	5
(iii) Medium grade cases	—	1	1	1	—	1	1	1	2
(iv) High grade cases	—	—	—	—	—	—	—	—	—
TOTAL URGENT CASES ...	1	5	6	3	—	3	4	5	9
(2) Not in urgent need of Hospital care :—									
(i) "Cot and Chair" cases	1	1	2	—	—	—	1	1	2
(ii) Ambulant low grade cases	—	—	—	2	2	4	2	2	4
(iii) Medium grade cases	—	—	—	—	—	—	—	—	—
(iv) High grade cases	—	—	—	2	2	4	2	2	4
TOTAL Non-Urgent cases ...	1	1	2	4	4	8	5	5	10
TOTAL ...	2	6	8	7	4	11	9	10	19

**Proposals of the Cardiff County Borough Council under Section 20
of the National Health Service Act, 1946, for the provision of Mental
Health Services under Section 28 of the Act**

1. General

The proposals set out below will replace all existing proposals approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after-care of such persons under Section 28 of the National Health Service Act, 1946. Existing proposals for carrying out duties under the Lunacy and Mental Treatment Acts, 1890-1930 and the Mental Deficiency Acts, 1913-1938 will continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by Order under Section 153 of the Mental Health Act, 1959, and the proposals relating to the duties under these Acts will then be replaced by the new proposals.

The Authority will undertake to make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them.

2. Organisation and Staff of the Service

ADMINISTRATION AND ORGANISATION. The Local Health Authority will exercise its control of the City's Mental Health Service through the Mental Health, After-Care and Health Services Sub-Committee of the Health Committee, and meetings will be convened when necessary.

The organisation, administration control and the medical direction of the service will remain the responsibility of the Medical Officer of Health and he will be assisted by the Deputy Medical Officer of Health, two Senior Medical Officers, 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 this sub-committee and his advice on mental health will be available in that capacity.

Since the 1946 Act, this Authority has combined the community care of the mentally ill and the mentally defective into a single administrative unit and it is proposed to continue in this way, and the staff will continue to work in both fields of the service.

Staff

(a) **MEDICAL.** Medical staff will be employed in a part-time capacity. The Medical Officer of Health, his Deputy, the two Senior Medical Officers and four Assistant Medical Officers are approved for the purpose of giving medical certificates of subnormality, and the Authority will continue its practice of sending medical staff on Courses of Training to keep them up-to-date. It will also review the needs of the service regularly so as to ensure adequate and suitable staff are available to meet the demands of the service.

The Physician-Superintendent will be asked to retain his responsibility for the care and after-care of ex-hospital patients who have been treated for mental illness, and to work in co-operation with the general practitioners concerned. He will also be asked to continue to give the necessary time of himself and his hospital medical staff for the purpose of visiting mentally ill persons in their homes and in hospital so as to advise as to the most appropriate treatment for their mental disorder, especially in cases where informal admission is opposed or where the patient is unable to express an opinion.

(b) **NON-MEDICAL.** Routine visiting will be carried out by the 48 district health visitors in a part-time capacity. The three Mental Welfare Officers and two Health Visitors employed in a whole-time capacity, together with the Senior Administrative Welfare Officer, in addition to carrying out some routine visits will make special visits and also carry out the duties imposed on Mental Welfare Officers by the Mental Health Act, 1959. They will also attend out-patient clinics and case conferences so as to co-ordinate the community care service with the clinic and hospital services. The needs of the service will be reviewed regularly so as to ensure adequate staff are recruited to meet demands.

The staff of the Training Centres consists of six supervisors and nine assistants, excluding domestics, and will be increased or decreased according to the needs of the Centres.

The clerical and typing work is absorbed by the Public Health Department staff and it is estimated that the mental health duties amount to the equivalent of two whole-time officers. Additional staff will be employed to meet the demands of the service if necessary.

(c) **CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND HOSPITAL MANAGEMENT COMMITTEES.** It is proposed to negotiate with the Regional Hospital Board and the appropriate hospital management committee for continued practice of using the services of the Physician-Superintendent of Whitchurch Hospital and his hospital medical staff for the purposes of case conferences and to direct and train the team of Mental Welfare Officers, who, working jointly with the hospital social workers, will be available for the care and after-care of hospital ex-patients in the community.

The staff of the Authority will continue to carry out visits to the homes and places of employment in respect of hospital patients on leave and in the preliminary work prior to discharge.

(d) **CO-ORDINATION WITH GENERAL PRACTITIONERS.** The Authority sends weekly bulletins to all general practitioners in the area in order to keep them fully conversant with the work of the Authority and these bulletins include items relating to the Mental Health Services from time to time.

General practitioners are also kept informed of any action taken by the Department and the Physician-Superintendent of Whitchurch Hospital and his staff in respect of patients on their list. They also refer cases to the Authority and the wishes of the practitioner are complied with as far as possible.

General practitioners will also be fully informed of all proposals which are made under the Act.

(e) CO-ORDINATION WITH OTHER LOCAL HEALTH AUTHORITIES. The Council are prepared to co-operate with other Local Health Authorities by using services provided by those Authorities and by allowing those Authorities to use services provided by the Council, e.g., the present arrangement of allowing those Authorities to send subnormals to the Council's Centres.

(f) CO-ORDINATION WITH VOLUNTARY AGENCIES. The Council at present grant the use of the Preswylfa Centre to a Voluntary Agency as a short-term care home for sub-normal children during the Summer holidays and will continue to co-operate with voluntary agencies in the provision of services for mentally disordered persons.

(g) TRAINING OF STAFF. The Authority will send its Officers on Diploma, Training and Refresher Courses so as to ensure that its staff are at all times qualified to undertake their duties in the Mental Health Service. However, in view of the present shortage of vacancies on the Courses, the Authority will continue its present arrangements of sending staff to lectures and intensive training courses organised by the Physician-Superintendent of Whitchurch Hospital and with the co-operation of other Welsh Authorities arrange local training courses until the position improves.

3. Services to be provided

The Authority will carry out its duties under Section 28 of the National Health Service Act, 1946, in accordance with the provisions of Section 6 of the Mental Health Act, 1959, as follows:—

4. Junior Training Centres

The Authority established a Junior Training Centre at Preswylfa, Clive Road, Cardiff, in 1956, and with the two new wings which will be completed during 1960 will be able to cater for mentally disordered subnormal children of all types from infancy to the age of 16 years.

On completion of the new wings the Centre will be split into six units, comprising three Nursery Groups, 2 Junior Groups and one "Spastic" Group. The Junior and Spastic Units will be able to cater for 20-25 children each and the Nursery Units approximately 15 children each, and the Centre as a whole will be able to admit up to 120 children which will be sufficient places to meet the needs of the City and also the needs of districts such as Whitchurch, Penarth, Rhiwbina, St. Mellons, etc., should their Authorities wish to continue sending their children to the Cardiff Centres.

The staff at present comprises two supervisors and five assistants, excluding domestic staff, and these will be increased or decreased according to the needs of the Centres.

One Supervisor is a Certificated Teacher.

One Supervisor is at present on the N.A.M.H. Diploma Course.

One Assistant holds the R.M.P.A. (Hensol Castle).

Four Assistants are qualified Nursery Nurses.

One Assistant (unqualified) is at present taking the local course for Assistant Supervisors.

All the staff have attended Refresher Courses run by the N.A.M.H. and Week-end Schools for Teaching Staff run by the Cardiff Education Committee.

The Authority will continue to send staff on Courses so as to keep them up-to-date.

The children are transported to and from the Centre by special omnibuses hired from the Cardiff Corporation Transport Department and members of the Centre staff act as guides on the 'buses.

Mid-day meals are provided through the School Meals Service for a nominal charge of 1d. per day. "School Milk" is also provided.

Routine dental inspections are carried out by the Local Education Authority's dental staff and treatment arranged either at the School Clinics or local hospitals according to the needs of the child. Routine medical inspections are also carried out by the Authority's medical staff and the children referred to School Clinics or hospital out-patient departments when necessary. The children are also included in the B.C.G. and Vaccination and Immunisation programmes of the Department.

Should the need arise, residential accommodation at the Junior Centre will be provided either in the main block or by building a hostel in the grounds of the Centre. If provided, it will also cater for short-term care cases.

The present provision is adequate to meet the needs of the City indefinitely.

5. Adult Training Centres

The Authority established its first Centre in 1925, and this has now developed into an all-age Centre at Pengam Road, Cardiff, catering for approximately 130 mentally disordered subnormal persons. With the strong possibility of a new Docks Road being constructed the Authority has been informed that it may have to move this Centre to a new site. No further developments are therefore proposed on the existing site and the Authority has already approved the transfer to a new site and efforts are being made to find a site. The new Centre will combine a hostel, including residential accommodation for persons attending the Centre, and will also allow space for the provision of sheltered workshops should these prove a practical proposition, and for a hostel should the need, or if the development of the service, indicate it. If provided, the hostel will also cater for short-term care cases.

In the meantime the Pengam Centre will cater in the main for adult mentally disordered subnormal persons, but the nursery and junior groups will remain until the Preswylfa Centre is fully operative. The position will then be fully reviewed and as far as possible the Pengam Centre or its successor will cater for adult mentally disordered subnormal persons.

The Centre at present comprises two Nursery Units, one Intermediate Unit, two Adult Male Training Units and one Adult Female Training Unit. There is considerable overcrowding at present, but having regard to the strong possibility of this Centre having to move, the building of new wings has been shelved.

The Nursery Units cater for approximately 15 children each, the Intermediate Unit up to 25 children and adults, and the Adult Training Units up to 25 adults each, making an overall total of 130.

The staff at present comprises four supervisors and four assistants excluding domestics, and these will be increased or decreased according to the needs of the Centre.

One Supervisor is a Certificated Teacher.

One Supervisor is a Qualified Nursery Nurse.

Two Supervisors are Skilled Craftsmen.

One Assistant holds the R.M.P.A. (Hortham Colony).

Three Assistants are Qualified Nursery Nurses.

All the staff have attended Refresher Courses run by the N.A.M.H. and Week-end Schools for Teaching Staff run by the Cardiff Education Committee.

The Authority will continue to send staff on Courses as so to keep them up-to-date.

Transport to and from the Centre is by special 'buses and the staff act as guides.

Mid-day meals are provided through the School Meals Service for a nominal charge of 1d. per day. School milk is also provided.

Routine dental inspections are carried out by the School Dentists and treatment whenever necessary carried out either at the School Clinics or local hospitals according to the needs of the child or adult. Routine medical inspections are also carried out by the Authority's Medical Staff and the children referred to School Clinics or hospital out-patient departments when necessary. The children are also included in the B.C.G. and Vaccination and Immunisation programmes of the Department.

The new Centre will be designed to cater for the needs of the City and this Centre, coupled with the Preswylfa Centre will meet all the needs of the City in respect of mentally disordered subnormal persons of all ages and types indefinitely.

6. Residential Accommodation

The Authority has accepted the principle of Hostels and subject to a suitable site being found the building of the first hostel may be started in 1960.

The Authority proposes to provide two hostels for male and two hostels for female mentally disordered persons, each accommodating approximately 35 residents, should the need arise.

In addition, the question of residential accommodation at the Centre to replace the Pengam Road Centre and at the Preswylfa Centre will be considered. Short-term care cases will be catered for in the above arrangements.

Adequate and suitably qualified staff will be employed to meet the needs of the hostels.

The hostels will not be regarded as permanent homes for mentally disordered persons, and whereas certain groups, such as the aged mentally infirm, may eventually become permanent residents, every effort will be made to fully rehabilitate others into the community.

Residents will be expected to contribute towards their maintenance according to their means.

All suitable residents will be assisted to secure employment in normal industry. The question of employment in sheltered employment will depend on such establishments proving practical. Mentally disordered subnormal persons unsuitable for employment or unemployed will attend the Training Centres.

7. Home Training

The provision of Training Centres in an urban area such as Cardiff eliminates to some extent the need of home teachers and whereas the Council do not propose to employ home teachers at present they are prepared to do so should the need arise.

8. Day Centres, Social Clubs and Other Activities

No Day Centres or Social Clubs are at present provided.

The Authority is prepared to provide such Centres and they will be included in future developments of the service if there is a demand, and staff can be recruited.

Subject to the above it is proposed to establish evening social clubs at the existing Training Centres and to set up Day Centres at the Hostels as they come into existence.

9. Home Visiting Services

The Authority has organised and set up the home visiting service required under Section 28 of the National Health Service Act as follows :—

The two whole-time health visitors and three mental welfare officers together with the Senior Administrative and Mental Welfare Officer and the part-time services of the forty-eight district health visitors, will provide a home visiting service for the mentally disordered subnormal persons in the community, including visits for hospital authorities. The community care and after-care of persons suffering from or recovering from mental illness will be carried out by these same officers in co-operation with the social workers and almoners of hospitals in the area and under the direction of the Physician-Superintendent of Whitchurch Hospital. The staffing needs of the service will be reviewed periodically and the Authority will recruit adequate staff to carry out the home visiting service.

10. Guardianship

The Authority will continue to place cases under guardianship of suitable persons and will also exercise its functions under the 1959 Act by placing cases under the Guardianship of the Authority and its officers when guardianship is indicated as the best course of action.

VIII REPORT FOR 1960

Of Mr. W. BATE, M.A., D.P.A., F.R.S.H., M.A.P.H.I.

Chief Public Health Inspector

This report is in the form of those of previous years. The style of presentation is a compromise to meet the needs of the general reader, other officers working in the same field and government departments. Much of the information is necessarily statistical and some of it in the tabulated form stipulated for government returns. The contents range over the entire field of environmental hygiene, there being some reference to each of the following subjects :—

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As will be readily understood, much of the report is concerned with unspectacular routine which is not productive of immediate or discernible results. Slum clearance has not proceeded with the urgency that one would wish, but many administrative difficulties have been overcome and prospects for the future thus improved. Much solid work has proceeded in the fields of food hygiene and atmospheric pollution, whilst attention to complaints of many kinds from householders have received prompt attention. One cannot report, however, any substantial progress towards rectifying the unsatisfactory state of the storage of house refuse, which in my view will only be cured by the introduction of a municipal bin scheme.

Two completely new comments feature in the report. The town's cinemas were surveyed for their angle of viewing and all unsatisfactory seats were eliminated in accordance with the accepted standard to minimise the possibility of eyestrain; this was achieved smoothly and with the ready co-operation of the cinema proprietors.

Normal routine was upset by the flooding incident which affected Cardiff during December. The reader of the brief report relating to this will readily appreciate that this created unusual problems and resulted in new tasks being undertaken by the public health inspectors and other members of the staff. These they undertook with enthusiasm and without regard for artificial "spheres of responsibility" or hours of working. The success of their efforts and those of other departments of the Corporation and voluntary agencies is reflected in the fact that the floods were not followed by any abnormal incidence of infectious disease.

NEW LEGISLATION

During the year, there was introduced the following new legislation which had a bearing on the work of the public health inspectors:—

Caravan Sites and Control of Development Act 1960.

Noise Abatement Act 1960.

Food Hygiene (General) Regulations 1960.

Food Hygiene (Docks, carriers, etc.) Regulations 1960.

Arsenic in Food Amendment Regulations 1960.

Meat (Staining and Sterilisation) Regulations 1960.

Milk (Special Designations) Regulations 1960.

All these statutes and regulations are important, but certain of them merit special comment:

Noise Abatement Act 1960

For the first time noise or vibration from certain sources which is a nuisance is made a statutory nuisance under the Public Health Act and action may be taken either by the local authority or any three aggrieved persons. The Act also makes it illegal, subject to certain exceptions, for loudspeakers to be operated in streets between specified hours. The Act only came into force in November, so there has been insufficient time to calculate

its effect. Past experience suggests that it will result in an increase in the work of the public health inspectors, and that it concerns an aspect of public health fully meriting their special attention. In Cardiff they will administer that part of the Act relating to nuisances, leaving to the police the control of loudspeakers from vehicles in streets.

Cardiff Corporation Act 1961

A considerable amount of work was involved in the preparation of the Bill leading to this Act, and all the parliamentary procedure was completed during the year. The Act will become operative during 1961. Clauses were prepared for extending the corporation's public health powers and the chief public health inspector gave evidence before the standing committees of the Houses of Lords and Commons.

Two clauses in the Bill were strenuously fought in the Lords ; one requiring sanitary accommodation for customers in cafés and restaurants ; the other with the object of making the hours of trading from vehicles the same as from shops. The former is to become law ; the latter was struck out of the Bill by the Lords' Committee on the grounds that it was aimed at a matter which was not peculiar to Cardiff, but which prevailed throughout the country.

Other clauses received the approval of the Lords' Committee, but were struck out subsequently in the Commons, for the reason that similar clauses had been included in a Public Health Bill, which if enacted will apply to the whole of England and Wales. These clauses related to such matters as disconnection of disused drains ; the demolition of buildings and clearing of sites ; a more expeditious method of securing the abatement of nuisance due to defects in houses ; noise abatement (now covered in the Noise Abatement Act of 1960).

Two clauses which will become law during 1961, will enable the Corporation to make byelaws relating to and to require the registration of hairdressers' establishments and of premises used for the storage, sale, etc., of animal feeding meat.

Meat (Staining and Sterilisation) Regulations, 1960

These regulations seek to secure the safe disposal of unsound meat from slaughterhouses and meat from knackers' yards. For many years, sanitarians have felt that there should be law prohibiting the sale of this kind of meat for pets unless it had been sterilised. Though the regulations have enacted that slaughterhouse meat, with some exceptions, will be sterilised, it will still be lawful for knackers' meat to be sold in a raw condition, provided it has been stained with a dye. There still remains the possibility that diseased and unsound knackers' meat may be freely taken into the home and prepared in the domestic kitchen for the domestic pet.

FOOD AND DRUGS CONTROL

This is at least as important a sector of the work of the public health inspector as any of the other sectors, embracing as it does the inspection of meat and other foods for soundness and absence of disease ; the supervision of hygiene in premises where food is stored, prepared, manufactured or sold ; the routine checking of all articles of food, drink and drugs to see that they satisfy standards of nature, substance and quality and that labels and advertisements are not false or misleading to the prejudice of the public. This work he does by exercising a constant awareness and vigilance, by carrying out unsolicited search and inspection and by investigating complaints made to him by members of the public. The full details of the work are not reproduced in this part of the Report ; for the avoidance of duplication, some of the information has been left to be given in the report of the City Analyst commencing on page 127.

Meat Inspection and Slaughterhouses

There is only one private slaughterhouse in the city, which operates in conjunction with a bacon factory and at which only pigs are slaughtered. All other slaughtering is carried out at the public abattoir under the supervision of the Veterinary Officer and is separately reported upon by this officer.

Meat inspection at the private slaughterhouse is carried out by the public health inspector for the district in which it lies. All pigs slaughtered during the year were inspected and details are given in the following tables :

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART
(Revised Form as set out by the Ministry of Health)

					Pigs
Number killed	...	...	...	...	2,129
Number inspected	...	...	...	...	2,129
ALL DISEASES EXCEPT TUBERCULOSIS :—					
Whole carcase condemned	...	...	...	...	2
Carcases of which some part or organ was condemned	...	...	...	...	74
Percentage of the number inspected affected with disease other than tuberculosis	...	...	...	...	3.6
TUBERCULOSIS ONLY					
Whole carcasses condemned	...	...	...	...	1
Carcases of which some part or organ was condemned	...	...	...	...	12
Percentage of the number inspected affected with tuberculosis	...	...	...	...	0.61

ANIMALS SLAUGHTERED—COMPARATIVE TABLE

	Y E A R					
	1960	1959	1958	1957	1956	1955
	Pigs	2,129	3,077	2,954	4,530	5,080	6,558

WEIGHT OF MEAT AND OFFAL REJECTED FROM ANIMALS SLAUGHTERED

	Tons	Cwt.	Qrs.	Lb.
3 Carcasses Pork	—	2	2	20
Part carcasses of Pork	—	—	3	21
Pigs Offal	—	5	3	11½
TOTAL	—	9	1	24½

Both the municipal abattoir and the private slaughterhouse were inspected for the purposes of the Slaughterhouses Hygiene and Construction Regulations, and the statutory report was submitted to the Minister in accordance with the Slaughterhouse Act, 1958. The Council proposed to replace the municipal Roath Market Abattoir with a new Slaughterhouse to be built on another site and recommended 1st January, 1965 to be the day when the regulations would apply to all the Slaughterhouses in the City. In the meantime, the proprietor of the private slaughterhouse put in hand substantial works calculated to bring the premises into compliance with the regulations. It is hoped that the work will be completed during 1961.

Other food inspection

Each district public health inspector is responsible for food inspection and condemnation at all shops, warehouses, etc., on his district. A total of 3,661 visits were made for this purpose during the year and the approximate weight of diseased or unsound food and meat surrendered as unfit for human consumption was 110 tons, 9 cwt. 0 qrs. 14 lb.

Food Hygiene

A total of 10,408 visits was made to food premises during the year. There are now 2,876 food premises on the register, so that arithmetically 3·6 visits per premises have been made during the year. This is relatively a good figure but this is a sphere of work which would justify being extended substantially.

Details of the visits made, together with the totals of each type of premises, are as follows :—

	<i>Premises</i>	<i>Visits</i>
Cafés, etc.	168	1,101
School canteens	52	58
Other canteens	88	135
Clubs, Hotels, Public houses	304	344
Butchers and Meat Preparing Premises	249	735
Bakehouses	50	180
Confectioners (Sugar and Flour)	281	203
Fried Fish Shops	61	148
Wet Fish Shops	30	80
General Shops	840	2,426
Wholesale Depots	111	403
Ice Cream Premises	590	712
Markets	3	24
Vehicles	—	73
Other Food Premises	49	125
	<hr/>	<hr/>
	2,876	6,747
	<hr/>	<hr/>
Food Inspection — Condemnation Visits ... ..	...	1,534
Routine Visits ... ..	...	2,127
	<hr/>	<hr/>
		3,661

109 written notices and 285 verbal notices were issued to occupiers of food premises for contraventions of the Food Hygiene Regulations. Details of the contraventions are as follows :—

Food Premises

Food to be protected from dust, flies, etc.	70
Food to be protected from customers, etc.	38
Food to be protected from risk of contamination by animals	22
Clean overalls to be provided	46
Smoking to be discontinued	45

Use of unclean wrapping to cease	5
Sanitary conditions to be modified, cleansed, repaired	106
Wash-hand notices to be provided	115
Provision of water supply (cold)	49
Provision of wash-hand basins	164
Provision of hot water for wash-hand basins	131
Provision of soap, towel, nailbrush, etc.	98
Provision of sinks for food or equipment	100
Provision of hot water for sinks	77
Provision of First-aid equipment	74
Provision of clothing accommodation	32
Lighting of food rooms to be improved	31
Ventilation of food rooms to be improved	27
Food rooms to be cleaned/repaired	50
Refuse to be removed	24
Cold storage for special foods	16
Hot storage for special foods	22

Foodstalls, Vehicles, etc.

Improvements to structure, repair, cleanliness	1
---	---

Meat Transport

Clean clothing to be provided	4
Vehicles : defects to be remedied	7

As in previous years, the majority of contraventions were due to the failure to provide sufficient facilities for the washing of hands and utensils. Even so, the number of notices for this type of offence fell by approximately 50% compared with 1959.

Legal proceedings were taken against one shopkeeper and the proprietor of a mobile shop for offences against the Food Hygiene Regulations. The gravity with which the court treated the offence can be judged by the penalties imposed. The defendant was fined £25 0s. 0d. and costs of £6 6s. 0d. were imposed.

Details of these offences are given in the summary of legal proceedings taken under the Food and Drugs Act.

Details of those food premises which are subject to registration or licensed under various enactments are :—

Ice Cream Manufacturers	11
Ice Cream Vendors	579
Manufacturers of meat products	86
Fried fish shops	61

Food Hygiene Exhibition

The second National Food Exhibition for Wales was held at the Sophia Gardens Pavilion from 4th to 15th October. Exhibitors included well known national concerns together with prominent local food manufacturers and retailers. Once again the department was invited to include a suitable exhibit to illustrate the function of the public health inspector in relation to the food industry.

An exhibit was provided and manned during the period of the exhibition by public health inspectors. It included a series of photographs showing inspections being made of all types of food premises, cartoons illustrating in a humorous, but effective, way the more common bad habits in connection with food hygiene. There were, also, panels which showed, with the aid of models, the main requirements of the Food Hygiene Regulations and also a display of bacteriological specimens devised with the willing co-operation of the Public Health Laboratory Service, which illustrated the ways in which food is contaminated by infected hands, hair and dirty equipment.

There is no doubt that whereas an exhibit of this type would normally arouse little interest if it were the sole attraction, when it is incorporated in a large 'commercial' exhibition of wider appeal, it is seen by vast numbers of the public and arouses a surprising amount of interest.

Bacteriological Investigation of Foodstuffs

Slaughterhouses, etc.

Meat Products

An outbreak of food poisoning is referred to on page 11 of the Infectious Diseases Section of this report. The total number of cases was 122 (98 notified and 24 otherwise ascertained). *Salmonella typhimurium* was isolated from faecal specimens from all these cases and in the majority of cases where phage typing was carried out the organism was phage type 12.

In the early stages of this epidemiology enquiry it became apparent that no single article of food was likely to prove common to all the cases and that no single food preparing premises was likely to be implicated. Arrangements were made for all the cases which had previously occurred during the year to be re-investigated but no distinct pattern of the likely chain of infection showed itself. There was, however, a consistent consumption in affected households of butchers' meat and made-up meat products, together with a fairly consistent consumption of confectionery.

The following action was taken :—

- (a) an immediate resumption of the placing of sewer swabs at the public abattoir. Two of these were subsequently reported to be positive *salmonella typhimurium* phage type 12.
- (b) Twenty specimens of frozen liquid and dried egg were taken from nine bakeries in the City and seven specimens of dessicated coconut were taken from six bakeries. All these samples were reported to be negative to *salmonella*.

In view of the results of the sewer swabs at Roath Abattoir, it was arranged that the Veterinary Officer would take direct samples from animals entering the abattoir. The Chief Public Health Inspector put in hand a vertical block control treatment of sewers and buildings at the abattoir for the elimination of rats. At the same time it was arranged that any bodies or live rats which could be recovered would be submitted for pathological and bacteriological examination.

In addition to renewing swabs in drains at the abattoir, sewer swabs were now placed in a total of 54 butchers' shops and premises preparing made-up meat products and confectionery. Of the 54 swabs, 17 were found to be positive, 14 to *salmonella typhimurium* (phage type 12), 1 to *salmonella typhimurium*, 1 to *salmonella thompson* and one to *salmonella give*. In some premises these swabs were placed in drains which only received floor washings and equipment washings, whereas in other premises the swab was exposed to w.c. drainage also. The swabs were repeated at all premises and placed so as to ascertain the bacteriological state of both factory drainage and w.c. drainage. In addition, in order to ascertain which, if any, of the personnel at these premises was excreting *salmonella* organisms, swabs were distributed to each employee (total 112). Of all these employees' swabs, only one was positive—the man being an employee at a butcher's shop and an apprentice slaughterer at the abattoir. He was excluded from employment until three consecutive negative swabs were obtained.

At the public abattoir, samples were taken of faeces from personnel, water from pig scalding tanks and houseflies; all were negative.

The Veterinary Officer took 61 samples of pig faeces and 211 samples of cattle faeces during the period July–September. Two pig faeces were positive to *salmonella give*, one to *salmonella typhimurium* (phage 12). Only one cattle faeces was positive: to *salmonella typhimurium* (untyped).

In addition the body of one rat was submitted for examination and *salmonella typhimurium* isolated.

The combination of the positive sewer swabs at Roath Abattoir and the recovery of the same organism from the drains at a high proportion of the food premises, justified some warning being given to the proprietors of all premises handling butchers' meat in the City. A confidential letter was, therefore, sent to all food premises in the City which handled butchers' meat. The letter explained the situation and asked for a tightening up of food hygiene precautions. In particular, attention was drawn to the need for frequent cleansing of all equipment, floors, tables, utensils and working surfaces, and it was emphasised that a chemical sterilant should be used in conjunction with detergents. Personal visits were also made by the district Inspectors to all food premises where positive drain swabs had been recovered. A detailed investigation was made into processing techniques and methods used for cleansing the premises. Advice was given where improvements were necessary. These measures appear to have been effective as by the end of July, only four out of seventeen premises were still producing positive swabs. Only one remained positive at the end of August and negative swabs were obtained in the third week of September.

At the public abattoir, swabbing has been continued ever since the outbreak. The location of some swabs was changed so as to sample drainage from toilets used by slaughtermen and inspectorial and office staff. *Salmonella typhimurium* (phage type 12) was being isolated from the cattle market, piggery and gut scraping drains until the end of October. Cases of food poisoning, notified or otherwise ascertained, persisted during July and August. No new cases appeared in the first three weeks of September and five cases in the last week of September were regarded as the last ones associated with this outbreak.

Details of the results of the examination of swabs laid at the public abattoir are given in the following table:—

PUBLIC ABATTOIR—INCIDENCE OF PATHOGENIC ORGANISMS

Sample taken from :	Negative Salmonella	SALMONELLA							Total positive	
		give	brandenberg	newport	enteritidis		typhimurium			
					varjena	vardanzig	28	phage type 1 var 5		12
Main Cattle Market ...	7	1	—	—	—	—	—	—	13	14
Gut Scraping ...	8	—	1	1	1	—	1	—	9	15
Piggery ...	9	—	2	—	—	—	1	—	12	16
Slaughtermen's toilets	29	—	—	—	—	—	—	—	5	5
Office toilets ...	14	—	—	—	—	—	—	—	3	3
TOTALS ...	67	1	3	1	1	1	2	2	42	53

Ice Cream and Ice Cream Premises

There are eleven firms or persons registered for the manufacture of ice cream, four producing a hot mix and the remainder a cold mix. The number of retailers registered for the sale of ice cream is 579.

During the year 712 visits were made to premises at which ice cream was manufactured or sold. Samples taken for bacteriological examination numbered 125 and details are given in the tables on page 80. Only one sample failed to satisfy the presumptive standard for hygienic quality.

Sampling of Food and Drugs

Routine samples of food, drink and drugs are taken day-by-day with the object primarily of ascertaining that they are of the correct "nature, substance and quality." In addition, scrutiny is made of all labels and advertisements to check that claims are not false or misleading, whether they be made on labels, newspapers, accompanying circulars or in introductory jingles on television. One inspector devotes the whole of his time to the work, and his efforts are augmented by auxiliary sampling by the rest of the inspectorate as the situation demands.

It falls to the public health inspector as enforcement officer to interpret the law and the analyst's reports and to take whatever action appears to be appropriate. Action might take the form of legal proceedings, but more commonly it involves discussions with food manufacturers; investigations of production methods; the persuasion of interested parties to a certain point of view; or even representations to a government department that prescribed standards are needed or that the government of another country should consider the composition of a food imported into this country. The close co-operation of the City Analyst in all this work has been a delight and a rewarding experience. This will be the last full year of Mr. Stanley Dixon's occupation of this office and I take this opportunity to record his cordial and unfailing assistance at all times.

It was reported last year that the emphasis of the sampling programme has been deliberately shifted away from milk, to other foods. This trend has been continued and is in keeping with the report of the National Food Survey Committee of 1959. The trend of the housewife to avail herself of the wide range of processed and packeted foods needs to be accompanied by a corresponding broadening of the sampling conducted by the local inspectorate. It cannot be accomplished without putting an added strain on the resources of the City Analyst. During 1960 a total of 1,122 articles were investigated, of these, eleven were concerned with labelling and could be dealt with without analysis. The remaining 1,111, comprising 712 samples of milk and 399 samples of other foods and drugs, were submitted for analysis. The extent of abnormalities in the samples are enumerated in the table on page 81 and are subsequently discussed.

Samples of Ice Cream and Ice Lollies submitted for Bacteriological Examination

Total numbers of samples submitted for examination	ORIGIN OF SAMPLES				RESULTS OF EXAMINATION								
	Local Manufacturers			National Concerns		Satisfactory				Unsatisfactory			
	Ice Cream		Ice Lollies	Ice Cream	Ice Lollies	Grade 1		Grade 2		Grade 3		Grade 4	
	Hot Mix	Cold Mix			Ice Cream	Ice Lollies	Ice Cream	Ice Lollies	Ice Cream	Ice Lollies	Ice Cream	Ice Lollies	Ice Cream	Ice Lollies
125	30	8	1	65	4	94	4	9	—	—	—	1	—

Seventeen of these samples were reported as unsatisfactory due to a technical or sampling error. No details are given of these in the remainder of the tabulation.

Samples submitted for analysis to the Public Analyst and examined for compliance with the Labelling of Food Orders at the Departmental Offices

Nature of Sample	No. of samples taken	Reported as Genuine	Adulterations or Irregularity of Composition	Labelling irregularities	Labels complying with the Labelling of Food Order
Milk—Ordinary ...	655	580	75	—	—
Milk—Channel Islands	57	43	14	—	—
Other Foods ...	399	366	33	—	—
Samples examined at Departmental offices for Labelling only ...	11	—	—	5	6

Total number of samples investigated—1,122

Routine Sampling : Irregularities of Composition

Milk

Milk sampling was continued on the same lines, though not on the same scale as formerly. Samples were taken at processing plants before and after Heat Treatment, at schools, canteens and milk vendors' vehicles. Milk vending machines are on the increase and are likely to make an expanding demand on the time of the inspectors.

Of 655 samples of ordinary milk some 75 individual samples were reported as adulterated or of irregular composition. Of 57 samples of Channel Islands Milk 43 were genuine and 14 showed abnormality. Not all of these "irregularities" of individual samples were such as to constitute a failure of a consignment to reach the legal standard, as will be seen from the following notes :—

- (a) 58 samples showing "irregularity" were taken from churns, comprising 36 consignments. Though the 58 individual churns showed a deficiency the consignments complied with the legal standard.
- (b) Four samples showed minute quantities of added water and slight fat deficiencies. Further samples proved to be genuine.
- (c) Seven samples from churns showed the presence of small quantities of added water varying from 1-6%. It was found that in three cases the farmers had failed to ensure efficient drainage of churns after rinsing and the fourth failed to exercise sufficient care when using an in-churn cooler. In these cases also the fat deficiency was brought above the legal standard when the contents of all the churns in the consignment were added together. Further samples of all these milks were found to be genuine.
- (d) One informal sample with a fat deficiency of 12% proved to be genuine milk.
- (e) Three samples of Sterilised Milk were found to contain minute quantities (0.2%) of extraneous water by F.P. (H.) freezing point test.
- (f) Two samples of Sterilised milk were termed of doubtful quality, but complied with the statutory standard. Follow-up samples were satisfactory.

Channel Islands Milk

- (a) Two samples of churned milk taken from two consignments of five churns showed fat deficiency. But the consignments as a whole satisfied the statutory standard.

- (b) Two informal samples of bottled milks reported to be deficient of fat were found to be satisfactory when following samples were taken.
- (c) One informal sample taken at the end of December showed fat deficiency and was subjected to formal sampling in 1961.
- (d) Six samples were taken during an investigation into complaints of abnormal taste. Laboratory tests indicated that the taste was due to natural lipase activity. The dairyman and farmer were advised and the cause isolated.
- (e) Two informal and one formal sample from the same supplier just failed to reach the statutory standard. The bottler was interviewed and instructed on methods of adequately mixing morning and evening milks. Further samples proved satisfactory.

Other Foods

The total number of samples submitted for examination by the Public Analyst was 399, of which 33 were the subject of comment by the City Analyst.

These samples comprised the following and others listed under "consumer complaints."

(a) Meat Pies

A Steak and Kidney Pie and meat pie were reported to contain 8.7% and 8% meat respectively, and therefore of inferior quality. These products were purchased as samples in conjunction with the special investigation undertaken on behalf of the Association of Municipal Corporations to provide data to be submitted to the Food Standards Committee. In the absence of a legal standard for the meat content of these products no administrative action was taken.

(b) **A Pork Pie** purchased in conjunction with the preparation of data for the Food Standards Committee was found to be affected with black mould (*mucor*) and green mould (*penicillium*). The manufacturer's depot and stocks were inspected. General hygiene and management were reasonably good. An improved system of coding wrappers to ensure systematic stock rotation was introduced by the manufacturers as a result of these representations.

(c) Cream Puffs. Cream Doughnuts

Cream pastry exposed for sale at a cheap price under a ticket bearing the words "Jam and Cream" were found to contain no fat derived from milk.

The vendor was interviewed and the practice discontinued.

(d) Canned Chicken and Mushrooms

This was reported to contain only 35% meat. The Public Analyst stated that in his opinion the product should have contained not less than 45% meat.

In the absence of a legal standard or code of practice no administrative action was taken.

(e) Butter containing excessive water

The butter was found to contain 16.1% water, a mere 0.1% above the maximum permitted. Further follow-up samples of the product satisfied the legal standard.

Canned Boned Chicken

This product was found to contain 85% meat, the remainder being stock. The presence of stock or natural juices was not declared on the label.

In the absence of legal standards and codes of practice, representations were made for the redrafting of the label.

Baby Soothing Preparation

The vendor's name and address did not appear on the label and the cautionary notice was not drafted correctly. The matter was taken up with the appropriate authority and the vendor.

Slimming Preparations

The discussions with the manufacturers of a slimming preparation at the time of writing the 1959 report were concluded satisfactorily. Undertakings were given that the labels and claims made in the accompanying literature would be amended in accordance with the requests made.

(f) Canned Spinach

A series of samples was taken during the course of the examination of a consignment of cans diverted to the City. The amount of tin present varied from 450 ppm to 670 ppm. The consignment was surrendered for destruction.

(g) Tomato Products

A sample of Tomato Ketchup was reported as containing not more than 4% tomato solids and therefore below the standard of 6%. Further samples of this product, part of a series taken in a special investigation of Tomato Sauces, etc., showed some improvement in quality and bore compliance with the legal standard, possibly as a result of representations made to the manufacturers. Further sampling has been undertaken, the investigation being continued during 1961.

(h) Tomato Piquant

The status of products described as "Tomato Piquant" under discussions with the Ministry of Agriculture, Fisheries and Food have concluded. In view of the opinions expressed, no further action is contemplated at present. The matter is, however, still under review.

Routine Sampling : Labelling Irregularities

Milk Drinks

(1) A cartoned milk sold from vending machines carried a statement that the product was primarily separated milk. In fact, the basic ingredient proved to be whole milk quite rich in milk fat. Though the article was superior in quality to separated milk, a particular person might be prejudicially misled if that person were subject to a special diet. The packer agreed to amend the label to comply with the regulations.

(2) A declaration of ingredients applied to a second milk drink was found not to be in descending order of proportion, required by regulations.

The manufacturers reviewed their formulation of the product and new, correctly labelled containers are to be introduced.

Heart Tonic and Stimulant

Late in the year a preparation marketed as a heart tonic and stimulant was found to bear a label which would mislead as to the nature of the article. Further research is being undertaken in respect of this preparation.

Butter

During routine inspections instances where the labelling of butter did not comply in all respects with the requirements of the Merchandise Marks Acts of 1887 and 1953 were encountered. Reference of the matters to the packers resulted in securing compliance with the relevant Acts and Orders.

Bacon

Attention was also given to the marking of imported bacon. In one instance legal proceedings were instituted in respect of bacon labelled "Danish" but which was not of Danish origin. The Learned Stipendiary Magistrate imposed a fine of £20 with 3 guineas costs.

Consumers' Complaints of Food Abnormalities

The efforts of the Department to secure high standards of hygiene in food premises, the exercise of maximum care and supervision during all stages of food preparation, storage, transportation and destruction, continue to be supported by the consumer public. This is borne out by the fact that some 63 complaints were recorded at the Department regarding food purchased by members of the public during 1960.

All complaints were thoroughly investigated and the necessary action taken. The following synopsis will serve to indicate the scope and nature of the investigations undertaken in this respect:—

Classification of Complaints

Bread, cake and flour confectionery	...	...	...	...	...	...	...	...	15
Cake mixture	...	...	...	...	...	...	...	...	2
Fresh meat	...	...	...	...	...	...	...	...	4
Chickens (fresh and frozen)	...	...	...	...	...	...	...	...	5
Meat pies and pastries	...	...	...	...	...	...	...	...	10
Canned meats	...	...	...	...	...	...	...	...	3
Bacon	...	...	...	...	...	...	...	...	1
Other meat products	...	...	...	...	...	...	...	...	1
Fish and fish cakes	...	...	...	...	...	...	...	...	2
Baby foods	...	...	...	...	...	...	...	...	3
Chocolate	...	...	...	...	...	...	...	...	3
Miscellaneous Foods	...	...	...	...	...	...	...	...	7
Milk and milk bottles	...	...	...	...	...	...	...	...	7
									—
									63
									—

The subjects of these complaints were numerous and a selection is summarised below

Bread

Nine complaints regarding foreign bodies and extraneous matter in bread were investigated.

Two incidents related to the presence of edible oil, probably collected by the dough during the rolling process of bread preparation.

Two complaints were of mould in sliced bread. Packing prior to proper cooling and unsatisfactory handling and storage were found to be the causes.

The Management of each factory was interviewed and warnings and advice given.

The presence of glass in bread was reported on two occasions. The glass was not readily identifiable nor was its origin traced, despite exhaustive investigations at the bakeries. The manufacturers were requested to exercise the maximum care in all processes at the bakeries.

As a result of two complaints of finding flies or their grubs in bread, fly-proofing of two bakeries was overhauled and fly-proofing methods enforced with increased vigilance.

Flour Confectionery.

Five incidents involving cakes of various types were recorded. Two were of the alleged presence of foreign bodies in the cakes. Microscopical examination of the offending material showed it was dried fruit in an unusually hard condition. Glass in a cake and mould accounted for the remainder.

A comprehensive survey of the premises where the cakes were manufactured was carried out in each case. Advice and requests for increased supervision were given to the Management of the respective factories. No legal action was taken.

Flour Confectionery Mixture

Moth webbing adhering to the biscuit portion of the mix indicated failure to rotate stock systematically. The wholesale and retailer's premises were thoroughly investigated and one additional packet only was found to be similarly affected. This was surrendered voluntarily.

The retail and wholesale companies introduced effective stock control and rotation.

Baby Foods

Three cases of Baby Foods of abnormal taste, being rancid and failing to reconstitute were investigated.

The finding of the Laboratory examination indicated that (1) the foods were of normal composition and taste. (2) reconstitution was satisfactory if the manufacturers' instructions were carried out. (3) there was no evidence of rancidity.

Mould in Breakfast Cereal

Examination of the cereal and carton indicated that the cereal had become damp and stale. The vendor's premises were visited, the stock was inspected and found to be free from mould and perfectly wholesome. Storage arrangements were satisfactory.

Bandage in Tin of Pears

The pears were processed overseas in an area which had a large unemployment problem. The firm concerned had established the factory to assist the country's economy. The Health Committee considered the facts of the case and resolved that a severe warning should be administered, on the understanding that the manufacturers undertook to introduce a greater degree of supervision at their plant.

Snail in Jar of Jam

A snail in a jar of jam was found to be one commonly infesting fruit trees.

Considering the production methods, the Company's awareness of the problem and the safeguards undertaken, no legal action was instituted.

Tinned Meats

These products accounted for three complaints—the presence of a fly, a black object and unsoundness.

The fly could not be identified but appeared to have been present during the processing of meat. The manufacturers were informed and undertook a full inspection and overhaul of their production methods.

The black object was found to be a portion of kidney and therefore not to be considered as extraneous matter.

The charge of unsoundness related to sliced corned beef, but legal action could not be taken, since it was impossible to ascertain its condition at the time of the sale.

Meat Pies

Nine recorded complaints regarding these products—comprising six of the presence of mould, two of unsoundness and one a foreign body (wood shavings).

The six cases where mould was reported were investigated and the pies inspected at the Departmental Offices. Premises and stocks were examined and advice given re stock rotation and general hygiene.

One case was reported to the Health Committee. The Committee resolved that legal proceedings should not be instituted on this occasion but that a warning should be administered.

The foreign body described as "wood shaving," on microscopical examination was found to be a portion of dehydrated onion and therefore part of the normal ingredients of a pie.

Evidence of unsoundness of two pies at the time of purchase was inconclusive, therefore no action could be taken in respect of either of these complaints.

Mineral Water—Abnormal Taste

The rubber insert washer was found to be contaminated with a phenolic substance. The company intend to introduce a bottle cap of a different pattern which is expendable. This step will undoubtedly minimise the risk of further incidents of this nature

Fly in a Bottle of Milk

The insect was identified as a species of fly other than a house-fly, but one commonly found in and around marshy ground. The fact that the milk was farm bottled indicated that the farm may have been the fly's habitat. No legal action was taken.

Glass in Bottle of Milk

On examination of the glass it was found to be a portion of the lip of another milk bottle. It is known that on occasions milk bottles become crushed during the filling operation and glass particles are scattered. This glass was probably the result of an incident of this nature. The milk processor was interviewed and the gravity of the case stressed.

A Denture Brush in a Bottle of Sterilised Milk

The presence of a Denture brush in a Sterilised milk bottle was viewed with some apprehension. However, on examination of the brush it became clear due to the distortion of the brush that it had passed through the processing plant.

On considering the processors' complaint-clean record and their co-operation during the investigations no legal action was undertaken. A warning in the strongest terms was given and the Management tightened up their "spotting" system.

Hair in Carton of Milk

Cartoning of milk is for the greater part only partially mechanised. The close proximity of the operator is, therefore, an additional risk if the use of proper head covering and protective clothing is not rigidly enforced.

This is the first recorded complaint in respect of cartoned milk received at the Department. The processors concerned were, therefore, requested to ensure strict adherence to the requirements of the Milk and Dairies Regulations regarding the wearing of protective clothing at their plant.

Improperly Cleansed Milk Bottles

One complaint of the presence of cellulose paint and one of cement particles adhering to the bottom of milk bottles were recorded. This material being at the base of the bottles was not readily visible to the plant operators during the washing and filling processes. However, action was taken to ensure that plant operators instructed all members of their staff on the need for increased vigilance and care at all stages of milk processing.

Drosophila in Bottle of Milk

A complaint was received of a number of "hayseeds" adhering to the side of a milk bottle. Microscopical examination revealed these small objects to be eight pupae of the fly *Drosophila*.

The matter was reported to the Health Committee and having regard to the habits of the fly and the fact that in the pupae state they adhere most tenaciously to the container, the Committee resolved that no legal action should be taken.

Special Investigation into the Composition of Meat Pies

The City Council was selected as one of the food and drugs authorities to carry out investigations to provide data regarding the composition of "meat pies" on behalf of the Association of Municipal Corporations, the information obtained being submitted to the Food Standards Committee as additional evidence when considering whether the statutory regulation of these products is necessary and practicable.

Meat pies were purchased from a variety of sources—local and national manufacturers' products being represented—thereby providing a picture of the composition of these products over as wide a field as possible.

The tables appended show the field covered and a brief résumé of the composition of the products:—

Type of Product	Total number submitted for examination	Origin of product manufactured	
		National concerns	Local manufacturers
Pork Pies	11	7	4
Steak and Kidney Pies ...	10	4	6
Beef Pies	2	1	1
Meat Pies	1	—	1

Type of Pie	TOTAL MEAT CONTENT OF PIE CALCULATED AS RAW MEAT							
	Less than 10%	10-15%	15-20%	20-25%	25-30%	30-35%	35-40%	40% and over
Pork Pies ...	—	—	3	1	2	4	—	1
Steak and Kidney ...	1	3	3	2	1	—	—	—
Beef and Meat	1	1	1	—	—	—	—	—

This is a small number of samples, but it serves to demonstrate, within its limitations, the superiority of the "pork pie," which consistently contained more meat than that described as "steak-and-kidney." Seven out of eleven pork pies contained more than 25% of meat, whereas only one out of thirteen other pies reached this quality. Surely 25% is not an unreasonable standard for manufacturers of all meat pies to attain?

Bacteriological Control of Milk **Heat Treatment of Milk**

There are four pasteurising plants in the city; of these one is using the holder process and three the high temperature short term process. In addition milk is brought in from three pasteurising plants situated outside the city boundary. One firm is producing sterilised milk.

Samples of raw and heat treated milks were submitted for examination at the Public Health Laboratory. Samples were collected from milk processing plants, wholesale and retail dairies, schools, canteens and hospitals. Details of the number of the various samples and the laboratory report are tabulated in the respective tables. In all, 997 heat treated milks were submitted to the various statutory tests. Of 908 subjected to the phosphatase test for effective pasteurisation, only 3 failed the test. Only 7 out of 664 failed the methylene blue test for hygiene and keeping quality. All the 36 samples of sterilised milk passed the turbidity test for effective sterilisation. Of the raw milks, four out of 53 failed to pass the methylene blue test. In none out of 31 samples were tubercle bacilli present. These figures speak for themselves and testify to the extremely high standards of cleanliness and efficiency attained in the milk industry: marred only by occasional though consistent number of complaints relating to foreign bodies or dirty milk bottles.

Heat Treated Milks—947 submitted

Milk Submitted for Laboratory Examination during 1960

Designation	Phosphatase Test Total number of milks submitted for examination	Methylene Blue Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.
Pasteurised	448	447	1	423	2	—	—
T.T. Past.	281	280	1	266	5	—	—
Homogenised T.T. Past. ...	7	7	—	7	—	—	—
Channel Islands Past. ...	82	82	—	79	—	—	—
Channel Islands T.T. Past. ...	93	92	1	91	—	—	—
Sterilised	36	—	—	—	—	36	—

Where samples were reported as unsatisfactory investigations were instituted, premises visited and a comprehensive survey of plant and production methods carried out, the findings being communicated to the management concerned. Satisfactory reports were received in respect of subsequent samples.

Raw Milk

Designation	Total number of samples submitted for examination	Methylene Blue Test		No. of samples submitted	Biological Examination	
		Sat.	Unsat.		Tubercle bacilli PRESENT	Tubercle bacilli ABSENT
Tuberculin Tested	34	33	1	22	—	22
Channel Islands Tuberculin Tested ...	23	20	3	9	—	9

Samples taken from Milk Vending Machines

Designation	Total number of samples submitted for examination	Methylene Blue Test		Phosphatase Test		
		Sat.	Unsat.		Sat.	Unsat.
Pasteurised	2	2	—	2	—	
Tuberculin Tested Pasteurised ...	3	3	—	3	—	
Tuberculin Tested	3	3	—	—	—	

Legal Proceedings

Legal proceedings were taken against three persons for offences against the Food and Drugs Act 1955 and Food Hygiene Regulations 1955. Details are as follows:—

Defendant No.	Offence	Fines	Costs	Totals Penalties
		£ s. d.	£ s. d.	£ s. d.
1	Insanitary conditions of Restaurant contrary to Regs. 5, 32(3) and 33, Food Hygiene Regulations	20 0 0	3 3 0	23 3 0
	Used kitchen which communicated directly with a sleeping place contrary to Regs. 22 (2), 32(3) and 33 of the Food Hygiene Regulations	5 0 0	3 3 0	8 3 0
	Failed to protect food from contamination contrary to Regs. 8, 32(3) and 33 of the Food Hygiene Regulations	—	Dismissed	—
2	Failed to ensure that a milk bottle was thoroughly cleansed before use contrary to Reg. 27 (1) Milk and Dairies (General) Regs. 1959	5 0 0	2 2 0	7 2 0
25	Sold plums not of the nature demanded by the purchaser contrary to Section 2 of the Food and Drugs Act 1955, in that plums of the variety Belle de Louvain were sold as Victoria Plums	1 0 0	2 6 0	3 6 0

HOUSING

Slum Clearance

As a result of the slum clearance survey carried out in 1959, when it was estimated that 2,162 houses would prove, on detailed examination, to be unfit for human habitation, further proposals for slum clearance, as outlined in Section 2 of the Housing Act 1957, were submitted to the Welsh Office, Ministry of Housing and Local Government in August. The following is a copy of those proposals:—

Part I The total problem :

- | | |
|--|-------|
| (i) Estimated number of houses remaining unfit for human habitation | 2,135 |
| (ii) Period of years which the Council think necessary for securing the demolition of all houses in (i) | 10 |

Part II Action already taken :

Number of houses demolished or closed since 1.1.56 including unfit houses owned by Local Authorities and those in unfitness orders	300
---	-----

Part III Further proposals for action in the next five years :

- | | |
|--|-----|
| (i) Number of houses to be demolished in clearance areas ... | 802 |
| (ii) Number of houses to be demolished elsewhere | 264 |
| (iii) Number of houses to be patched and retained for temporary accommodation | Nil |

During the period under review, no clearance areas were represented, though one public local inquiry was held into seven areas represented during 1959. Forty-one houses were dealt with by individual action, 27 of which were included in the ten-year provisional slum clearance programme.

Bute Town (No. 1) Compulsory Purchase Order 1957

Rehousing of the occupants commenced and, during the period under review, 83 families amounting to 405 persons were given alternative accommodation. Of these, 74 families (370 persons) were rehoused within the area in the recently constructed maisonettes situated in Hodges Square.

Owing to the lack of sufficient accommodation in Hodges Square for rehousing families of two units, a policy of "decanting" was adopted, whereby twelve families were temporarily rehoused in old houses in Angelina Street, Frances Street, Christina Street and Sophia Street.

Demolition of the Loudoun Square properties commenced. A total of sixteen houses were demolished all situated in either the North or South side of the Square.

Central Clearance Areas 1-7. Compulsory Purchase Orders 1959

Central Area (No. 1) Compulsory Purchase Order :

This area contained, inter alia, 55 houses, 8 of which were occupied. Of the remaining 47 houses, 35 had previously been dealt with by individual action.

The 8 occupied houses were unfit for human habitation and occupied by a total of 9 families, comprising 28 persons. All the houses were over 100 years old and comprised the two storey terrace type with the number of bedrooms varying from 2 to 4.

Disrepair and dampness, both rising and penetrating, together with inadequate natural lighting were prevalent in the houses. There were no facilities for the proper storage of food and the preparation and cooking of food was being carried out in the sculleries, which contained a sink and cold water tap.

Although no objections were received in respect of the 8 occupied houses, 5 objections on the grounds that the houses were not unfit were received in respect of five vacant houses, three of which had been closed by means of Closing Orders in 1956.

Central Area (No. 2) Compulsory Purchase Order

In this area were 13 houses included on the grounds of being unfit for human habitation. These houses, together with those included as "Grey" land, were occupied by 21 families amounting to 67 persons. The three occupied "Pink" houses were over a hundred years old; of a two storey terrace type with four main rooms and a scullery and no secondary means of access. The state of repair was typical of a small, one hundred year old terrace type house with serious rising dampness and poor natural lighting. The sculleries, containing a sink and a cold tap, were small and congested.

No objections were lodged in respect of the three houses on the grounds that the houses were not unfit, but objections were lodged against compulsory acquisition and development.

Central Area (No. 3) Compulsory Purchase Order

This area contained 57 houses on the grounds of unfitness, 39 of which were occupied by 45 families, which would result in 111 persons being rehoused. Three of the houses were used for part business. Seventeen of the houses in the area were vacant, 14 as a result of individual action.

All the houses were about a hundred years old of the two storey terrace type, with the front doors opening onto the pavement. Secondary means of access was only available to the houses adjoining Barrack Lane.

Very few of the houses were in a good state of repair. Rising and penetrating dampness was very prevalent and most of the passages and rear rooms had stone-flag floors. Natural lighting was generally inadequate and certain of the houses only had an external water supply. In some instances wooden sheds in the rear yard were used as sculleries, consequently the facilities for storage and preparation of food were inadequate.

Objections on the grounds that the houses were not unfit for human habitation were received in respect of ten tenanted houses. These houses were dealt with in accordance with the third schedule of the Housing Act 1957.

Four houses on the west side of Union Street were demolished to allow for private development on the east side of Frederick Street.

The Public Inquiries were held in April. As yet the Minister has not given his formal decisions on the Compulsory Purchase Orders. In August, however, letters were received from the Welsh Office of the Ministry of Housing and Local Government giving the Inspectors' findings and the Minister's attitude towards the Orders.

In the cases of Compulsory Purchase Orders Nos. 1 and 2, the Minister agreed that all the houses in the Clearance Areas were unfit and should be demolished. He was not satisfied that it was necessary for the Council to acquire any of the houses in order to secure their clearance and that the Council should seek the agreement of the owners of the houses in the Clearance Areas for the substitution of Clearance Orders, in lieu of Compulsory Purchase Orders.

In the case of Central Areas Nos. 3-7, the Minister agreed that all the houses, with the exception of two, were unfit for human habitation and should be demolished. He did not think it necessary for the Council to acquire the houses in Frederick Street and 34, 35 and 36 Union Street, in order to secure their clearance and that the Council should seek the agreement of the owners of these properties for the substitution of Clearance Orders, in lieu of the Compulsory Purchase Orders.

The Council approached the owners of the properties and the replies have been made known to the Welsh Office of the Ministry of Housing and Local Government.

Undertakings not to relet the houses subsequent to the rehousing of the occupants by the Council, were obtained in respect of 19 houses in these Central Areas.

Individual Unfit Houses

Demolition Orders

Two Demolition Orders were made during the year :—
255 and 257 Cowbridge Road East.

Undertakings to Demolish

Seven voluntary undertakings to demolish were accepted during the year :—
25 Adam Street.
42, 43, 44, 45, 46, 47 Millicent Street.

Closing Orders

Six Orders were made during the year :—
33 Chester Street.
1, 2 Victoria Buildings, Clare Road.
95 Victoria Buildings, Tudor Road.
31 Rhymney Street.
35 Plasnewydd Road.

Closing Orders on Parts of Buildings

Two Orders were made during the year :—
58 Churchill Way (basement)
12 Cowbridge Road East (ground floor flat)

Undertakings not to be used for Human Habitation

3 Victoria Street
 33, 34, 35, 36, 37, 38, 39, 40 Frederick Street.
 12, 13, 14 Rodney Street.
 11 Ruperra Street.
 41, 42 Union Street.

Certificates of Unfitness

Seven houses were represented as unfit for habitation and made the subject of Certificates of Unfitness :—

6, 7, 8, 9 Wellington Street
 54, 54a Daniel Street
 5 Blackweir Farm

Undertakings to repair

Three Undertakings were accepted during the year :—

14 Catherine Street
 441 Cowbridge Road West
 9 George Street (Closing Order 1956)

Details of action taken during the year in relation to individual unfit houses not in Clearance Areas is as follows :—

Housing Act, 1957	Houses	Displaced during year	
		Persons	Families
(a) Houses demolished as a result of formal or informal procedure under Section 17 (1)	29	48	17
(b) Local Authority owned houses subject to Certificates of Unfitness	7	52	15
(c) Unfit houses closed under Sections 16(4), 17(1) and 35(1)	15	23	21
(d) Parts of buildings closed under Section 18	2	6	2

House Repairs

The total number of notices served under all Acts was 794 preliminary notices and 263 statutory notices. The following summary gives details of the contents of these notices :—

EXTERNAL

Roofs to be repaired or reslated	563
Gutters and R.W.P.s to be repaired, etc.	248
Walls and chimneys to be repointed/repared	159
Yards/paths to be repaired or resurfaced	29
Soil pipes to be repaired/renewed	18
Drains to be cleared/repared	586
Cesspools, etc., to be repaired/cleaned	7
Cesspools to be abolished	2

INTERNAL—STRUCTURE

Dampness to be cured	130
Interior walls and ceilings to be repaired	214
Floors to be repaired	134
Staircases, etc., to be repaired	25
Fireplaces and flues to be repaired	47
Verminous/filthy premises to be cleansed	35

FIXTURES AND FITTINGS

Doors to be repaired/renewed	...	...	...	...	69
Windows to be repaired/renewed	...	...	...	...	126
Sinks, lavatory basins to be renewed	...	...	...	...	12
Waste pipes/Drainer boards to be repaired	...	...	...	...	25
Burst water pipes to be renewed	...	...	...	...	13
Water to be improved or reinstated	...	...	...	...	4
W.C. structures to be repaired	...	...	...	...	37
W.C. fittings to be repaired/renewed	...	...	...	...	56
W.C.s to be cleansed	...	...	...	...	27

OTHER DEFECTS

Internal defects to be remedied	...	...	...	...	6
External defects to be remedied	...	...	...	...	17

Legal proceedings had to be taken in seven cases for failure to comply with statutory notices, served under the Public Health Act and details are given in the following table :—

Legal Proceedings—Public Health Act

Defendant No.	Offence	Decision of Court	Fines	Costs	Total
3	Failed to comply with Notice served under Section 93 of the Public Health Act ...	Nuisance Order made	—	£ s. d. 2 2 0	£ s. d. 2 2 0
3a	Do.	Nuisance Order made	—	9 6	9 6
4	Do.	Withdrawn	—	—	—
21	Do.	Nuisance Order made	—	1 1 0	1 1 0
22	Do.	Nuisance Order made	—	1 1 0	1 1 0
24	Do.	Nuisance Order made	—	2 2 0	2 2 0
26	Do.	Nuisance Order made	—	9 6	9 6
		TOTAL ...	—	7 5 0	7 5 0

Council Housing Estates and Housing Applications

One inspector with a lady assistant is employed on this work. His function is two-fold ; to inspect council houses which are vacant, or which are the subject of an application for transfer, and to investigate claims for rehousing on the grounds of ill-health.

During the year the following visits were made in connection with Council housing estates :—

Vacant houses inspected	...	...	...	...	565
Number found verminous	...	...	...	...	46
Visits to occupied houses regarding vermin	...	...	...	...	45
Visits regarding transfers	...	...	...	...	359
Visits to Council house applicants	...	...	...	...	451
Miscellaneous visits	...	...	...	...	169
Number of interviews at office	...	...	...	...	419

The number of applicants for Council houses and for transfers by Council tenants on medical grounds interviewed at the office, rose from 254 in 1959 to 419 in 1960, an increase of nearly 60%. This increase has been especially noticeable since the Housing and Estates Department and the Public Health Department were housed in the same building during the year. Many applicants visiting the Housing and Estates Department have taken full advantage of this convenience to press personally their claims when medical conditions have been involved.

Consideration was given during the year to a total of 1,546 applications, a decrease of 149 from those considered in 1959. Of these 289 were requests for transfer and 121 were recommended.

Applications for rehousing supported by medical evidence totalled 1,257 and were dealt with as follows :—

Recommended immediate rehousing	...	...	...	...	...	...	...	48
Awarded medical points	...	...	...	...	...	...	...	284
Transferred to the priority group	...	...	...	...	...	...	...	56
Given special priority on account of T.B. in applicant's family	...	...	...	...	...	...	...	24
Given special priority on account of contact with T.B. in another family	...	...	...	...	...	...	...	12
No action taken	...	...	...	...	...	...	...	833

Medical conditions were classified as follows :

Pulmonary tuberculosis	...	...	...	...	...	...	...	150
Non-pulmonary tuberculosis	...	...	...	...	...	...	...	7
Asthma, bronchitis and other chest complaints	...	...	...	...	...	...	...	406
Nervous complaints and mental illness	...	...	...	...	...	...	...	221
Heart conditions	...	...	...	...	...	...	...	133
Rheumatism	...	...	...	...	...	...	...	76
Skin conditions	...	...	...	...	...	...	...	23
Other illnesses	...	...	...	...	...	...	...	530

Chest ailments continue to account for the largest number of cases considered. Nervous complaints and mental illness form the second largest group. This again reflects the unsatisfactory circumstances in which many families live. "Other illnesses" include those which could not accurately be grouped in any other category. They consist of a wide variety of complaints and occasionally conditions which were not primarily of medical concern.

Of the 208 applications by old age pensioners considered, 22 were recommended for immediate rehousing. This was nearly 50% of the total number of such recommendations made for all classes of applicants, and is a measure of the acute need of many applicants in this group.

Improvement Grants

Seventy-one applications for Improvement Grants were referred to the Department for observation. The properties concerned were inspected and as a result in nineteen instances modifications were suggested. It was recommended that two of the applications should be refused and the remaining fifty applications were approved without modification

Rent Act, 1957

The operation of the provisions of this Act continues to throw a heavy (though lessening) burden on the department. In addition to the number of personal callers who required advice and information, a total of 557 visits to houses had to be made by the district Public Health Inspectors.

The following information regarding action taken under this Act during the period 1st January 1960–31st December 1960 is given in the form prescribed in Circular 32/57. For comparative purposes the totals for 1958 and 1959 are also given.

PART I.—APPLICATIONS FOR CERTIFICATES OF DISREPAIR

		1960	1959	1958
(1)	Number of applications for certificates	62	130	426
(2)	Number of decisions not to issue certificates	1	8	12
(3)	Number of decisions to issue certificates	57	124	415
	(a) in respect of some but not all defects	48	87	266
	(b) in respect of all defects	9	37	149
(4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule	36	34	284
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil	16	Nil
(6)	Number of certificates issued	20	81	172



(Photograph : Western Mail & Echo Ltd.)

FLOODING IN COWBRIDGE ROAD EAST (NEAR CITY CENTRE)



(Photograph: Western Mail & Echo Ltd.)

AERIAL VIEW OF FLOODING IN THE GABALFA HOUSING ESTATE

PART II.—APPLICATIONS FOR CANCELLATION OF CERTIFICATES

(7)	Applications by landlords to Local Authority for cancellation of certificates	37	62	98
(8)	Objections by tenants to cancellation of certificates ...	16	18	27
(9)	Decisions by Local Authority to cancel in spite of tenant's objection	4	6	1
(10)	Certificates cancelled by Local Authority	30	43	73

It will be seen that the number of applications for certificates of disrepair continues to fall. The number of applications for cancellation of certificates is surprisingly low and one can only assume that, in many cases, repairs have been carried out and an increased rental paid without the formalities of the Act being followed.

FLOODING IN CARDIFF, DECEMBER, 1960

A new environmental health problem for Cardiff was encountered in the last month of the year. Flooding occurred in the Gabalfa, Canton and Riverside districts on the 4th of December. Rain and wind of unusual intensity caused the River Taff to overflow near the city centre, north of the Castle, the Whitchurch Brook to overflow north of the City, near the corporation estate at Gabalfa, and the Pant Bach Brook to overflow before it entered the Whitchurch Brook. The onset of the flooding was sudden, in the early hours of Sunday, the 4th December. Soon, low-lying areas of Riverside, bounded by Tudor Road, Ninian Park Road, Cathedral Road, Leckwith Road and Llandaff Road were flooded to a depth of up to four feet above ground level. On the Gabalfa estate, hundreds of post-war houses, including prefabricated bungalows and the lowest storeys of blocks of flats were involved. Elsewhere, at Hailey Park, Llandaff North, Western Avenue, Lake Road and Rhydyphenau Road, isolated flooding incidents occurred, due mainly to surcharging sewers.

All departments of the Corporation were involved in the ensuing action, including particularly the Surveyor's, Welfare, Civil Defence and Housing Departments. The public health inspectors section collaborated with them. Immediate measures were taken through the Press and the B.B.C., to warn householders to boil drinking water; direct aid was given in the setting-up of rest centres, for which mattresses were transported from the stock kept by the Medical Officer of Health. Subsequently, the section was responsible for water sampling, food inspection, disinfection, rodent control and field work associated with emergency rehousing. But any work, irrespective of its nature, was gladly undertaken and much information passed back to other departments and, particularly, to the City Surveyor, who acted as principal co-ordinator. Between the fourth and tenth of December, 118 water samples were taken in the flooded areas; all proved satisfactory and within one week, the mains supply was brought into use without boiling. All food shops were visited and contaminated stocks condemned and collected. At the houses and basements, cleansing and disinfection was a major task; the department hastily gathered bulk stocks of disinfectant much of which was donated by three private firms of national repute. Bottling of bulk supplies was carried out at the disinfecting station, and over five thousand bottles were delivered to the doors of the flooded houses.

A steam-disinfection service was inaugurated for bedding and clothing from selected cases. The rodent control section intensified its efforts and subsequent complaints of infestations in the flooded districts were, if anything, below normal. A complete survey of houses was conducted during the mopping-up phase and arrangements made, with the City Surveyor, for emptying, cleansing and drying-out of basements. In this work, many voluntary bodies, including groups of students, played an active part and much material assistance was rendered by private firms. One party, equipped with drying and disinfection apparatus, travelled overnight to Cardiff to render assistance over many days. Another local firm designed and supplied hot-air driers which were of great value. The incident and its aftermath were marked by the cheerfulness of those involved in the floods and a singular lack of criticism of the efforts of those in authority. The sequel on the public health side was satisfactory, there being no increase in the incidence of epidemic disease.

AIR POLLUTION

Measurement of Air Pollution

This was the second full year of operation of the four measuring stations which were described in detail in last year's report. The results for 1960 are reproduced in much the same form as were those for 1959 in the last report. The general picture is that previously disclosed; that relative to England and Wales as a whole, Cardiff has much to feel thankful for; that the state of cleanliness of its atmosphere is a treasure it should be constantly at pains to safeguard.

The summarised results for 1960 are compared with those for 1959 in the following table:

Atmospheric Pollution : 1959 and 1960

Pollutant	City Hall		Curran Road		Moorland Road		Llanishen	
	1959	1960	1959	1960	1959	1960	1959	1960
Smoke (mgm./100 cu.m.)	6	6	9	10	9	9	4	5
Sulphur Dioxide (p.p. 100m.)	2.8	2.5	3.0	2.9	3.7	3.6	2.0	1.6
Sulphur Activity (mg./100 sq cu./day.)	0.87	0.84	0.92	0.83	1.55	1.65	0.57	0.55
Deposited matter (tons/sq.mile/month)	13.1	12.8	18.1	18.4	26.8	33.0	9.8	10.0

It is much too early to speak of trends, or to attempt deductions from a comparison between the two sets of figures. It will not escape notice, however, that save in one respect, the measurements in 1960 are surprisingly similar to those of 1959. The one exception is the measurement of deposited matter at the Moorland Road Station, which in 1960 showed an increase of twenty-three per cent over the amount measured in 1959. The deposit gauge is a notably fickle instrument, subject to many kinds of sampling error. But it is a useful measure of dust pollution from a point source. This particular gauge is sited to measure the nearby steelworks and the increase in the recorded pollution is not inconsistent with the general impression gained during the past year from visual observation. However, there are hopes that this increase in pollution may soon be abated, in view of the completion of trials on electro-static precipitators to be installed on open-hearth furnaces. These ought to be operating by the end of 1961; the effect on the measurement of pollution in the neighbourhood is awaited with keen interest. It is not known, of course, to what extent processes in the steelworks other than the open-hearths are contributing to the pollution, and thus, to what extent the installation of the precipitators will improve the lot of the nearby householders. With the object of attempting to assess this, special weekly measurements and detailed analyses were conducted during the early part of the year, in liaison with the Alkali Works Inspector. It was hoped that the steel company would collect comparable data, which in conjunction with a study of production and operating records would enable some conclusions to be made as to the different sources of pollution. However, this did not materialise and the work undertaken was not so fruitful as might otherwise have been the case.

With a more general aim in view, the opportunity has been taken to include a tabulation showing the difference in levels of pollution as between summer and winter. Broadly, there is two to two-and-a-half times as much smoke in all parts of Cardiff in winter as there is in summer. Sulphur increases by fifty to a hundred per cent between these two seasons. This illustrates that here, as elsewhere, much pollution is contributed by space-heating, and particularly the open fire in the home.

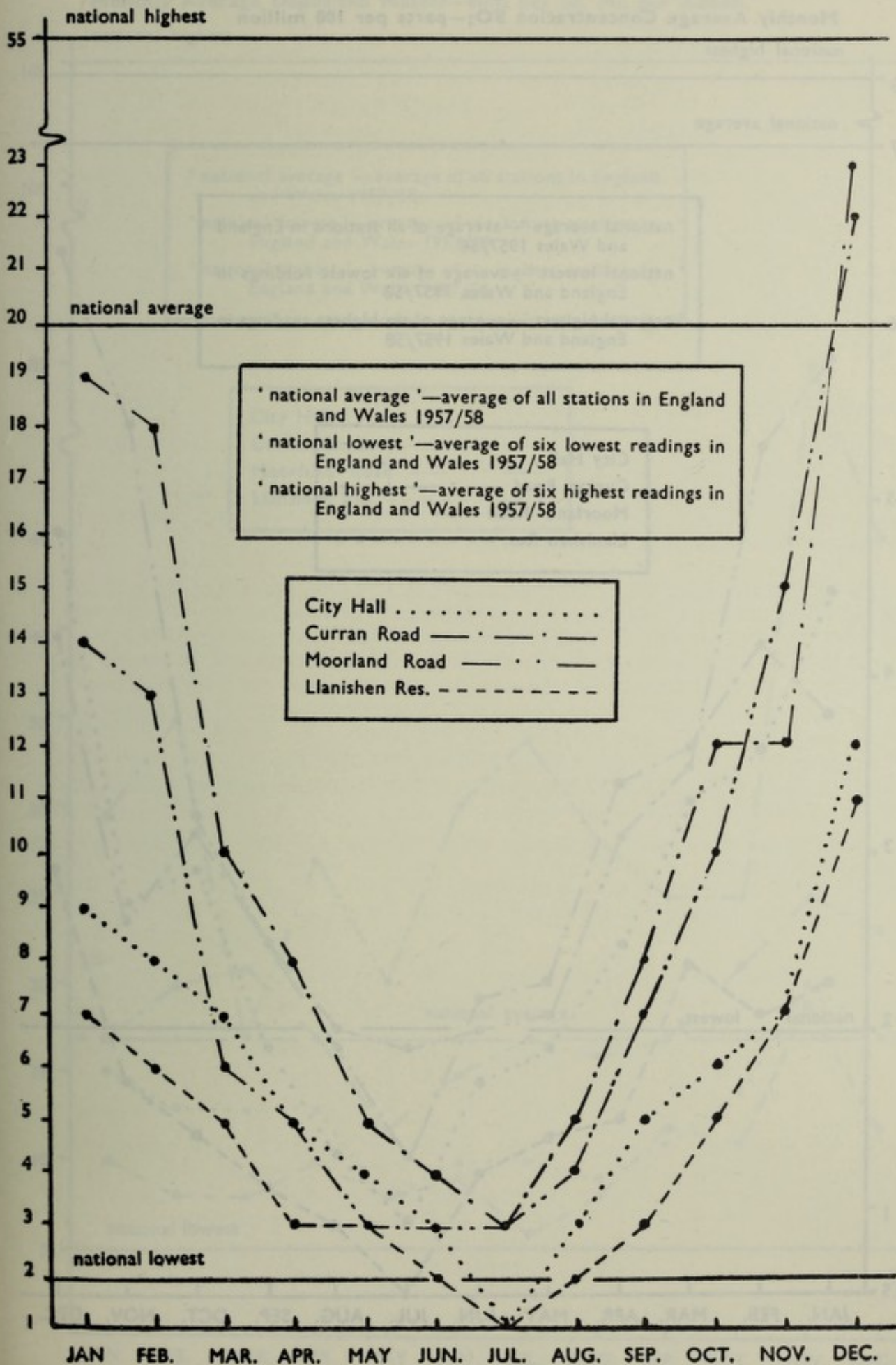
MEASUREMENT OF ATMOSPHERIC POLLUTION IN CARDIFF JANUARY - DECEMBER 1960.

	SMOKE				DEPOSITED MATTER				SULPHUR ACTIVITY				SULPHUR DIOXIDE			
	Daily Average mg. per 100 cubic metres				Total Solids Tons Per sq. mile per month				Lead Peroxide Method mg/SO ₂ /100 sq. cm./day monthly average				Volumetric Method parts/100 million of air, daily average			
	City Hall	Curran Road	Moorland Road	Llanishen	City Hall	Curran Road	Moorland Road	Llanishen	City Hall	Curran Road	Moorland Road	Llanishen	City Hall	Curran Road	Moorland Road	Llanishen
January	9	19	14	7	15	17	30	10	1.4	1.3	2.6	0.9	4.5	3.8	5.8	2.3
February	8	18	13	6	13	20	35	8	1.2	1.2	2.6	0.8	3.6	4.2	5.3	2.1
March	7	10	6	5	13	21	17	8	1.2	1.3	2.0	1.1	3.3	3.6	3.5	2.4
April	5	8	5	3	13	17	27	10	0.8	0.8	1.2	0.5	2.5	3.4	3.1	1.5
May	4	5	3	3	8	12	20	8	0.6	0.6	0.8	0.5	1.9	2.3	2.1	1.4
June	3	4	3	2	10	15	30	9	0.5	0.6	1.0	0.3	1.7	2.2	2.0	1.2
July	1	3	3	1	10	17	34	6	0.4	0.3	1.0	0.2	0.9	1.3	1.9	0.5
August	3	5	4	2	9	16	28	8	0.4	0.4	0.9	0.2	1.3	1.9	2.0	0.9
September	5	8	7	3	11	17	25	12	0.6	0.8	1.2	0.4	1.9	2.5	2.5	1.1
October	6	12	10	5	14	21	25	11	1.0	0.9	1.4	0.5	2.9	3.1	3.2	1.4
November	7	12	15	7	20	25	80	19	0.9	0.8	2.6	0.5	2.7	2.6	5.4	1.7
December	12	23	22	11	17	23	45	12	1.1	1.1	2.7	0.8	4.8	4.2	6.4	2.9
Annual Average	6	10	9	5	13	18	33	10	0.8	0.8	1.7	0.6	2.5	2.9	3.6	1.6
ENGLAND and WALES																
(a) 1957/8 Average all Sites 20																
(b) Average of six Lowest Sites 2																
(c) Average of six Highest Sites 55																
									1.8				7			
									0.25				2			
									9.2				13			

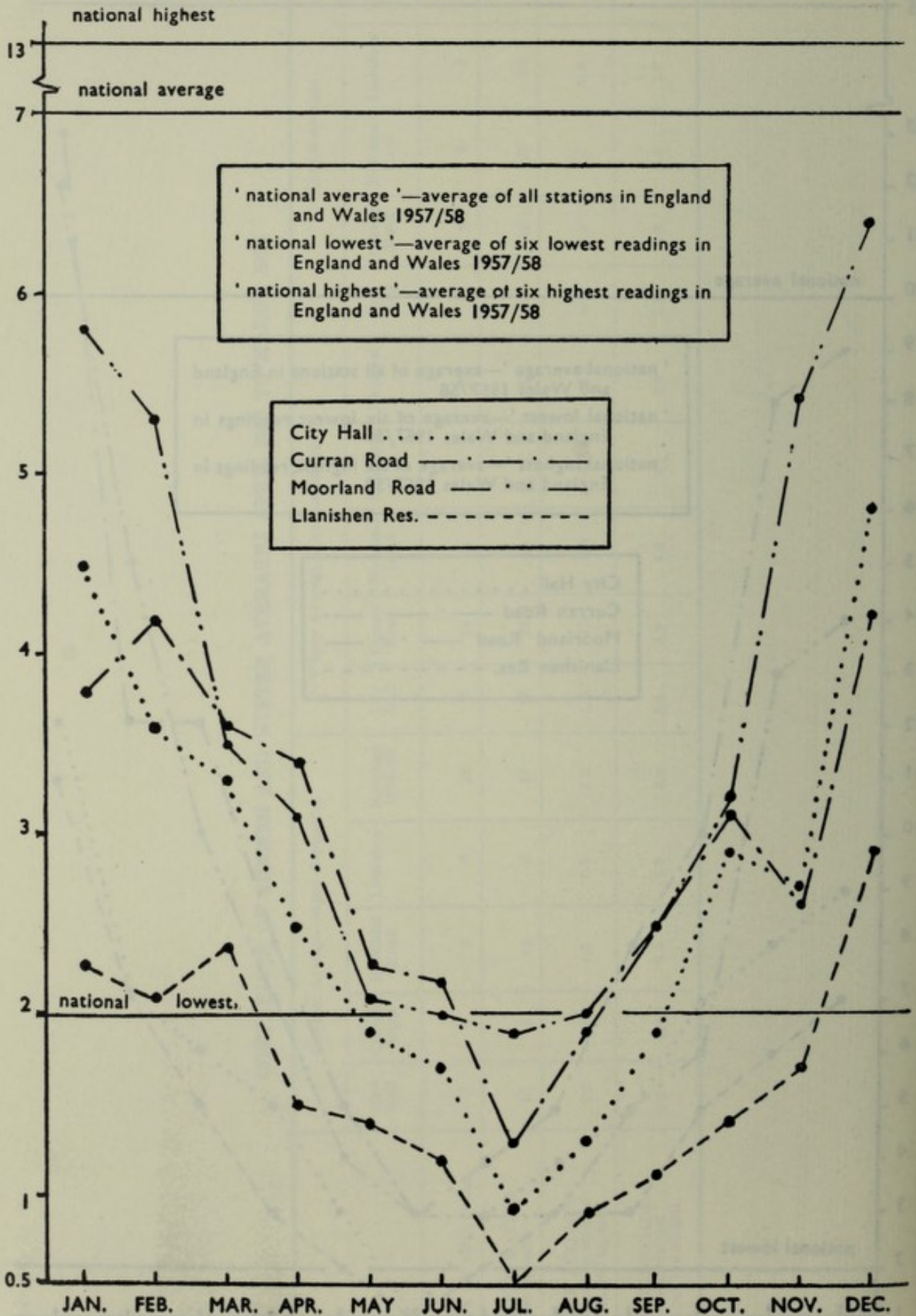
COMPARISON OF SUMMER AND WINTER AVERAGES APRIL 1959 TO MARCH 1960

	Summer Average—April-September					Winter Average—October-March					Annual Average				
	City Hall	Curran Road	Moorland Road	Llanishen	National 1957-58	City Hall	Curran Road	Moorland Road	Llanishen	National	City Hall	Curran Road	Moorland Road	Llanishen	National
SMOKE mg. per 100 cubic metres ..	3	5	5	3	12	8	14	12	6	27	6	9	8	4	20
DEPOSITED MATTER tons per sq. mile ..	10	15	14	8	17	17	22	40	12	18	13	19	27	10	17
SULPHUR ACTIVITY lead peroxide method mg/SO ₂ /100 sq. cms.	0.7	0.8	1.0	0.4	1.2	1.0	1.0	2.3	0.8	2.2	0.9	0.9	1.6	0.6	1.8
SULPHUR DIOXIDE volumetric method .. parts per 100 million	2.0	2.4	2.4	1.7	5.0	3.5	3.5	4.9	2.1	9.0	2.8	2.9	3.6	1.6	7.0

Monthly Average Concentration Smoke mg/100 cu.m.



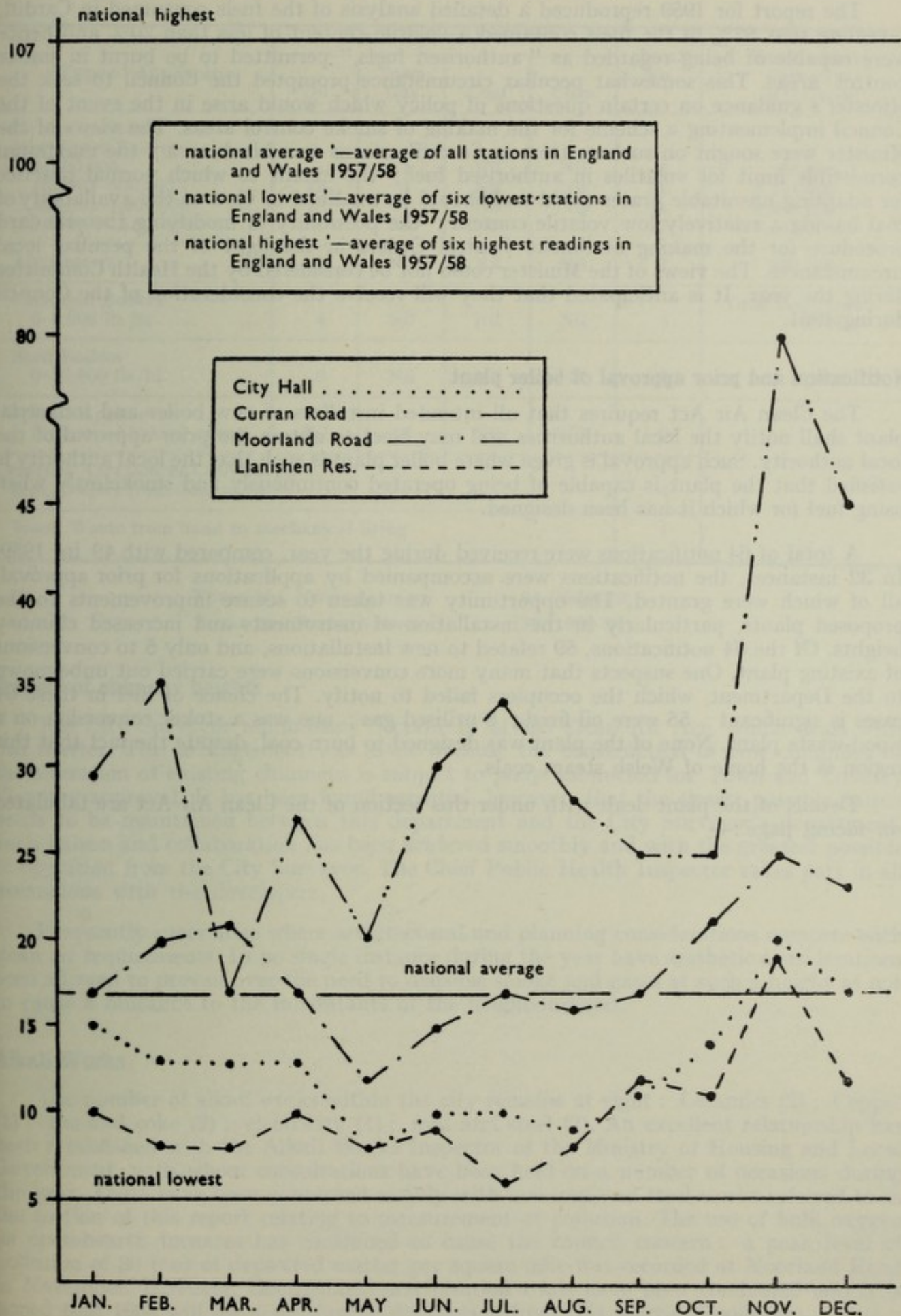
Monthly Average Concentration SO₂—parts per 100 million



' national average '—average of all stations in England and Wales 1957/58
 ' national lowest '—average of six lowest readings in England and Wales 1957/58
 ' national highest '—average of six highest readings in England and Wales 1957/58

City Hall
 Curran Road — · — · —
 Moorland Road — · · —
 Llanishen Res. - - - - -

Monthly Average Deposited Matter—tons per sq. ml. per month.



Smoke Control Areas

The report for 1959 reproduced a detailed analysis of the fuels consumed in Cardiff, revealing that 82% of the fuels contained a volatile content of less than 20% and hence were capable of being regarded as "authorised fuels," permitted to be burnt in smoke control areas. This somewhat peculiar circumstance prompted the Council to seek the Minister's guidance on certain questions of policy which would arise in the event of the Council implementing a scheme for the making of smoke control areas. The views of the Minister were sought on such matters as Cardiff's status as a black area; the maximum permissible limit for volatiles in authorised fuel; the extent to which normal practice for adapting unsuitable grates could and should be modified in view of the availability of coal having a relatively low volatile content; the possibility of modifying the standard procedure for the making of Smoke Control Orders in the light of the peculiar local circumstances. The views of the Minister could not be considered by the Health Committee during the year. It is anticipated that they will receive the consideration of the Council during 1961.

Notification and prior approval of boiler plant

The Clean Air Act requires that all intended installers of new boiler and industrial plant shall notify the local authorities and may elect to obtain the prior approval of the local authority. Such approval is given where boiler plant is such that the local authority is satisfied that the plant is capable of being operated continuously and smokelessly when using fuel for which it has been designed.

A total of 64 notifications were received during the year, compared with 49 in 1959. In 32 instances, the notifications were accompanied by applications for prior approval, all of which were granted. The opportunity was taken to secure improvements to the proposed plants, particularly in the installation of instruments and increased chimney heights. Of the 64 notifications, 59 related to new installations, and only 5 to conversions of existing plant. One suspects that many more conversions were carried out unbeknown to the Department, which the occupiers failed to notify. The choice of fuel in these 64 cases is significant: 55 were oil-fired; 8 utilised gas; one was a stoker conversion on a wood-waste plant. None of the plant was designed to burn coal, despite the fact that this region is the home of Welsh steam coals.

Details of the plant dealt with under this section of the Clean Air Act are tabulated on facing page:—

NOTIFICATIONS AND PRIOR APPROVAL

Type of Appliance	No. of Boilers Fired by				Total No.	Total added Capacity BTU/hour
	Oil	Town Gas	Coal	Coke		
NEW APPLIANCES						
Hot Water Boilers						
0-100,000	—	1	Nil	Nil	1	66,000
100,001-500,000	18	4	Nil	Nil	22	5,741,000
500,001-1,000,000	13	1	Nil	Nil	14	9,608,000
1,000,000 and over	7	Nil	Nil	Nil	7	15,149,000
Air Heaters	1	Nil	Nil	Nil	1	250,000
Packaged Boilers						
0-6,000 lb./hr	4	Nil	Nil	Nil	4	Total Cap. lb./hr. 8,976
Shell Boilers						
0-10,000 lb./hr.	8	Nil	Nil	Nil	8	30,360
Special Appliances (industrial baking ovens)	Nil	2	Nil	Nil	2	
EXISTING APPLIANCES CONVERTED						
Shell Boilers from Coal to Oil					4	
Wood Waste from hand to mechanical firing					1	

TOTAL NO. NOTIFICATIONS ... 64 (1959-49)

TOTAL NO. PRIOR APPROVAL ... 32 (1959-14)

Control of chimney heights

The City Surveyor administers Section 10 of the Clean Air Act, which deals with this matter. This arrangement was made because the construction of new chimneys or the alteration of existing chimneys is subject to plans submitted for Town and Country Planning approval. It has been found essential, however, that the closest possible liaison needs to be maintained between this department and the City Surveyor's department. Such liaison and collaboration has been achieved smoothly and with the greatest possible co-operation from the City Surveyor. The Chief Public Health Inspector takes part in all discussions with the developers.

Frequently cases arise where architectural and planning considerations compete with clean air requirements. In no single instance during the year have aesthetic considerations been allowed to prevail over the need to disperse smoke and gases at such a height as not to cause a nuisance to the inhabitants of the neighbourhood.

Alkali Works

The number of alkali works within the city remains at eight : Ceramics (2) ; Copper (1) ; gas and coke (2) ; electricity (1) ; iron and steel (2). An excellent relationship has been established with the Alkali Works Inspector of the Ministry of Housing and Local Government, with whom consultations have been held on a number of occasions during the year. These have been concerned mainly with one iron and steel works referred to in the section of this report relating to measurement of pollution. The use of bulk oxygen on open-hearth furnaces has continued to cause the council concern : a peak level of pollution of 80 tons of deposited matter per square mile was recorded at Moorland Road in November. However, electrostatic precipitation trials have been conducted and it is hoped that 1962 will see a substantial diminution from this source of pollution.

Routine Observations and Investigations

One inspector is employed solely on this work, and his efforts are augmented by routine work undertaken by the district public health inspectors. A total of 270 visits was made to industrial and commercial premises and 1,020 observations made of emissions from factory chimneys.

One particularly serious nuisance due to dust and grit emission from a tarmacadam works received considerable attention during the year. The nuisance was caused principally by the handling and crushing of slag and stone to produce graded ballast and chippings. Improved water sprays and the closing of openings in the crushing-house did not prove effective. Finally, the construction of an additional railway spur and slag pit to allow cooling of the slag before handling mitigated the nuisance.

A second repetitive nuisance from a wood-waste plant was cured by the installation of a low resistance grit arrester.

Smoke from rubbish burning on allotments continued to give rise to complaints. Composting is, however, on the increase, no doubt due to the co-operation received from the officials of the Parks Department.

A selection of some of the numerous complaints dealt with is listed below :—

<i>Premises</i>	<i>Nuisance</i>	<i>Remedy</i>
Joinery	Smut from sawdust	Low resistance grit arrester.
Scrap Merchant	Black smoke	Incinerator installed
Bakery	Smut from cardboard being burnt in solid fuel boiler	Boiler converted to oil fuel. Cardboard collected by Cleansing Dept.
Electrical Repair Works	Fumes from solder bath and drying ovens	Vent from system exhausting into higher stack.
Allotment fire	Smoke	Composting garden waste.
Factory	Oily smut from package boiler...	Accumulation of soot at base of stack removed.
Office building	Fume from sectional boiler	Improvement in air supply to boiler.
Garage	Oily smut from heating stove	Stack inadequate. Use of stove prohibited.
Office	Smoke from sectional boiler	Correct grade of coal ordered.
Joinery	Smoke and smut from sawdust burning in open	Practice stopped.
Dairy	Smoke from oil fired boiler	Air supply adjusted.

WATER SUPPLY

The water supply in the area has been satisfactory both in quality and quantity.

Frequent samples of the raw and treated water are taken by members of the staff of the Water Engineer. The total number of samples taken was 1,265 and the reports made by the Public Health Laboratory showed the bacterial quality of the water to be satisfactory. Chemical analysis of the water made by the Public Analyst indicates that the chemical and physical characteristics of the water make it of satisfactory quality for drinking.

The danger of plumbo-solvency in the Cardiff supply is negligible and added precautions are taken by controlling the alkalinity of the water. All drinking water is sterilised by chlorination.

There are approximately 110,000 separately rated dwelling houses within the area of supply and the population served is estimated at 365,000. For practical purposes there is no domestic supply by means of stand pipes, though there are still houses in the city where there is no internal water tap, it being located either in the yard or in an outbuilding.

In addition to the routine sampling undertaken by the Water Department, five routine samples were submitted for chemical analysis and two for bacteriological examination, in addition to 118 samples examined bacteriologically during the flooding in December. The total number of visits made in connection with water supplies was 168.

Premises	Source of Supply	Number of Samples		Water used for	Results
		Chemical	Bacteriological		
Milk processing plant	Well	1		Cooling Milk	Satisfactory. Suitable for cooling purpose and general washing down only.
School	Mains	1	1	Drinking	Satisfactory
Factory	Mains	1	1	Drinking	Satisfactory.
Offices	Mains	2	—	Drinking	Satisfactory.

SWIMMING BATHS

There are six swimming baths in the City. Four of these are owned by the Local Authority and consist of the Guildford Crescent Baths (one ladies' bath, one men's bath and one mixed bath), the new Empire Pool (one mixed bath), and two open-air mixed baths, one at Llandaff Fields and the other at Splott.

The two privately owned baths are both open-air baths, one belonging to a local Factory and the other to a private school for girls.

All swimming baths are visited frequently by the district inspectors, particularly during the summer months. During the year 246 visits were made and during the course of the inspection, a chlorine test is made of the water using a Lovibond Comparator. One hundred and eighty-six of these tests were made. In addition, 177 samples were taken for bacteriological examination and four for chemical examination. A description of each bath and the results of the samples taken is given in the following tables :—

Address	Description	Source of Water used for filling	Method of Treatment	Frequency of water changing
Guildford Crescent Mixed	75' x 27' x 6' (3') 60,000 gallons	Mains Water	Filtration and continuous Chlorination	Four hourly circulation
Male	60' x 22' x 6' (2' 9") 30,000 gallons			
Female	50' x 22' x 6' (2' 9") 30,000 gallons			
Empire Pool (mixed)	165' x 60' x 16' (3') 636,000 gallons	Mains Water	Filtration and continuous Chlorination	Four hourly circulation
Llandaff Fields (open-air, mixed)	150' x 90' x 6' 10" (1' 8") 500,000 gallons	Mains Water	Filtration and continuous Chlorination	Ten hourly circulation
Splott (open-air mixed)	100' x 30' x 6' (2') 100,000 gallons	Mains Water	Filtration and continuous Chlorination	Four hourly circulation
Factory (open-air mixed)	80' x 25' x 6' (4') 62,500 gallons	Mains Water	Chlorinated by hand daily (hypochlorites)	Emptied and re-filled weekly
Private School (Girls) (open-air)	70' x 30' x 8' (2' 6") 65,000 gallons	Mains Water	Filtration and continuous Chlorination	Eight hourly circulation

Guildford Crescent (three Baths—Ladies, Men's, Mixed)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	137	139
1	1	—
2	1	1
9	1	—
16	1	—
184	—	1
	141	141

Empire Pool

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	50	50
	50	50

Llandaff Fields (Open-air)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	26	26
	26	26

Splott (Open-air)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	26	26
	26	26

4 Chemical samples were taken

Private School (Open-air)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
6	15	15
9	1	1
16	1	1
	17	17

Factory Baths (Open-air)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	3	4
2	1	—
	4	4

CINEMAS

The first detailed survey of cinemas with regard to the "angle" of viewing was carried out during the time that the routine inspections were made for the annual licensing of places of public entertainment.

A Committee of the Illuminating Engineering Society issued a report on this subject in 1956 which was accepted by the General Council of the Cinematograph Exhibitions Association of Great Britain and Ireland. The recommendations of this Committee were, briefly, as follows :—

1. The angle of viewing in new cinemas should not exceed 35° to the top centre of the picture.
2. In existing cinemas, where, for structural and economic reasons, the above recommendation is not reasonably practicable, an increase in the angle of viewing to the top centre of the picture may be permitted up to a maximum of 45° provided that the angle of viewing to the mid point of the picture does not then exceed 30° .
3. For children's shows, effect must be given to recommendation 1, if necessary by preventing occupation of any seats from which the angle of viewing exceeds 35° .

In the above recommendations, the position of the viewer's eyes is assumed to be 42" above floor level and 6" in front of the back rest of the seat.

The results of the survey were as follows :—

Number of cinemas	...	...	...	...	...	15	(22,580 seats)
Number of seats not complying with the standard for existing cinema (recommendation 2)	...	...	...	...	...	310	(1.41%)
Number of seats regarded as unsuitable for children's shows (recommendation 3)	...	...	...	...	...	828	(3.71%)

Each cinema manager was communicated with and details given of the number of seats requiring removal and the number of seats regarded as unsuitable for children's shows, and subsequent discussions were entered into with each of them individually and with their association.

As regards the seats considered unsuitable for children's shows, it was agreed that during such shows these seats should either be roped off or marked in a distinctive manner. In addition, the cinema staff, particularly the usherettes, were briefed in this respect. Seats not complying with recommendation No. 2 were to be removed.

By the end of 1960, the majority of the cinemas had complied with the recommendations.

RODENT CONTROL

Seven rodent operators are employed under the control of a rodent officer.

Sewer Maintenance Treatment

The whole of the system of sewers within the City has been dealt with during the year.

Two thousand and eighty-one manholes, covering some 150 miles of sewerage in thirty districts were each treated twice at an interval of six months. Five districts which after last year's treatments proved to be free from infestation were added to the other districts in that category and like the others subjected to an annual 10% test bait.

Three hundred and fourteen manholes belonging to 40 districts with two thousand nine hundred and fifty-three manholes covering 200 miles of sewerage previously free from infestation were test baited, and at none of them was a "take" recorded.

Medium Oatmeal with 5% No. 1 warfarin poison and paranitrophenol was used as bait in the infested sections, with baiting on the 1st, 4th and 8th days. Four ounces were placed at each point for the first baiting and increased where necessary to sixteen ounces or twenty-four ounces. A tabulation of the results of the treatments is appended below.

Treatment No.	Date Completed	No. of Districts	Total No. of Manholes	Total No. of Takes	No. of complete Takes				Part Takes	No Takes	Bodies Found
					24oz.	16oz.	8oz.	4oz.			
1st Sewer Maintenance Treatment 1960 ...	25.8.60	30	2,081	603	—	31	113	328	131	1,451	14
2nd Sewer Maintenance Treatment 1960 ...	10.3.61	30	2,081	559	1	32	167	210	149	1,493	14

SUMMARY OF TEST BAITING

No. of Districts	Total No. of Manholes	No. of Manholes Tested	No. of complete Takes				Part Takes	No Takes
			24oz.	16oz.	8oz.	4oz.		
40	2,953	314	—	—	—	—	—	314

Local Authority Premises

These include public works, yards, stores, workshops, depots, Roath Abattoir, a farm, parks, baths and all the refuse tips within the City. At least two treatments (in some cases four) have been carried out during the year at these places.

Maintenance treatments for Business Premises

During the year the Corporation undertook to maintain treatments at various intervals for 340 business premises which included, cafes, food stores, shops, warehouses, cinemas, offices, bakehouses, cold stores, a hospital, breweries, malshouses, hotels, the Central Market, garages and bus depots. This is an increase of 53 premises over last year. Contracts ranged in value from £2 10s. 0d. to £63 0s. 0d. and the total amounted to £2,919, an increase of £409 on last year. Single treatments for 108 business premises were also carried out for the total sum of £200 10s. 0d. Thus total income was £3,129 10s., 0d. an increase of £439 10s. 0d. compared with 1959.

Private Dwellings

A free service is given to domestic premises and during the year some 1,144 complaints were dealt with. In all 569 premises were treated for rats and 90 for mice. The remaining 485 complaints were investigated and test baited without establishing the existence of any infestation.

Medium oatmeal with 5% of No. 5 warfarin was used throughout the year as bait ; the bodies of 128 brown rats and 44 mice were recovered.

Farms

All the farms within the City have been inspected during the year. Six farms were found to have light infestations (one of which signed a contract to be serviced by the Corporation), the other five were making their own arrangements for dealing with the matter, warfarin being selected as the poison to be used.

Analysis of surface infestations

This is reproduced in the form required by the Ministry of Agriculture, Fisheries and Food, for the year ending 31st December, 1960 :—

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricultural
	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1), (2) & (3)	
I. Number of properties in Local Authority's District ... (Notes 1 and 2)	282	67,870	10,427	78,579	183
II. Number of <i>properties inspected</i> as a result of :					
(a) Notification ...	77	1,059	418	1,554	Nil
(b) Survey under the Act...	24	87	30	141	22
(c) Otherwise (e.g., when visited primarily for some other purpose) ...	266	4,526	7,924	12,716	Nil
III. Total inspections carried out—including re-inspections ... (To be completed only if figures are readily available)	404	5,672	9,363	15,439	24
IV. Number of <i>properties inspected</i> (in Sect. II) which were found to be <i>infested</i> by :					
(a) Rats { Major ...	Nil	Nil	Nil	Nil	Nil
{ Minor ...	62	569	225	856	2
(b) Mice { Major ...	Nil	Nil	Nil	Nil	Nil
{ Minor ...	25	90	80	195	Nil
V. Number of <i>infested properties</i> (in Sect. IV) treated by the L.A. ... (Figures should NOT exceed those given at Sect. IV)	87	659	305	1,051	2
VI. Total treatments carried out—including re-treatments ... (To be completed only if figures are readily available)	138	659	404	1,201	2
VII. Number of notices served under Section 4 of the Act :					
(a) Treatment ...	Nil	Nil	Nil	Nil	Nil
(b) Structural Work ... (i.e., Proofing)	Nil	Nil	Nil	Nil	Nil
VIII. Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act ...	Nil	Nil	Nil	Nil	Nil
IX. Legal Proceedings (see over-leaf) ...	Nil	Nil	Nil	Nil	Nil
X. Number of "Block" control schemes carried out ...	One				

Factories

The number of factories on the register at the year's end was 1,154. Details of the results of these inspections are given in the form required by the Ministry of Labour and National Service :—

Part I of the Act

I.—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	72	38	22	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	1,036	368	14	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	46	2	1	—
TOTAL ...	1,154	408	37	—

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)	7	7	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7) :—					
(a) Insufficient	5	4	—	1	—
(b) Unsuitable or defective	10	8	—	8	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Out-work)	9	8	—	—	—
TOTAL ...	32	28	—	9	—

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. ...	5	—	—	—	—	—
Mica Gauging ...	2	—	—	—	—	—

SHOPS ACT, 1950

During the year 213 initial inspections and 51 re-inspections were made by the Inspectors in connection with the provisions of this Act. Informal notices were given to shopkeepers in relation to the following contraventions :—

Ventilation to be improved	5
Proper temperature to be maintained	6
Sanitary accommodation to be cleansed/repaired	17
Lighting to be provided/improved	2
Facilities for meals to be provided	1
Seats for females to be provided	2
Notices to be exhibited	14
Sanitary defects to be remedied	1

As a result of complaints received and for the enforcement of Closing and Half Holiday Orders observations were kept on 111 occasions and warnings or advice given where necessary. No legal proceedings were taken during the year. Complaints of non-observance of statutory hours of trading during the year were principally directed against ladies' hairdressing establishments.

On three occasions applications were received and approved for the extension of closing hours for the purpose of exhibitions to be held at the Sophia Gardens Pavilion.

The exhibitions were as follows :—

Motor Show	29th February–5th March, 1960
Tenth Annual Welsh Ideal Home Exhibition	7th–21st May, 1960
National Food Exhibition for Wales	4th–15th October, 1960

GENERAL ENVIRONMENTAL HYGIENE

Infectious Diseases—Epidemiological enquiries

Full details of the incidence of infectious disease are given in the report of the Medical Officer of Health on page 7. The following visits, etc. were made by public health inspectors :—

Enquiries : Food Poisoning	541
Dysentery	264
Poliomyelitis	33
Scarlet fever	105
Other diseases	112
Samples : Food, stools, etc.	261

Complaints

Complaints received in the office by letter, telephone or personal calls totalled 6,077 compared with 5,679 in 1959. In addition, 2,628 complaints were made to inspectors while on their district.

All these complaints were investigated and re-inspections made where necessary. In all, a total of 10,445 re-inspections had to be made.

Other visits and interviews in the course of the inspectors' routine duties totalled 17,627. Details of these are given in the sections of the report to which they relate.

Drains and Sewers

The sewerage of the City has not shown any signs of general inadequacy during the year, except during the period of abnormal flooding in December. There are approximately 500 miles of sewers within the City Boundary with three main outfalls into the Bristol Channel.

The diameters of the sewers vary greatly within the area from 6" to 10'.

At the end of the year the work of preparation commenced to supplement the capacity of the Eastern Area of the City where considerable new development is to take place.

Total visits by public health inspectors in connection with drainage	5,483
Drains cleared by owners or occupiers	316
Drains cleared by the Council	715
Drains reconstructed — partial	93
— in entirety	4
Drain tests — by colour	118
— by smoke	161
— by other means	82

Refuse Disposal—Dustbins

In my last Annual Report I commented on the low standard of receptacle in general use in the City. The decision of the Council to issue a public notice appealing to householders was carried into effect with the distribution of 50,000 leaflets by the Cleansing Section of the City Surveyor's Department. It is estimated by the City Surveyor that about 3,000 new bins were provided as a result of this appeal but as a result of the deterioration of the remainder a fresh estimate of the problem put the number of unsatisfactory bins in Cardiff at the end of 1960 at approximately 53,000, which is 7/8,000 more than I estimated to exist in June 1959. The matter was due to be reconsidered by the Public Works Committee early in 1961 and I hope to report further on the matter in my next Annual Report. It is to be hoped that some comprehensive and final solution to this problem will be implemented by the Council. It is one which few if any comparable local authorities still have to face.

Knackers Yard and Offensive Trades

There is one Knackers Yard in the city which is subject to an annual licence issued under Section 62 of the Food and Drugs Act, 1955.

Horses—Slaughtered	22
Horses—Carcases received	70

Offensive trades are carried out at ten premises. The trades involved comprise :—

Tripe Boiling	3
Rag dealers	4
Gut scrapers	2
Fat melters	1

Nineteen visits were made to these premises and one informal notice given to improve sanitary conditions. This notice was abated.

Keeping of Animals and Pet Shops

Eleven applications were received during the year for licences to keep pet animal shops. All the premises concerned were inspected and in each case a licence was granted. Visits made in connection with the keeping of animals were as follows:—

Pet Shops	...	...	...	...	30
Piggeries, Stables	...	...	...	...	5
Others	...	...	...	...	22

Caravans

Authorised sites

This was the second year of operation of the holiday caravan site in Pontcanna Fields. The site was open from 10th April to 30th September and during this time, 80 caravans were accommodated on the site for varying periods of from one to eleven days. This figure indicates a rise of approximately three times as many caravans for the corresponding period of 1959.

The total number of caravan days was 325, an encouraging advance on the 100 for 1959.

During the year, 29 visits to the site were made by the district Inspector, conditions on each occasion being found to be satisfactory, though the site is in no way intended to be a modern purpose-built caravan centre.

Unauthorised Sites

Once again in 1960 the use of unauthorised caravan sites created a problem, despite the legal proceedings instituted during 1959.

On the first of January 1960, a total of ten caravans with accompanying carts and lorries, were established on land off Penarth Road.

On the 7th July 1960, sixteen occupiers were brought before the Court of Summary Jurisdiction under the Cardiff Corporation Act 1930. Fines totalling £28 0s. 0d. and costs amounting to £16 16s. 0d. were imposed. This did not achieve anything; by the end of the year, there were 30 families, 112 persons, 29 caravans, 3 buses, 11 carts and vans, 4 lorries and 4 tents on the same site.

The total number of visits made to unauthorised sites was 136.

Seamen's Lodging Houses and Common Lodging Houses

Thirty-three applications were received from the keepers of Seamen's Lodging Houses for the renewal of their licences. One application was withdrawn and three licences were refused. The remainder were granted licences but in the case of four applicants whose lodging houses were in the Butetown Compulsory Purchase Order area, temporary licences were issued.

The licences for the two common lodging houses in the city were renewed.

All lodging houses are kept under close supervision to ensure that a reasonable standard is maintained. The total number of visits made in connection with lodging houses was 101. This included 59 inspections by day and 1 by night.

Pharmacy and Poisons Act, 1933

Licences were renewed in respect of 126 premises and 4 licences were issued to new applicants.

The Fertilisers and Feeding Stuffs Act, 1926

No. of samples submitted for analysis	RESULTS OF EXAMINATION		
	Analysis		Other Irregularities
	Satisfactory	Unsatisfactory	
Fertilisers ... 12	12	—	1
Feeding Stuff ... 10	9	1	—

The samples noted as unsatisfactory or in some manner irregular in the above table were reported as irregular for the following reasons :—

Fertiliser

Failure to include a statement of the neutralising value of the product in the Statutory Statement.

The manufacturers were informed of the omission and requested to state whether or not the product was in fact marketed with the intention that it should be used as a fertiliser. It was submitted that it was prepared as an inexpensive pest destroyer and sold as such. Further administrative action is not contemplated but research into the matter continues.

Feeding Stuff

The sample contained 1·2% of oil in excess of the amount stated. This exceeded the limit of variation permitted by the Regulations but was not to the prejudice of the purchaser.

The manufacturers were informed and it was found that the animal protein used in the mixing contained a higher percentage of oil than normally found. Since the article was not to the prejudice of the purchaser further administrative action was not considered necessary.

Rag Flock and Other Filling Materials Act, 1951

One sample of Woollen Mixture Felt, 1 sample of Coir Fibre, 1 sample of Rag Flock, and 2 samples of Cotton Felt were submitted for examination.

All were found to conform to the requirements of the regulations of 1951.

Miscellaneous Inspections

Verminous Premises

Total visits and inspections	...	...	...	...	387
Infestations : Local Authority property	...	...	...	...	42
Infestations : Other property	...	...	...	...	157

Public Conveniences

Inspections	...	...	...	...	142
References re defects	...	...	...	...	15

Places of Public Entertainment

Visits Cinema, theatres	...	...	...	...	144
Visits Outdoor entertainment	...	...	...	...	14
Visits Others	...	...	...	...	62
Notices served, references made	...	...	...	...	5

Care of the Aged, etc.

Visits	...	...	...	...	45
Insanitary conditions found	...	...	...	...	21

Miscellaneous

Inspections	...	...	...	...	...	...	4,525
Notices served	...	...	...	...	...	...	98

STAFF**Establishment**

The establishment and organisation of the Public Health Inspector's Section had changed very little since pre-war in spite of the increased duties and responsibilities imposed by new legislation since 1939. A scheme for the re-organisation of the section was submitted to the Health Committee and after consideration by this Committee and the Establishment Committee has been approved by the Council subject to further details of the scheme being considered in the coming year. The re-organisation will take effect after the commencement of the next financial year. The scheme so far approved provides for :—

- (1) The introduction of three Divisional Public Health Inspectors, each to be responsible for co-ordinating the work of four District Inspectors.
- (2) Increasing the number of inspectors engaged on slum clearance work from two to three.
- (3) The duties of Epidemic Officer and Administrative Officer to be separated and carried out by two officers instead of one as at present, the Epidemic Special Duties Officer to develop a new disinfection service for houses and business premises and to carry out training of pupils, research, preparation of educational and publicity materials, organisation of exhibitions, etc.
- (4) A post of Disinfector to be introduced in connection with the disinfection service proposed.

There were some changes in staff during the year due to the resignation of two district public health inspectors (R. A. Green, D. S. Morgan) and the appointment in their places of Messrs. R. A. Roberts and R. J. Moore. As I anticipated in my last report, this year saw the retirement of my Deputy, Mr. E. J. Griffiths, after 36 years service. His post has been filled by the promotion of Mr. M. Richards. District Inspector D. J. Rogers was called for National Service and Miss E. Evans (Female Visiting Officer (Housing)) left for a post in another department. Her place has been filled by Miss V. Hughes.

Mr. R. L. Hooper, District Public Health Inspector was successful in passing the Royal Society of Health Examination for smoke inspectors.

Training of Public Health Inspectors

A new scheme of training for the Diploma for appointment as Public Health Inspector in England and Wales came into force in September.

The scheme provides for the introduction of a four years course of full-time practical training under a system of paid pupilage with local authorities, theoretical instruction being organised on a part-time day release basis.

Due to the introduction of the new, extended, period of training the Council approved that the establishment for pupil public health inspectors be increased from two to four.

Two new pupil public health inspectors joined the staff (A. W. Bryon and A. M. Kelly).

Courses

- (1) A course of five lectures on radioactive materials, radiological protection, detection and measurement of pollution, and radiobiology held at the Welsh College of Advanced Technology, following a request from the department, was attended by four of the inspectorial staff.
- (2) Each of the staff of inspectors attended at least one of the series of lectures held at Usk Agricultural College, arranged by the Monmouthshire and East Glamorgan branch of the Association of Public Health Inspectors. Subjects dealt with included radiation and disposal of radioactive materials, insecticide research and food hygiene.

IX REPORT FOR 1960

Of J. H. M. HUGHES, M.R.C.V.S., D.V.S.M., F.R.S.H.
 Veterinary Officer, Chief Meat Inspector and Abattoir Manager

The Veterinary Section of the Department embraces :—

- (1) The general administration of the Diseases of Animals Act, 1950 and all Statutory Orders and Regulations made thereunder in so far as they relate to the City of Cardiff.
- (2) The management of the Municipal Abattoir and Wholesale Meat Market including the collection of tolls and charges for the use of the premises and services provided.
- (3) The ante-mortem inspection of livestock presented for slaughter and the inspection of meat, offals and by-products derived from the animals.
- (4) The veterinary certification of meat products intended for export.
- (5) Veterinary attention to livestock at Whitchurch Hospital Farm.
- (6) Veterinary services to Cardiff City Police in connection with the Protection of Animals Acts 1911-1927.

DISEASES OF ANIMALS ACT, 1950

The Act gives power to the Minister of Agriculture, Fisheries and Food to make Orders and Regulations for the control or eradication of certain infectious diseases which are or may be the cause of serious loss to the agricultural industry or create public health problems. The Act also provides for the care and humane treatment of animals in transit and imposes restrictions on the importation of animals and material from abroad which might introduce disease.

The diseases now scheduled under the Act are Foot and Mouth Disease, Anthrax, Swine Fever, Fowl Pest (Newcastle Disease), Bovine Tuberculosis (certain forms), Atrophic Rhinitis, Sheep Scab, Rabies, Parasitic Mange in horses, Sheep Pox, Rinderpest, Contagious Bovine Pleuropneumonia, Glanders, Epizootic Lymphangitis, Psittacosis and Virus Hepatitis in poultry. The Act further provides for the control of Brucellosis (Abortus and Melitensis), Warble Fly infestation and the complete eradication of bovine tuberculosis by means of the Attested Herds Scheme. As a result of the powers conferred by the Act a number of the diseases mentioned are now extinct in Great Britain.

Swine Fever Order, 1938 : Five cases of suspected Swine Fever were investigated and found negative. No premises in the City were placed under any restrictions in connection with this order during the year.

Regulation of Movement of Swine Order, 1959 : Six hundred and sixty-three licences were received authorising the movement of 14,637 pigs to Roath Abattoir and City piggeries direct from livestock markets and pig dealers' premises. The store pigs were visited by the City Police and found to comply with the statutory 28 days detention.

The Swine Fever (Infected Areas Restrictions) Order, 1956 :

The Swine Fever (Infected Areas Restrictions) (Amendment) Order, 1958 :

Three special orders, of a temporary nature, were made defining " Infected Areas " due to outbreaks of Swine Fever and imposed certain restrictions in those areas. At the end of the year 2 areas had been released from the restrictions.

Anthrax Order, 1938 :

Special bacteriological examinations for anthrax were made on 3 calves, 12 sheep and 5 pigs which died in lairage or arrived dead at the abattoir. All cases proved negative to anthrax.

Rabies Order, 1938 :

During the year 37 dogs reported by the City Police as having bitten persons were examined and found free from communicable disease.

Diseases of Animals (Waste Foods) Order, 1957 : Seventy visits were paid to poultry and pig keepers' premises licensed under the Order. Three licences were granted for operating boiling plant and equipment and eleven licences were revoked through termination of tenancies of pig keepers' premises.

The Fowl Pest (Infected Areas Restrictions) Order, 1956 :**The Fowl Pest (Infected Areas Restrictions) (Amendment) Order, 1958 :**

During the year 12 Special Orders were made defining " Infected Areas " due to outbreaks of Fowl Pest and imposed certain restrictions in those areas. The Orders were of a temporary nature and at the end of the year 2 Orders remained in force.

The Fowl Pest Order, 1936 :

As a result of contact with premises on which an outbreak of Fowl Pest occurred in Monmouthshire, Form " B " was served on 5 premises in the City. In addition 2 lots of poultry were received from premises outside the City on which the disease was later confirmed and similar restrictions were imposed on the premises of destination. No further cases were observed and the restrictions were removed after a limited period.

Poultry Premises and Vehicles (Disinfection) Order, 1956 :

Forty visits were made to poultry slaughtering premises in connection with the Order. In one case it was found necessary to serve a statutory notice to cleanse and disinfect the premises which was satisfactorily obeyed.

The Tuberculosis (Area Eradication) Amendment Order, 1960 :

The Order makes special provision for the movement of cattle from Ireland, the Channel Islands and the Isle of Man into Eradication or Attested Areas in Great Britain.

The Tuberculosis (Central England Eradication Area) Order, 1960 :**The Tuberculosis (Northumberland and East Durham Eradication Area) Order, 1960 :**

The Orders provide for the eradication of bovine tuberculosis from the remaining two areas in Great Britain and require the compulsory tuberculin testing of all untested cattle in the areas mentioned and for removal of all reactors to the test under the Tuberculosis (Slaughter of Reactors) Order, 1950.

The Tuberculosis (England and Wales Attested Area) Order, 1960 :

The Order declares the whole of England and Wales, except certain approved landing places and quarantine stations, an Attested Area as from the 1st October, 1960. A similar Order was made in respect of Scotland on 1st October, 1959. The present position is that tuberculosis of cattle is, for practical purposes, non-existent in Great Britain. Occasional breakdowns occur in Attested Herds and reactors to the tuberculin test become amenable to the Tuberculosis (Slaughter of Reactors) Orders and are purchased for slaughter by the Ministry of Agriculture, Fisheries and Food.

The Tuberculosis (Slaughter of Reactors) Order, 1950 :**The Tuberculosis (Slaughter of Reactors) (Amendment) Order, 1959 :**

The Cardiff Abattoir is the main point of disposal of reactor and dangerous contact cattle from the counties of Glamorgan and Monmouth. A total of 329 such cattle was slaughtered during the year. Detailed reports on the findings in these cattle were made to the Ministry of Agriculture, Fisheries and Food and in selected cases samples of material were forwarded for laboratory examination.

The Tuberculosis (Compensation) Amendment Order, 1960 :

The Order amends the Tuberculosis (Compensation) Order, 1950 by altering the scale of compensation for bovine animals slaughtered under the scheme.

Foot and Mouth Disease Order, 1928 :

During the year 298 confirmed outbreaks of the disease involving the slaughter of 63,631 animals were recorded.

Foot and Mouth Disease (Infected Areas Restrictions) Order, 1938 :**Foot and Mouth Disease (Controlled Areas Restrictions) Order, 1938 :**

During the last quarter of the year a very severe epidemic of Foot and Mouth Disease occurred throughout Great Britain caused by infected animals being exposed for sale in certain markets and then dispersed over a wide area. Seven Controlled Areas and 57 Infected Areas were declared during the year and the movement of farm livestock and holding of livestock markets were curtailed in these areas. All Controlled Areas and 46 Infected Areas were released from restrictions before the end of the year leaving 11 areas still subject to the provisions of the Infected Areas Restriction Order.

The nearest outbreak to Cardiff was at Coleford, Gloucestershire, and was eliminated at the point of origin.

The Movement of Animals (Records) Order, 1960 :

The Order revokes a similar Order of 1925 and re-enacts its principal provisions and in addition requires the owner of cattle to record ear-tag numbers or ear marks on the register.

The Warble-Fly (Dressing of Cattle) (England and Wales) (Amendment) Order, 1960 :

The Order amends the Order of 1948 to include cattle in which infestation by the larvae of the Warble-Fly can be ascertained by handling the animal.

Animals (Landing from the Channel Islands, the Isle of Man, N. Ireland and Republic of Ireland) Order, 1955 :

During the year 24 licences were received authorising the movement of 410 fat cattle to Roath Abattoir from the ports of Fishguard, Birkenhead and Holyhead.

Transit of Animals Orders, 1927-1947 :

Regular Inspections were made of road and rail vehicles carrying animals to the abattoir in connection with the Orders. The majority of road vehicles used the facilities provided for washing and disinfection before leaving the premises.

Summary of Outbreaks of Scheduled Diseases

	1960	1959	1958	1957
Anthrax	221	263	167	318
Foot and Mouth Disease	298	45	116	184
Fowl Pest	2,301	2,062	759	1,034
Swine Fever	1,213	1,321	1,263	960
Atrophic Rhinitis ...	1	2	5	9

Protection of Animals Acts 1911-1927

All work under these Acts was carried out at the request of the City Police. During the year 38 animals, victims of street accidents, were attended. Of these, 6 dogs and 1 cat were treated for injuries and 27 dogs, 3 cats and 1 horse destroyed.

Evidence was given for the prosecution in a police case taken under the Acts in respect of cruelty to a pony. Defendant was conditionally discharged with £3 3s. 0d. costs.

Riding Establishments Act—1939

One establishment providing riding horses and ponies was in operation in the City during the year. There was no reason to complain about the condition and care of the animals used for the purpose.

Slaughter of Animals Act—1958

During the year 5 licences and 57 renewals of licences were granted by the City Council to persons authorising them to stun and slaughter animals in slaughterhouses and knacker yards.

Veterinary Services to Other Departments

City Police Department.—Seventy-five visits were made to examine animals at the request of the City Police.

Whitchurch Hospital Management Committee.—Veterinary attention is given to all livestock owned by this committee by virtue of a financial arrangement and during the year 34 visits were made to the Whitchurch Hospital Farm.

MEAT INSPECTION SERVICE

The service entails the employment of four full-time Meat Inspectors with the Veterinary Officer acting as Chief Meat Inspector. Roath Abattoir caters for the slaughter of all animals intended for human consumption in the City, with the exception of a bacon factory where only pigs are slaughtered. Meat inspectors are on duty at all authorised hours of slaughter.

Animals arriving for slaughter are subjected to veterinary ante-mortem inspection. The service is important for early detection of diseases scheduled under the Diseases of Animals Act and aids the post-mortem diagnosis of various diseases which adversely affect meat.

MEAT INSPECTION STATISTICS

CARCASES AND OFFALS INSPECTED AND CONDEMNED IN WHOLE OR IN PART
(Form as set out by Ministry of Health)

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number Killed	8,624	3,228	8,785	75,740	28,036	Nil
Number Inspected	8,624	3,228	8,785	75,740	28,036	Nil
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS :						
Whole Carcases Condemned	8	27	47	243	34	—
Carcases of which some part or organ was condemned	321	201	91	4,301	1,275	—
Percentage of number inspected affected with disease other than Tuberculosis or Cysticercosis	3·81	7·06	1·56	5·99	4·66	—
TUBERCULOSIS ONLY :						
Whole Carcases Condemned	3	7	1	Nil	Nil	—
Carcases of which some part or organ was condemned	73	97	—	Nil	222	—
Percentage of number inspected affected with Tuberculosis	0·88	3·22	0·01	Nil	0·78	—
CYSTICERCOSIS ONLY :						
Carcases of which some part or organ was condemned	15	5	Nil	Nil	Nil	—
Carcases submitted to treatment by refrigeration	15	5	Nil	Nil	Nil	—
Generalised and totally condemned ...	Nil	Nil	Nil	Nil	Nil	—
Percentage of number inspected affected with Cysticercosis	0·17	0·15	—	—	—	—

ANIMALS SLAUGHTERED—COMPARATIVE TABLE

	YEAR					
	1960	1959	1958	1957	1956	1955
Cattle ...	11,852	8,900	12,271	13,132	10,893	6,693
Calves ...	8,785	6,626	8,942	10,630	10,463	7,788
Sheep ...	75,740	88,932	59,423	60,154	61,344	53,632
Pigs ...	28,036	25,159	31,007	27,383	24,983	25,257
TOTAL ...	124,413	129,617	111,643	111,299	107,683	93,370

INCIDENCE OF TUBERCULOSIS

Animals Slaughtered	Macroscopic Lesions	Percentage	Percentage for Corresponding Period 1959
Sheep 75,740	Nil	—	Nil
Pigs 28,036	222	0·78	0·81

TOTAL CATTLE SLAUGHTERED (Includes Attested, Reactor and Irish Cattle)

Cows 3,228	104	3·22	22·50
Steers/Heifers ... 8,581	76	0·88	4·83
Bulls 43	Nil	—	12·19
Calves 8,785	1	0·01	0·07
ATTESTED CATTLE			
Cows 2,984	16	0·53	} 0·11
Steers/Heifers ... 8,094	6	0·07	
Bulls 41	Nil	—	
Calves 8,779	Nil	—	

KNOWN REACTORS AND DANGEROUS CONTACTS (Sent in by M.A.F.F.)

Cows 244	88	36·06	} 33·13	—
Steers/Heifers ... 77	26	33·76		
Bulls 2	Nil	—		
Calves 6	1	16·66		
IMPORTED IRISH CATTLE				
Steers/Heifers ... 410	44	10·73		—

INCIDENCE OF CYSTICERCOSIS

Cattle Slaughtered	Number of Cases of Cysticercus Bovis	Percentage of Infestation	Total Percentage	Percentage for 1959
Cows 3,228	5	0·15	} 0·16	0·09
Other Cattle ... 8,624	15	0·17		0·19

Condemnation Certificates.—641 Certificates were granted in respect of condemned carcasses, part carcasses and offals at Roath Abattoir and Meat Market during the year 1960.

TABLE SHEWING CAUSES OF REJECTION OF CARCASSES AND PART CARCASSES

	CATTLE		CALVES		SHEEP		PIGS	
	Total	Part	Total	Part	Total	Part	Total	Part
Tuberculosis	10	10	1	—	—	—	—	221
Traumatism	1	33	—	3	2	17	—	19
Moribund, Fevered, Illbled	1	—	10	—	15	—	14	—
Oedema and/or Emaciation	26	—	8	—	177	—	7	—
Septic Conditions	—	—	1	1	4	26	4	20
Bone Taint	—	84	—	—	—	1	—	—
Pneumonia, Acute Septic	—	—	2	—	1	—	2	—
Pleurisy, Acute Septic ...	—	—	1	—	3	—	1	—
Peritonitis, Acute Septic	2	—	1	—	3	—	2	—
Metritis, Acute Septic ...	—	—	—	—	3	—	1	—
Pericarditis, Acute Septic	1	—	—	—	—	—	—	—
Decomposition	—	20	—	—	33	20	1	29
Immaturity	—	—	6	—	—	—	—	—
Lipomatous Atrophy	—	—	—	—	1	—	—	—
Arthritis	—	—	—	2	—	5	—	9
Abnormal Odour	—	—	—	—	—	6	—	—
Fatty Infiltration	—	—	—	—	—	1	—	—
Jaundice	—	—	8	—	—	—	1	—
Enteritis, Acute Septic	2	—	—	—	—	—	—	—
Pyæmia	—	—	6	—	—	—	—	—
Gangrene	1	—	—	—	—	—	—	—
Joint Ill	—	—	4	—	—	—	—	—
Presternal Calcification	—	2	—	—	—	—	—	—
Urticaria	—	—	—	—	—	—	—	1
Lymphadenoma	—	—	—	—	—	—	1	—
Osteomyelitis	—	1	—	—	—	—	—	—
Anaemia	—	—	—	—	1	—	—	—
Contamination	—	—	—	—	—	—	—	8
Multiple Tumours	1	—	—	—	—	—	—	—
Fibrosis	—	—	—	1	—	—	—	—
TOTAL	45	150	48	7	243	76	34	307

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

	Tons	Cwt.	Qrs.	Lb.
45 Carcasses Beef	8	9	2	10
48 Carcasses Veal	—	17	1	8
243 Carcasses Mutton	3	5	2	18
34 Carcasses Pork	1	6	2	15
150 Part Carcasses Beef	5	—	—	3
7 Part Carcasses Veal	—	—	1	14
76 Part Carcasses Mutton	—	8	2	1
307 Part Carcasses Pork	1	14	2	27
Beef Offal	6	12	3	17
Calf Offal	—	3	1	22
Sheep Offal	1	12	1	9
Pig Offal	1	—	3	11
TOTAL	30	12	1	15

WEIGHT OF MEAT AND OFFALS REJECTED EX OTHER SLAUGHTERHOUSES

	Tons	Cwt.	Qrs.	Lb.
2 Carcases Mutton	—	—	1	25
Part Carcases Beef ...	—	3	1	7
Part Carcases Veal ...	—	—	—	20
Part Carcases Mutton ...	—	11	1	24
Part Carcases Pork ...	—	1	3	13
Beef Offal ...	—	1	1	4
Pig Offal ...	—	5	2	19
TOTAL ...	1	4	1	—

TOTAL MEAT AND OFFAL REJECTED DURING 1960
31 Tons 16 Cwt. 2 Qrs. 15 Lb.

NUMBER OF ORGANS REJECTED

	Cattle	Calves	Sheep	Pigs
HEADS				
Tuberculosis ...	—	—	—	—
Other Conditions ...	10	—	—	—
HEADS (Including tongues)				
Tuberculosis ...	80	—	—	221
Other Conditions ...	159	29	—	3
LUNGS				
Tuberculosis ...	139	—	—	—
Other Conditions ...	248	—	—	—
HEARTS				
Tuberculosis ...	134	—	—	—
Other Conditions ...	197	—	—	—
SKIRTS				
Tuberculosis ...	29	—	—	—
Other Conditions ...	145	—	—	—
LIVERS				
Tuberculosis ...	16	—	—	—
Other Conditions ...	2,914	28	3,241	466
PLUCKS				
Tuberculosis ...	—	1	—	1
Other Conditions ...	—	54	994	558
TRIPES				
Tuberculosis ...	13	—	—	—
Other Conditions ...	58	—	—	—
TAILS				
Tuberculosis ...	10	—	—	—
Other Conditions ...	35	—	—	—

The Authorised Officers (Meat Inspection) Regulations, 1960

The Regulations enable Councils to authorise, under the Food and Drugs Act, 1955, officers holding the Royal Society of Health Certificate in Meat Inspection to act as meat inspectors. Local authorities may, if they so wish, confer statutory powers under the Act on such officers. The primary reason for creating the new class of officer is to help overcome the difficulty which is being experienced by some authorities in recruiting meat inspectors for full-time meat inspection in bacon factories and large slaughterhouses.

The Slaughterhouses (Meat Inspection Grant) Regulations, 1958

The Regulations provide for Exchequer grants to local authorities towards the cost of meat inspection in districts where the number of animals slaughtered and inspected by authorised officers exceeds local demand. For the year ended 31st March, 1960 the number of inspection units calculated for the various species of animals slaughtered in Cardiff fell short of the number of units required for local consumption and the authority was therefore not eligible for a grant for that year.

ROATH MARKET ADMINISTRATION

The numbers and species of animals slaughtered at the Municipal Abattoir are given in the Meat Inspection section of the report which shows an increase of 2,952 cattle, 1,159 calves, 1,877 pigs and a decrease of 13,192 sheep over the 1959 figures. Last year was exceptional for sheep marketing and is not likely to be repeated. The meat trade at the market has now settled down to a steady pattern and the throughput for the year could be taken as a reliable guide for future developments.

General repairs and renewal of equipment were kept to a minimum in view of the uncertain policy towards the present abattoir. Some administrative difficulty was experienced during the year when the electric beef saws were the property of the wholesale butchers. This was overcome by the acquisition of the saws by the Corporation for the use of which a toll of 6d. per animal was determined by the Council.

During the year a firm of abattoir consultants were engaged to advise on a scheme for the modernisation of the abattoir and meat market. Their recommendations were incorporated in a report by the City Architect which indicated that a first class scheme on the line slaughter principle, with the addition of adequate chill rooms, could be completed for £210,000. The Health Committee showed interest in the scheme but it was later abandoned following a Council decision to refuse planning permission for development on the existing site. Four alternative sites for a new abattoir were examined and it was decided that the site known as the Timber Pond, Dumballs Road, would be the most desirable, both on planning grounds and suitability for the meat traders. At the end of the year negotiations were in progress for the acquisition of the site and the Minister of Housing and Local Government had been asked to give planning permission to the project.

A review of the slaughtering facilities in the City was carried out according to the terms of the Slaughterhouses Act, 1958. After consultation with the interested persons a report on the facilities intended to be offered was presented to the Minister of Agriculture, Fisheries and Food on the 8th December, 1960. The report indicated that the Council intend to provide a new public slaughterhouse on an alternative site and that henceforth all slaughtering in the City would be confined to the public slaughterhouse and to one private licensed slaughterhouse forming part of a bacon factory. The report further recommended the Minister to select the 1st January, 1965 as the "appointed date" which he should by Order, made under the Slaughterhouses (Reports) Direction, 1959, determine as the date when all structural regulations should apply to the slaughterhouses in the City. It is within the discretion of the Minister to vary the selected date and no Order to that effect was made at the close of the year.

X REPORT FOR 1960

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

At the outset of this my thirty-second and last report as Public Analyst for the City of Cardiff, I should like to express my sincere thanks to the Chairman and Members of the Health Committee for their interest in the work of the City Analysts' Laboratory, for the support they have invariably given me and for the very happy relationship that has always existed between us.

I wish also to express my appreciation of the helpful co-operation and consideration I have received from Dr. W. Powell Phillips, Medical Officer of Health, Mr. J. W. Seddon, Water Engineer and Manager, Mr. W. Bate, Chief Public Health Inspector, and his Chief Sampling Officer, Mr. E. J. Bevan, and also from Mr. T. G. Newby, Chief Port Health Inspector.

Finally, I would acknowledge with gratitude the willing co-operation of all the members of the technical staff of the laboratory and of Mrs. M. M. Dickson, my secretary, who cheerfully continues to cope with the ever-increasing records and reports. I thank them all for their loyalty and friendliness, and to my Deputy, Dr. L. E. Coles, I extend my congratulations on his well-deserved preferment and my wish for him is that he will be as happy in his work and in his relationships with the Health Committee and his colleagues as I have been.

The total number of samples examined during the year was 5,274, which is the highest number yet recorded for the laboratory. These samples may be classified under the following headings :—

Under the Food and Drugs Act	...	...	...	...	1,618
Under the Fertilisers and Feedings Stuffs Act	...	...	...	...	57
Atmospheric Pollution Investigations :—					
Deposit Gauge Analyses	...	...	...	...	196
Lead Peroxide Cylinders	...	...	...	...	84
Sulphur Dioxide Determinations	...	...	...	...	1,208
Smoke Measurements	...	...	...	...	1,210
Waters	...	...	...	...	764
Miscellaneous	...	...	...	...	137
				TOTAL	5,274

The laboratory continues to carry out analytical work required by the Swansea County Borough Council, and the following tables show the numbers of samples examined for both the Cardiff and Swansea Authorities and the headings under which they were classified :—

For the City of Cardiff :—

Under the Food and Drugs Act	...	...	...	...	1,111
Under the Milk (Special Designation) Regulations	...	...	...	...	36
For the Port Health Authority	...	...	...	...	36
Under the Fertilisers and Feeding Stuffs Act	...	...	...	...	22

For the Public Health Department :—

Deposit Gauge Analyses	...	...	...	...	124
Lead Peroxide Cylinders	...	...	...	...	48
Sulphur Dioxide Determinations	...	...	...	...	1,208
Smoke Measurements	...	...	...	...	1,210
Foods	...	...	...	...	22
Waters	...	...	...	...	23
Other articles	...	...	...	...	8
For the Waterworks Department	...	...	...	...	578
For the City Surveyor's Department	...	...	...	...	9
From other sources	...	...	...	...	5
					4,440

For the County Borough of Swansea :—

Under the Food and Drugs Act	...	...	...	...	507
For the Public Health Department :—					
Deposit Gauge Analyses	...	...	...	...	72
Lead Peroxide Cylinders	...	...	...	...	36
Waters	...	...	...	...	40
For the Weights and Measures Department—					
Under the Fertilisers and Feedings Stuffs Act	...	...	...	...	35
For the Waterworks Department	...	...	...	...	133
For the Port Health Authority	...	...	...	...	11
					834
				TOTAL	5,274

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

FOOD AND DRUGS LEGISLATION

Legislation relating to the composition and labelling of food and drugs, the wholesomeness of food, and food hygiene is contained in the Food and Drugs Act, 1955, and in Regulations perpetuated by or made under this Act. The Act itself contains general provisions, while the Regulations, which can readily be amended as occasion requires, deal with particular items or classes of food and food additives. Some of the principal changes in the law made during the year under review are noted below.

The Food Hygiene (General) Regulations, 1960, amend and consolidate the Food Hygiene Regulations, 1955 to 1957, and they make some further provisions "for securing the observance of sanitary and cleanly conditions and practices in connection with the sale of food for human consumption."

The Milk (Special Designation) Regulations, 1960, replace the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 to 1953, and the Milk (Special Designation) (Raw Milk) Regulations, 1949 to 1954. A "Clot-on-Boiling" test has been introduced for tuberculin tested milk to which a producer's licence relates. It applies, therefore, only to samples taken by the Ministry. The conditions of the Methylene Blue test for tuberculin tested and pasteurised milk have been modified, and a different Phosphatase test for pasteurised milk has been prescribed. The Turbidity Test for sterilised milk remains unchanged. Changes relating to dealers' and producers' licences have also been made.

The Arsenic in Food (Amendment) Regulations, 1960, amend the schedule to the 1959 Regulations by increasing from 2.0 to 5.0 parts per million the maximum amount of arsenic permitted in brewers' yeast intended for use by manufacturers in the production of yeast products.

The Skimmed Milk with Non-Milk Fat Regulations, 1960, impose requirements as to the labelling and advertising of foods which have the appearance of milk, condensed milk or dried milk but contain skimmed milk and one or more fats or oils other than milk-fat. They include prohibition of the use for such products and beverages containing them (or containing skimmed milk, condensed skimmed milk or dried skimmed milk *simpliciter*) of "any brand or descriptive name or pictorial device which is suggestive of milk or of anything connected with the dairy interest," and they require (except for a few scheduled proprietary articles which contained added vitamins) that the labels on containers of such products are clearly and conspicuously marked "Unfit for babies" or "Not to be used for babies."

These Regulations do not come into operation until the 19th September, 1961. The official designation "Skimmed Milk with Non-Milk Fat" may be accurate, but it is a very clumsy expression and it is, actually, a description rather than a name. In the United States this product is called "Filled Milk" and it is prepared by incorporating a fat mainly or entirely of vegetable origin with skimmed milk. In my opinion, however, this name is objectionable, for the housewife meeting the term for the first time is likely to conclude that "filled milk" contains something of value that is missing from ordinary full-cream milk.

Obviously, there is need for a new one-word name to distinguish this milk substitute from ordinary milk just as clearly and as readily as the name 'margarine' differentiates a butter substitute from butter, without imputing as does "filled milk" some special dairy virtue. Professor H. D. Kay, C.B.E., F.R.S., has suggested the name "Vegarine"—a word easy to say, easy to remember and with no risk of it confusing the purchaser. This suggestion is in line with the strong view of both the International Dairy Federation and the Food and Agriculture Organisation of the United Nations that there should be, in future, no confusion between the nomenclature used for genuine dairy products and that used for their substitutes or imitations.

Reports on the Composition of Milk and Bread.—Towards the close of the year, the Report of the Cook Committee on "Milk Composition in the United Kingdom" and a Report of the Food Standards Committee on the Composition of Bread and Flour were published. Both are lengthy and detailed publications, and in view of the importance of these basic foods the Reports deserve to be widely read and carefully considered. They are obtainable at H.M. Stationery Office, price 5s. and 4s. 6d. respectively.

Some notes on the Cook Report appear later in this report under the heading "Milk," and in view of enquiries by members of the general public about the constituents of bread, the observations and recommendations of the Food Standards Committee quoted below may be of interest.

The Committee state that since bread is the most important staple food, it is necessary to be particularly careful about its ingredients and they consider that there is everything to be said for stating clearly what ingredients are permitted. They recommend that a list of ingredients to be permitted in various types of bread should be laid down and that in the case of *white bread* they should be limited to:—

- (a) Salt, edible oils and fats, milk or milk products and sugars.
- (b) Enzyme Active Preparations, e.g. malt extract, malt flour, amylases and proteinases.
- (c) Soya bean flour (maximum 2 parts by weight to each 100 parts of flour).
- (d) Prepared wheat gluten and wheat germ.
- (e) Poppy seeds, caraway seeds, cracked wheat or oat grain and oatmeal in or on the bread up to 2 parts by weight to 100 parts of flour.

- (f) Yeast stimulating preparations containing harmless inorganic salts such as ammonium chloride and calcium sulphate.
- (g) Emulsifying agents : super-glycerinated fats, stearyl tartrate and lecithin.
- (h) Preservatives—Propionic acid, or calcium or sodium propionate or a mixture of any of these, not to exceed 0·3% by weight of the flour used.
- (i) Acetic acid, including vinegar, monocalcium phosphate and acid sodium pyrophosphate.

Apposite Quotations.—I conclude these observations on Food and Drugs Legislation with the following commentaries :—

1. “ The Food Standards Committee’s Report on Bread and Flour draws attention to yet one more instance of the need for controlling advertisements, viz., some of the so-called slimming breads.

None can have failed to notice also that as competition between the great rival groups in different fields of the food trade has become more intense, so the claims contained in advertising matter, especially the spoken word on television advertisements, have gathered more and more superlatives to their aid. When the strident and vibrant, the husky and honeyed voices, with their theatrical inflections, have been stripped from the perorations, the remnant claims are often grossly exaggerated.

Section 7(1), Food and Drugs Act, 1955, included power to make regulations for control of advertisements, as well as labelling, but so far this power has not yet been used. We have the anomaly, therefore, that while it is an offence to make certain statements on labels by virtue of Article 7, 8(g) and 10 of the Labelling of Food Order, there is no similar control if the statements are made in advertisements. Such a state of affairs is ludicrous and the persistence of the position thoroughly illogical. Those who welcomed the Section for control of labelling looked forward to the provision of an early Advertising of Food Order, but this has not been forthcoming. It is long overdue and with the advent of television advertising, such an Order would be a great help to food administrators, a service to consumers and would ensure fair play for the food trade generally.”

—*The British Food Journal*, December, 1960.

2. *Verb. sap.* !— “ The only slimming food is the food that is not eaten ! ”

SAMPLES SUBMITTED UNDER THE FOOD AND DRUGS ACT, 1955

The total number of samples of food and drugs examined during the year for the City of Cardiff was 1,111. 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, consideration was given to all relevant legislation.

The nature of the various articles submitted, the number of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the following table :—

Samples submitted under the Food and Drugs Act during 1960

Nature of Sample	Number examined	Number unsatisfactory
Almonds, Ground	2	—
Baking powder and Golden raising powder	3	—
Beans in tomato sauce, Canned	4	—
Biscuits	2	—
Blackcurrants, Bottled	1	—
Bread	1	1
Breakfast cereal	1	1
Butter	15	1
Cake mix	5	—
Cakes and Pastries	13	2
Caraway seeds	1	—
Cheese and Cheese products	7	—
Cherries, Glacé	2	—
Chocolate, Drinking	1	—
Chocolate flavoured drink	1	1
Chocolates	2	—
Cinnamon, Ground	2	—
Cocoa	2	—
Cream	7	—
Currants	3	—
Curried eggs, Canned	1	—
Custard powder	2	—
Drugs and Medical Preparations :—		
Aspirin Tablets	3	—
Aspirin, Phenacetin and Caffeine Tablets	1	—
Bicarbonate of Soda	1	—
Cough Mixture	4	—
Cream of Tartar	2	—
Elder and Peppermint Life Drops	1	1
Haliborange Tablets	1	—
Iron and Yeast Tablets	2	—
Olive Oil	1	—
Orange Juice, Concentrated	1	—
Quinine and Cinnamon in Orange Syrup ...	1	—
Rheumatism Tablets... ..	1	—
Rose Hip Syrup	1	—
Slumber Drops	1	1
Wheat Germ Oil Capsules	2	—
Fish and Fish products	14	—
Flour and Self-raising flour	6	—
Food colourings and flavourings	6	—
Fruit, Canned	10	—
Fruit, Dried	3	—
Fruit sundaes (pies)	1	—
Ginger, Ground	2	—
Gravy browning	1	—
Ice-cream and Dairy Ice-cream	28	—
Jam	6	—
Lard	2	—
Lemon curd	2	—
Margarine	6	—
Marzipan	2	—
Meat and Meat products	51	6
Milk	655	75
Milk, Channel Islands	57	8
Milk, Channel Islands (complaint of taste) ...	7	6
Milk, Dried	4	—
Milk crush	1	1
Milk food powder	1	—
Milk shake syrup	5	—
Mincemeat	9	—
Nutmegs, Ground	1	—
Pepper	6	—
Pie-filling, Lemon	1	—

Samples submitted under the Food and Drugs Act during 1960—continued

Nature of Sample	Number examined	Number unsatisfactory
Puddings, Fruit	12	1
Pudding mix	5	—
Raisins and Sultanas	3	—
Salad cream	3	—
Sauce tartare	1	—
Seafood dressing	1	—
Soft drinks	2	—
Soft drink powders	2	—
Soup, Canned	16	—
Spice, Mixed ground	2	—
Spirits	6	—
Spread (Rum Butter)	1	—
Stuffing	1	—
Stuffing and bread sauce pack	1	—
Suet, Shredded	2	—
Sugar confectionery	8	—
Table Jelly tablets	5	—
Tea	5	—
Tea extract, Dry	1	—
Tomato piquant	1	1
Tomato puree	2	—
Tomato sauce	15	5
Treacle	1	—
Vegetables, Canned	17	11
Vegetables, Dehydrated	2	—
Vinegar	3	—
Vitamin C drinks	5	—
TOTAL ...	1,111	122

Of the total of 1,111 samples submitted under the Food and Drugs Act, 122 or 10·9 per cent were reported upon adversely.

Milk

The essence of British law governing the sale of milk is that it must be genuine, that is, "as it comes from the cow," and no absolute standard of composition has been prescribed. In order to assist those concerned with the administration of this law, the Board of Agriculture, after an extended enquiry into the composition of milk, framed the Sale of Milk Regulations, 1901, which enacted that where a sample of milk contained less than 3·0 per cent of milk-fat or 8·5 per cent of milk solids not fat, that milk shall be presumed to be adulterated until the contrary is proved.

These well-known presumptive minimum limits—3 per cent of milk-fat and 8·5 per cent of milk solids other than fat—were reproduced in the Sale of Milk Regulations, 1939, which are in force today under the Food and Drugs Act, 1955. Where milk contains less than these percentages it is to be presumed that the milk is not genuine by reason of the removal of fat or other milk solids, or by the addition of water, but it is a complete defence to prove that such milk was in the same condition as when produced by the cows. In order to provide information on this matter, a sample taken after careful supervision of a corresponding milking of the same cows (known as an "appeal-to-cow" sample) is obtained, as occasion requires, for comparison purposes. During the nineteen-twenties the freezing point test for the detection and determination of added water in milk was developed so that it could be used for the routine examination of milk, and this test, which serves to distinguish between milk which is naturally poor and milk which has been rendered poor by the addition of water, is now invariably accepted by the Courts.

The total number of milk samples submitted under the Food and Drugs Act for the determination of compositional quality during the year was 712. Of these, 655 were samples of ordinary milk and 57 were Channel Islands milk. They were taken in the usual way by the Sampling Officers from roundsmen, at dairies, schools, hospitals and catering establishments, while some were procured from slot machines in the street. No "appeal-to-cow" samples were taken during the year.

Ordinary Milk.—The adulterated and otherwise unsatisfactory samples are classified below:—

Number deficient in fat only	...	...	...	57	=	8.7%
Number containing added water only	...	...	...	14	=	2.1%
Number deficient in fat and containing added water	...	...	...	3	=	0.5%
Number containing pupae of fruit fly	...	...	...	1		
Number containing preservative	...	...	...	0		
Number containing added colouring matter	...	...	...	0		
Number containing less than 8.5% of non-fatty solids but which showed no evidence of the presence of added water by the freezing-point test (i.e., they were naturally of poor quality)				142	=	21.7%

Most of the samples that contained less than the legal presumptive minimum of 3.0 per cent of fat were taken from supplies of raw milk delivered to dairies in the city and were described on the labels attached to the churns as morning milk. In many cases they were accompanied by samples of afternoon milk from the same cows and invariably these were rich in fat so that the fat content of the whole consignment averaged more than 3.0 per cent.

When there is a considerably longer interval between the afternoon milking and the next morning milking than there is between the morning and afternoon milkings of the same cows, it is generally found that the afternoon milk is small in quantity and rich in fat, while the morning milk is large in quantity but of low fat content. This is the most common cause of the fat content of genuine milk falling below 3 per cent and it is particularly liable to occur in the spring months of the year when the average fat content of milk is at its lowest.

One hundred and fifty-seven samples of ordinary milk contained less than the presumptive minimum of 8.5 per cent of non-fatty solids, but the Hortvet freezing-point test showed that only 15 of these contained added water while the remaining 142 samples (= 21.7% of all the ordinary milk samples submitted) were naturally low in non-fatty solids. This test also showed the presence of extraneous water in two samples that contained slightly more than 8.5% of non-fatty solids.

Of the 17 samples in which extraneous water was found, 14 contained only very small proportions (3% or less), which suggested carelessness in the draining of bottles, churns or processing plant rather than deliberate adulteration. The other three samples were obtained from churns belonging to one producer and they were taken immediately after delivery to a wholesale dairy. They contained 6%, 4% and 4% of added water respectively. All the vendors of these adulterated milks were cautioned by the Chief Public Health Inspector and further samples from these sources proved to be genuine.

The percentage of samples naturally poor in non-fatty solids (i.e. containing less than 8.5% of solids-not-fat but giving no evidence of the presence of extraneous water by the freezing-point test) was 21.7 as compared with 29.3 in 1959. The proportion of such naturally sub-standard samples since 1953 has been as follows:—

Year	...	1953	1954	1955	1956	1957	1958	1959	1960
Percentage		8.4	9.7	11.1	13.0	15.6	22.1	29.3	21.7

Only future results will determine whether this reduction is of significance or is merely fortuitous.

An unopened pint bottle of milk which was the subject of complaint contained eight pupae of the fruit fly, *Drosophila*. These are about one-eighth of an inch long and since they adhere tenaciously to the sides of a bottle they may not be removed by the ordinary bottle-washing processes. Nevertheless their presence in milk is objectionable and it is incumbent upon a dairyman to ensure that every milk bottle is clean before it is filled with milk. The Health Committee decided that the dairyman should be cautioned.

Channel Islands Milk.—Milk for human consumption sold under the special designations " Jersey Milk," " Guernsey Milk," and " Channel Islands Milk " must be produced from cows of the Channel Islands breeds and must contain not less than 4·0 per cent of fat. An extra charge may be made for such milk and in addition to being rich in fat, almost invariably it contains a high proportion of non-fatty solids, these averaging 9 per cent or more.

During the year, 57 samples of Channel Islands Milk were examined for compositional quality, eight of which were found to contain less than 4·0 per cent of fat, the proportions in these being 3·05%, 3·19%, 3·40%, 3·48%, 3·64%, 3·68%, 3·80% and 3·88%. The samples that contained 3·05% and 3·64% of fat were accompanied by others from churns in the same consignment and in these two instances the bulked milk would have contained 4·46% and 4·15% of fat respectively. The samples containing 3·88%, 3·80% and 3·40% of fat, however, were pasteurised Channel Islands milk and consisted therefore of bulked milk. The processors were cautioned, as also were the producers of the other three deficient samples.

Complaints of the taste of pasteurised Channel Islands milk supplied by one processor led to a number of such samples being submitted for examination. That the milk had an objectionable taste was readily confirmed, but examination for the presence of hypochlorites and other preservatives, detergents, brine and other possible substances proved negative. Further investigations, however, pointed to the taste being due to the activity of a milk enzyme, lipase, causing some decomposition of the milk-fat, and enquiries made by the Sampling Officer confirmed this conclusion. I understand that the individual cow responsible for this occurrence was traced and removed from the herd. Whereupon there were no further complaints.

None of the samples of Channel Islands milk contained either added colouring matter or preservative.

Average Composition of Milk Samples.—The average composition of all the milk samples submitted during the year is given in the table below. 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, 1960

Variety	Number of Samples	Fat per cent	Non-fatty solids per cent	Total Solids per cent
Channel Islands Milk ...	57	4·41	8·97	13·38
Other Milk Samples ...	655	3·52	8·60	12·12
All Milk Samples ...	712	3·59	8·63	12·22

It will be observed that the average composition of Channel Islands Milk is much superior to that of " ordinary milk " in respect of both fat and non-fatty solids.

The monthly variations in the composition of all the milk samples other than those of Channel Islands Milk are given in the following table :—

Milk Samples other than Channel Islands Milk
Monthly Variations, 1960

Month	Number of Samples	Fat per cent	Non-fatty Solids per cent	Total Solids per cent
January	35	3·71	8·49	12·20
February	57	3·55	8·49	12·04
March	74	3·38	8·48	11·86
April	54	3·25	8·56	11·81
May	59	3·36	8·67	12·03
June	64	3·43	8·54	11·97
July	59	3·53	8·56	12·09
August	51	3·60	8·73	12·33
September	80	3·48	8·70	12·18
October	62	3·75	8·75	12·50
November	35	3·80	8·67	12·47
December	25	3·73	8·60	12·33
Whole year	655	3·52	8·60	12·12

For many years it has been observed that on the average the fat content of milk is lowest in the spring and highest in the autumn, while the non-fatty solids are generally at their highest in October or November. In recent years the non-fatty solids have fallen sharply towards the end of the winter, i.e. during the early months of the year—doubtless the result of poor and/or unbalanced feeding of the cows at this season. During 1960 the monthly averages for fat followed the general trend apart from a slight fall in September, while the non-fatty solids were highest in October. It will be noted that during the months of January, February and March the average non-fatty solids did not quite reach the presumptive minimum limit of 8·5% fixed by the Sale of Milk Regulations.

In the next table the average composition of the "ordinary milk" samples for 1960 is compared with the figures for the years 1935–1959.

Average Composition of Milk Samples (excluding Channel Islands Milk) 1935-1960

Year	Fat per cent	Non-fatty Solids per cent	Total Solids per cent
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
1953	3·48	8·69	12·17
1954	3·52	8·67	12·19
1955	3·48	8·64	12·12
1956	3·50	8·64	12·14
1957	3·61	8·65	12·26
1958	3·57	8·58	12·15
1959	3·53	8·55	12·08
1960	3·52	8·60	12·12

The figures show that from 1935 to 1959 there has been a steady decline in the average compositional quality of the samples of ordinary milk submitted for analysis, the non-fatty solids and total solids contents for 1959 being the lowest recorded during this period of 25 years. Except for fat content the figures for 1960 show a slight improvement over those for 1959, but whether this is fortuitous or whether the downward trend has been really arrested, time alone will show.

The Cook Committee's Report on the Composition of Milk.—It is almost 60 years since the present presumptive limits for milk (other than Channel Islands and South Devon Milk), viz., Fat 3·0 per cent, Non-fatty solids 8·5 per cent, were laid down and in May, 1958, an Interdepartmental Committee with Professor J. W. Cook, D.Sc., F.R.I.C., F.R.S. as Chairman was appointed "to consider the composition of milk sold off farms in the United Kingdom from the standpoint both of human nutrition and animal husbandry, and to recommend any legislative or other changes that may be desirable." The report of this Committee was presented to Parliament in September, 1960, and when published it had a very good press.

Upon reviewing the present situation, the Committee found that the quality of milk declined slightly in both fat and solids-not-fat (s.n.f.) during the first half of the present century, but during the last ten years the average annual levels of these constituents have been reasonably well maintained though in some parts of the country the proportion of samples showing less than 8·5 per cent s.n.f. has steadily risen. They consider that in view of the continuing tendency for the Friesian type of cow to replace the Shorthorn in the national dairy herd, this gradual decline in s.n.f. may well continue unless steps are taken to arrest it, but they believe that with appropriate measures, and given a sufficient incentive, it could and should be arrested.

The Committee emphasise that from the nutritive point of view the most valuable fraction of milk is the non-fatty solids and they *recommend that the efforts of the dairying industry in the years ahead should be directed towards maintaining and improving the s.n.f. content of the nation's liquid milk supply*, and consider that this can be effected not by any sudden, drastic change of policy (which undoubtedly would lead ultimately to an

increase in the retail price of milk), but rather by a gradual strengthening of the law along with the use of marketing standards. These two methods of control are complementary and it is considered that both must be used if the consumer is to be adequately protected. For both purposes the fat and s.n.f. contents should continue to be the criteria used. Breeding from bulls of high s.n.f. potential also is advocated.

The *legal recommendations* which primarily are intended to ensure so far as is possible, that the individual consumer is protected from malpractices, are as follows :—

- (a) consideration should be given to the adoption within ten years of a fixed minimum standard for whole milk of 8·5 per cent s.n.f. ;
- (b) in the meantime, the *presumptive* minimum standard for s.n.f. should be abolished when Ministers are satisfied that suitable marketing standards are in operation within the dairying industry to maintain and improve the s.n.f. content of milk ;
- (c) the presumptive minimum standard for fat should be continued for the present but replaced within five years by a fixed minimum standard for whole milk of 3 per cent ;
- (d) the fixed minimum standards should apply to milk only at the point of sale to the consumer ;
- (e) the fixed minimum standards should not apply to special grades of milk for which other standards may be necessary ;
- (f) the evidence of the Hortvet test should, subject to certain provisos, be accepted in legal proceedings as proof of the presence or absence of added water in a milk sample ;
- (g) abstraction of fat from milk intended for sale as whole milk should be a specific legal offence ;
- (h) a general statutory definition of milk should be introduced. The Committee's suggestion is as follows :—

“ Cows' milk ” means the secretion, excluding colostrum, which can be gained by normal milking methods from the lactating mammary gland of the healthy, normally fed cow.”

It is considered that these legal changes alone would not be sufficient to bring about the improvement in the s.n.f. content of the nation's milk supply to the desired extent, and that it is essential that the dairying industry should itself introduce measures to discourage any further decline in s.n.f. and to secure such improvements as are necessary to make possible fixed legal minimum standards of 8·5% s.n.f. within ten years. These measures would take the form of *differential payment schemes* for s.n.f. involving price penalties. In Great Britain these penalties should be imposed at 8·4% s.n.f. and below and there should be gradations in the price scale of sufficient magnitude to provide an effective deterrent to low s.n.f. The point at which penalties for low s.n.f. begin should be raised progressively. The existing price penalty schemes for low fat content should be continued.

On the animal husbandry side, it is recommended that the official milk recording movements should provide facilities for testing and recording the milk of individual animals for s.n.f. content as well as for fat ; as soon as practicable *progeny testing of A1. bulls should include performance records for s.n.f.*, and as adequate information becomes available, s.n.f. records should be included among the data considered when selecting bulls for artificial insemination purposes. The Committee also recommends that licences for bulls of the dairy breeds should be refused in the absence of adequate performance records and that a new category of superior or premier grade licence should be introduced to include a minimum s.n.f. performance qualification varying with the breed.

Articles other than Milk

Three hundred and ninety-two samples other than milk were submitted during the year. They covered a wide range of articles and particulars of the thirty-three samples (8.4 per cent) that were reported upon adversely are tabulated below.

Unsatisfactory Samples of Articles other than Milk

Article	Nature of adulteration or irregularity
Bread, Sliced white	Several slices were contaminated with a red streak which was soluble in petrol ether and of a waxy nature and probably was red wax polish.
Breakfast Cereal	Growths of <i>Penicillium</i> mould and other fungi were present.
Butter	Contained 16.1% of water (Maximum permitted—16.0%).
Canned Boned Chicken	Labelling irregularity. Should have been described as "Boned Chicken in Stock."
Canned Curried Chicken and Mushrooms	Meat content only 35% whereas in my opinion it should contain not less than 45% of meat.
Canned Spinach (11 samples) ...	Contained excessive amounts of tin, viz. : 450-670 parts per million.
Cream Doughnuts	Contained no fat derived from milk.
Cream Puffs	Contained no fat derived from milk.
Chocolate flavoured drink ...	Labelling irregularity—Contained more separated milk than whole milk, therefore "separated milk" and not "milk" should have been declared first in the list of ingredients on the label.
Elder and Peppermint Life Drops	Contained no ingredient to justify the statement on the label that this article is "a powerful heart tonic and stimulant."
Fruit Pudding	Labelling irregularity.—The description "fruit" used in the list of ingredients is a generic term and not a specific name as required by the Labelling of Food Order.
Hamburger Steaks with Vegetables in Gravy	Labelling irregularity. Should have been described as "Vegetables with Hamburger Steaks in Gravy."
Meat Pies (2 samples)	Of very inferior quality containing only 8% and 9% of meat respectively.
Milk Crush	Incorrectly labelled. The ingredients were declared to be "Separated Milk and Fruit Essence," whereas the sample contained 3.6% of milk-fat.
Pork Pie	Mould growths were present on both the meat and the pastry.
Slumber Drops	Labelling irregularities.—The name of the seller and the address of the premises from which this article was sold were not stated on the label and the cautionary notice was not enclosed in a surrounding line as required by the Pharmacy and Poisons Act, 1933.
Tomato Piquant	Contained not more than 3% of tomato solids and was therefore deficient of at least 50% of the minimum amount of tomato solids prescribed for a tomato relish.
Tomato Ketchup (5 samples) ...	Low in tomato solids content.

Most of the irregularities in composition and labelling call for little further comment. Some observations on a few of these articles, however, are made below.

Butter and Margarine.—There is an increasing tendency for blenders of butter and manufacturers of margarine to ensure that these products contain at the time of sale the maximum amount of water permitted by law, viz. 16.0%, with the result that occasionally samples exceed this limit. It is very necessary that this maximum is strictly maintained, no further allowance should be tolerated. Thirty years or so ago the average water content of both butter and margarine was about 14%, today it is almost invariably between 15 and 16 per cent.

Tin in Canned Foods.—For 50 years the limit for tin in canned foods of 2 grains per lb. (286 parts per million), proposed by Buchanan and Schryver, has had a wide acceptance. Recently the Food Standards Committee has recommended that the maximum should be 250 parts per million. Eleven of 15 samples of one brand of canned spinach contained tin much in excess of this, the amounts ranging from 450 to 670 parts per million.

Canned Meat Products.—Since the war there has been a considerable development in the production of canned meat products. Meat and meat and vegetable dishes are now sold ready for consumption with the minimum of work, a desirable convenience at least in the many households where the wife as well as the husband goes out to work. A large range of such products was submitted for analysis during the year and problems of minimum standards of composition arose with many of them.

Towards the close of the year 1959, a new organisation known as the Local Authorities Joint Advisory Committee (L.A.J.A.C.) was formed and at the present time discussions about the meat content of canned meat products are proceeding between representatives of this body and the trade with a view to negotiating a code of practice agreeable to both parties.

In the meantime, however, it seems reasonable to judge these products on the basis of the standards set out in the Meat Products (No. 2) Order, 1952 where these are applicable. This was a price control order and though it was revoked just before it was due to come into operation, the meat content requirements represented reasonable commercial practice at that time (when meat was in short supply), and it may surely be anticipated that at the present time when there is no shortage of meat such products will at least comply with the 1952 recommendations. When articles fall below these I consider manufacturers should be informed that either the meat content must be increased or the name of the product suitably modified. In present circumstances the latter seems to be the better course. There are now some products on the market, however, which are not covered by the 1952 No. 2 Order and these are even more difficult to deal with when they are considered to be sub-standard.

During the year three canned meat products were criticised. A sample labelled "Boned Chicken" contained only 85% of chicken meat, the rest being stock. To justify this name the meat content should be at least 95%, or alternatively the product should be labelled "Boned Chicken in Chicken Stock." The amount of chicken in "Curried Chicken and Mushrooms" (35%) seemed too small—not less than 45% would be more reasonable, while "Hamburger Steaks with Vegetables in Gravy" contained more vegetables and gravy than "Hamburger Steaks," the meat content of the latter being 70 per cent, but in the whole article it amounted to not more than 25 per cent. There would have been no cause for complaint, however, if the article had been labelled "Vegetables with Hamburger Steaks in Gravy."

Meat Pies.—There is also no standard for the amount of meat in meat pies but the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food has under consideration the desirability or otherwise of statutory control of the percentage of meat in these articles, and at the request of the Association of Municipal Corporations our Laboratory participated in a survey of the products on sale to the general public at the present time. Twenty-four samples comprising both pork pies and other meat pies, mostly "steak and kidney" or "beef," purchased in Cardiff were examined and the results of analysis together with other particulars that were requested were sent to the Food Standards Committee. The results are summarised in the table below.

Description	MEAT CONTENT (calculated as raw meat in the whole pie)		
	Lowest	Highest	Average
Pork Pies (11 samples)	19%	41%	28%
Other Meat Pies (13 samples) ...	8%	29%	15%

While it would be imprudent to attempt to anticipate the findings of the Food Standards Committee, there can be no doubt that the two pies which contained only 8% and 9% of meat must be unsatisfactory upon comparison with any standard likely to be suggested.

Cream Doughnuts and Cream Puffs.—The cream-like fillings in these two articles, both made by the same firm, consisted of "imitation cream," formerly, and perhaps more familiarly, known as "artificial cream." They contained no fat derived from milk.

Drugs.—The sample of Elder and Peppermint Life Drops contained no ingredient to justify the statement on the label that it was "a powerful heart tonic and stimulant." Experimental work carried out by Dr. D. J. P. Graham, M.D., F.R.C.P., of the Pharmacology Department of the Welsh National School of Medicine, supported my opinion and I am grateful to him for his assistance in this matter.

The labelling irregularities in connection with the sample of Slumber Drops were referred by Mr. Bate to the Pharmaceutical Society, which is the authority empowered to deal with them.

Tomato Ketchup.—A sample of Tomato Ketchup contained only 4 per cent of tomato solids instead of at least 6 per cent. Following correspondence on this matter between Mr. Bate and the makers, four further samples of this particular product were obtained about a month later from different shops and these contained about 5 per cent of tomato solids, but another sample procured early in 1961 contained 6%, and it was observed that the total solid matter in this last sample was some 2% higher than in the earlier ones.

Another article described as "Tomato Piquant" contained not more than 3% of tomato solids. The makers claim that the name exempts this article from the provisions of the Food Standards (Tomato Ketchup) Order as this Order applies only to tomato sauce, relish or ketchup. In my opinion this view should be strongly challenged—if necessary through the Court.

Administrative Action.—Although legal proceedings were not instituted in respect of any of these samples, Mr. Bate, Chief Public Health Inspector, has taken suitable alternative action, advisory or cautionary, as required, and occasionally at the instance of the Health Committee, in every case, and this aspect of the work is dealt with more fully in Mr. Bate's section of this annual report.

ATMOSPHERIC POLLUTION

Monthly measurements of atmospheric pollution involving the use of a Standard Deposit Gauge situated on the roof of the City Hall, Cardiff, have been made since the year 1928. Since 1932, a lead peroxide candle for the monthly measurement of the activity of the sulphur gases in the air has also been exposed at this site. Towards the close of the year 1958, additional apparatus was installed at the City Hall for the daily measurement of suspended matter (smoke) and the concentration of acid sulphur gases, and three new stations—situated at Llanishen Reservoir, the Disinfecting Station, Curran Road, Grangetown and Moorland Road School, Splott—were similarly equipped, so that since 1st January, 1959, measurements of the amount of dirt settling from the air, the amount remaining in the air and the gaseous impurities which have corrosive effects have been made in these four areas of the City. Without these quantitative measurements it would not be possible to assess any improvement in atmospheric pollution resulting from the implementation of the Clean Air Act, 1956.

The deposit gauge is used to measure the rate at which atmospheric pollution is deposited, and, by inference, the rate at which it is emitted into the air. It consists essentially of a glass bowl approximately 12 inches in diameter and of accurately known area, which drains the rainfall into a bottle of about 10 litres capacity, and after it has been exposed on the site for one calendar month, the extent of pollution by deposited matter is determined by analysis of both the rain water and the insoluble matter collected. The full examination of the deposit includes the determination of the volume of liquid (rain) collected, its pH value, and its content of calcium, chloride and sulphate ions and of total dissolved matter; the undissolved matter is weighed and analysed for mineral matter (ash), tar and other combustible matter. The results are expressed in tons per square mile per month. A number of deposits collected after weekly periods of exposure were also examined for the information of the Chief Public Health Inspector.

One of the most deleterious products of the combustion of fuels is sulphur present in the form of its oxides, mainly sulphur dioxide. Sulphur gases are discharged into the atmosphere with the chimney gases wherever fuel in the form of coal, coke, fuel oil or unpurified gases is burnt, and it is these invisible gases which cause such damage to man, property and vegetation. Their "activity of attack" is measured by a standard procedure involving the use of lead peroxide, while the mean daily concentration of sulphur dioxide is determined by a volumetric method.

In the lead peroxide method, a small porcelain cylinder or "candle" is coated with a lead peroxide paste which is allowed to dry. It is then exposed to the air for one month, after which it is analysed for sulphates since the sulphur dioxide taken up from the air is oxidised by the lead peroxide to sulphate. To protect the candle from rain and external damage during exposure it is housed in a louvered box. The results are expressed in empirical units, viz. : milligrams of sulphur trioxide per day per 100 square centimetres of standard lead peroxide exposed in the standard apparatus ; they thus provide comparative data only, but they afford a means of comparing the intensity of pollution of the air by sulphur gases at different places and times, and they give a useful indication of the relative effects of polluted atmosphere upon buildings, stonework, metals and paints.

The determination of the concentration of sulphur dioxide is combined with the daily measurement of the amount of suspended matter (smoke) in the air. The method used is to draw a measured volume of air through a white filter paper which collects the smoke and then through a bubbler containing a dilute neutral hydrogen peroxide solution which oxidises the sulphur dioxide to sulphuric acid. The acidity of the solution in the bubbler is determined each day by titration with standard alkali solution and this is used to calculate the equivalent sulphur dioxide concentration in the air.

The filter paper collects the suspended impurity in the air consisting of particles almost all of which are smaller than 20 microns (0.002 cm.) diameter which seldom, if ever, settle as deposit and are often visible as "haze." This appears on the paper as a uniform circular grey stain, the intensity of which is measured photometrically using a standardised reflectometer, and from the reading obtained the concentration of smoke in the air is calculated. The results are expressed as milligrams of smoke per 100 cubic metres of air.

Every month the Department sends the results obtained to the Warren Spring Laboratory of the Department of Scientific and Industrial Research, where they are collated and eventually published along with the results obtained by other Co-operating Bodies. They are therefore not only of local value and interest but they contribute to the national survey of atmospheric pollution undertaken by the D.S.I.R.

The following table summarises the results obtained during the year.

Summary of Atmospheric Pollution Results, 1959 and 1960

Site	Llanishen Reservoir		City Hall		Curran Rd. Grange-town		Moorland Rd. Splott		
	1959	1960	1959	1960	1959	1960	1959	1960	
Total deposited matter	117	127	157	153	217	220	321	395	} tons per square mile per year
Insoluble mineral matter (ash)	27	38	46	46	80	85	148	204	
Smoke concentration :									} milligrams per 100 cubic metres
Daily average ...	4	4.5	6	6	9	9	9	9	
Highest daily value	23	26	29	27	58	57	55	45	
Sulphur Dioxide concentration :									} parts per 100 million by volume milligrams SO ₃ per 100 sq. cm. of lead peroxide per day inches
Daily average ...	2	2	3	3	3	3	4	4	
Highest daily value	10	7	12	11	15	12	14	13	
Sulphur Dioxide "activity"	0.58	0.58	0.87	0.84	0.92	0.83	1.55	1.65	
Rainfall ...	39.6	60.7	38.8	51.8	38.2	52.1	37.8	47.9	

It will be observed that the pollution increases in the order of the districts as set out in the table. Taking the amount of the deposit at Llanishen Reservoir as a basis, the amount deposited during 1960 at the City Hall was approximately $1\frac{1}{2}$ times as much, at Curran Road nearly twice as much and at Moorland Road it was three times as much.

The corrosive properties of the atmosphere in these districts increase in the same order.

The most significant of the Deposit Gauge results for 1960 were the high figures obtained at the Moorland Road site during November, when the monthly deposit was 80 tons per square mile or $2\frac{3}{4}$ times the average for the other 11 months of the year. At the other three sites the results were very similar to those for 1959.

The next table summarises the results obtained at the City Hall since 1939.

Atmospheric Pollution — City Hall Site, 1939-1960

Period	TOTAL DEPOSITED MATTER tons per square mile per year	SULPHUR GASES Average SO ₂ in milli- grams per 100 sq. cm. per day
1939-44	141	0.96
1944-49	129	0.95
1949-54	135	0.91
1955-59	162	0.87
1960	153	0.84

These results show that while the figures for active sulphur gases as measured by the lead peroxide method show a continuous though slight decrease over the whole period, there has been some increase in the quantity of deposit in this neighbourhood during the past ten years.

MISCELLANEOUS SAMPLES

Sterilised Milk.—The Milk (Special Designation) Regulations, 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. This test is based upon the fact that heating to not less than 212°F. for a period sufficient for effective sterilisation will also completely denature all the soluble protein of the milk. Samples that show the presence of soluble protein under the conditions of the test are insufficiently heated or contain raw milk.

During the year, 36 samples of sterilised milk were submitted under the Regulations and all of them satisfied the turbidity test.

Imported Foods.—Thirty-six samples of imported foodstuffs were examined for the Cardiff Port Health Authority. They comprised the following articles:—

Apples	1	Rice Savoury	1
Butter	1	Salmon Spread	1
Grapefruit	2	Shrimps in Brine	3
Lard	2	Spaghetti	2
Lemons	1	Strawberries, Canned	1
Meat Products	10	Tomatoes, Canned peeled	5
Oranges	3	Tomato Juice	1
Potatoes	1	Tomato Paste	1

With the exception of one sample of spaghetti which contained larvae and excreta of the flour moth, *Ephestia*, these samples were satisfactory.

All the citrus fruits were free from thiourea. Diphenyl, used to prevent mould growth, was found on one of the samples of grapefruit, but the amount present was well below the prescribed maximum limit.

The alkaloid "Solanine" has been found to occur in unusual amounts in some potatoes from the Middle East and it has caused illness among those who have eaten them. The sample submitted was from Cyprus and it was therefore specially examined for Solanine but none was found.

One of the samples of canned shrimps was somewhat discoloured due to the presence of iron compounds as a result of the brine attacking the can, particularly at the four corners. In the absence of excessive tin content, however, this was considered to be a matter for the importers rather than the Port Health Authority.

Each of two samples of canned casserole steak contained 76% of meat, calculated as raw meat, which was considered to be a satisfactory amount for such a product.

Fertilisers and Feeding Stuffs.—Twelve samples of fertilisers and ten of feeding stuffs were submitted under the provisions of the Fertilisers and Feeding Stuffs Act. They consisted of the following articles:—

Fertilisers				Feeding Stuffs			
Compound Fertilisers	...	6		Barley Meal	...	...	1
Dried Blood	...	1		Maize Meal	...	...	1
Liming Preparation	...	1		Pig Foods	...	...	4
Sulphate of Ammonia	...	1		Poultry Foods	...	...	4
Sulphate of Potash	...	2					
Superphosphate	...	1					
		—					—
TOTAL	...	12		TOTAL	...	...	10
		—					—

The Act requires "Statutory Statements" of composition to be given with these articles, and Regulations made under the Act prescribe the limits of the variation allowed between these statements and the actual composition of the article.

The Regulations also prescribe the methods of analysis to be used. During the year new regulations—The Fertilisers and Feeding Stuffs Regulations, 1960—were made, the principal changes being the revision of the methods of analysis for both fertilisers and feeding stuffs and alteration in the forms of the certificates of analysis. Methods of analysis involving the use of modern physical instruments have been made official and the Laboratory is equipped to make use of these more rapid methods.

Only two irregularities were found in connection with the articles submitted for analysis and particulars of these are given below.

A sample of Sow and Weaners Meal was guaranteed to contain 3.0% of oil whereas the amount found to be present was 4.2%. This excess exceeded the limit of variation (0.75%) permitted by the Regulations, but it was not to the prejudice of the purchaser.

The other case concerned a liming preparation, for which the Regulations require a statement of its "Neutralising Value" expressed in terms of lime, CaO. This was not given, though the amounts of CaO existing in the material as calcium hydroxide and calcium carbonate were stated on the label. The sum of these is not necessarily the "neutralising value" of the article, and it was not so in this case. The total CaO equivalence declared was 44.4%, whereas the "neutralising value" expressed as CaO was 49.5%.

The rest of the samples were satisfactory.

Public Health Department.—In addition to the samples examined in connection with atmospheric pollution, 53 samples were submitted by or through the Public Health Department or were examined in connection with laboratory investigations. They consisted of foods (21), swimming bath water (4), waters from other sources—basements, well, streams, surface water sewers, land drainage, etc. (19), miscellaneous articles—industrial dusts, foreign matters from foods, etc. (9).

Waterworks Department.—Five hundred and sixty-eight samples of water, three each of lime and alumina, a sediment from a hot water system, and a deposit from a main were examined for the Waterworks Department.

In addition to the samples taken regularly in connection with the treatment and distribution of the piped supply, the work included examination of samples from the Sor Brook and River Usk taken in connection with the Llandegfedd reservoir scheme, from the Ely Wells which were put into service during the summer months, and from disused mines and other potential sources of supply. Other samples were submitted to ascertain whether there was leakage from the mains and for the investigations of consumers' complaints.

City Surveyor's Department.—Four samples of effluents, two of waste materials and three of deposits from the Wales Empire Pool were examined for the City Surveyor's Department.

Other Samples.—Five samples from other sources consisted of beer, cooking fat (2), a pickaxe handle (mould growth and brown stain) and a shirt (patches of mould growth).

XI—METEOROLOGICAL OBSERVATIONS

1960

The geographical position of the Meteorological Station, which is situated at Penylan, Cardiff, is Latitude 51° 30'N., Longitude 3° 10'W., and the height of the Station above mean sea level is 203 feet. Observations were made daily at 9 a.m. (G.M.T.). Summaries of the observations made during 1960 are given in the following tables:—

BAROMETRIC PRESSURE AND RELATIVE HUMIDITY

Month	Attached Thermometer (Mean)	Mean Barometric Pressure		Hygrometer		
		Uncorrected	Reduced to Mean Sea Level and Temp. 32°F.	Dry Bulb (Mean)	Wet Bulb (Mean)	Mean Relative Humidity
	°F	Inches	Inches	°F.	°F	%
January ...	40	29·506	29·720	39·7	38·6	91
February ...	40	29·560	29·774	39·7	38·1	86
March ...	43	29·647	29·853	43·2	41·4	85
April ...	49	29·987	30·076	50·2	46·2	72
May ...	57	29·905	30·068	56·7	52·3	72
June ...	63	29·932	30·074	63·3	57·7	70
July ...	60	29·735	29·887	61·3	56·6	74
August ...	59	29·754	29·907	60·7	57·1	79
September ...	57	29·805	29·968	56·9	54·0	82
October ...	52	29·459	29·635	51·6	49·9	88
November ...	46	29·434	29·630	46·5	44·9	81
December ...	41	29·584	29·797	40·1	38·9	89
	51	29·692	29·865	50·8	48·7	86

TEMPERATURE

Month	Absolute Maximum	Absolute Minimum	Mean of Maximum	Mean of Minimum	Mean Temperature	Difference from Average (71 years) °F.
	°F.	°F.	°F.	°F.	°F.	
January ...	53	24	45.0	35.7	40.4	+ .5
February ...	61	27	45.0	35.6	40.5	+ .3
March ...	60	32	49.4	39.5	44.4	+1.4
April ...	65	32	56.2	41.8	49.0	+1.9
May ...	71	30	64.4	49.1	56.5	+3.6
June ...	80	47	70.3	54.4	62.3	+4.4
July ...	71	46	66.0	53.6	59.3	-1.6
August ...	73	46	66.8	53.6	60.2	- .4
September ...	73	42	62.7	50.5	56.6	- .3
October ...	65	37	56.6	46.5	51.6	+ .8
November ...	59	28	51.1	41.9	46.5	+2.2
December ...	52	26	44.7	35.9	40.3	-1.0
	80	24	56.5	44.8	50.6	+1.0

UNDERGROUND TEMPERATURE AND SUNSHINE

Month	Underground Temperature (Mean)		Bright Sunshine	
	1 ft.	4 ft.	Total Duration	Difference from Average (52 years)
	°F.	°F.	Hours	Hours
January ...	42.2	46.7	39.0	-13.8
February ...	40.7	44.6	83.5	+ 8.5
March ...	44.9	45.4	85.0	-35.5
April ...	49.7	47.9	174.0	+ 5.6
May ...	57.4	52.9	180.0	-23.2
June ...	64.2	58.0	255.0	+40.2
July ...	64.0	60.7	163.5	-34.5
August ...	63.3	60.7	162.4	-22.9
September ...	60.1	60.1	109.3	-35.2
October ...	53.5	56.3	69.0	-36.2
November...	47.5	51.9	75.2	+11.9
December ...	42.5	48.1	52.8	+ 5.5
	52.5	52.6	1448.7*	-129.6

* = 32.3% of possible duration and a daily average of 3.96 hours.

RAINFALL

Month	Total	Difference from Average (71 years)	Greatest Fall in 24 hours*		Number of Rain-days (0.01 inch or more)
			Amount	Day	
January ...	Inches 4.14	Inches +0.05	Inches 1.20	23rd	20
February ...	2.90	Nil	0.96	26th	14
March ...	2.00	-0.83	0.47	18th	14
April ...	2.89	+0.62	0.81	2nd & 3rd	12
May ...	1.33	-1.38	0.54	12th	9
June ...	2.48	-0.07	0.78	7th	11
July ...	5.73	+2.64	1.17	13th	25
August ...	5.25	+1.19	1.33	23rd	21
September ...	5.75	+2.36	1.28	15th	19
October ...	8.41	+3.80	0.97	26th	21
November ...	7.90	+3.82	1.09	25th	26
December ...	6.51	+2.04	2.27	3rd	24
	55.29	+13.94	2.27 on 3rd Dec.		216

*24 hours ended 9 a.m. (G.M.T.) next day

PORT HEALTH SERVICE

REPORT FOR 1960 OF Mr. T. G. NEWBY, CHIEF PORT HEALTH INSPECTOR

The Cardiff Port Health Authority was constituted by Provisional Order 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.

In accordance with instructions of the Ministry of Health, Form Port 20, the Annual Report for 1960 is recorded in full.

SECTION I—STAFF

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other Appointment held
W. Powell Phillips, O.B.E.	Medical Officer of Health	5th July, 1954	M.R.C.S., L.R.C.P., D.P.H.	M.O.H., City
C. W. Anderson	Deputy M.O.H.	26th July, 1954	M.B., CH.B., D.P.H., T.D.D.	Deputy M.O.H., City
A. H. Griffith	Senior Assistant M.O.H.	12th April, 1955	M.B., B.S., D.P.H.	Senior Assistant M.O.H., 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.H., City
N. Frank	Assistant M.O.H.	1st March, 1951	M.B., CH.B., D.P.H., D.T.M.	Asst. M.O.H., City
D. Harrett	Assistant M.O.H.	1st July, 1958	M.B., B.CH., D.P.H.	Asst. M.O.H., City
G. Ireland	Assistant M.O.H.	1st July, 1958	M.B., B.CH., D.P.H.	Asst. M.O.H., City
T. G. Newby	Chief Port Health Inspector	1st July, 1956	Certificates R.S.I. and Inspector of Meat and Other Foods. Master Mariner's F.G. Certificate	None
G. Lewis	Port Health Inspector	13th October, 1952	Certificates R.S.I. and Inspector of Meat and Other Foods. Smoke Inspector's Diploma	None
F. J. Elliot	Rodent Operative	22nd April, 1946	None	None
M. J. Kelleher	Clerk	19th November, 1919	None	None

Address and Telephone Number of the Medical Officer of Health

City of Cardiff Municipal Offices, Greyfriars Road, Cardiff. Cardiff 31033.

SECTION II

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 1960 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	Port Health Inspector	
Foreign Ports ...	392	842,055	73	309	1
Coastwise ...	1,821	1,158,608	—	621	—
TOTAL ...	2,213	2,000,663	73	930	1

The following table shows the number of vessels entering the port which were dealt with by the department each month during 1960 :—

Month	From Foreign Ports	Coastwise	Total
January	31	192	223
February	30	165	195
March	34	180	214
April	27	137	164
May	32	152	184
June	35	127	162
July	30	117	147
August	37	128	165
September	34	162	196
October	41	167	208
November... ..	29	151	180
December	32	143	175
TOTAL	392	1,821	2,213

The nationalities of the several types of vessels entering the port which were dealt with by the department during 1960 are shown in the following table :—

Nationality	Steam	Motor	Dumb Barges	Total
American	2	—	—	2
Belgian	—	3	—	3
British	406	1,093	31	1,530
Danish	7	17	—	24
Dutch	—	336	—	336
Egyptian	—	1	—	1
Finnish	5	1	—	6
French	6	6	—	12
German	—	66	—	66
Greek	8	6	—	14
Honduran	1	—	—	1
Indian	3	2	—	5
Irish	—	21	—	21
Israeli	—	3	—	3
Italian	—	1	—	1
Lebanese	—	1	—	1
Liberian	14	2	—	16
Norwegian	6	45	—	51
Panamanian	7	—	—	7
Polish	4	4	—	8
Portuguese	1	8	—	9
Russian	2	3	—	5
Spanish	1	8	—	9
Swedish	24	56	—	80
Swiss	—	1	—	1
Venezuelan	1	—	—	1
TOTAL	498	1,684	31	2,213

SECTION III

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic	{	Number of passengers INWARDS 207
		Number of passengers OUTWARDS 152
Cargo Traffic	{	Principal IMPORTS—Iron ore, timber, pitwood, bones, grain, fruit and general.
		Principal EXPORTS—Coal, coke, patent fuel, motor vehicles, heavy iron and steel goods, and general merchandise.

Principal Countries from which ships arrive—Belgium, Brazil, Canada, Finland, France, Germany, Holland, India, Italy, Norway, North and West Africa, Poland, Portugal, Russia, Spain, Sweden and the United States of America.

SECTION IV

INLAND BARGE TRAFFIC

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

NONE.

SECTION 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 16 samples of drinking water from ships were submitted to the Public Health Laboratory for bacteriological examination, the results being as follows :—

Satisfactory	...	...	14
Contaminated	...	...	2
			—
TOTAL	...	...	16
			—

A notice was served on the master of one of the vessels having contaminated water on board and the tanks were emptied, cleansed and refilled at this port, the other vessel sailed before the result of the examination was received and the local Agents were informed.

Also one sample of drinking water from a British ship was submitted for chemical examination and proved to be satisfactory.

Two samples of water were taken from the messroom supply of a premises on the docks and submitted for examination, 1 chemical and 1 bacteriological, both samples were reported to be satisfactory.

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 for 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.

SECTION VI

PUBLIC HEALTH (SHIPS) REGULATIONS, 1952-1958

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 World Health Organisation.

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.

The three-part Warning Notice and Surveillance Card is available for issue when required.

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 south 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 Lansdowne Hospital, Cardiff.

(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 Officer of Health for the district to which such persons 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 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 eighteen vessels were found to be slightly infested with cockroaches and notices were served upon the masters requiring them to take all necessary steps to eradicate the insects. Six seamen discovered to be suffering from scabies were treated at the Seamen's Baths belonging to the Cardiff Corporation.

SECTION VII SMALLPOX

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

From Lansdowne Hospital, Cardiff, 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 Lansdowne Hospital, the Cardiff City Council being responsible for the ambulance service.

Ambulance crews are vaccinated.

Name of smallpox consultant available.

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

G. Emrys Harries (late Medical Superintendent, Lansdowne Hospital)
died 30th August, 1960.

Facilities for laboratory diagnosis of smallpox.

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

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

Year	Persons attending at the Centre for the First Time			Total	Total Attendances
	Syphilis	Gonorrhoea	Non-Venereal and Other Conditions		
1960	50	167	183	400	2,119

No cases of venereal disease came to the knowledge of the Port Health Inspectors during the year.

SECTION IX

CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

During the year one case of chicken pox was landed from a vessel arriving at the port, as shown in the following table :—

TABLE D

Category	Disease	Number of cases during the year		Ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Chicken Pox	—	1	1
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	—	—	—	—
Cases landed from other ships	—	—	—	—

The case of chicken pox mentioned in the foregoing table was removed to the Lansdowne Hospital.

SECTION X

OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No case of malaria was reported to have occurred on vessels entering the port during the year.

SECTION XI

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 rodent operative and, where necessary, 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 HCN	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
40	—	—	—	—	40

SECTION 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 dead after fumigation is submitted to the Public Health Laboratory for examination for the detection of plague. No rats were caught by traps or found dead after fumigation. One vessel was deratted by sodium fluoroacetate and, as a result, five rats were found dead. No rats were submitted for examination for the detection of plague.

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

Deratting of ships by hydrogen cyanide is 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, one vessel was fumigated by hydrogen cyanide for the issue of a deratting certificate. Whenever deratting 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 Associated Fumigators Limited, London.
 The Fumigation Services Ltd., Barking, Essex.
 Disinfestation Limited, Cardiff.
 Messrs. David Thomas and Sons, Ltd., Cardiff.
 The Western Scaling and Painting Co., Cardiff.

Progress in the rat-proofing of ships.

The incorporation of rat-proofing principles now observed in modern ship construction is having the desired effect of reducing rodent infestation to a minimum.

TABLE E
RODENTS DESTROYED DURING THE YEAR IN SHIPS
FROM FOREIGN PORTS

Category	Number
Black rats	5
Brown rats	—
Species not known	—
Sent for examination	—
Infected with plague	—

TABLE F

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

Number of Deratting Certificates issued					Number of Deratting Exemption Certificates issued 6	Total Certificates issued 7
After fumigation with		After trapping 3	After poisoning 4	Total 5		
HCN 1	Other fumigant (state method) 2					
1	—	—	—	1	114	115

The fees received by the Port Health Authority in respect of these certificates amounted to £357 6s. 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	
1951	15	11	123	89	138
1952	12	8	138	92	150
1953	3	3	116	97	119
1954	7	6	119	94	126
1955	5	4	119	96	124
1956	3	2	120	98	123
1957	2	2	135	98	137
1958	—	—	126	100	126
1959	—	—	116	100	116
1960	1	1	114	99	115

The number of vessels deratted, the total number of dead rats found after deratting and the average number of dead rats found per vessel during each of the years 1951–1960, are set out below :—

Year	Number of Vessels Deratted	Total Number of rats found dead after Deratting	Average Number of dead rats found per Vessel
1951	15	174	11.60
1952	12	63	5.25
1953	3	7	2.33
1954	7	50	7.14
1955	5	46	9.20
1956	3	35	11.67
1957	4	10	2.50
1958	*2	3	1.50
1959	*1	4	4.00
1960	*2	5	2.50

* Only one of these vessels was issued with a Deratting Certificate.

SECTION XIII
INSPECTION OF SHIPS FOR NUISANCES

TABLE G
INSPECTIONS AND NOTICES

Category of Nuisance and number of Inspections	Notices served		Result of serving Notices
	Statutory Notices	Other Notices	
Defects of Original Construction	—	1	Ships on which defects were remedied nil
Structural Defects through Wear and Tear	—	33	Ships on which defects were remedied 32
Dirt, Vermin and other Conditions prejudicial to health	—	36	Ships on which nuisances were remedied 36
TOTAL	—	70	68

The number of re-visits made to vessels in connection with health survey and the remedy of sanitary defects and nuisances totalled 3,992.

Defects and nuisances found on vessels entering the port during 1960 are shown below:—

Defects of Original Construction

Insufficient ventilation 1

Structural Defects through Wear and Tear

Defective :—

Ventilators	10
Skylights and deck lights	10
Steam heaters, stoves, stove-pipes, etc.	17
Sanitary conveniences, flushes, etc.	19
Side ports, deck-prisms, etc.	26
Floors	16
Doors	4
Refrigerators	2
Baths, wash-hand basins and waste pipes	57
Scuppers	17
Decks	3

Dirt, Vermin and other conditions prejudicial to health

Dirty :—

Crew quarters	6
Messroom	1
Pantry	1
Galley	1
Sanitary conveniences	3
Fresh-water tanks	10

Slight cockroach infestation :—

Crew quarters	...	...	...	...	...	...	...	31
Messrooms	...	...	...	...	...	...	.....	8
Provision storerooms	...	...	...	...	...	...	...	3
Pantries	...	...	...	...	...	...	...	3
Galleys	...	...	...	...	...	...	...	3
Weevil infestation in storerooms and pantries	...	...	...	...	...	...	...	11
Foul accumulations	...	...	...	...	...	...	...	2
								<hr/>
						TOTAL	...	265
								<hr/>

THE CLEAN AIR ACT, 1956**SECTION 20—APPLICATION TO VESSELS****The Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958**

Smoke Emissions.—During the year 78 vessels (British 59, Foreign 19) were observed emitting dark smoke and the masters or persons in charge were advised of the above Regulations and appropriate action was taken to reduce the emissions. The number of visits made to these vessels was one hundred and fifty-one. Eight visits were also made to four premises on the docks and the persons in charge were informed of the emission of dark smoke and steps were taken to reduce the emissions.

SECTION XIV**PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948**

Information respecting any shell-fish beds or layings within the jurisdiction of the Authority stating whether they are, in the opinion of the Medical Officer of Health, liable to pollution. A report of any action taken, which should state whether any prohibited area has been prescribed, should be included.

(There are no shell-fish beds or layings within the jurisdiction of the Authority.)

SECTION XV**MEDICAL EXAMINATIONS OF ALIENS**

(Applicable only to Ports approved for the landing of Aliens)

List of Medical Inspectors of Aliens holding Warrants of Appointment.

W. Powell, Phillips, O.B.E., M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health.

C. W. Anderson, M.B., CH.B., D.P.H., T.D.D.
Deputy Medical Officer of Health.

A. H. Griffith, M.B., B.S., D.P.H.,
Senior Assistant Medical Officer of Health.

G. E. Phillips, M.R.C.S., L.R.C.P., D.P.H.,
Assistant Medical Officer of Health.

N. Frank, M.B., CH.B., D.P.H., D.T.M.,
Assistant Medical Officer of Health.

List of other Staff engaged on this work.

T. G. Newby, Chief Port Health Inspector.

G. Lewis, Port Health Inspector.

Organisation of work and nature and amount of aliens traffic.

Passenger traffic at the port is relatively small and casual. Forty-nine ships arrived during the year with 127 alien passengers on board and three of these were subjected to detailed medical examination.

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.

SECTION 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, 1953, No. 499, Section 13 (2) (a).—No certificates were issued authorising the masters of foreign ships to purchase dangerous drugs.

Certificates of Health.—During the year no certificates in respect of the health of the port were issued to Shipping Companies.

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 10 Rodent Control Certificates were issued to masters of vessels during the year. The fees received by the Port Health Authority in respect of these certificates amounted to £6 10s. 0d.

Diseases of Animals Acts, etc.—Seventy-five dogs, 64 cats, 3 pigs, 1 antelope and 68 Canadian cattle 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 and New Zealand, and consisted of beef, mutton, lamb, offal, butter and cheese. From Canada and the United States of America, wheat, flour, lard, canned fish and fruit were imported, and from European countries, fresh fruits, canned meats and 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 is 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 bacteriological 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, only one case of caseous lymphadenitis being found.

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

<i>Description</i>	<i>Quantity</i>	<i>Description</i>	<i>Quantity</i>
Advocaat (Boxes)	75	Lard (Cartons)	55,813
Bacon (Bales)	9,979	Macaroni (Cartons)	7,004
Bakers Pangrease Emulsion (Drums)...	40	Maize (Tons)	8,243
Beer, Canned (Cartons)	200	Mandarins (Bundles)	853
Biscuits (Cartons)	126	Margarine (Cartons)	40
Butter (Cartons)	564,783	Meat, Canned (Cartons)	149,819
Butter (Casks)	2	Milk, Canned (Cartons)	10,285
Cauliflower, Pickled (Casks)	113	Milk Powder, (Bags)	11,866
Cheese (Cartons)	21,226	Milk Powder (Boxes)	112
Cheese (Crates)	34,925	Milk Powder (Tons)	65
Cherry Brandy, Bottled (Cartons)	3,440	Mushrooms, Canned (Cartons)	120
Chicken, Canned (Cartons)	1,910	Mussels, Bottled (Cartons)	50
Chicory (Cartons)	20	Nuts (Bags)	2,625
Chicory (Bags)	28	Olive Oil, Canned (Cartons)	79
Cocoa Butter (Bags)	300	Potatoes (Bags)	83,091
Coffee (Bags)	128	Potatoes (Boxes)	3,800
Coffee (Drums)	2	Rice (Bags)	260
Corn, Canned (Cartons)	100	Risotto (Cartons)	420
Crabmeat, Canned (Cartons)	100	Rusks (Cartons)	19,995
Cream, Canned (Cartons)	9,250	Salami (Cartons)	155
Edible Fat (Boxes)	37	Sauerkraut, Canned (Cartons)	95
Farina (Bags)	988	Sausage, Canned (Cartons)	702
Farinoca (Bags)	100	Shrimps, Canned (Cartons)	45
Fish, Canned (Cartons)	6,225	Spaghetti (Cartons)	50
Fish Paste, Canned (Cartons)	300	Sponge Cake (Cartons)	110
Flour (Bags)	181,486	Stew, Canned (Cartons)	2,000
Flour (Cartons)	132	Sweets (Cartons)	119
Flour (Tons)	47	Tomato Juice, Canned (Cartons)	3,325
Fruit, Cannned (Cartons)	80,937	Tomato Paste, Canned (Cartons)	636
Fruit, Canned (Boxes)	8,258	Tomato Purée, Canned (Cartons)	3,474
Fruit, Dried (Cartons)	13,350	Tomato Sauce, Canned (Cartons)	1,500
Fruit, Fresh (Boxes)	355,861	Vegetables, Canned (Cartons)	129,605
Fruit, Fresh (Crates)	250	Vegetables, Dried (Bags)	7,063
Fruit, Fresh (Barrels)	1,603	Vegetables, Fresh (Bags)	11,320
Fruit Juice (Barrels)	1,675	Vegetables, Fresh (Boxes)	482
Fruit Juice, Canned (Cartons)	7,955	Vegetables, Pickled (Casks)	145
Fruit Pulp (Casks)	15	Vermouth, Bottled (Boxes)	25
Fruit Pulp, Canned (Cartons)	315	Walnuts, (Bags)	2,550
Gin, Bottled (Cartons)	164	Walnuts, Pickled (Casks)	6
Icecream, Canned (Cartons)	80	Wheat (Tons)	79,767
Icecream Powder (Cartons)	6	Wine (Casks)	22
Jam, Canned (Cartons)	100	Wine, Bottled (Cartons)	565
Lactic Casein (Bags)	160		

Oversea Meat.—In addition to the foodstuffs already referred to, eighteen vessels arrived with the following quantities of oversea meat :—

<i>Description</i>	<i>Quantity</i>	<i>Description</i>	<i>Quantity</i>
Carcases of lamb	202,699	Boneless meat (Cartons)	164
Carcases of mutton	16,033	Ewe livers (Cartons)	263
Quarters of beef	348	Lamb tongues (Cartons)	250
Fores of beef	625	Rabbits (Cartons)	750
Hinds of beef	602	Sundries (Bags)	2,388
Briskets of beef	26	Sundries (Cartons)	5,820
Sides of veal	50		

The quantities of various kinds of foodstuffs withheld from human consumption during the year are shown below :—

	Tons	cwt.	lb.
Barley	—	—	84
Beans	—	1	18
Biscuits	—	1	48
Cereals	—	—	69
Cheese	—	—	38
Coffee	—	—	107
Cooked Ham	—	—	4
Fish, Canned	—	—	14½
Flour	—	5	40
Fruit, Canned	—	9	84½
Fruit, Dried	—	—	69
Fruit, Fresh	3	2	24
Fruit Juice, Canned	—	—	27½
Fruit Pulp, Canned	—	2	51
Green Peas	—	1	0
Lard	—	—	56
Lentils	—	—	100
Macaroni	—	16	91
Meat, Canned	—	—	96½
Meat, Frozen	—	8	74
Milk, Canned	—	—	57½
Oatmeal	—	2	56
Potatoes	2	4	0
Rice	—	1	56
Rolled Oats	—	1	49
Sausage, Canned	—	—	1½
Shrimps	—	—	0½
Spaghetti	—	1	26
Stew, Canned	—	—	30
Tapioca	—	—	5
Tomato Concentrate, Canned	6	7	65
Tomato Juice, Canned	—	—	65½
Tomato Purée, Canned	—	19	59
Vegetables, Canned	—	15	46½
Vegetables, Fresh	—	5	0
Vegetable Juice, Canned	—	—	5½
Vermicelli	—	—	27
Wheat	1	0	0
TOTAL	17	14	77½

The Public Health (Imported Food) Regulations, 1937-1948, the Public Health (Preservatives, etc., in Food) Regulations, 1925-1958, and the Food and Drugs Act, 1938 (Section 39).—Thirty-five 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	1
Butter	America	1
Chicken, Canned ...	Holland	1
Chicken and Ham, Canned	Holland	1
Chopped Ham, Canned	Denmark	1
Chopped Ham, Canned	Germany... ..	1
Grape Fruit	Palestine	1
Ham, Canned	Holland	1
Lard	Holland	2
Lemons	Palestine	1
Lunch Tongue, Canned	Denmark	1
Oranges	Palestine	2
Oranges	Spain	1
Pâté de Foie	Holland	1
Pork in Juice, Canned ...	Denmark	1
Potatoes	Cyprus	1
Rice Savoury	Denmark	1
Shrimps, Canned ...	Denmark	3
Smoked Salmon... ..	British Columbia ...	1
Spaghetti	Italy	2
Steak, Canned	Australia... ..	2
Strawberries, Canned ...	Holland	1
Tomatoes	Palestine	1
Tomatoes, Canned ...	Italy	4
Tomato Juice, Canned	Canada	1
Tomato Purée, Canned	Italy	1

The two samples of spaghetti from Italy were reported to be infested with weevil and the consignment from which the samples were taken was destroyed, each of the other samples was reported to be genuine or to contain preservatives within the limits prescribed by the Public Health (Preservatives, etc., in Food) Regulations.

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

CITY OF CARDIFF EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

1960

I—STAFF**Principal School Medical Officer**

W. Powell Phillips, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer

Cecil W. Anderson, M.B., CH.B., D.P.H., T.D.D.

Senior School Medical Officers

Nancy K. Gibbs, M.R.C.S., L.R.C.P., D.P.H.

Arlwyn H. Griffith, M.B., B.S., D.P.H.

School Medical Officers

Jean W. Smellie, M.B., CH.B., D.P.H.

G. Edward Phillips, M.R.C.S., L.R.C.P., D.P.H.

N. Frank, M.B., CH.B., B.H.Y., D.T.M.

Anne Guy, B.S.C., M.B., B.CH., D.P.H., D.C.H.

Enid Curran, M.B., B.CH., D.C.H.

Douglas Harrett, B.A., M.B., B.CHIR., D.P.H.

Geoffrey Ireland, M.B., B.CH., D.P.H.

School Medical Officers (Part-time)

Joyce Grant, M.R.C.S., L.R.C.P.

Edith M. Davies, M.B., B.CH., D.P.H.

Olwen J. Cummin, M.B., CH.B.

Robert M. Williams, M.B., B.CH.

Sylvie M. Harrison, B.S.C., M.B., B.CH., D.CH., D.(OBST) R.C.O.G.

Elwyn Roberts, M.B., B.CH.

Frances Marie Richards, B.S.C., M.B., B.CH., D.R.C.O.G., D.C.H.

(Joint appointment with Welsh National School of Medicine)

N.B.—All school medical officers undertake duties for the Local Health Authority and the Education Committee. The time devoted by them to the School Health Service is equivalent to six and a half whole-time medical officers.

Visiting Specialist Medical Officers

(Under arrangements made with the Welsh Regional Hospital Board)

Rupert Parry, M.D., B.S., F.R.C.S., Ophthalmic Surgeon

Hector A. Thomas, F.R.C.S., Aural Surgeon

Professor A. G. Watkins, M.D., F.R.C.P., Professor of Child Health

School Dental Service

Principal School Dental Officer—H. V. Newcombe, L.D.S.

School Dental Officers

D. W. Elliot, L.D.S.
 C. N. Howitt, L.D.S.
 J. W. Lewis, L.D.S.
 D. J. Andrews, L.D.S.
 Mrs. S. L. Falconer, L.D.S.
 Mrs. B. T. Dolby, L.D.S., R.C.S., B.D.S.
 T. Bassett-James, L.D.S. (part-time)
 Miss E. M. Merrifield (half-time)
 D. J. Harries, M.A., B.D.S. (part-time)
 Mrs. J. Bassett-James, B.D.S. (part-time)
 Mr. B. R. Bird, B.D.S. (part-time)

(All dental officers also undertake services for expectant and nursing mothers and young children. The time devoted to the School Dental Service is equivalent to 7·3 whole-time dental officers).

Orthodontist

Anthony S. Lewis, B.D.S.

Nine Dental Clerk/Attendants

(Time devoted to School Dental Service is equivalent to 7·2 dental clerk/attendants)

Nursing Staff

Superintendent Health Visitor—Miss N. M. Osmond, S.R.N., S.C.M., H.V.CERT.
 (One-third time devoted to School Health Service)

Deputy Superintendent Health Visitor—Miss M. J. Price, S.R.N., S.C.M., H.V.CERT.
 (One-sixth time devoted to School Health Service)

Fifty-three Health Visitors.—Time devoted to School Nursing duties equivalent to 12½ nurses.

Five State Registered Nurses.—(One for General Duties)
 (One for duty at Spastic Unit)

Four Clinic Helpers.—Time devoted to School Health Service is equivalent to 2 clinic helpers.

Speech Therapy

Head Speech Therapist.—Miss B. M. R. Morris, L.C.S.T.

Speech Therapists.—Mrs. C. Jennifer Matharu, Mrs. M. Clark (resigned 31st August, 1960), Miss E. Lloyd (resigned 2nd April, 1960), Mrs. M. Louise Clarke.

Orthoptic Clinic

Orthoptists.—Miss Joyce Pinnick, Central Clinic.
Miss V. A. Llewellyn, Canton Clinic (commenced 29th August, 1960).
(85% of time of Clinic is devoted to schoolchildren).

Physiotherapist.—Mrs. E. L. Roberts, M.C.S.P. (on Special Leave)
Mrs. K. L. Evans (Temporary Capacity).

Child Guidance Clinic

Psychiatrist.—Dr. Gaynor Lacey, M.B., B.S., D.P.M.

Psychologist.—Robert Robertson, M.A., B.ED.

Psychiatric Social Worker.—Mrs. M. R. Thomas, B.A. (resigned 13th November, 1960).

Secretary.—Miss C. J. Serjent.

Peripatetic Teachers of the Deaf

Mrs. M. E. Aanensen, B.A.

Mr. S. G. Merrifield.

Administration

Principal Administrative Assistant.—A. E. Brain (Part-time).

Administrative Officer.—P. H. Williams F.C.C.S. (Part-time)

Administrative Assistants.—A. K. Jenkins (Full-time)
William Patterson (Part-time)

Clerical Assistants.—14.

II—MEDICAL INSPECTION

The average numbers of schoolchildren and the average attendance for the year ended December, 1960, were as follows :—

	Average Number on Registers	Average Attendance
Grammar Schools	6,237	5,875
Secondary Modern Schools	10,523	9,421
Primary and All Age Schools	26,658	23,975
Special Schools	401	328
TOTAL	43,819	39,599

The numbers of schoolchildren inspected at periodic medical inspections at schools during 1960, were as follows :—

AGE GROUP (by year of birth)	Boys	Girls	Total
1956 and after	218	212	430
1955	6	7	13
1954	1 494	1,424	2,918
1953	297	255	552
1952	24	11	35
1951	26	12	38
1950	26	19	45
1949	24	5	29
1948	1,017	1,221	2,238
1947	141	111	252
1946	1,446	1,419	2,865
1945 and earlier	684	434	1,118
TOTAL	5,403	5,130	10,533

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

		Boys	Girls	Total
Special Inspections	{ At School	190	108	298
	{ At School Clinic	920	981	1,901
TOTAL		1,110	1,089	2,199
Re-inspections	{ At School	391	326	717
	{ At School Clinic	794	883	1,677
TOTAL		1,185	1,209	2,394

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) :—

AGE GROUPS INSPECTED (by year of birth)	Found to require treatment for		Total Individual Pupils	Percentage
	Defective Vision	Other Conditions		
1956 and later	4	17	21	4.9
1955	1	5	5	38.4
1954	270	655	774	26.5
1953	23	53	72	13.0
1952	2	5	7	20.0
1951	1	2	3	7.9
1950	—	2	2	4.4
1949	—	2	2	6.9
1948	239	344	508	22.7
1947	19	24	41	16.2
1946	294	332	575	20.0
1945 and earlier	131	65	187	16.7
TOTAL	984	1,506	2,197	20.8

Defective vision, squint and other eye defects formed over a third of the total defects requiring treatment.

The defects found by the medical inspection of 10,533 children at the periodic medical inspections were as follows :—

DISEASE OR DEFECT	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL —ALL GROUPS	
	Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion
SKIN	23	66	62	27	52	73	137	166
EYES :—								
Vision	274	165	445	68	265	275	984	508
Squint	15	40	10	7	11	32	36	79
Other	4	12	3	6	10	12	17	30
EARS :—								
Hearing	46	16	21	10	18	18	85	44
Otitis Media... ..	25	17	21	1	21	21	67	39
Other... ..	11	3	5	4	5	4	21	11
NOSE OR THROAT	154	101	51	18	48	54	253	173
SPEECH	49	44	9	3	9	66	67	113
LYMPHATIC GLANDS	14	47	7	6	3	19	24	72
HEART & CIRCULATION	10	35	15	10	5	33	30	78
LUNGS	40	71	9	10	14	53	63	134
DEVELOPMENTAL :—								
Hernia	2	12	2	1	3	3	7	16
Other	12	78	12	8	15	36	39	122
ORTHOPAEDIC :—								
Posture	12	29	29	14	22	75	63	118
Flat Foot	96	66	67	26	57	70	220	162
Other	75	83	96	29	94	95	265	207
NERVOUS SYSTEM :—								
Epilepsy	—	7	3	2	—	16	3	25
Other	9	19	2	—	4	23	15	42
PSYCHOLOGICAL :—								
Development	8	15	1	—	10	42	19	57
Stability	11	37	5	1	11	44	27	82
ABDOMEN	4	7	1	—	2	2	7	9
OTHER DEFECTS AND DISEASES	38	15	23	5	33	23	94	43

The defects found by the medical inspection of 4,593 children at special inspections and re-inspections were as follows :—

Defect Code No. (1)	DEFECT OR DISEASE (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	SKIN :—		
	Ringworm—Scalp ...	—	—
	Body ...	2	2
	Scabies	1	—
	Impetigo	1	2
	Other	947	34
5	EYES :—		
	(a) Vision	34	14
	(b) Squint	—	2
	(c) Other	7	5
6	EARS :—		
	(a) Hearing	9	8
	(b) Otitis Media ...	6	5
	(c) Other	8	5
7	NOSE AND THROAT ...	85	39
8	SPEECH	8	26
9	LYMPHATIC GLANDS ...	1	8
10	HEART	7	21
11	LUNGS	12	31
12	DEVELOPMENTAL :—		
	(a) Hernia	3	1
	(b) Other	3	7
13	ORTHOPAEDIC :—		
	(a) Posture	7	18
	(b) Feet	62	31
	(c) Other	14	26
14	NERVOUS SYSTEM :—		
	(a) Epilepsy	1	4
	(b) Other	3	6
15	PSYCHOLOGICAL :—		
	(a) Development ...	4	9
	(b) Stability	16	4
16	ABDOMEN	—	6
17	OTHER	250	198

Physical Condition.—The following is a classification of the general condition of children medically inspected :—

AGE GROUPS (By year of birth)	Number of Children Inspected	SATISFACTORY		UNSATISFACTORY	
		Number	Per- centage	Number	Per- centage
1956 and later	430	378	87·9	52	12·1
1955	13	13	100·0	—	—
1954	2,918	2,897	99·3	21	0·7
1953	552	552	100·0	—	—
1952	35	35	100·0	—	—
1951	38	38	100·0	—	—
1950	45	45	100·0	—	—
1949	29	29	100·0	—	—
1948	2,238	2,236	99·9	2	0·1
1947	252	251	99·6	1	0·4
1946	2,865	2,863	99·9	2	0·1
1945 and earlier	1,118	1,118	100·0	—	—
TOTAL	10,533	10,455	99·3	78	0·7

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

A summary of the work of the health visitors in connection with home visiting is given in the following table :—

Visits for	Total
Defects of Vision	627
Defects of teeth	153
Defects of ear, nose and throat	223
Other defects and diseases ...	1,010
Scabies	30
Nursery School Pupils	308
TOTAL ...	2,351

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

Number of :—

Examinations of children for uncleanliness	93,689
Children found with vermin and/or nits	2,941
Children found to be free from vermin and nits on re-examination	1,555
Children for whom cleansing notices issued	2,794
Children for whom cleansing orders issued	150

Health Visitors paid 842 routine and 421 special visits to schools to inspect and follow up children reported to require treatment.

Health Visitors Survey of the Intermediate Group.—In addition to periodic medical inspections, pupils in Primary Schools are inspected at the age of eight years by Health Visitors. The number of pupils inspected and re-inspected by Nurses during the year was 1,802 (972 boys and 830 girls). Of these children 313 were found to have defects requiring treatment, of which 180 were vision and 189 other defects. Forty-one pupils were reported to be infested and 33 were bodily unclean.

The Health Visitors Survey was discontinued in July, as it was considered most important, in view of the large number of vision defects found at periodic medical inspections at school, that children should have more frequent vision tests. Arrangements have, therefore, been made for the annual vision testing of children who are in their last two years at the Junior School. They will also receive a further vision test when they have their medical examination during their first year at the Grammar or Secondary Schools.

Silver Jubilee Camp School, Porthcawl.—Each child is inspected by a Health Visitor before travelling to the Camp, mainly to reduce the risk of infection and the spread of verminous conditions but also to prevent any child attending who may have become unfit since selection. Forty-nine 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	—	
Body	2	
Scabies	45	
Impetigo	143	
Other Skin Diseases	928	
MINOR EYE DEFECTS	18	
MINOR EAR DEFECTS	90	
MISCELLANEOUS (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	1,005	
TOTAL	2,231	5,929

(b) Defective Vision and Squint

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

Number of children examined	6,177
Errors of Refraction	4,009
† Spectacles prescribed	3,116
Other defects or diseases treated	256
Referred to Orthoptic Clinic	451
Attendances at Clinics	10,489

† *There was no change in the prescription in 570 refractions.*

Spectacles are supplied through the Supplementary Ophthalmic Service of the National Health Service. The total number of spectacles provided by this Service for school children during the year was 1,712, which is a further reduction as compared with the previous year, which is no doubt due to parents purchasing other types of spectacles at their own cost.

Orthoptic Clinic

The 1960 Annual Report on the work in the Orthoptic Clinics is again mainly the figures for the Central Clinic as the clinic at Canton did not re-open until September, 1960.

The number of new patients taken on was about the same as usual, but a small waiting list has accumulated at the Central Clinic and the patients are having to wait approximately 2 months between being seen at the Vision Clinic and the Orthoptic Clinic. This period of waiting is expected to be reduced by Easter.

During the summer and early autumn there was some difficulty in obtaining beds at Llandough Hospital for the squint operations, and until late November only 26 operations had been performed. However, this matter was taken up with the Hospital, and the position has now improved, and children under 6 are being taken in fairly regularly, and occasionally older children. Only 7 children were admitted to Ely Hospital during the year.

During the year 17% of the appointments sent for children to attend the Central Clinic were not kept, and 33% of the appointments sent for children to attend the Canton Orthoptic Clinic were not kept.

Of the patients discharged as satisfactory and completely cured this year, 59% were treated by Orthoptic treatment only, while 41% required surgery or both Orthoptic treatment and surgery.

Central and Canton Clinics

<i>New Patients accepted for treatment</i>	...	...	...	...	222	
<i>Patients discharged</i>	...	...	...	...	192	
With Binocular Single Vision—without operation				37	} 39	
with operation	...			2		
Cosmetically straight				6	} 29	} 93
with operation	...			23		
Improved	...	...	...	12	} 25	
with operation	...			13		
Failed to attend clinic	...	...	...	...	68	
Intractable Amblyopias	...	...	...	...	8	
Left district	...	...	...	...	11	
Referred to Cardiff Royal Infirmary	...	...	...	...	3	
Refused to have operation or treatment	...	...	...	...	1	
No co-operation	...	...	...	...	6	
No improvement	...	...	...	...	1	
<i>Patients under treatment at end of 1960 :—</i>						
Bi-weekly treatment	...	...	...	...	48	
Occlusion	...	...	...	...	100	
Too young	...	...	...	...	15	
On waiting list for operation	...	...	...	...	47	
Under supervision	...	...	...	...	649	
				TOTAL	859	
<i>Total Attendances</i>	...	...	...	...	3,230	
<i>Operations performed</i>						
Llandough Hospital	...	...	...	35	} 42	
Children's E.N.T. Hospital	...	...	...	7		
Number of appointments not kept	...	...	...	...	937	
Number of attendances	...	...	...	...	3,230	
<i>Number on Waiting List for Central Orthoptic Clinic</i>	...	...	...	...	32	

Results of Testing the Visual Acuity of Children in Standards 3 and 4 of Normal Junior Schools.

Anne Guy, D.P.H., M.B., B.Ch., Assistant Medical Officer

Myopia tends to develop at the age of 10 to 12 years, the last two years in Junior Schools. A previous small vision survey had shown that the majority of children with visual acuities better than 6/12, 6/12 seen at vision clinics were attending Junior Schools. It was decided to test the visual acuities of children in Standards III and IV in normal Junior Schools, so that such vision defects could be detected as early as possible.

The survey was conducted by Health Visitors, who were supplied with a simplified Snellen type test card, and who tested only those children not wearing glasses at the time of the examination. The standard of referral was 6/9 or worse in either eye. The examinations took place late in the Christmas term, 1960.

This report deals only with the children referred to three clinics in the City.

Number Tested and Referred

2,342 children were tested in 20 Junior Schools. Two schools in the area were not included, owing to lack of time.

255 children were referred to the vision clinics, i.e., 10·9% of those examined. The percentages referred from each school varied between 4·5% and 26·7% (Table 1); this is a surprisingly wide variation. Seven schools with a percentage referral of 5% or more above and below the average are considered later.

In 1960, of 10,533 routine all-age medical inspections, 984 (9·3%) were referred to vision clinics. This excludes children referred for squints and other eye conditions.

Table 1.—Numbers and Percentages of Children referred to each of three Clinics.

	Number Examined	Number Referred	Percentage Referred
Clinic 1 ...	899	93	10·3
Clinic 2 ...	482	65	13·7
Clinic 3 ...	961	97	10·1
TOTAL ...	2,342	255	10·9

It may be noted that the area of Clinic 2 served three of the four schools from which more than 15% of children were referred.

Children Referred to Clinics

255 children were referred. 20 failed to attend despite at least two appointments, two were still waiting to be seen at the time the figures were compiled and 14 were either attending elsewhere, or the records could not be traced. Thus 221 children attended the clinics, 86·7% of those referred.

Children Attending Clinics

221 children attended the clinics. Of these, 142 were refracted, and 103 were thought to require glasses. The remaining children were found either to have adequate vision for their purpose, or were considered to be not in need of glasses at present, but to be kept under review.

Seven children were found to have possible reading difficulties, one of whom was referred for examination for a school for educationally subnormal children. (Table 2.)

Table 2.—Children referred to Vision Clinics

	Number	Percentage
Children refracted	142	55·7
Children not refracted	79	31·0
Failed to attend	20	7·8
Other	14	5·5
TOTAL REFERRED	255	100·0

Findings at Refraction

142 children were refracted out of 221 attending, 64·2%, and glasses were prescribed for 103 children, 72·5% of those refracted. Of these 103 children, 54 suffered from astigmatism (Hypermetropic, myopic or mixed), 34 had myopia, eight had squints, three had partial amblyopia in one eye, two were hypermetropic and the clinic cards of two cannot be traced. (Table 3.)

Table 3.—Diagnosis of Children for whom glasses were prescribed

Diagnosis	Number	Percentage
Astigmatism	54	52·4
Myopia	34	33·0
Squint	8	7·8
Hypermetropia	2	1·9
Amblyopia	3	2·9
Unknown	2	2·0
TOTAL	103	100·0

It was a little surprising to find that approximately half the children suffered from some form of astigmatism requiring a cylinder of at least 0·50D with a sphere of at least 1D in one or both eyes. It had been expected that myopia would be predominant.

Of the eight children with squints, three were known cases not wearing glasses in school.

39 children were refracted, but did not need glasses. Three of these were possibly educationally retarded. 14 children were optically neutral, 11 were mildly myopic, eight had a mild degree of astigmatism, two had squints and one had an amblyopic eye. (Table 4).

Table 4.—Diagnosis of children who were refracted and for whom glasses were not prescribed.

Diagnosis	Number	Percentage
Optically neutral	14	35·9
Myopia	11	28·2
Astigmatism	8	20·5
Squint	2	5·1
Amblyopia	1	2·6
Reading difficulty	3	7·7
TOTAL	39	100·0

Ten children in the whole group of 142 had squints and four had partial amblyopia, thus 9.9% of this group would require orthoptic treatment.

Children not Refracted

Seventy-nine children of the 221 who attended clinic were not refracted, i.e., 35.7%. Two children were known squints, one was known to have a coloboma. One child had styes. Four children were slow readers. 43 children were thought to have nothing wrong with their eyes. The remaining 28 were felt to need a review some time in the future. This number is probably too high and in future the criteria for deferring a decision on a child should be stricter.

Table 5.—Children attending, but not refracted

	Number	Percentage
Nothing wrong	43	54.4
Review	28	35.4
Known cases	3	3.8
Reading difficulty	4	5.1
Styes	1	1.3
TOTAL	79	100.0

Children with Nothing Wrong

Out of 221 children attending the clinics, 57 were found to be optically neutral and to have nothing obviously wrong, i.e., 25.7% of those attending. This is a rather high proportion, and might be reduced by greater care in testing in school.

Known Cases

Six of the twelve children with squints were known cases and had been referred as they were not wearing their glasses at the time of the school test.

Apart from these six, three other children refracted were old cases. This is far too few as it seems unlikely that reformation suddenly took place in the children's habit of not wearing glasses. It is probable that Health Visitors tested children who said they did not have glasses, rather than children who were not wearing glasses at the time, a different matter.

Had all children who did not have glasses on, or with them in class, been tested the interesting proportion might have been discovered who should have been wearing glasses.

Children referred and not in previous groups

Thirty-four children are not in the previous groups. Five wrote to say they were going to opticians, two were waiting for appointments, the cards of three cannot be traced. One child moved out of the area before being seen. One child is attending the Infirmary—department unknown. 22 children failed to attend the clinic, despite two or more appointments. Two of these were known cases and were not wearing glasses in school.

Children refracted with visual acuity of 6/9/ 6/9.

132 children of the 255 referred had visual acuities of 6/9 6/9 in school, that is, 51.8% of these referred. 44 of these children were found at the clinic to have visual acuities of better than 6/9 6/9, i.e., 35% of those in this group. Only eight of the 44 were refracted, one of whom only needed glasses. 70 children were found at the clinic to have visual acuities of 6/9 6/9 and worse, 17 of these 70 had visual acuities in the clinic of one line or more worse than 6/9 6/9. 16 children were refracted and 11 needed glasses. 18 children did not attend. Thus, of the group of 132 children, 24 were refracted (18.2%) and 12 had glasses. It might be argued that visual acuities worse than

6/9 6/9 would be a better level for referral (i.e., one or more letters not read correctly in the 6/9 line). However, it might be noted that 17 children had visual acuities at least one line worse than 6/9 6/9 at the clinic, and with present conditions of testing, 6/9 6/9 would seem to be a suitable level of referral, provided care is taken at school during the testing.

Schools from which referrals were 5% higher or lower than the average.

Three schools had referral percentages of 5% higher than the average of 10.9%.

1. **School A.** (19.3%). 140 children were tested, 27 referred, 12 were refracted, of whom 10 needed glasses; and of the 13 not refracted, 12 had visual acuities at the clinic better than at the examination. Two did not attend.

2. **School B.** (26.7%). 12 children were referred out of 45 tested. Six had better visual acuities at the clinic than at school; and two out of the three children refracted needed glasses. Three failed to attend.

3. **School C.** (16.7%). 18 children examined, three referred, one failed to attend, one child needed glasses.

Four schools had referral percentages of 5% lower than the average of 10.9%.

4. **School D.** (5.4%). 168 examined, nine children referred, of whom three needed glasses, one failed to attend.

5. **School E.** (5.0%). 179 children examined, nine referred, of whom seven needed glasses. The only child not refracted had difficulty in reading.

6. **School F.** (4.5%). 22 children examined, one referral with a low visual acuity; this child needed glasses.

7. **School G.** (5.2%). 192 children examined, 10 referred. One was a known case, not wearing glasses. Two children needed glasses.

The figures are summarised in Table 6.

Table 6.—Summary of Seven Schools with referral rates 5% or more above or below the average (10.9%).

School	Number Examined	Number Referred	Percentage Referred	Number Needing Glasses	V.A. better at Clinic	Failed to Attend
A ...	140	27	19.3	10	12	2
B ...	45	12	26.7	2	6	3
C ...	18	3	16.7	1	0	1
D ...	168	9	5.4	3	4	1
E ...	179	9	5.0	7	1	0
F ...	22	1	4.5	1	0	0
G ...	192	10	5.2	2	1	1

It seems from these figures that there is a wide variation between schools in the number of children referred, and that the percentage referral rate should possibly be somewhere between 5 and 10%; or that there is a very wide variation in the standard of testing by Health Visitors.

Summary and Conclusions

2,542 children in Standards III and IV of 20 schools were tested in school with a simplified Snellen type test card. 255 were referred to clinic as failing to read better than 6/9 in either eye.

221 children attended clinic, of whom 142 were refracted, and 103 children were found to need glasses.

Only nine children of those referred were known cases, not wearing glasses at the time of examination. This seems too few, as in one area a large number of children needing glasses fail to wear them.

The variation in percentage referrals is surprisingly wide, and suggests that either the testing is not uniformly carried out, or that standards are varying between Health Visitors. If the testing is carefully conducted, 6/9 6/9 would seem a satisfactory level of referral for next year. Should variations still be observed, the standard might be made 6/9 part 6/9 part (i.e., failing to read one or more letters of the four in the 6/9 line).

It might be noted that one quarter of the children attending clinic were optically neutral, and with no obvious eye defects. This is rather a large proportion and emphasises the care necessary in testing children with a Snellen card in school.

Seven children had normal vision, but difficulty in reading. This seems a useful by-product of the vision testing.

Six children were found to have squints and had not been previously referred to clinic or elsewhere. It seems surprising that no-one had previously noticed the squint, neither teachers, Health Visitors, nor parents.

Parents on the whole expressed gratitude for the examination, whether the child's eyes were normal or not, and tended to think it a good idea.

It is surprising that a greater proportion of astigmatism of all types was found than myopia. The results obtained seem worthwhile and the time taken by the examinations is not unduly long.

(c) *Defects of Ear, Nose and Throat*

	EAR	NOSE AND THROAT	
		Tonsils and Adenoids	Other Defects
Received Operative Treatment ...	30	1,062	46
Received Treatment in Hospital ...	71	—	—
Received other forms of treatment	242	171	—
Total number of children examined	483	1,558	—
Attendances at Clinics	936	2,558	—

Waiting list for Operative Treatment at 31st December, 1960

Tonsils and Adenoids—Urgent	153
Ordinary	3
	156
Other ear, nose and throat conditions	5
	161
	TOTAL
	161

Hearing aids were provided for 2 children during 1960 and 41 children previously equipped, were also using aids.

(d) *Orthopaedic and Postural Defects*

Children requiring treatment for Orthopaedic and postural defects are referred to the Orthopaedic Clinic which is now maintained by the Cardiff Hospital Management Committee at specially adapted premises in an annexe to the Children's E.N.T. Hospital at Ely.

Details of the treatment provided were included in previous reports when this Clinic was part of the administration of the School Health Service. It can be reported, however, that 966 pupils were examined and treated at the Clinic during the year.

(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	116
New cases attending	10
Cases discharged from supervision on leaving school ...	18
Other cases who ceased to be supervised :—	
Died (from cardiac failure following operation for ventricular septal defect and pulmonary valve stenosis)	1
Discharged not suffering from Rheumatism	8
Transferred to Private Practitioners and to other clinics	3
Ceased to attend	8
Cases remaining under supervision at end of the year ...	92
Total attendances at routine Rheumatism Clinics ...	160
Routine Clinic Sessions	8
Average attendance at routine clinic sessions	20
Average number of new cases at routine clinic sessions ...	1.25

The following table shows the condition of the heart in the 18 cases that ceased to remain under supervision on leaving school :—

	<i>On Ascertainment</i>	<i>On Discharge</i>
Normal	8	12
Minor Heart Manifestations	7	3
Major Heart Manifestations	3	3

The types of heart diseases present in the 3 cases having major heart manifestations on discharge were as follows :—

Mitral Regurgitation	1
Congenital :	
Atrial Septal defect	1
Ventricular septal defect	1

(f) Radiography

The children referred for radiography were X-rayed at the Orthopaedic Clinic which is now administered by the Cardiff Hospital Management Committee.

(g) Special Clinic for girls at Puberty

Dr. E. M. Davies has undertaken special clinics for girls sent to her from schools and clinics for advice and treatment on complaints of special significance at this age period.

(h) Cleansing

(a) Cleansing of children with unclean heads.—It will be noted that the report of the work of the Health Visitors refers to the cleansing inspections which are undertaken each term in schools. Continual infestation of certain pupils is common in a number of families and it is also noted that certain schools show a considerably higher incidence than others. 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 Treatment Centre. 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 150 children attended the school clinic or centre 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 number of persons who become infected. The Department's Treatment Centre, which is staffed as required by clinic helpers, is available for the treatment of adults and children.

A summary of the work of the centre during the year is as follows :—

Number of cases treated :—

Vermin and nits in head	150
Impetigo of head, face and hands	42
Cleansing Baths only	79
Scabies Baths	116
	—
	387
	—

Attendances for Scabies :—

Schoolchildren	85
Children under school age... ..	12
Adults	19
	—
TOTAL	116
	—

VI—SCHOOL DENTAL SERVICE

Report for the year 1960 of

H. V. NEWCOMBE, L.D.S., R.C.S., Principal School Dental Officer

Before proceeding with my report, it is my sad duty to record the grievous loss which we sustained early in the year in the death of Mr. A. Jeffries who served for many years as a half-time and latterly as a full-time member of the dental staff. To his friends and colleagues he will be remembered as a kindly, generous man, meticulously careful in his work—to which he was completely devoted—and one who was always true to his professional principles.

In January a full-time appointment was made in which we were particularly fortunate, the person concerned having worked in the same capacity in the department some years ago, and whose capabilities and suitability for the post were, therefore, already known to us.

During the year no less than four dental surgeons applied to serve on the staff but unfortunately we could not engage them without exceeding the authorised establishment—which latter was reached in April when a part-time officer working on the basis of one and a half sessions per week was appointed.

The dental staff position at the end of 1960 and 1959 respectively is shown in the following table.

	<i>As at</i> 31st December, 1960	<i>As at</i> 31st December, 1959
Full-time permanent officers	6	6
Full-time temporary officers	1	1
Half-time temporary officers	1	1
Part-time temporary officers	4	3
	—	—
Actual strength in terms of full-time officers	9	8 6/11
	—	—

Inspection and Treatment

The number of children examined at school showed an increase of 33·4% over the corresponding figure for the previous year but it is still below the half-way mark in relation to the number representing the total school population.

Of the children so examined the number found to require treatment was 61·0% against a mean of 60·9% for the years 1958, 1959 and 1960. During this period the number of fillings—per cent of patients treated—rose by fairly substantial amounts, with corresponding slight decreases in the number of extractions, as indicated in the following table.

	1958	1959	1960
Number of fillings per cent of children treated ...	139·7	156·4	173·5
Number of extractions per cent of children treated ...	169·9	167·8	166·9

Thus it will be seen that despite two successive annual increases of 16·7% and 17·1% in the amount of fillings performed, the level in the dental condition of the children—if we express this as the number of children found to require treatment relative to the number examined—was only slightly increased.

If dental decay and the growth in school population proceed at the present rate it is evident that it will become increasingly difficult if not impossible to maintain even this level, such as it is, without some addition to the existing staff.

Orthodontics

In December at Wessex Street Clinic, a very interesting and instructive lecture—illustrated with coloured lantern slides—was given by our Orthodontist, Mr. A. S. Lewis, in which he dealt with the diagnosis and treatment of the more abnormal types of cases which are from time to time encountered. It was clear, however, that the kind of treatment called for in many such cases was, in present circumstances, outside the scope of the School Dental Officer by virtue of the special equipment, techniques, and time involved. The lecture was well attended by the staff dental officers, who expressed the hope that further such talks might be given by Mr. Lewis, at period intervals in the new year.

The Tuckshop and Dental Health

The practice of selling confections such as sweets, chocolates and biscuits on school premises has of late been the subject of much adverse criticism from various quarters, notably from the medical and dental professions, and this is hardly surprising in view of the widespread dental disease found in schoolchildren today.

Although the exact process whereby the cariogenic factors operate in producing dental decay is, as yet, not fully understood, dentists generally are agreed that one of the main causes is the indiscriminate consumption of fermentable carbohydrate—and recent research supports this hypothesis.

Dr. Manbridge, Senior Lecturer in Preventive Dentistry in the University of Edinburgh, has shown in his recent investigations of the oral condition and sweet eating habits of a selected group of Ayrshire children—aged thirteen and a half years—that the dental caries experience was substantially less in those whose standard of oral hygiene was classed as “good” and that the average number of decayed, missing and filled teeth per child, increased consistently with increase in sweet and chocolate consumption.

Human saliva possesses a buffering action which tends to keep the teeth in a balanced state of health. A too frequent ingestion of carbohydrate gradually exhausts this beneficial action and a period of rest is required to allow it to regain its potency. It has been demonstrated that the buffer effect of saliva stimulated at ordinary meal times is significantly higher than that of saliva secreted after the same stimulus between meals. It has been

shown, furthermore, that sugar taken between meals takes longer to clear from the mouth than when taken with meals and that caries activity could be reduced to a negligible amount by the complete restriction of between meal sugars, even although refined sugar was permitted with normal meals.

Such observations as these clearly indicate the potential danger to the teeth in the uncontrolled consumption of sweetmeats.

For most children the eating of sweets and other confections is a pleasurable occupation over which they themselves can hardly be expected to exert the necessary discrimination and control.

In an article in the "Teachers World" of 23rd September, 1960, entitled "Tuckshop Trouble," the writer remarks "we can ensure that nothing brought from outside is eaten during school hours" but also makes it plain that "no teacher has yet discovered how to stop a child from sucking a surreptitious toffee during playtime" and that a "complete ban on eating in school hours would be wellnigh impossible to enforce." From this it would appear that the complete banning of school tuckshops is by no means the complete answer to the problem.

In Cardiff the Director of Education reported that "enquiries had been made at nine schools taken at random and four of these were selling biscuits at break-time and moneys so collected were used for school purposes."

The British Dental Association takes the view that "If tuckshops are to remain then the goods sold in them should at least be reasonably dentally harmless." Substitutes such as apples and nuts have been advocated and these at least have the merit of helping to clean the teeth and encourage chewing. Furthermore such substitutes—if fully acceptable to the child—might in time effect better eating habits.

That teachers are taking a more positive attitude in matters of dental health is encouraging—the article in "Teachers World" concludes thus: "We have a responsibility in respect of children's health and their teeth are part of that responsibility. How responsibility shall be exercised is a matter for us, as teachers, to decide. But the doctors have appealed for co-operation, and this, in the circumstances, might properly be promised."

Parents, too, are beginning to realise the harmful effect which bad dietetic habits and lack of oral hygiene can have on their children's teeth, but it is obvious that they themselves must have the requisite dental health knowledge if they are to exert their influence to the best advantage.

With the child properly disciplined in the home by parents, so enlightened, and with suitable dental health instruction given in the school, there seems little doubt that a significant reduction in the caries rate could be achieved.

The full statistical table of the school dental work carried out during 1960 is as follows:

(1) Number of Children inspected by the Dentists:—

(a) Periodic Age-groups ...	...	...	...	...	17,953
(b) Specials ...	...	...	...	...	7,229
				TOTAL ...	25,182
(2) Requiring Treatment ...	...	...	...	...	18,153
(3) Offered treatment ...	...	...	...	...	14,429
(4) Actually treated ...	...	...	...	...	9,915
(5) Attendances made by children for treatment ...	...	...	...	...	25,490
(6) Half-days devoted to:—					
Inspection ...	...	...	...	...	113
Treatment ...	...	...	...	...	3,786†
				TOTAL ...	3,899

† Includes the equivalent of 18 sessions which should be re-allocated to dental service for mothers and young children and 98 sessions by Consultant Orthodontist.

(7) Fillings :						
	Permanent Teeth	...	...	...	...	16,360
	Temporary Teeth	...	...	...	...	845
				TOTAL	...	————— 17,205
(8) Teeth Filled :						
	Permanent Teeth	...	...	...	...	15,001
	Temporary Teeth	...	...	...	...	797
				TOTAL	...	————— 15,798
(9) Extractions :						
	Permanent Teeth	...	...	...	...	4,803
	Temporary Teeth	...	...	...	...	10,891
	For Regulation purposes (permanent)	...	...	...	...	401
	For Regulation purposes (temporary)	...	...	...	...	461
				TOTAL	...	————— 16,556
(10) Administrations of general anaesthetics for extractions		...				8,369
(11) Other operations—Permanent Teeth :—						
	(a) Scalings	...	...	...	...	196
	(b) Cleanings	...	...	...	...	612
	(c) Dressings	...	...	...	...	1,240
	(d) Root Fillings	...	...	...	...	31
	(e) X-rays	...	...	...	...	415
	(f) Crowns	...	...	...	...	16
	(g) Gum Treatments	...	...	...	...	298
				TOTAL	...	————— 2,808
	Temporary Teeth	...	...	...	...	229
(12) Number of pupils supplied with artificial dentures		...				155
(13) Orthodontics :—						
				<i>By Consultant Orthodontist</i>	<i>By Dental Officers</i>	
(a)	Cases commenced during the year	...	...	38	163	
(b)	Cases carried forward from previous year	...	...	109	51	
(c)	Cases completed during the year	...	...	41	63	
(d)	Cases discontinued during the year	...	...	46	65	
(e)	Pupils treated with appliances	...	...	147	214	
(f)	Removable appliances fitted	...	...	103	188	
(g)	Fixed appliances fitted	...	...	—	15	
(h)	Total attendances	...	...	920	1,466	
(i)	Referred back to Dental Officer with advice	...	...	26	—	
(j)	Referred for X-ray	...	...	72	—	
(k)	Under observation only	...	...	36	—	
(l)	Partly treated and referred back to Dental Officer	...	...	—	—
(m)	Awaiting Inspection	...	...	42	—	

VII—HANDICAPPED PUPILS

The numbers of handicapped pupils known to the department at 31st December, 1960 are shown in the following table.

BLIND CHILDREN

At Residential Special Schools	...	...	...	3
At Independent School	...	...	...	—
TOTAL ...				3

PARTIALLY SIGHTED CHILDREN

At Special Classes for the Partially Sighted...	...	...	...	12
At Residential Schools	...	...	...	2
TOTAL ...				14

DEAF CHILDREN

At Residential Schools	...	...	...	12
At Independent Schools	...	...	...	3
At Special Day School	...	...	...	1
TOTAL ...				16

PARTIALLY DEAF CHILDREN

At Residential Schools	...	...	...	2
At Independent School (Residential)	...	...	...	2
At Maintained Schools (day)	...	...	...	21
TOTAL ...				25

CHILDREN SUFFERING FROM EPILEPSY

At Independent School (Residential)	...	...	...	1
At Residential Schools	...	...	...	—
*At no School	...	...	...	1
TOTAL ...				2

* Receiving Home Tuition.

CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS

At Special Schools	...	...	...	6
At Maintained Schools	...	...	...	160
At other Institutions	...	...	...	12
At no School or Institution	...	...	...	20
TOTAL ...				198

CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS

At Special Schools	...	...	...	—
At Maintained Schools	...	...	...	30
At other Institutions	...	...	...	—
At no School or Institution	...	...	...	4
TOTAL ...				34

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	...	...	...	72
At Independent School	...	...	...	—
At no School	...	...	...	3*
TOTAL ...				75

* Receive Home Tuition

PHYSICALLY HANDICAPPED CHILDREN

At Residential Special Schools	...	...	...	8
At Special Day Schools	...	...	...	21
At no School	...	...	...	1*
At Independent Schools	...	...	...	3
TOTAL ...				33

* Receives Home Tuition

EDUCATIONALLY SUB-NORMAL CHILDREN

At Special Day Schools	...	...	...	305
At Special Residential Schools	...	...	...	1
At Maintained Schools	...	...	...	287
TOTAL ...				593

MALADJUSTED CHILDREN

At Independent Schools	...	...	...	2
At Maintained Schools—in Residential Hostels	...	...	...	8
At Maintained Schools awaiting admission to Hostels or Special Schools	...	...	...	5
TOTAL ...				15

During the year 215 children, who had been reported as being handicapped pupils were specially medically examined, with the following results :—

Educationally sub-normal and suitable for education in a special school (day)	...	...	...	...	...	...	95
Educationally sub-normal and suitable for education in a residential special school	...	...	...	...	...	...	—
Educationally sub-normal and suitable for education at Field House Observation Unit	...	...	...	...	...	...	13
Educationally sub-normal—to have special educational treatment in an ordinary school	...	...	...	...	...	...	36*
Children for whom a decision regarding their capabilities has been deferred	...	...	...	...	...	...	10
Educationally sub-normal but do not require supervision after leaving school	...	...	...	...	...	...	2
Pupils of Gabalfa Special School for educationally sub-normal children : Granted permission to leave before attaining the age of 16 years							1

* 29 of these children were examined and recommended for special educational treatment in ordinary school by Educational Psychologist. Special Medical Examination was not considered necessary in these cases.

Pupils of Woodlands Special School for educationally sub-normal children	
(a) Granted permission to leave before attaining the age of 16 years	1
(b) Recommended to return to ordinary school	5
Pupils at Llanishen Court Special School for educationally sub-normal children recommended to return to ordinary school	1
Children transferred to the care of the Local Health Authority ...	28
Children transferred from care of Local Health Authority for special educational treatment at Special School	1
Blind—for admission to a residential special school	1
Partially sighted—for special school or class	1
Deaf—for admission to a residential special school	1
Partially Deaf—for admission to a residential school	—
Physically handicapped—for admission to a special day school ...	10
Physically handicapped—recommended for Course of Training ...	—
Maladjusted—for admission to a residential Hostel or Special School ...	6
Epileptic—for admission to a residential special school	—
Recommended for Home Teaching	3

Twenty-eight children were notified to the Local Authority during 1960 in accordance with Section 57 of the Education Act, 1944.

Greenhill Open-air School.—In addition to the above examinations, 32 children were found to be delicate pupils and recommended for admission to the Greenhill Open-air School. The average number of delicate children on the register during the year was 103, and the average attendance during the year was 87. Thirty-three children were admitted to the school, and 32 were discharged.

Cerebral Palsy Unit

Physiotherapists administered a total of 3,047 treatments during the year, of which 2,072 were treatments at the Cerebral Palsy Unit.

The number of children treated for various defects during the year was 201: spastic 23, posture 19, asthma 23, foot exercises 10, plasters 3 and miscellaneous 149.

Spastics are treated daily at the Unit. Open-Air School pupils receive treatments twice weekly for postural defects, three times weekly for Asthma cases and once weekly for foot exercises. Other treatments are administered as required.

However, owing to the increased number of pupils at the Spastic Unit, the Physiotherapist had to discontinue treatment for the Open-Air School pupils in September, but arrangements were made for Mrs. M. J. Vickery, the School Nurse at the Open-Air School, to take on minor corrective work, after instruction, and she now does most of the physiotherapy for posture, feet and asthma cases for the Open-Air School pupils.

The following table shows the number of physiotherapy treatments administered during the year :—

Month	Cerebral Palsy Unit	GREENHILL OPEN AIR SCHOOL					
		Spastics	Posture	Asthma	Foot Ex.	Plasters	Misc.
January ...	210	64	77	20	—	15	
February ...	105	20	19	4	—	6	
March ...	173	53	65	13	2	11	
April ...	95	31	39	8	1	7	
May ...	237	85	59	11	—	22	
June ...	198	53	59	14	—	17	
July ...	227	56	64	12	—	14	
August ...	—	—	—	—	—	—	
September ...	139					—	
October ...	221					9	
November ...	252	◁	DISCONTINUED			▷	34
December ...	215						14
TOTAL ...	2,072	362	382	82	3	149	

Total treatments administered : 3,047

Speech Therapy

At the commencement of 1960 the Speech Therapy Department had five full-time therapists, Miss M. Morris, Mrs. J. Matharu, Mrs. M. Clark, Miss E. Lloyd and Mrs. L. Clarke.

Miss E. Lloyd resigned at the end of March to take up an appointment at Craig-y-Parc School for Spastics, Pentyrch. She had been with us since September 1958 and did valuable work at Ely Clinic and Llanishen Court Special School.

At the end of August, Mrs. M. Clark also resigned. She had been back with us since May 1958, and was chiefly engaged in the valuable work of the Spastic Unit at Greenhill Open-Air School.

In spite of repeated advertisements, no one has been found to fill these vacant posts. No newly qualified therapist has applied to come here since 1958.

Mrs. L. Clarke had leave of absence from May until October for the birth of her daughter, and has since decided to work in a part-time capacity. This means that the department is now at half strength. Twenty-seven sessions are being worked in place of the 54 sessions in 1959. This comprises 24 in clinics, two in visiting or administration, and one in the Junior Occupation Centre. There is no one working in the Spastic Unit, Gabalfa Special, Woodlands Special, or Llanishen Court Special Schools, nor in Ely, Splott and Fairwater Clinics. The numbers awaiting examination and treatment may be judged from the attached figures.

The waiting list for appointments at the end of the year at 340 is an increase over the previous year of 136 pupils and care has to be exercised to decide the most profitable allocation of staff to the various types of cases.

The statistics relating to the work for the year show that the total number of children treated was 465. New cases admitted during the year were 162, and those discharged 200. In addition, 148 children were being kept under observation, and 340 were awaiting appointments at the end of the year. The Speech therapists made 231 visits to schools and to the homes of children during the year.

The number of cases discharged during the year and the results at the time of discharge are shown below :—

Speech normal	...	...	...	42
Much improved	...	...	...	51
Unlikely to benefit	...	...	...	6
Left school	...	...	...	5
Left district	...	...	...	6
Transferred out	...	...	...	13
Failed to attend Clinic	...	...	...	53
Other reasons	...	...	...	24
TOTAL				200

A report of the use of the electric alarm apparatus in children suffering from nocturnal enuresis

BY

Dr. EDITH M. DAVIES, M.B., B.CH., B.SC., D.P.H.,
Assistant Medical Officer

This report covers the use of apparatus bought by parents and sold to other parents and to privately owned apparatus as well as apparatus supplied by the Corporation seeing that the advice has been supplied through the Health Department.

The apparatus which is used is the Eastleigh Nocturnal Enuresis Alarm, supplied by Mr. N. H. Eastwood, 5 Farmleigh, Southgate, London, N.14. The apparatus consists of a self-contained box with control gear buzzer, electric light and six-volt battery and 2 gauze wire mats bound with adhesive tape. The mats are connected to the box by flexible wires. A rubber sheet is placed over the mattress and a gauze bed mat placed next above it and then a thin sheet and the second gauze bed mat and a sheet above that which is well tucked under the mattress to prevent the gauze mats moving. The child should sleep nude from the waist and should switch on the battery when he gets into bed. Immediately the mats are touched with urine the alarm rings and the child is wakened.

Classified as cured	...	...	...	20 Boys
				8 Girls
Generally improved but had setback	...			2 Boys
				1 Girl
Non-Co-operative	...	...	...	1 Boy
				4 Girls

Cases need observation for some time after the apparatus is returned. A wet night in 8 or 10 weeks in a few cases I have classified as cured, as these nights could usually be accounted for by some indiscretion. One case classified as "Cured" brought the apparatus back because he said he was worse when he used it. He was an extremely nervous boy and I was very anxious to get him well before leaving school. He had, a couple of years previously lost his father, who was killed at work. The marked improvement in the boy's number of wet nights after he gave up using the apparatus was striking, as compared with before he had the apparatus until one is bound to attribute benefit from it. He rapidly improved and cleared up.

One boy (classified as cured) did well with the apparatus and then had a setback. He was a great worrier but cleared up after getting through his 11+ examination. Of the two classified as having a setback the boy made a very remarkable improvement but had a setback and his father became very unpleasant. He is still enuretic to the extent of equal nights of wet and dry. He is a clean boy, is over conscientious and asthmatic. It will be interesting to see how much better he will be after the 11+ examination.

The girl who can be classified as improved and having a setback cleared to only one wet night in 28 and after giving up the apparatus lapsed to ten wet in 28. She has had illnesses since and the last report was 63 dry to 14 wet, and she was to be considered for re-issue of apparatus now that we have an adequate supply.

The onset of response to the alarm is generally very early. A fairly typical case would be of a boy, R.W., aged 10 years, who had had treatment by the usual methods for several months and had in the 21 days previous to having alarm treatment only one dry night.

With apparatus—3 wet nights in 21

1 wet night in next 21 although apparatus not put in bed for 16 nights.

0 wet nights in next 21.

J.C. girl aged 10 years. She had attended the clinic for several years. At the commencement she was wet every night but had got to the stage of equal numbers of wet and dry nights. Her elder sister had been enuretic but suddenly ceased to bed wet. The mother had been enuretic until early adult life. The mother, at the stage when there were only two apparatuses available at the clinic, bought an Eastleigh apparatus. Result as follows:

First 5 nights wet

then 5 wet nights in 5 weeks

next 3 months completely dry.

Four girls and one boy were classified as unco-operative. This boy also had hypospadias and had been seen at hospital. The boy had 8 dry nights in 35 whereas he formerly had no dry nights. The mother brought the apparatus back voluntarily as she feared the boy would be otherwise upset. Two girls were educationally sub-normal—in one case the girl was not wakened by the alarm even when an extension bell was used. The other E.S.N. girl had 10 dry nights in 28 whereas formerly she was always wet. The mother did not appear to wish to use the apparatus and brought it back voluntarily. The child has maintained an improvement.

One girl improved with the apparatus but the mother was unco-operative and said the girl was better off without the apparatus whereupon one had to request the return of the apparatus.

One girl did not return to the clinic after receiving the apparatus although requested on three occasions. Arrangements were made to collect the apparatus and we have no record of progress.

In assessing the value of the apparatus and deciding to whom it shall be given there are certain things to be borne in mind. The makers do not advise the use of the apparatus for children under 7 years. I have however noticed that two children of 7 years who obtained the loan of a privately owned apparatus were cured and one 7-year-old child who is now being treated with an apparatus belonging to the Corporation is doing very well. The recent purchase of additional apparatus will be a great boon. In general, children who are wet practically every night respond better than those who are wet about half the nights and in any case it is easier to assess their progress.

It is hardly a practical proposition to lend a publicly owned apparatus to a child who is wet only once in 6 or 8 weeks as he would need it such a very long time in order to be satisfied that he was cured.

I would not lend an apparatus to a child who was suffering from epilepsy unless it were approved by a paediatrician. The lending of apparatus to a child of a problem family could not be lightly undertaken. Here I found the advice of the health visitor most valuable as she has seen these people in their own homes and is able to assess their co-operation.

Parents have, on the whole, been very appreciative and co-operative and in some cases family doctors attending the houses have been interested as they have been concerned about young people who cannot take jobs away from home. I have in those cases always written to the practitioner forwarding information about the apparatus.

An abnormality of anatomical structure of kidneys and bladder need not necessarily preclude use of the apparatus. A mother who had an apparatus for her 11-year-old boy and had good results asked me whether she should use it for her 7-year-old girl who was also enuretic. This child I suspected of a possible kidney infection about 18 months before and referred her to her doctor, who referred her to Mr. Mogg. The child was found to have double kidneys. I told the mother I thought it would probably be satisfactory but the surgeon's advice should be asked when she next visited the Infirmary. This was done, and the apparatus proved successful.

A great deal of muddled thinking has gone into the approach to the treatment of the enuretic. The cause of enuresis is so often said to be psychological and that the child is enuretic because he is unhappy. From what one sees of the cases at the clinic, one would be far more likely to conclude that the child was unhappy because he was enuretic. The parent frequently volunteers the information that the child is very much happier since he has ceased bed wetting.

I am very grateful to the Medical Officer and Deputy Medical Officer for advising the committee to supply the apparatus. I have been assisted at the clinic usually by Miss Howells and her help has been most valuable as she has a wide knowledge of the background of the patients, especially of the more difficult ones on account of her work with problem families. I would also like to express my thanks to other health visitors who have assisted me and to those whom I have requested to collect apparatus in a few cases where the parent has not returned it after use.

CHILD GUIDANCE CLINIC REPORT FOR 1960 OF

Mr. ROBERT ROBERTSON, M.A., B.Ed., Educational Psychologist in Charge

From the Child Guidance Clinic there emerge various reports to the Education and Health Departments. These are monthly, quarterly and annual; they are statistical summaries and provide brief outlines of the work done in the clinic.

The purpose of these additional annual reports is to give a more detailed, more intimate account of the child guidance work carried out. It is a confidential report to the Education and Health Departments, with its emphasis on the descriptive rather than on the statistical.

In these annual reports different facets of child guidance are illustrated, and over a period of years these lengthier, more meaningful accounts may be regarded as interesting supplements to the periodic statistical analyses.

At the end of my report there is a section contributed by the Consultant Psychiatrist, Dr. G. N. Lacey.

On the 13th November, 1960, the Psychiatric Social Worker, Mrs. Thomas, left the clinic service to take up a promotion appointment. The whole staff was exceedingly sorry to see her go, for she was held in great esteem by all and sundry. At the same time the staff is gratified that Miss Edwards, B.A., has been appointed with effect from 1st February, 1961 as Psychiatric Social Worker.

The clinic secretary, Miss Serjent, is once more to be commended, for upon her in large measure depends the efficient organisation of appointments and the clinic's public relations generally. In addition, she has been responsible for collating in summary form certain details from case histories which are surveyed in this report.

Sessions

The clinic functions as such on three half-days each week; on Tuesday and Thursday afternoons for seeing children and parents, and on Friday mornings for weekly case conference.

In general two new cases are seen each Tuesday and Thursday afternoon, and in addition four old cases are reviewed

Number of Cases

The number of cases dealt with in the period 1-1-60—31-12-60 is shown in the following table :—

Table 1

	Boys	Girls	Total
Number of new cases referred during 1960	105	72	177
Number of old cases carried forward	69	34	103
Number of cases on waiting list at 31-12-60	16	8	24

It is clear this year again that significantly more boys than girls have been referred to the Child Guidance Clinic ; 60% boys and 40% girls. This is not uncommon, since boys tend to present more behaviour difficulties and problems than girls in their upbringing and schooling.

Sources of referral of cases dealt with for the first time in the clinic are shown in the following table :—

Table 2

Parents or guardians	10
Probation Officers	3
Social Agencies	3
Schools	69
School Health Service	58
General Practitioners	18
Other sources	8
TOTAL	169

Of these, 40% of the referrals are from Headteachers and 34% are from the School Health Service. However, even these figures are not necessarily accurate, since cases are often referred by parents and headteachers to health visitors and school nurses for onward transmission via the School Health Service to the Child Guidance Clinic.

Reasons for referral

Classification of reasons for referral is not always straightforward ; it is often arbitrary ; sometimes it oversimplifies, glosses over complexity. Seldom is causation simple ; most frequently several factors operate at the same time with varying intensity. However, the following table gives as accurate an analysis of the various reasons for referral as is practicable :—

Table 3**Nervous Disorders**

Fears	21
Seclusiveness	5
Depression	2
Excitability	5
Apathy	1
	34

Habit Disorders and Physical Symptoms

Speech disorders	...	...	...	...	...	12
Sleep	...	...	...	...	...	7
Movement	...	...	...	...	...	6
Feeding	...	...	...	...	...	4
Excretory	...	...	...	...	...	23
Nervous pains	...	...	...	...	...	5
Fits	...	...	...	...	...	5
						—
						62
						—

Behaviour Disorders

Unmanageable	...	...	...	...	...	54
Temper	...	...	...	...	...	12
Aggression	...	...	...	...	...	14
Jealousy	...	...	...	...	...	4
Demanding attention	...	...	...	...	...	1
Stealing	...	...	...	...	...	32
Lying and romancing	...	...	...	...	...	11
Truancy	...	...	...	...	...	28
Sex difficulties	...	...	...	...	...	7
						—
						163
						—

Educational and Vocational Difficulties

Backwardness	...	...	...	...	...	19
Inability to concentrate	...	...	...	...	...	6
						—
						25
						—

For Special Examination

Educational advice	...	...	...	...	...	6
Admission to residential special (not M.D.) Schools, etc.	...	...	...	...	...	2
						—
						8
						—

						—
						TOTAL
						...
						292
						—

The referrals that bulked largest were the behaviour disorders (56%); next were the habit disorders (21%); next were the nervous disorders (11%); and next were the educational difficulties (9%). This appears to be the pattern that is common in these reports of the last few years. It is not surprising that the last number of cases relating to specifically educational difficulties is low, as most of such cases are dealt with in the School Psychological Service.

The commonest difficulties in the children referred were:—unmanageable (54); stealing (32); truancy (28); excretory (23); fears (20); backwardness (19); aggressiveness (14); temper (12); lying and romancing (11).

This follows very closely the pattern reported on in 1958 and in 1959.

The **ages** of the children examined for the first time at the clinic are shown in the following tables :—

Table 4

Years ...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Boys ...	—	1	2	4	12	17	9	10	12	4	8	8	8	4	—	—	99
Girls ...	—	—	—	5	2	6	7	4	7	8	3	6	7	12	2	1	70
TOTALS ...	—	1	2	9	14	23	16	14	19	12	11	14	15	16	2	1	169

Of these 169 children, 12 were pre-school ; about 53 were Infants ; about 56 were Juniors ; and about 48 were post-primary pupils.

The greatest number were of Junior School age, but all ages were represented in considerable numbers from 3 to 15.

Table 5 shows the results of treatment and disposal of cases discharged.

Adjusted	34
Partially adjusted	29
Unadjusted	—
Advisory	24
Transferred to S.H.S., S.A.O., etc.	12
Failed to co-operate	48
Withdrawn	18
Left Cardiff	2
Recommended for admission to Institutions	4
Admitted to Institutions	4
TOTAL	175

Of these, 24 cases were closed as advisory after advice had been given to parents, doctors or headteachers, generally where further supportive interviews were not considered necessary. Sixty-three cases were closed as adjusted or as partially adjusted : a good record in such cases as were considered likely to respond to fairly rapid treatment.

As many as 48 cases were closed where failure to co-operate on the part of parents prevented the clinic staff from proceeding profitably in their efforts.

Table 6 indicates the work of the sections :—

Table 6

	Exam.	Treatment	Parents	Others	School	Home	Total
Psychologist ...	133	127	224	26	70	—	580
Psychiatrist ...	136	220	159	18	—	—	533
Psychiatric Social Worker... ..	—	303	—	11	1	288	603

Conferences

There have been 39 staff conferences in the period covered by this report, and 863 cases discussed.

Miscellaneous

There have been 24 visitors to the Clinic.

General Description of the work of the clinic

The cases dealt with this year in the Clinic have been, as ever, extremely varied. They have ranged from the physical through the social and educational to the behaviour and psychological. Though referrals are made in fairly simple terms, the cases are almost invariably complex in nature. These cases have been classified neatly and tidily in Table 3 (as they always must be for compact presentation), yet the case-histories—even where the salient points have been striking—have jostled with the inter-play of varying attitudes and emotions, with difficulties of personality or of housing, of eating or of sleeping, of traits or of habits, of work or of play.

After referral the clinic secretary normally sends for school reports and arranges appointments for the children and the parents. Shortly before the appointments are sent out, however, the psychiatric social worker pays a home visit. She makes a good contact with the mother, prepares the way for the clinic appointment and collects detailed information on the family; full details of the reasons for referral, the problem, the child's birth and development, the entire family background and habits and interests, the quality of inter-familial and inter-personal relationships, the various factors of significance in each case relevant to causation, development and possible treatment. These are written up into excellent reports which are available before the children are examined at the Child Guidance Clinic.

At this point come investigation and diagnosis. The child is interviewed and the parent is interviewed. The findings in each case are complex and detailed. They relate to the child's total personality in his environment—his school and home life, his likes and dislikes, his abilities and aptitudes, and the inter-personal and inter-parental relationships, his leisure activities and ambitions, his habits and routines. The picture in each case is filled in with innumerable details in a search for the basic drives and attitudes in the parent and child, for these are often the underlying causes of the problems referred. Without a grasp of these attitudes and motivations even the "simplest" of behaviour difficulties—bedwetting, truancy, stealing, biting, etc.—are not likely to be understood or resolved.

Occasionally a case is dealt with there and then: the problem is discussed with the parent, advice is given and the case closed. Normally, however, cases are in the first instance discussed fully in the Friday morning staff conference and followed up over a period by supportive interviews, home and school visits, and sometimes further contacts are made with Health Visitors, Clergymen, the Children's Department, Welfare bodies and the like.

Children are seldom dealt with by disposal to Children's Homes or by transfer to another school. Treatment consists most often of modifying existing attitudes: solutions of specific difficulties, suggesting changes in the routine of family life, stressing the need for change in parental attitudes.

With some children direct talk from a respected stranger has its effect. With others the influence on the parents (usually the mother) is more effective in encouraging a change in the environment, occasionally in material ways, though usually in matters relating to the climate of ideas, emotions and attitudes in the home.

In some cases the change is affected quite soon; in others it takes time. In some the change is complete, whereas in others the change is only partial, particularly where the attitudes are deep-rooted.

Additional Survey

As for previous reports, the clinic secretary, Miss Serjent, has noted certain features of case-histories, e.g. intelligence, housing, etc. It was considered that interesting conclusions might result from a survey over a period of one year. Some comments are made in the following sections.

Sex

Of the 136 children in this survey, 84 were boys and 52 were girls, i.e. 62% were boys, 38% were girls. Clearly more boys than girls are referred to the clinic: boys apparently more frequently than girls present behaviour difficulties in their upbringing, development and schooling.

Intelligence

The distribution of intelligence quotients for these children is shown in Table 7.

Table 7

I.Q. Group	Boys	Girls	Total
140-4	1	—	1
135-9	—	—	—
130-4	—	2	2
125-9	—	1	1
120-4	2	2	4
115-9	2	4	6
110-4	3	3	6
105-9	4	2	6
100-4	10	4	14
95-9	5	2	7
90-4	5	3	8
85-9	11	6	17
80-4	9	4	13
75-9	10	1	11
70-4	7	3	10
65-9	1	1	2
60-4	—	2	2
55-9	1	1	2
50-4	1	1	2
Total	72	42	114
Average I.Q.	90.2	94.7	92.5

From the above table, it is seen that there is a good distribution of intelligence throughout the group of boys and girls, with a definite "tail" below 70; that the average of the whole group is below the normal; and that the average for boys is very slightly below the average for girls. Maladjustment may occur at all levels of ability, but is likely to affect more frequently those children who by dullness are less able to cope with their environment.

Medical Record

The number of children affected by serious illness is again this year quite small: their failure to adjust adequately is not to be found in their physical condition. There were two cases of epilepsy, 4 cases where there was a poor family medical history, and one case where the parents had a poor medical record.

Place in Family

Table 9 summarises the part played by position in family in this group of children.

Table 9

Only child ...	14 boys ; 10 girls	24
Two children	(1) 26 (2) 18	44
Three ..	(1) 7 (2) 11 (3) 5	23
Four ..	(1) 6 (2) 3 (3) 8 (4) 3	20
Five ..	(1) 2 (2) 1 (3) 1 (4) 3 (5) 5	12
Six ..	(1) — (2) — (3) 1 (4) 2 (5) — (6) 2	5
Seven ..	(1) — (2) 2 (3) — (4) 1 (5) 1 (6) — (7) —	4
Eight ..	(1) — (2) — (3) 1 (4) — (5) — (6) — (7) — (8) —	1
Nine ..	(1) — (2) — (3) 1 (4) — (5) — (6) — (7) 1 (8) — (9) —	2
Ten ..	(1) — (2) — (3) — (4) 1 (5) — (6) — (7) — (8) — (9) — (10) —	1
		136

In this group, there are more male only children.

Comparatively small families predominate, though it must be remembered that these families are not necessarily completed families.

Where there are two children in the family, the first-born appears rather more likely to be difficult than the second. But where there are three or more in the family, position in family does not appear to be particularly significant, for any child appears to be as likely to be difficult as any other.

Though large families are less common nowadays, it does seem that maladjustment occurs oftenest in small families; that families of two children are most affected by maladjustment and that in these first-borns are more likely to be maladjusted; and that in families of three and more children maladjustment may affect any irrespective of place in family.

Where the difficulties mainly occur is shown in Table 10.

Table 10

Home	...	...	...	...	...	...	63
School	...	...	...	...	...	...	25
Both home and school	...	...	...	...	...	...	48
							<hr/> 136 <hr/>

It is clear that difficulties occur mostly in the home. Nor is this surprising, for higher standards of personal and social behaviour are for the most part expected and secured in school with its friendly discipline and its more uniform degree of stability.

Accommodation

These families' accommodation is shown in a very general way in Table 11.

Table 11

Council house	...	...	...	...	...	...	53
Council flat	...	...	...	...	...	...	1
Council prefab.	...	...	...	...	...	...	1
Rented flats	...	...	...	...	...	...	5
Rooms	...	...	...	...	...	...	10
Old house	...	...	...	...	...	...	6
Terrace house	...	...	...	...	...	...	5
Own house	...	...	...	...	...	...	37
							<hr/> 118 <hr/>

Accommodation does not appear in itself to be generally a cause of serious difficulty. Practically all types of accommodation, from favourable to very unfavourable, are represented. In a few cases, however, it constitutes an important contributory factor in maladjustment; living with relatives, lack of facilities and amenities and the like sometimes create complications, particularly where maladjustment is likely to occur anyway.

Broken Homes

More significant is the number of broken homes, shown in Table 12.

Table 12

Father dead	...	...	...	...	...	6
Father dead, Mother re-married	...	...	...	...	...	1
Mother dead, Father re-married	...	...	...	...	...	3
Mother dead, Father deserted	...	...	...	...	...	1
Mother dead	...	...	...	...	...	1
Father deserted	...	...	...	...	...	1
No Father	...	...	...	...	...	1
Parents divorced, Father re-married	...	...	...	...	...	1
Parents divorced	...	...	...	...	...	2
Parents separated	...	...	...	...	...	3
Parents separated, Mother co-habiting	...	...	...	...	...	1
						—
						21
						—

A sixth of these cases represents homes that have been broken: a considerable proportion of homes which differ significantly from the normally constituted home wherein both parents may play a part in shaping the lives of their offspring.

Parental Disharmony

It is not easy to say what constitutes parental disharmony, nor always to be sure when it exists: but that it clearly does exist is noted in 12 cases, i.e. to such a degree as to constitute a serious contributory factor in maladjustment. This too is in addition to the broken homes listed in Table 12.

Both parents work

This is noted in 29 cases: i.e. in 21% of the total.

Father's Occupation

The occupations noted cover a very wide range from the skilled to the unskilled: lecturers, teachers, chartered secretaries, architects, businessmen ranging through skilled trades to labourers and unemployed. Whilst in individual cases it is important and sometimes significant to know what job the father has (e.g. long distance lorry driver, seaman, shift-worker, etc.) no generalisation can be made in relation to maladjustment other than that any category of occupation may be involved.

Parents neurotic or psychotic

It is not easy to establish a criterion as to the mental condition of parents that is not determined simply by personal assessment. Yet so many parents were found to have had nervous breakdowns, to have been in- or out-patients of mental hospitals, that a note was made of cases wherein fairly serious disturbances existed in parents. There were 16 such cases, rather fewer than in previous years, yet appreciable enough to justify recording. It is not surprising that the children concerned should have become maladjusted and have been referred for investigation and guidance.

Remarks

In an additional remarks column, there were 16 cases represented. There were cases of illegitimacy (2), fostering (1), very difficult sub-letting (1), siblings imbecile (1), M.D. (1), E.S.N. (1), drowned (1), Father in ill-health (1), killed in accident (1), had leucotomy (1), Mother had epilepsy (1), T.B. (1), alcoholic (1), was Lebanese (1), problem family conditions (1).

Again, these represent a smaller proportion than in previous years, yet are considerable enough to justify recording.

Comments

A few comments may be made about these 136 children as a group.

(1) As a group, they are below average in intelligence, and practically all levels of intelligence are represented.

(2) There are appreciably more boys than girls in the group.

(3) The group has not been greatly affected by serious ill-health.

(4) Small families predominate. In families of two, the first-borns appear to be more susceptible to maladjustment, though in large families any child may be affected.

(5) The difficulties relate more to home than to school.

(6) In individual cases accommodation difficulties often exist ; but in general little of significance emerges in this connection.

(7) In the group the number of broken homes is considerable (a sixth).

(8) Parental disharmony (in at least 12 cases) is another significant factor.

(9) Yet another is that in a fifth of the cases both parents work.

(10) Father's occupation cannot be said to be generally significant, though it often is in individual cases.

(11) Another significant factor is that in at least 16 cases one or other or both parents are themselves more or less seriously unstable and maladjusted.

(12) These important factors emerge from the survey of this group : boys and small families predominate ; broken homes ; parental disharmony ; both parents working ; fairly serious instability in parents.

Psychiatric Section

Dr. Gaynor Lacey, M.B., B.S., D.P.M., Psychiatrist

During the course of a year all types of cases are seen at the Child Guidance Clinic but sometimes, apparently quite by chance, several cases with very similar features are seen soon after one another. This can be quite useful to the clinic staff because it may highlight certain points in that particular type of case and also help them to see clearly what is the best line of treatment in such cases. In recent years there has been a tendency to refer to the clinic not only children who show behaviour problems or frank nervousness but also children who have psychosomatic conditions in which there are present both physical and psychological factors. The increase in the number of such cases seen is due to the growing awareness on the part of doctors, teachers, health visitors and other referring agencies that psychological factors in a child who has some bodily complaint are always important. The child himself reacts to his condition and, even more, the parents do so. It is natural that parents should worry much more over a child who has some physical illness or disability and, if this is of a long-standing nature, their whole attitude toward any normal, fit children in the family is affected. It is not surprising, therefore, that these children develop nervous symptoms which, though they are not caused directly by the illness or disability, are closely associated with it. One such condition which can cause quite marked psychological reactions of one sort or another is asthma and many asthmatic children are seen in the Clinic for various reasons. Another condition which is accompanied sometimes by all sorts of psychological difficulties is epilepsy. In the second half of 1960 three epileptic boys were seen in the clinic who presented very similar types of difficulties. The exact relative importance of the physical and psychological factors in the causation of their difficulties is hard to define and, in a way, immaterial because the child must be treated as a whole. He must, of course, be under the care of a paediatrician but the Child Guidance Clinic, too, can play its part in trying to help the parents adjust themselves to the child's difficulties and in sorting out educational and behaviour problems which occur.

Ministry of Education Circular 347 (10th March, 1959)**Child Guidance**

During 1960, consideration was given to the suggestions and recommendations outlined in Circular 347 of the Ministry of Education which called for reports from Local Education Authorities and others on the Child Guidance Services throughout the country

Discussions took place between members of the Health, Education and Regional Hospital Board Staffs on the provision which had been made in Cardiff for maladjusted children.

Following these discussions, a comprehensive report on the subject was forwarded as requested to the Minister of Education in April, 1960.

VIII—NURSERY SCHOOLS AND CLASSES

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 Close, 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 466 children aged 2-5 years. At the Nursery Classes 40-70 children aged 2-5 years can be accommodated.

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.

IX—MISCELLANY

INFECTIOUS DISEASES

The number of schoolchildren ascertained to be suffering from infectious diseases during the year were as follows :—

Scarlet Fever	...	...	...	...	...	54
Whooping Cough	...	...	...	...	...	180
Diphtheria	...	...	...	...	...	—
Measles	...	...	...	...	...	46
Acute Pneumonia	...	...	...	...	...	26
Meningococcal Infection	...	...	...	...	...	1
Paralytic Poliomyelitis	...	...	...	...	...	—
Non-Paralytic Poliomyelitis	...	...	...	...	...	1
Acute Encephalitis—Infective	...	...	...	...	...	—
Dysentery	...	...	...	...	...	42
Para-Typhoid Fever	...	...	...	...	...	—
Enteric or Typhoid Fever	...	...	...	...	...	—
Erysipelas	...	...	...	...	...	2
Food Poisoning	...	...	...	...	...	40
Tuberculosis—Respiratory	...	...	...	...	...	9
Other Forms	...	...	...	...	...	3

In addition the following children were notified by Head Teachers as absent from school due to the diseases stated :—

Rubella	...	...	...	...	135
Mumps	...	...	...	...	405
Jaundice	...	...	...	...	20

PROVISION OF MEALS

Central Kitchens are in operation at Ely and Tremorfa and provide approximately 4,000 meals per day for consumption at 75 schools.

Self-contained kitchens are situated at the following schools :—

Gabalfa Special, Greenhill Open-Air, Greenway Primary, Ton-yr-Ywen, Heol Trelai, Windsor Clive, Cathays High, Canton High, Cardiff High for Girls, Glantaf, Gabalfa Junior Moorland Primary, Fairwater Primary, Lady Margaret High, Cefn Onn, Peter Lea, Brynhafod, Pen-y-bryn, Heol Hir, Lady Mary R.C., Gabalfa Infants, Llanrumney Secondary, The Court, Howardian Grammar, Glan-yr-Afon, Cyntwell Secondary Modern, Waterhall, Woodlands Special, Ty Celyn Secondary, Field House Special, and eight Nursery Schools.

Canteens.—Facilities are available at 121 School Canteens for providing mid-day meals for approximately 11,300 children daily.

The number of children attending primary high, special and nursery schools provided with dinners and/or milk during the first and last complete weeks of 1960 were as follows :—

	<i>First complete week, 1960</i>	<i>Last complete week, 1960</i>
Average number of necessitous children provided with dinner daily free	1,927	1,849
Average number of children provided with milk daily free	36,181	35,424
Average number of children provided with dinner daily on payment	9,340	10,957

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, 114 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, in which case they are 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 requirements, 123 candidates and entrants were medically examined.

The Minister also directed that X-ray examinations shall be an essential part of the medical examination on entry to the teaching profession as from 1st April, 1953. (Circular 248, 28th March, 1952.)

ACCIDENTS TO PUPILS

Head Teachers are requested to provide details of all accidents occurring to pupils on school premises or arising out of school activities.

During 1960, 193 such reports were made.

APPENDIX A

DESCRIPTION OF REGULAR CLINICS

	Minor Ailments	Cleansing	Ophthalmic	Orthoptic	E.N.T.	School Dental Service	Speech Therapy	Enuresis
(a) School Clinics also used for General Health Purposes :—								
Central Clinic, 30 Richmond Road	Yes	—	Yes	Yes	Yes	Yes	Yes	Yes
Gabalfa Clinic, 213 North Road	Yes	—	Yes	—	Yes	Yes	Yes	—
College Farm Clinic, Llanidloes Road	Yes	—	Yes	—	Yes	Yes	—	—
Splott Clinic, 139 Splott Road	Yes	—	Yes	—	Yes	Yes	—	—
Grangetown Clinic, Cambridge Street	Yes	—	Yes	—	Yes	Yes	Yes	—
Canton Clinic, Wessex Street	Yes	—	Yes	Yes	Yes	Yes	Yes	—
Fairwater Clinic, Plasmawr Road	Yes	—	Yes	—	Yes	Yes	Yes	—
Ely Clinic, Redhouse Crescent	Yes	—	Yes	—	Yes	Yes	—	—
Llanishen Clinic, Newborough Avenue	Yes	—	Yes	—	Yes	Yes	Yes	—
(b) Public Health Clinics available for school children :—								
Cleansing Station, St. David's Hospital	—	Yes	—	—	—	—	—	—
Llanrumney Clinic, Llanrumney Avenue	Yes	—	Yes	—	Yes	Yes	Yes	—

N.B.—Speech Therapy Sessions are also held at Rumney Infants School.

December, 1960

APPENDIX B
STUDENT HEALTH SERVICE
1960-61

REPORT BY Dr. GEOFFREY IRELAND, M.B., B.Ch., D.P.H.

This year showed a marked increase in the return of questionnaires by the students, particularly in the Welsh College of Advanced Technology. About 75% of forms issued to students were returned, this being due, in part, to the presence at enrolment of the Health Visitor and the Medical Officer. I have little doubt that next year even this number will show an improvement.

Consultations and Attendances during Winter Term 1960-61

There were 99 consultations during the winter term and a total of 112 attendances were recorded. Of the 99 consultations, 10 were at the request of college staff, indicating the use which is starting to be made of the Student Health Service by the colleges.

	Consultations from Question- naires	Consultations at request of Student	Consultations at request of College	Total Attendances	No. of Students	Average Attendance per Student
Welsh College ...	14	11	1	32	24	1.3
Llandaff ...	15	24	6	52	42	1.2
Art ...	5	—	—	5	5	1
Music/Drama ...	—	1	—	1	1	1
Food Technology	19	—	3	22	22	1
TOTALS ...	53	36	10	112	94	1.2

T.B. Skin Test by College and Type of Reaction

Tuberculin skin tests were performed at all the colleges during this year and the following results were obtained.

COLLEGE	Type of Reaction					Total
	Neg.	1	2	3	4	
Welsh College ...	26	48	43	30	9	156
Llandaff ...	20	39	56	17	10	142
Art ...	11	24	15	6	1	57
Music/Drama ...	11	11	8	5	—	35
Food Technology ...	18	21	27	17	2	85
TOTALS ...	86	143	149	75	22	475

Results of Tuberculin Skin Testing

There were 78 students vaccinated with B.C.G. vaccine (8 students with a negative reaction, either refusing or having no parental consent), and 16 students were sent for X-ray. As yet, no case of tuberculosis has been detected in those sent for X-ray. It is to

be noted that of the skin tests actually read over 20% of students needed a further procedure (vaccination or X-ray) and just under 20% (19·8%) consented to receive such procedures. The majority of those students requiring B.C.G. lived outside the City boundary.

	Students Tested	Tests Read	Students given B.C.G.	Students X-rayed
Welsh College	176	156	26	7
Llandaff	150	142	20	8
Art	62	57	10	1
Music/Drama	37	35	9	—
Food Technology	87	85	13	—
TOTALS	512	475	78	16

Poliomyelitis Vaccination

	Type of Injection			Totals
	1	2	3	
Llandaff	29	—	21	50
Welsh College... ..	41	—	37	78
Art	3	3	10	16
Music/Drama	4	3	11	18
Food Technology	11	—	18	29
TOTALS	88	6	97	191

A total of 191 injections were given though, at the time of writing, second injections were due at the Welsh College, Llandaff and Food Technology.

It is hoped that in future the Student Health Medical Officer will give first aid lectures to the chiropody students at Llandaff Technical College, in addition to his normal college work.

A scheme is being discussed for the organisation of first aid instruction to the staff of Llandaff Technical College. It is hoped that the actual instruction will be carried out by the Red Cross. Various correspondence relating to this matter is now in the hands of the Principal.

Mrs. M. P. Davies has made considerable progress in approving student accommodation. She is at present dealing with accommodation lists at Llandaff, Food Technology and Art. No list exists at Music and Drama. At the Welsh College accommodation is to be taken out of the hands of the Students' Union and placed in those of the Registrar (a new appointment). Administration of such accommodation will be undertaken by the Registrar after approval by the Student Health Service.