[Report 1948] / Medical Officer of Health, Glamorgan County Council.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1948.

W. E. THOMAS, B.Sc., M.B., B.Ch., D.P.H.
MEDICAL OFFICER OF HEALTH.

CARDIFF:
WILLIAM LEWIS (PRINTERS) LIMITED.

Glamorgan County Council.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

ANNUAL REPORT, 1948.

I have the honour to present the Annual Report for 1948, a year which will live in memory in that it marks the coming into being of so many changes brought about by the National Health Service Act, 1946. As the proposals for the implementation of the duties laid upon the Authority under Part III of the Act are so well known to you and are of such direct concern to every citizen, all of whom are affected one way or another, there is no need for me to reiterate them.

From the 5th July to the end of the year is too short a period on which to pass any but brief comment on some of the more salient features, and it would certainly be unwise to pass judgment or criticise before the effects of the operation of the full proposals can be seen as a whole.

The scheme of delegation to Divisional Committees (which for the convenience of members has been reproduced at the end of this report) was introduced with the object of forming convenient units of administration which aimed at maintaining local interest with ease of day-to-day administration. These Committees, which are responsible for services other than the Ambulance and Mental Health Services, operation of which has been retained centrally, have tackled their tasks with a will to set up in the shortest possible time a comprehensive Service to meet the needs of the people of their Divisions. In this they have been ably assisted by the Divisional Medical Officers and their staffs who, starting from scratch, often with inadequate office accommodation, are now getting into their stride and building up a structure which will stand the test of time. The appointment of the clerical staff to the Divisions, aiming at establishing a well-balanced team, was no easy task as there were many applicants, but careful selection has borne excellent results.

The main handicap in the performance of the Divisional work has been the lack of professional staff —medical, dental, and nursing. Comment is made on this elsewhere in the report, but it is necessary to point out that unless something is done soon to lessen the discrepancy in remuneration of medical and dental officers in the employ of Local Authorities as compared with that in other fields, there is bound to be a marked curtailment in the preventive services as in fact, has already occurred in the Dental Service, where it is no longer possible to maintain a priority service for mothers and children as was envisaged in the Act.

The Maternity and Child Welfare Clinics have been maintained in most areas by calling on general practitioners who work on a sessional basis, but if any of the full-time Assistant Medical Officers should resign, replacement at the present time is most difficult and the inevitable result will be a reduction in clinics. The most serious shortage on the nursing staff is of Health Visitors, which has reflected itself in an inability to carry out to the full the extended duties for which these officers are now responsible, although a start has been made in this direction by utilising them in the follow up of cases discharged from hospital.

Comment on the Services themselves is made in the report and attention is drawn particularly to the Domestic Help Service, for which there is an increasing demand which in some areas cannot be met to the full. The importance of this provision in giving relief in the home as well as lessening the demands on hospital accommodation cannot be overestimated.

The Ambulance Service by the end of the year was taking shape and the delivery of the first new vehicles eased the situation created by the heavy calls which were being received.

The statistics for the year show a reduction in the birth rate and death rate, and graphs on page 7 show the trend over a number of years. The reduction in the infant mortality rate from 51 per 1,000 births to 41—the lowest yet recorded—is a satisfactory feature, as is also the reduction of the Tuberculosis (Phthisis) death rate from 0·61 per 1,000 population to 0·54, and of other tuberculosis deaths from 0·12 to 0·08. Cancer deaths, on the other hand, have increased considerably—from 1·60 to 1·69, which is three times greater than those from tuberculosis. There were no major epidemics during the year and the decline in the incidence of diphtheria which caused only two deaths is further proof of the efficacy of the immunisation campaign.

Having taken over from my predecessor, Dr. A. R. Culley, on the 1st June, it became necessary to appoint a Deputy, the vacant post being filled by Dr. R. T. Bevan, who has given me most valuable assistance since he commenced duties in December last.

The Health Committee has given me every consideration and help during my first year of office and I wish to convey to you my thanks for your assistance and forbearance.

As for the staff, I cannot speak too highly of the task which they have performed, and to them also I extend my sincerest thanks.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

September, 1949.

TABLE OF CONTENTS.

	Page.
Blind Persons, Welfare of	48
Cancer	65
Cardiff and County Public Health Laboratory	9
County Home Nursing Service	36
County Ambulance Service	40
Dental Service	26
Diphtheria	54
Domestic Help Service	44
Food and Drugs Act, 1938	11
Health Centres	22
Health Visiting Service	34
Hospitals	15
Home Nursing Service	36
Housing	19
Infant Mortality	53
Maternal Mortality	63
Maternity and Child Welfare	23
Mental Health Services	45
Midwifery Service—County Domiciliary	28
Milk (Special Designations) Regulations	8
Nurseries and Child Minders' Act, 1948	28
Nurses' Acts, 1943–1945	34
Nursing Homes, Supervision of	34
Poliomyelitis	58
Pollution of Rivers and Streams—Prevention of	66
Population	6
Rural Water Supplies and Sewage Act, 1944	66
Sanitary Circumstances of the Area	67
Scarlet Fever	54
Tuberculosis	58
Vaccination and Immunisation	38
Venereal Diseases, Treatment of	19
Vital Statistics	5
Vital Statistics, Extracts from	8
Statistical Tables :—	
Births	52
Care of Mothers and Young Children	23
Deaths, Causes of (Age-groups)	68
Death-rate	52
Dental Care (Mothers and Young Children)	27
Diarrhoea and Enteritis	57
Diphtheria	54
Enteric Fever (including Paratyphoid)	57
Health Visiting	35
Infant Mortality	52
Infectious Diseases—Notification of	82
Measles	56
Other Maternal Causes	63
Population	6
Puerperal Sepsis	63
Scarlet Fever	54
Tuberculosis	58
Vital Statistics, 1948	83
Whooping Cough	56
Midwives Act, 1918	32
Appendix	69–81

VITAL STATISTICS, 1948.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1948, and, for the purpose of comparison, similar statistics for the years 1947 and 1928 are given.

		Birth Rate.			Death Rate.			Infant Mortality Rate.		
		1948.	1947.	1928.	1948.	1947.	1928.	1948.	1947.	1928.
England and Wales		17·9	20·5	16·7	10·8	12·0	11·7	34	41	65
Administrative County of Glamorgan ..		18·9	20·8	18·2	11·6	13·1	11·0	41	51	75
Total Urban Districts		19·3	21·3	18·3	11·9	13·6	11·5	41	53	80
Total Rural Districts		17·9	19·4	17·5	10·8	11·5	9·7	41	45	62
Health Division.	Constituent Districts.									
Aberdare and Mountain Ash	Aberdare Urban ..	17·2	18·1	13·6	13·5	15·8	12·0	41	62	92
	Mountain Ash Urban ..	20·6	20·8	19·0	13·4	14·9	11·5	46	73	71
Caerphilly and Gelligaer	Caerphilly Urban ..	22·7	24·6	21·2	12·4	13·4	10·7	63	69	98
	Gelligaer Urban ..	21·8	23·2	21·3	9·9	12·2	11·7	42	64	87
Mid-Glamorgan	Bridgend Urban ..	18·7	20·7	16·2	9·7	11·3	10·8	42	38	78
	Maesteg Urban ..	22·8	23·2	20·8	11·7	13·7	8·0	50	60	66
	Ogmore & Garw Urban	20·1	20·1	18·7	12·0	13·3	11·9	48	48	87
	Porthcawl Urban ..	15·9	19·6	10·1	14·0	16·8	11·2	27	41	44
	Penybont Rural ..	18·7	18·8	17·7	9·9	10·8	8·8	41	64	71
Neath and District	Neath Borough ..	18·3	20·1	17·0	12·1	12·5	10·8	29	33	73
	Neath Rural	16·8	19·9	17·0	10·3	11·7	9·7	46	46	72
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural ..	21·8	23·7	23·5	11·4	11·7	11·7	50	39	66
	Pontypridd Urban ..	20·1	22·0	18·3	12·6	13·7	11·4	27	56	76
Port Talbot and Glyncorrwg	Glyncorrwg Urban ..	23·0	24·5	22·1	12·0	14·9	10·7	74	56	67
	Port Talbot Borough ..	19·1	22·2	20·8	10·5	12·5	11·9	35	40	84
South-East Glamorgan	Barry Borough ..	18·5	23·3	18·8	10·6	12·5	11·1	30	48	72
	Cardiff Rural	14·8	15·8	13·7	10·8	10·6	8·4	30	33	58
	Cowbridge Borough ..	13·5	7·0	12·3	8·1	12·4	15·8	—	—	71
	Cowbridge Rural ..	23·1	28·0	21·0	10·0	11·1	9·9	41	46	42
	Penarth Urban ..	17·5	21·9	15·6	11·7	13·0	9·6	22	42	65
West Glamorgan	Gower Rural	17·7	19·8	15·4	11·4	12·2	10·1	45	32	83
	Llwchwr Urban ..	15·6	18·5	16·3	10·0	10·9	10·0	50	36	66
	Pontardawe Rural ..	16·5	16·8	17·3	11·8	12·9	10·0	37	45	44
Rhondda ..	Rhondda Urban ..	18·6	20·7	17·5	12·6	14·9	11·8	40	52	80

POPULATION.

The estimate of the Registrar-General gives the population of the administrative County as 725,200, as compared with the 1947 estimate of 712,070.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1930	809,200 Mid-year, 1929	4,921
1903	631,398	13,137	1931	766,141 (Census)	3,670
1913	791,208	14,363	1932	763,000	3,482
1914	802,752	14,047	1933	758,160	2,504
1915	777,430	12,266	1934	751,650	3,579
1916	752,619	11,485	1935	743,800	3,015
1917	766,990	10,236	1936	731,350	2,358
1918 *Swansea Extension	740,254	8,866	1937	714,200	1,714
1919	795,924	9,828	1938	708,500	1,982
1920	827,639	14,128	1939	709,500	1,746
1921	814,717 (Census)	14,015	1940	716,400	2,077
1922 *Cardiff Extension	838,064	10,006	1941	740,310	2,595
1923	827,900	10,656	1942	714,400	4,422
1924	839,500	10,294	1943	697,300	4,125
1925	843,400	8,898	1944	704,540	5,043
1926	843,100	8,213	1945	697,780	3,621
1927	837,000	5,366	1946	710,160	5,208
1928	812,200	5,748	1947	712,070	5,491
1929	809,200	4,582	1948	725,200	5,316

The population of an area depends not only on the difference between the number of births and the number of deaths, but also on the movement of individuals into and away from the area.

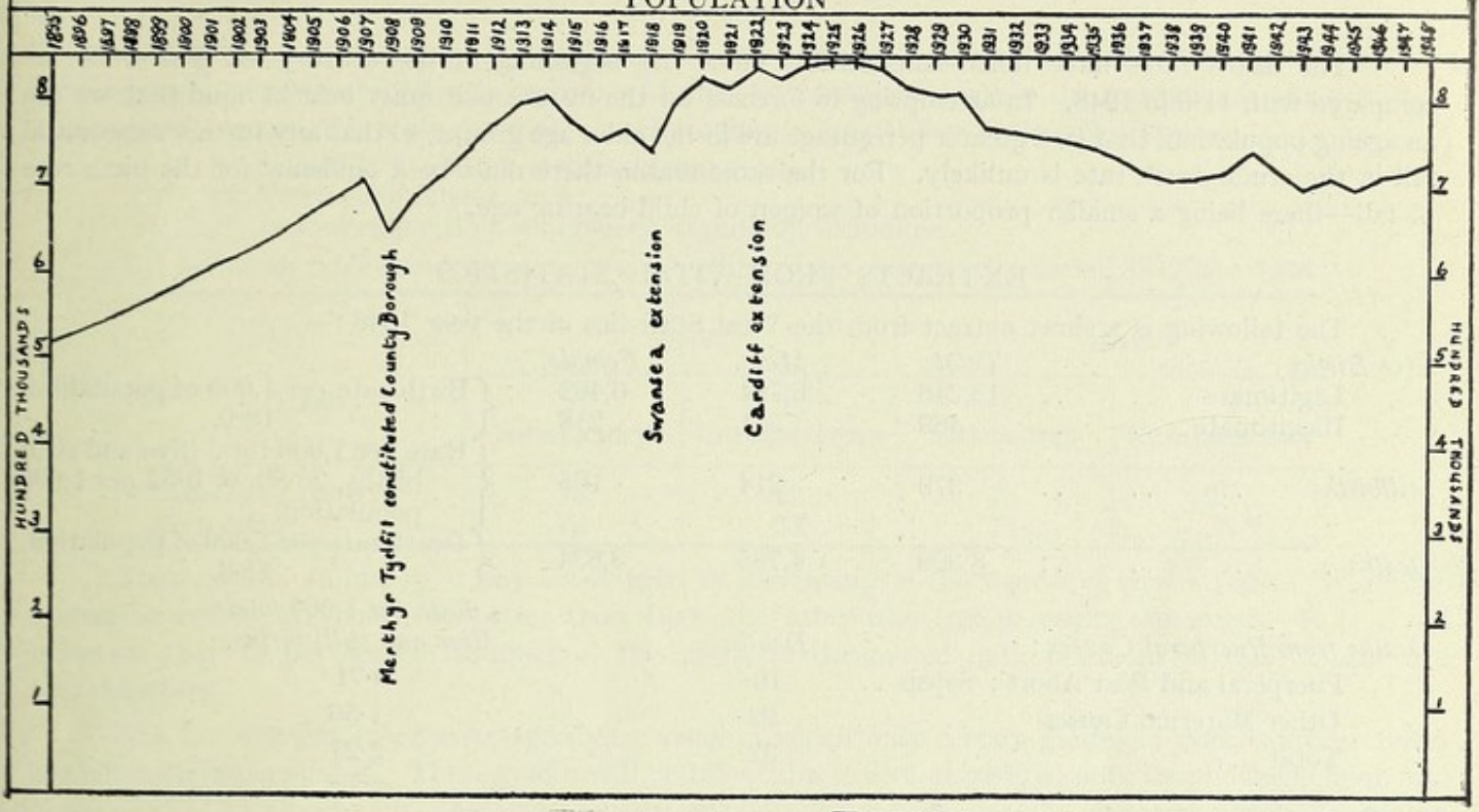
Since the beginning of the century there has been, every year, a substantial excess of births over deaths in the administrative County, but the population has not always shown a corresponding increase. During the late 1920's and 1930's the population had fallen from 843,400 in 1925 to 709,500 in 1939. This was the period of unemployment, and people left the area to find work in other parts of the country. The total excess of births over deaths during the same period was 52,880, so that but for emigration, the population would have been approximately 896,000 in 1939 (the difference between 896,000 and 709,500 shows the extent of the emigration problem in Glamorgan). A significant change seems to have taken place in 1948. The excess of births over deaths was 5,316, but the population has increased by 13,130 since 1947. This indicates a movement of population into the County—probably the result of the new industrial development.

A review of the birth rate in Glamorgan during the century is of interest. The rate has always been higher than that for England and Wales as a whole. This was particularly so in the years immediately before the 1914–1918 war. In 1910 the birth rate for England and Wales was 25·1, whereas in Glamorgan it was 34·2. The rate fell steeply during the 1914–1918 war, to be followed by a sharp rise in 1920. This, in turn, was followed by a steady fall, so that in 1937 the rates in the country as a whole and in Glamorgan approximated each other at the low levels of 14·9 and 15·3 respectively. The birth rate in Glamorgan began to rise in 1938 and the early years of the late war did not show the fall that took place in the national statistics. The facts that Glamorgan was an industrial area, with large numbers of people in reserved occupations and that it was an evacuation area, probably account for this difference.

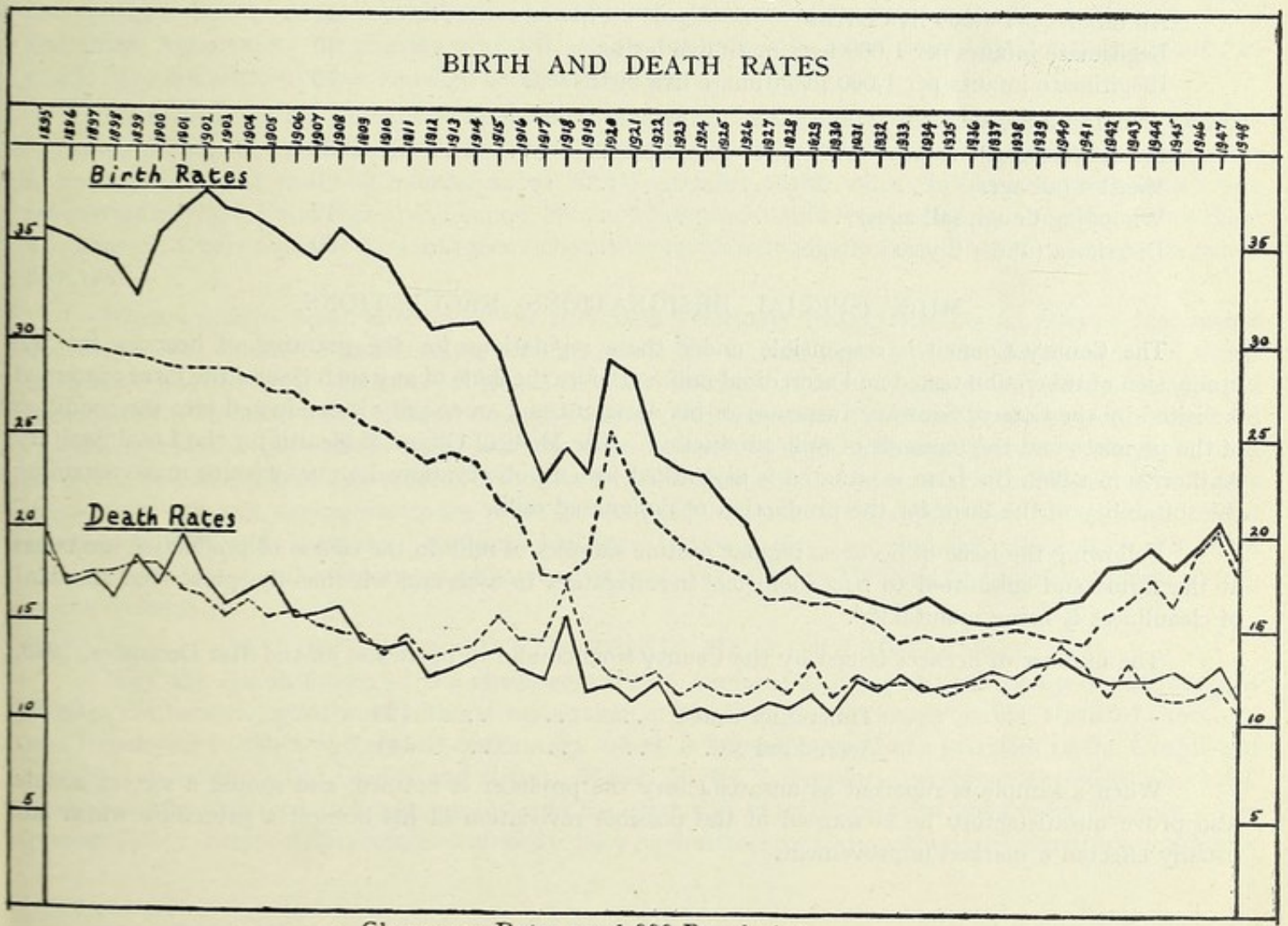
The immediate post-war period showed a steep rise in the birth rate similar to that following the 1914–1918 war, and in 1947 the figure of 20·8 was attained but the year 1948, once again, showed a fall. It seems doubtful if even the present rate will be maintained.

ADMINISTRATIVE COUNTY OF GLAMORGAN

POPULATION



BIRTH AND DEATH RATES



——— Glamorgan Rates per 1,000 Population.

- - - - - - - - England and Wales Rates per 1,000 Population.

The death rates have fallen considerably since the beginning of the century—17·2 in 1900, as compared with 11·6 in 1948. In attempting to forecast for the future, one must bear in mind that we are an ageing population, that is, a greater percentage are in the older age groups, so that any further substantial fall in the crude death rate is unlikely. For the same reason there must be a tendency for the birth rate to fall—there being a smaller proportion of women of child-bearing age.

EXTRACTS FROM VITAL STATISTICS.

The following is a short extract from the Vital Statistics of the year 1948 :—

	Total.	*Male.*	*Female.*	
Live Births :				
Legitimate	13,246	6,784	6,462	Birth rate per 1,000 of population, 18·9.
Illegitimate	469	251	218	
Stillbirths	379	214	165	Rate per 1,000 total (live and still) births, 26·89, or 0·52 per 1,000 population.
Deaths	8,399	4,765	3,634	Death rate per 1,000 of population, 11·6.

	Deaths	*Rate per 1,000 total (live and still) births.*
Deaths from Puerperal Causes :		
Puerperal and Post Abort : Sepsis ..	10	0·71
Other Maternal Causes	22	1·56
Total	32	2·27

Death rate of Infants under one year of age :	
All infants per 1,000 live births	41
Legitimate infants per 1,000 legitimate live births	40
Illegitimate infants per 1,000 illegitimate live births	70
Deaths from Certain Causes :	
Cancer (all ages)	1,226
Measles (all ages)	6
Whooping Cough (all ages)	17
Diarrhoea (under 2 years of age)	30

MILK (SPECIAL DESIGNATIONS) REGULATIONS.

The County Council is responsible under these regulations for the granting of licences for the production of tuberculin tested and accredited milk. Before the issue of any such licence the farm concerned is visited by the County Sanitary Inspector or his Assistant and an enquiry is conducted into the condition of the premises and the methods of milk production. The Medical Officer of Health for the Local Sanitary Authority in which the farm is situated is also asked for any observations he may wish to make regarding the suitability of the farm for the production of designated milk.

Following the issue of licences, regular routine samples of milk in the course of production are taken at the farms and submitted to bacteriological investigation to ascertain whether the prescribed standard of cleanliness is being maintained.

The number of licences issued by the County Council and in operation on the 31st December, 1948, was :—

Tuberculin tested	123
Accredited	141

When a sample is reported as unsatisfactory the producer is notified, and should a second sample also prove unsatisfactory he is warned of the possible revocation of his licence, a procedure which has usually effected a marked improvement.

During the year, however, it was found necessary to revoke the tuberculin tested licences of three producers who persistently failed to comply with the standards laid down in the regulations. As described in last year's report, the most common causes leading to unsatisfactory samples are—

(1) failure to use steam sterilising apparatus,
(2) shortage of labour, and
(3) lack of responsible supervision of milking technique.

The following table shows the results of sampling of designated milk during 1947 and 1948 :—

Grade	1947		1948	
	% Satisfactory	% Unsatisfactory	% Satisfactory	% Unsatisfactory
Tuberculin tested ..	78	22	75	25
Accredited	72	28	74·7	25·3

These results do not show any substantial improvement on the figures of recent years. While the accredited results are but little better than 1947, the tuberculin tested results are worse. It is a sad reflection that 25 per cent of samples of this grade of designated milk produced in this County are unsatisfactory.

The Government scheme for specifying areas in which only certain grades of milk can be retailed has not been implemented. These grades will be tuberculin tested, accredited milk from a single herd, and pasteurised or sterilised milk. As a preliminary, subsidies have been given to operators of heat treatment plants, which must be covered by a licence issued by the Ministry of Food, and samples are taken by Food and Drugs Authorities. During the year 151 samples of milk were taken from heat treatment plants, of which 13 or 8·6 per cent were found to be unsatisfactory.

Four years ago the Committee approved a scheme for the sampling of milk which provided for the collection of samples by the District Councils for biological testing at the Cardiff and County Public Health Laboratory. During the nine months ended 30th September, 1948, when this branch of the work was taken over by the Medical Research Council, 391 such samples of milk were tested for tubercle, and of these 8 or 2 per cent were found to contain tubercle bacilli as compared with 1·5 per cent of the samples examined last year.

When a positive result is obtained the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries is contacted and arrangements are made for an examination of the dairy herd from which the sample was obtained. Any animal showing clinical evidence of tuberculosis of the udder is slaughtered immediately. In many cases "positive" samples have been taken and the clinical examination of the herd has not revealed a tuberculous infection. In these cases individual milk samples are taken from each suspected cow in the herd and subjected to a further biological test. Owing to the time lapse of six weeks required for this test, arrangements are made for the pasteurisation of the supply until the infected animal has been isolated and destroyed. Although biological testing is slow in giving the results, it is well worth the effort put into it and is the means of preventing at the earliest possible moment tuberculous milk getting to the community.

CARDIFF AND COUNTY PUBLIC HEALTH LABORATORY.

With the establishment of the newly-constituted Regional Laboratory Service by the Ministry of Health, the bacteriological work hitherto undertaken at the Cardiff and County Public Health Laboratory was transferred to the new Regional Laboratory, which is housed in the same premises as the Cardiff and County Laboratory. The Cardiff and County Public Health Laboratory became a chemical laboratory dealing mainly with food and drug samples and the chemistry of water supplies and sewage effluents. The present Joint Laboratory Committee continued to have reports from the National Service Laboratory as hitherto.

The transfer of the responsibility for the Bacteriological Service to the Medical Research Council Laboratory has meant no weakening of the link in the essential chain required in the enquiry into the factors which so frequently require investigation in tracing the origin of certain of the infectious diseases. The most happy relationships have been maintained with Dr. Scott Thompson, the Director of the Laboratory, who is always ready to collaborate in any field work where the services of a bacteriologist are required, and it is with pleasure I record my appreciation of his ready assistance.

The following table gives an account of the bacteriological examinations undertaken during period ended 30th September, 1948, and the chemical examinations undertaken during the year 1948 for the administrative County :—

Description of Specimens or Samples.	Total No. examined	Result		Percentage of Positive Results
		Positive	Negative	
Bacteriological Examinations :—				
Water Supplies	1,250	—	—	—
Milks for Tubercle Bacilli	391	8	383	2·0
Milks for General Examination	1,967	—	—	—
Milk for Enteric, etc.	5	—	—	—
Water for Enteric, etc.	6	—	—	—
Sputa for Tubercle Bacilli	199	18	181	9·0
Urine for Tubercle Bacilli	13	—	—	—
Faeces for Tubercle Bacilli	1	—	—	—
C.S.F. ? T.B.	59	5	54	8·5
Pus and Pleural Fluid ? T.B.	46	—	—	—
Diphtheria	2,590	130	2,460	5·02
Haemolytic Streptococci	1,854	—	—	—
Ringworm	49	21	28	42·8
Sera for Enteric	75	15	60	20·0
Faeces for Enteric	96	24	72	25·0
Urine for Enteric	59	3	56	5·0
Faeces for Dysentery	899	173	726	19·2
Faeces for Food Poisoning	5	2	3	40·0
Brucella Abortus	4	—	—	—
Food for Enteric	5	—	—	—
For Wassermann Reaction	4,566	418	4,148	9·2
For Gonococcal Complement Fixation	713	49	664	6·9
For Gonococci	436	151	285	34·6
Ophthalmia	26	—	—	—
For Spirochaeta Pallida	30	17	13	56·6
Cerebro Spinal Fluid—Meningococci	6	6	—	100·0
Rodents for Plague	46	—	—	—
Ice Cream	534	—	—	—
Other Examinations	64	—	—	—
Chemical Examinations :—				
Fertilizers and Feeding Stuffs	88	—	—	—
Food and Drugs Acts Samples	3,082	—	—	—
Water Supplies	746	—	—	—
River Waters	34	—	—	—
Sewage and Sewage Effluents	337	—	—	—
Trade Effluents	22	—	—	—
Heat-treated Milks	1,012	—	—	—
Urine Analyses	18	—	—	—
Ice Cream	566	—	—	—
Other Examinations	8	—	—	—
Total	21,937	—	—	—

FOOD AND DRUGS ACT, 1938.

Since the 1st April, 1948, the administration of the Food and Drugs Act, 1938, has been a responsibility of my department and the undermentioned figures include samples taken during the quarter ended 31st March, 1948, when the sampling arrangements were under the control of the County Police.

During the year 1,823 samples taken from the County area for which the Council is responsible as a Food and Drugs Authority were examined, and of these 102 or 5·6 per cent were found to be unsatisfactory. Of this number 1,142 were milk samples of which 893 were formal and 249 informal. 66 or 7·39 per cent of the former and 12 or 4·82 per cent of the latter were found not to conform with the standards laid down for genuine milk, which should contain not less than 3 per cent milk fat and not less than 8·5 per cent non-fatty solids.

The percentage of unsatisfactory milk samples is a slight increase over the percentage for 1947, viz. 6·7, but it does not necessarily mean that they are adulterated ; for instance, 25 did not reach the standard for non-fatty solids, but in each case the freezing point test showed no evidence of added water. Then again, the following butter fat deficiencies were found on analysis :—

15 lower than 5 per cent ;
4 of 12 per cent, and
19 above 15 per cent.

Appeal to the cow samples, a procedure followed in all cases where deficiency of butter fat is found, indicated that all were genuine milk.

It is now generally accepted that the non-fatty solids composition of milk can be influenced by feeding, and it is also evident that such factors as breed of the animal, period of lactation, and age and condition, also affect the quality of the milk, particularly the fat content.

Certain breeds of cows, e.g. Jersey and Guernsey, are known for their yield of high fat content milk, while others give lower percentages for butter fat but higher milk yields. The introduction of Channel Island breeds into the latter herds would result in an improved fat content with resultant benefit to the consumer.

Other than milk, the greatest number of irregular samples were pudding mixtures infected with meal mites. During the nine months ended the 31st December, 1948, there were 24 cases of meal-mite infestation reported.

No legal action is taken on these samples as cake and pudding mixtures are sampled informally. The Local Sanitary Authority, however, in each case is asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps are taken to inform the manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

During the nine months ended the 31st December, 1948, legal proceedings in respect of unsatisfactory or adulterated foodstuffs were undertaken in 24 cases.

In 20 cases fines totalling £120 2s. 0d. were imposed upon the vendors, the remaining four cases being dismissed.

It will be seen from the foregoing that adulteration of food supplies is infrequent, and the general public can be satisfied that by far the greatest proportion of the food sold in the shops to-day is of the nature, substance, and quality demanded.

The following table represents in detail the work carried out by the Public Analyst, and indicates the variety of samples taken and examined :—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Milk	893	249	1,142	66	12	78
Apple Juice	—	1	1	—	—	—
Aspirin Tablets	—	4	4	—	—	—
Aspro Tablets	—	1	1	—	—	—
Baking Powder	7	—	7	—	—	—
Barley Crystals	1	1	2	—	—	—
Barley Flake	1	5	6	—	—	—
Barley Flour	1	3	4	—	—	—
Barley Kernels	—	2	2	—	—	—
Bicarbonate of Soda	2	1	3	—	—	—
Bisto	—	1	1	—	—	—
Boiled Sweets	1	—	1	—	—	—
Boracic Powder	—	1	1	—	—	—
Bovril	—	1	1	—	—	—
Brandy	6	—	6	—	—	—
Bronchial Mixture	—	1	1	—	—	—
Butter	54	—	54	1	—	1
Cake and Flour Mixture	1	—	1	—	—	—
Cake Flour	7	—	7	—	—	—
Cake Mixture	6	50	56	—	1	1
Cakeoma	1	—	1	—	—	—
Camphorated Oil	1	4	5	1	1	2
Canned Apple	—	1	1	—	—	—
Canned Beetroot	—	1	1	—	—	—
Canned Fish	—	3	3	—	—	—
Canned Mixed Vegetables	—	1	1	—	—	—
Canned Meat	—	1	1	—	—	—
Canned Mussels	—	1	1	—	—	—
Canned Peas	—	2	2	—	—	—
Canned Pudding	—	1	1	—	—	—
Canned Sardines	—	1	1	—	—	—
Carraway Seeds	—	1	1	—	—	—
Castor Oil	—	1	1	—	—	—
Cheese	5	—	5	—	—	—
Chocolate Cup	—	1	1	—	—	—
Chocolate Spread	1	—	1	—	—	—
Citron Peel	1	—	1	—	—	—
Cocoa	1	5	6	—	—	—
Coffee	2	5	7	—	—	—
Coffee and Chicory	1	2	3	—	—	—
Cooking Fat	46	—	46	—	—	—
Cream of Tartar	—	2	2	—	—	—
Creamola	2	—	2	—	—	—
Currants	5	1	6	—	—	—
Custard Flavour	—	1	1	—	—	—
Custard Powder	2	1	3	—	—	—
Dates	2	—	2	—	—	—

Article. (1)	Number examined. Formal. (2)	Informal. (3)	Total. (4)	No. adulterated or otherwise giving rise to irregularity. Formal. (5)	Informal. (6)	Total. (7)
Date Pudding	1	1	2	—	—	—
Dessert Powder	1	7	8	—	—	—
Dried Egg	4	5	9	—	—	—
Dried Peaches	1	—	1	—	—	—
Dried Peas	5	1	6	—	—	—
Egg Substitute Powder	1	—	1	1	—	1
Epsom Salts	1	2	3	—	—	—
Essence of Rennet	—	1	1	—	—	—
Farinoca	1	2	3	—	—	—
Figs	4	—	4	—	—	—
Fish Balls	—	1	1	—	—	—
Fish Paste	—	7	7	—	—	—
Flavoured Mould	—	1	1	—	—	—
Forcemeat	—	1	1	—	—	—
Frizets	1	4	5	—	—	—
Full Cream Condensed Milk	—	4	4	—	—	—
Fynnon Salt	—	1	1	—	—	—
Gelatine	1	—	1	—	—	—
Gin	6	—	6	—	—	—
Glaubers Salts	—	1	1	—	—	—
Golden Raising Powder	3	1	4	—	—	—
Golden Syrup	—	1	1	—	—	—
Grape Puree	—	1	1	—	—	—
Gravy Browning	2	3	5	—	—	—
Gravy Improver	—	1	1	—	—	—
Herbs	1	—	1	—	—	—
Honey	—	1	1	—	—	—
Jaffa Juice	—	1	1	—	—	—
Jam	1	6	7	—	—	—
Jelly	—	1	1	—	—	—
Lemonade Powder	1	—	1	—	—	—
Lemon Flavour	1	—	1	—	—	—
Lemon Squash	1	—	1	—	—	—
Liver Paste	—	1	1	—	—	—
Macaroni	2	6	8	—	—	—
Maltabs	1	—	1	—	—	—
Malted Milk Powder	—	1	1	—	—	—
Malted Oatmeal	1	—	1	—	—	—
Malt Vinegar	2	—	2	—	—	—
Margarine	52	—	52	—	—	—
Marmalade	—	2	2	—	—	—
Mincemeat	—	1	1	—	—	—
Mixed Pickles	1	1	2	—	—	—
Mixed Spice	1	1	2	—	—	—
Oatmeal and Breakfast Oats	2	1	3	—	—	—
Oatrex	—	2	2	—	—	—
Olive Oil	—	2	2	—	—	—
Orange Squash	2	—	2	—	—	—
Pearl Barley	1	2	3	—	—	—
Pepper	1	—	1	—	—	—
Pom	2	4	6	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Potted Meat	—	2	2	—	—	—
Powdered Borax	—	1	1	—	—	—
Prunes	3	—	3	—	—	—
Pudding Mixtures	3	73	76	—	17	17
Rennie Tablets	—	1	1	—	—	—
Rice Macaroni	2	—	2	—	—	—
Rum	5	—	5	—	—	—
Saccharin	—	3	3	—	—	—
Salami Sausage	1	—	1	—	—	—
Salt	1	—	1	—	—	—
Sauce	1	3	4	—	—	—
Sausage Meat	—	1	1	—	—	—
Scone Flour Mixture	1	—	1	1	—	1
Scotch Broth	—	1	1	—	—	—
Seidlitz Powder	—	1	1	—	—	—
Self-raising Flour	2	1	3	—	—	—
Semolina	2	6	8	—	—	—
Soda	1	—	1	—	—	—
Soups	4	16	20	—	—	—
Soup Powder	—	1	1	—	—	—
Spaghetti	1	—	1	—	—	—
Spirit Vinegar	1	—	1	—	—	—
Sponge Mixtures	4	22	26	—	—	—
Starch	1	—	1	—	—	—
Stuffing	1	3	4	—	—	—
Suet	1	1	2	—	—	—
Sugar	1	—	1	—	—	—
Sultanas	8	1	9	—	—	—
Sweet Pickle	1	1	2	—	—	—
Tapioca	2	—	2	—	—	—
Tartaric Acid	—	1	1	—	—	—
Tea	1	10	11	—	—	—
Thyme	—	1	1	—	—	—
Tincture of Iodine	—	2	2	—	—	—
Tomato Ketchup	—	2	2	—	—	—
Vermicelli	2	2	4	—	—	—
Vinecta Tonic	—	1	1	—	—	—
Vinegar	3	16	19	—	—	—
Weetabix	—	1	1	—	—	—
Whisky	1	—	1	—	—	—
Yorkshire Relish	1	—	1	—	—	—
Yorkshire Pudding Mixture	—	3	3	—	1	1
Total	1,210	613	1,823	70	32	102

HOSPITALS.

The figures given in the following tables relate to the period from 1st January to 5th July, when the hospitals were taken over by the Regional Hospital Board and became the responsibility of the Hospital Management Committees.

The transfer took place without any disorganisation of the Hospital Service, every assistance being given by my Department to the Management Committees until they were themselves able to take up the reins, the County Council acting as agents pending the appointment of the Secretaries to the Management Committees. This agency arrangement came to an end on 31st January, 1949.

While the Health Department no longer have direct responsibility for the hospitals, the closest liaison is maintained and regular meetings of the Liaison Committee set up by the Regional Hospital Board of the Medical Officers of the Local Health Authorities in Wales are held, where problems of mutual concern relating to the Local Health Authorities' Services are discussed.

It is too early to pass any but brief comment on the effect of the transfer of control. It is evident that the closest contact will have to be maintained to ensure that only those cases who really need admission to maternity departments for confinement are actually admitted to the limited beds available. This problem has been discussed on several occasions with the Hospital officers and a working arrangement agreed upon.

If the Local Health Authority is adequately to carry out its duty of providing after-care to persons discharged from hospital, it is necessary that reports regarding the cases should be obtained. Such reports are being received, however, only in a small minority of cases and much more could be done in this direction.

(a) Accommodation and Record of Cases Treated during the period 1st January to 5th July, 1948.

Institution.	No. of Beds (Normal).	No. of Patients admitted (including infants born in hospital).	No. discharged (including infants born in hospital).	No. of Patients in Institution on 4th July, 1948.	Total No. of Deaths.	No. of Surgical Operations performed.	Maternity Cases.					
							Beds available.	Cases admitted.	No. of Live Births.	No. of Still Births.	No. of Maternal Deaths.	No. of Infant Deaths (under 1 year).
East Glamorgan County Hospital	230	1,447	1,297	197	98	1,135*	30	2	2	—	—	—
Mid-Glamorgan County Hospital	364	2,613	2,390	362	118	834	42	589	515	16	1	20
Llwynypia Hospital ..	202	1,367	1,270	141	33	105	40	366	353	12	1	17
West Glamorgan County Hospital	384	3,718	3,495	366	172	2,375	54	791	660	21	4	30
Central Homes, Pontypridd	266	749	614	8	13	—	11	166	162	4	—	2
Penmaen Institution ..	6	83	79	236	3	—	—	—	—	—	—	—
Pontardawe Institution	60	33	33	54	5	—	1	2	1	—	—	—
Totals	1,512	10,010	9,178	1,364	442	4,449	178	1,916	1,693	53	6	69

(b) Record of Admissions to Maternity Departments of County Hospitals and Institutions.

Institution.	Number of Cases admitted to Maternity Wards.																		To 5th July, 1948	Total No. of Cases admitted.
	1930*	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947		
East Glamorgan County	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Mid-Glamorgan County	26	54	79	136	185	277	304	287	279	339	364	565	703	818	833	773	866	987	589	8,464
Llwynypia	71	107	177	228	282	317	265	312	418	509	516	521	549	494	587	510	500	664	366	7,393
West Glamorgan County	39	61	40	66	119	187	352	432	536	583	731	862	1,069	1,056	1,219	1,263	1,471	1,499	791	13,376
Pontardawe	3	6	3	5	3	6	6	2	5	2	4	4	5	10	8	9	11	3	2	97
Pontypridd	26	33	36	39	65	38	22	24	33	54	75	153	170	271	321	304	306	297	166	2,433
Totals	165	261	335	474	654	825	949	1,057	1,271	1,487	1,690	2,105	2,496	2,649	2,968	2,859	3,154	3,450	1,916	30,765

* From 1st April, 1930.

(*c*) Summary of Medical Superintendents' Returns, 4th July, 1948.

	West Glamorgan County Hospital.	Llwynypia Hospital.	Mid-Glamorgan County Hospital.	East Glamorgan County Hospital.
(1) *Accommodation and beds occupied on 4th July, 1948* :—				
(i) Beds	384	202	364	230
(ii) Beds occupied	366	141	362	197
(iii) Service cases in hospital on 4th July, 1948	—	—	—	—
(2) *Statistics relating to the period 1st January to 4th July, 1948* :—				
(i) Admissions (including infants born in hospital)	3,718	1,367	2,613	1,447
(ii) No. of Service cases included in 2 (i)	1	—	1	—
(iii) No. of deaths	172	33	118	98
(iv) No. of discharges (including infants born in hospital)	3,495	1,270	2,390	1,297
(v) Duration of stay in hospital of patients shown in 2 (iii) and (iv)—				
(*a*) Under four weeks	3,039	1,237	2,363	1,032
(*b*) Four weeks and under thirteen weeks	561	34	203	332
(*c*) Thirteen weeks or more	67	96	84	31
(vi) No. of chronic sick cases in hospital on 4th July, 1948	47	100	94	—
(3) *Staff.*				
(i) No. of Resident Medical Staff	8	2	6	6
(ii) No. of Visiting Staff—				
(*a*) Visiting at regular intervals	14	10	12	12
(*b*) When services required	2	2	1	3
(iii) Number of—				
(*a*) Trained Nurses	62	26	36	48
(*b*) Student nurses	72	—	37	76
(*c*) Assistant nurses	6	64	26	11
(*d*) Male nurses	2	10	8	9
(*e*) Male attendants	—	—	—	1
(4) *Main Categories of Work.*				
General Medicine, General Surgery, Orthopaedic, Gynaecological, Dental, X-rays, Massage, Ear, Nose, and Throat, Maternity, Diseases of Skin, Ophthalmic, Children, Urology, Pathology, Asthma	All Categories.	All Categories except Pathology.	All Categories	All Categories

	West Glamorgan County Hospital.	Llwynypia Hospital.	Mid-Glamorgan County Hospital.	East Glamorgan County Hospital.
(5) *No. of Surgical Operations.*				
By—				
(i) Resident Staff :				
Major	650	26	340	290
Minor	1,135	79	288	659
(ii) Consultant Staff :				
Major	261	—	206	67
Minor	329	—	—	119
No. of abdominal sections included in— (i)	312	—	172	195
(ii)	64	—	88	5
(6) *Malignant Disease.*				
No. of cases treated	69	—	32	33
(7) *Maternity Department.*				
(i) No. of maternity beds (included in 1 (i)) ..	54	40	42	30
(ii) Cases admitted during period 1st January to 4th July, 1948—				
(*a*) Normal	563	236	445	2
(*b*) Complicated	228	130	144	—
(iii) Cases delivered by—				
(*a*) Doctors	55	78	19	—
(*b*) Midwives	626	236	499	2
(iv) Live births	660	353	515	2
(v) Stillbirths	21	12	16	—
(vi) Maternal deaths	4	1	1	—
(vii) Cases of puerperal pyrexia	—	—	—	—
(viii) Infant deaths (under one year)	30	17	20	—
Ante-Natal Clinic.				
(i) No. of expectant mothers seen	638	531	638	—
(ii) Attendances	4,421	1,185	840	—
(8) *Out-patient Department.*				
(i) No. of persons seen	4,422	5,562	3,786	1,800
(ii) No. of attendances	19,326	13,217	18,446	7,852
(9) *Treatment of Asthma.*				
(i) No. of new cases seen during period	137	121	138	153
(ii) Total No. of attendances	3,234	1,280	3,313	1,631
(iii) No. on waiting list at 4th July, 1948	26	24	20	18

HOUSING.

District.	By Local Authority.				By private enterprise, Building Soceties, etc.		
	Number of Permanent and Temporary Houses.						
	Completed and occupied during the year 1948. (1)	Partly completed during the year 1948. (2)	Sanctioned but not commenced (3)	Total completed and occupied since 1918. (4)	Number of houses completed and occupied during the year 1948. (5)	Number partly completed during the year 1948. (6)	Number for which plans were passed but not commenced during the year 1948 (7).
Aberdare	186	12	130	872*	6	1	2
Barry Borough	108	60	—	1,491*	14	1	7
Bridgend	225*	8	16	506*	10	4	9
Caerphilly	223	390	372	1,104*	4	8	5
Cowbridge Borough ..	2	8	6	14	—	—	1
Gelligaer	299*	8	20	888*	—	6	4
Glyncorrwg	14	159	—	323*	—	—	—
Llwchwr	178	16	30	934*	3*	1	4
Maesteg	36	90	30	462*	—	—	—
Mountain Ash	205	31	96	294*	—	—	2
Neath Borough	112	56	42	1,133*	1	2	—
Ogmore and Garw	25	241	20	360*	—	2	—
Penarth	50	92	8	264*	10	—	12
Pontypridd	213	18	10	984*	21	5	—
Porthcawl	78	38	—	126	11	12	42
Port Talbot Borough ..	327	186	226	3,715†	4	4	40
Rhondda	190*	26	52	773*	2	2	1
Cardiff Rural	128	120	36	494	3	16	52
Cowbridge Rural	141*	105	60	759*	4	6	6
Gower	56	62	8	126	13	3	7
Llantrisant & Llantwit Fard	268	71	32	1,381	—	1	12
Neath Rural..	260*	114	48	1,132*	7*	—	—
Penybont	326	79	22	2,857‡	23	8	24
Pontardawe	105*	123	134	1,231	2	—	8
TOTALS	3,755	2,113	1,398	22,223	138	82	238

* Including flats and temporary dwellings. † Including houses completed by private enterprise. ‡ Including 486 factory workers' hostels.

Steady progress has been made in the building of new houses in the County during the year, 3,755 being completed in 1948 as compared with 2,233 in 1947. The need for more houses remains, however, as urgent as ever, and instances of families living under appalling conditions are frequently brought to notice. In a recent such case seventeen people were living in a seven-roomed house, one family of seven occupying one living room and one bedroom.

TREATMENT OF VENEREAL DISEASES.

This is now a responsibility of the Regional Hospital Board. The clinics formerly maintained by the County Council at Pontypridd, Barry, and Port Talbot have been transferred to the Board and are administered by the appropriate Hospital Management Committees. These clinics were originally established by the County Council on the undermentioned dates :—

Pontypridd ..	April, 1920.
Barry	October, 1921.
Port Talbot ..	April, 1921.

Glamorgan was one of the first authorities to establish under their own direct control special treatment clinics staffed by specialist officers, and as this is probably the last occasion when reference will be made to this as a County Service in the County Medical Officer's report, I have included the following table which illustrates clearly the influence of wars on the incidence of venereal disease among the civilian population. The reduction of cases shown by the figures for the first two quarters of 1948 indicates that in Glamorgan the effect of the war is growing less evident.

A certain amount of contact tracing is undertaken by the Health Visiting staff and visits are paid by them to patients who fail to continue their attendance at the clinic until they have been pronounced free from infection.

Many factors have influenced the gradual reduction of cases which, with the exception of war periods, have taken place in the last 30 years.

The treatment of both syphilis and gonorrhoea has undergone a great change in the last few years due to the use of the sulphonamide group of drugs and penicillin. Gonorrhoea can be cured in a very short time indeed, but observation is required for some months, particularly to be certain that treatment has not hidden a syphilitic infection, which only gives evidence of its presence a little later. For known syphilitic infection penicillin is combined with other drugs and the results appear to be good, but final judgment must be reserved. Admission to hospital is not really necessary for this treatment, as penicillin in an oily medium makes this unnecessary.

The comparative figures for new cases coming under clinic treatment are shown below :—

Year.	Syphilis.	Soft Chancre.	Gonorrhoea.	Cases other than Venereal.	Total.
1920	678	29	519	171	1,397
1921	635	47	485	136	1,303
1922	569	21	576	145	1,311
1923	402	18	550	73	1,043
1924	520	23	707	125	1,375
1925	444	10	749	218	1,421
1926	446	18	717	181	1,362
1927	408	10	819	190	1,427
1928	425	11	893	173	1,502
1929	376	11	990	216	1,593
1930	410	4	1,038	262	1,714
1931	413	6	937	205	1,561
1932	361	7	736	197	1,301
1933	383	1	924	197	1,505
1934	384	5	889	210	1,488
1935	282	2	594	201	1,079
1936	202	1	668	174	1,045
1937	167	5	589	291	1,052
1938	174	7	535	276	992
1939	127	3	502	228	860
1940	106	6	397	193	702
1941	141	5	407	231	784
1942	189	11	421	270	891
1943	206	6	363	567	1,142
1944	209	9	412	617	1,247
1945	186	8	469	715	1,378
1946	355	19	722	857	1,953
1947	283	9	406	695	1,393
*1948	175	2	181	476	834

* Figures for six months ended 30th June, 1948.

Patients Treated at Clinics during Six Months ended 30th June, 1948.

PONTYPRIDD.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	43	26	69	—	—	—	41	8	49	123	56	179	297
Patients discharged after completion of treatment	4	4	8	—	—	—	19	5	24	—	—	—	32
Patients who ceased to attend Clinic before completion of treatment	1	3	4	—	—	—	3	3	6	—	—	—	10
Total number of attendances of patients at the Clinic	795	704	1,499	—	—	—	167	63	63	230	113	419	2,148

PORT TALBOT.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	18	18	36	—	—	—	45	2	47	75	19	94	177
Patients discharged after completion of treatment	3	2	5	—	—	—	14	1	15	—	—	—	20
Patients who ceased to attend Clinic before completion of treatment	17	7	24	—	—	—	20	3	23	—	—	—	47
Total number of attendances of patients at the Clinic ..	408	403	811	3	—	3	233	34	267	194	48	242	1,323

BARRY.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	11	3	14	2	—	2	18	2	20	71	16	87	123
Patients discharged after completion of treatment	1	—	1	2	—	2	12	2	14	—	—	—	17
Patients who ceased to attend Clinic before completion of treatment	3	4	7	—	—	—	3	1	4	—	—	—	11
Total number of attendances of patients at the Clinic..	314	149	463	10	—	10	112	19	131	54	33	87	691

The following tables give information relating to the examination and treatment of patients residing in the Administrative County of Glamorgan undertaken at the Cardiff Royal Infirmary and the Swansea General and Eye Hospital.

CARDIFF ROYAL INFIRMARY.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	11	10	21	—	—	—	24	2	26	72	11	83	130
Patients discharged after completion of treatment	2	8	10	—	—	—	14	1	15	74	12	86	111
Patients who ceased to attend Clinic before completion of treatment	12	2	14	—	—	—	14	1	15	—	—	—	29
Total number of attendances of patients at the Clinic ..	396	317	713	—	—	—	91	20	111	275	48	323	1,147
Aggregate number of "In-patient days"	—	—	—	—	—	—	—	—	—	—	—	—	—

SWANSEA GENERAL AND EYE HOSPITAL.

	Syphilis.			Soft Chancre.			Gonorrhoea.			Cases other than Venereal or Undiagnosed Cases.			Total.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
New cases	21	14	35	—	—	—	36	3	39	24	9	33	107
Total number of attendances of patients at the Clinic ..	499	436	935	4	—	4	240	49	289	69	21	90	1,318
Aggregate number of "In-patient days"	18	65	83	—	—	—	—	—	—	—	—	—	83

HEALTH CENTRES.

Health Centres are one of the keystones to the building up of the General Practitioner Services of the future and new recruits to this service will look to the Local Health Authorities in many instances for suitably equipped premises from which they can work, because often the house of a retiring or outgoing general practitioner is not available to them for the purpose. This has already occurred in one area in the County and because no suitable surgery could be found accommodation for evening surgeries is being provided at the Maternity and Child Welfare Clinic at an agreed rental. While it has been possible to meet the need in this case solely because the clinic was infrequently used, such provision will not often be available to accommodate others in this way. Furthermore, an arrangement of this sort is not what was envisaged in the Act, but rather the much wider provision of a centre where patients can obtain a full range of treatment which may be required, viz. general medical, dental, and pharmaceutical services, as well as clinic facilities.

The problem of meeting the need in most parts of the County will be difficult of solution because of its configuration and lack of suitable sites at the required spots, bearing in mind that patients should not have to walk farther than $\frac{1}{2}$–$\frac{3}{4}$ mile from their homes. A Health Centre should ideally serve approximately 8,000–10,000 people, but subsidiary centres will be required in the rural areas giving more limited service than that obtainable at the main centre. It is a building which houses the services of the Local Health Authority or the General Medical Services or both, and will call for experimentation as regards design and organisation. The County Architect has been consulted, and he has drawn up plans of a provisional centre which should be the subject of discussion between the Committee and representatives of the medical and dental professions, who should be consulted because they will have to work in such centres.

The need to allocate sites for Health Centres in the planning of any new housing projects is evident. Until, however, the primary needs of housing have been met little headway is possible in their building, although they will have to form an integral part of the new Health Service.

MATERNITY AND CHILD WELFARE SERVICE.

In the period 5th July–31st December, when this Service was the responsibility of the County Council, there was little opportunity to do more than maintain existing services and provide an occasional additional Ante-natal or Infant Welfare session where the need had been established.

At the end of the year there were in operation 139 Infant Welfare Centres, 74 Ante-natal Clinics, and six Post-natal Clinics.

The advantage of one Authority being responsible for the Domiciliary Midwifery and Clinic Services is already shown by the utilisation of the midwives in the Ante-natal Clinics, where they are not only able to see their own cases and consult the Medical Officer regarding them, but are also a welcome assistance to the Health Visiting staff, which has been below strength in all divisions.

The following tables give statistical details of the services provided for the Care of Mothers and Young Children during period from 5th July–31st December, 1948 :—

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
BIRTHS.										
No. of births notified — (*a*) Live births ..	580	763	921	576	680	535	866	578	959	6,458
No. of births notified — (*b*) Still births ..	16	21	23	14	27	12	19	6	25	163
CARE OF PREMATURE INFANTS.										
(*a*) No. of premature babies notified whose mother is normally resident in division	37	47	55	36	39	18	40	38	64	374
(*b*) No. of premature babies notified who were born — (i) At home	7	30	18	18	12	8	18	13	29	153
(*b*) No. of premature babies notified who were born — (ii) In hospital or nursing home	30	17	37	18	27	10	22	25	35	221
(*c*) No. of those born at home who were nursed entirely at home	7	29	18	16	10	7	10	10	25	132
(*d*) No. of those born at home and nursed entirely at home .. .. — (i) who died during first 24 hours	1	5	3	1	—	—	1	1	6	18
(*d*) No. of those born at home and nursed entirely at home .. .. — (ii) who survived at the end of one month	6	23	11	15	9	7	9	8	18	106
(*e*) No. of those born in nursing homes — (i) who died during first 24 hours ..	4	3	2	2	—	2	2	4	1	20
(*e*) No. of those born in nursing homes — (ii) who survived at the end of one month	25	13	34	14	26	6	18	20	31	187

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
INFECTIOUS DISEASES.										
Ophthalmia Neonatorum.										
No. of cases notified .. .. Domiciliary	2	8	—	9	5	4	2	1	1	32
Institutional	—	—	—	—	—	—	—	—	—	—
No. of cases visited by officers of the Health Division .. .. Domiciliary	2	8	—	9	5	4	2	—	1	31
Institutional	—	—	—	—	—	—	—	—	—	—
No. of cases for whom home nursing was provided by Division .. Domiciliary	—	—	—	9	2	1	—	—	—	12
Institutional	—	—	—	—	—	—	—	—	—	—
No. of cases removed to hospital Domiciliary	—	—	—	—	—	—	—	1	1	2
Institutional	—	—	—	—	—	—	—	—	—	—
No. of cases of Ophthalmia notified in which—										
(*a*) Vision was unimpaired	2	8	—	9	4	4	2	—	1	30
(*b*) Vision was impaired	—	—	—	—	—	—	—	—	—	—
(*c*) Vision was lost	—	—	—	—	—	—	—	—	—	—
(*d*) The patient died	—	—	—	—	—	—	—	—	—	—
(*e*) The patient was still under treatment at end of the year	—	—	—	—	1	—	—	—	—	1
(*f*) The patient removed from the district ..	—	—	—	—	—	—	—	1	—	1
Total	2	8	—	9	5	4	2	1	1	32
Pemphigus Neonatorum.										
No. of cases notified .. .. Domiciliary	—	3	—	2	—	—	—	—	—	5
Institutional	—	—	—	—	—	—	—	—	—	—
No. of cases visited by officers of the Health Division .. .. Domiciliary	—	3	—	2	—	—	—	—	—	5
Institutional	—	—	—	—	—	—	—	—	—	—
No. of cases for whom home nursing was provided by Division Domiciliary	—	1	—	2	—	—	—	—	—	3
Institutional	—	—	—	—	—	—	—	—	—	—
No. of cases removed to hospital Domiciliary	—	1	—	—	—	—	—	—	—	1
Institutional	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia.										
No. of cases notified .. .. Domiciliary	1	8	2	4	4	—	1	2	1	23
Institutional	—	—	—	—	—	—	—	3	—	3
No. of cases visited by officers of the Health Division .. .. Domiciliary	1	8	1	4	4	—	1	2	1	22
Institutional	—	—	—	—	—	—	—	3	—	3
No. of cases for whom home nursing was provided by Division Domiciliary	—	1	—	4	—	—	—	—	—	5
Institutional	—	—	—	—	—	—	—	—	—	—
No. of cases removed to hospital Domiciliary	1	1	1	—	1	—	—	1	1	6
Institutional	—	—	—	—	—	—	—	—	—	—
MATERNAL DEATHS.										
(*a*) No. of women who died in, or in consequence of, child birth *in the area*—										
(i) From sepsis Confined at home ..	—	—	—	—	—	—	—	—	—	—
Confined in nursing homes	—	—	1	—	—	—	—	—	—	1

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
MATERNAL DEATHS—*continued.*										
(ii) From other causes { Confined at home ..	—	1	1	—	1	—	1	—	2	6
(ii) From other causes { Confined in nursing homes	2	—	1	—	1	—	—	—	—	4
(*b*) No. of women who died—										
(i) At home	—	—	1	—	1	—	1	—	—	3
(ii) In nursing homes	2	—	2	—	1	—	—	—	—	5
(iii) After removal to an institution	—	1	—	—	—	—	—	—	2	3
ANTE-NATAL AND POST-NATAL CLINICS.										
(*a*) No. of clinics provided at the end of the year .. { Ante-natal clinics	4	15	18	5	7	6	9	5	5	74
(*a*) No. of clinics provided at the end of the year .. { Post-natal clinics	—	1	—	—	—	—	5	—	—	6
(*b*) No. of sessions held per month at clinics included in (*a*) { Ante-natal clinics	16	29	44	18	28	11	28	16	38	228
(*b*) No. of sessions held per month at clinics included in (*a*) { Post-natal clinics	—	1	—	—	—	—	16	—	—	17
(*c*) No. of women who attended during the period .. { Ante-natal clinics	382	1,064	1,014	563	622	621	558	471	951	6,246
(*c*) No. of women who attended during the period .. { Post-natal clinics*	45 (45)	80	115 (115)	33 (33)	61 (61)	—	140 (34)	—	647 (647)	1,121 (935)
(*d*) No. of women included in (*c*) who had *not* previously attended an ante-natal clinic during current pregnancy or post-natal clinic after last confinement .. { Ante-natal clinics	275	664	687	451	610	411	436	367	752	4,653
(*d*) No. of women included in (*c*) who had *not* previously attended an ante-natal clinic during current pregnancy or post-natal clinic after last confinement .. { Post-natal clinics*	45 (45)	76	110 (110)	33 (33)	—	—	55 (28)	—	627 (627)	946 (843)
(*e*) Total No. of attendances made by women included in (*c*) .. .. .. { Ante-natal clinics	1,307	2,565	3,277	2,183	3,689	1,731	2,374	2,223	4,750	24,099
(*e*) Total No. of attendances made by women included in (*c*) .. .. .. { Post-natal clinics*	47 (47)	127	120 (120)	35 (35)	61 (61)	—	247 (41)	—	647 (647)	1,284 (951)
* Women post-natally examined at ante-natal clinics are included and also shown in brackets.										
INFANT WELFARE CENTRES.										
(*a*) No. of centres provided	5	23	29	11	12	12	23	18	6	139
(*b*) No. of sessions held per month at centres in (*a*)	24	51	84	28	34	24	64	44	76	429
(*c*) No. of children who attended centres during period	862	2,588	3,567	1,908	2,241	1,638	3,467	2,571	3,157	21,999
(*d*) No. of children who first attended the centres during period and who on the date of their first attendance were { under 1 year	461	651	758	569	702	469	680	422	852	5,564
(*d*) No. of children who first attended the centres during period and who on the date of their first attendance were { over 1 year	41	68	71	161	161	27	125	27	39	720
(*e*) No. of children in (*c*) who at the end of the year were { under 1 year	502	1,405	1,398	852	1,109	798	1,357	928	1,690	10,041
(*e*) No. of children in (*c*) who at the end of the year were { over 1 year	360	1,183	2,169	1,056	1,132	840	2,108	1,643	1,467	11,958
(*f*) Total No. of attendances made by children in (*c*) during period { under 1 year	4,180	7,057	10,973	4,261	7,141	5,384	10,475	6,034	8,261	63,766
(*f*) Total No. of attendances made by children in (*c*) during period { over 1 year	1,115	2,165	6,444	2,898	2,314	1,737	3,396	3,548	1,398	25,015

It is not possible to compare attendance figures with previous years, but there can be no doubt that mothers have grown more and more to appreciate the benefits to be derived from obtaining regular advice at the clinics, and the results are shown in the reduction which has taken place during recent years in the infant and maternal mortality rates. Having regard to the fact that over half the infant deaths occur in the first month, once that period is passed chances of survival are excellent, largely due to the enlightened maternal care. During the period 5th July to 31st December, 6,246 expectant mothers attended the clinics and 21,999 children between the ages of 0–5 years. It is unquestionable that these clinic services augmented by regular health visiting, pay a big dividend.

DENTAL SERVICE.

Section 22 of the National Health Service Act, 1946, made special mention of the duty of the Local Health Authority to make arrangements for the dental care of expectant and nursing mothers and of children of pre-school age, and the Committee, in anticipation of the demand for priority treatment for these types of patients, authorised an increase in the establishment of Assistant Dental Officers.

Before the appointed day, however, it became apparent that not only was it unlikely that the Committee would obtain the services of additional dental officers, but many existing members of the dental staff were contemplating leaving the whole-time service of the County Council for the more lucrative field of private practice. This drain on our dental resources continues, and if it is not checked will reduce to farcical proportions the provision which the County Council is able to make, with greatly diminished staff, for the urgent and overwhelming need of treatment not only for mothers and young children but for the child population of the County also.

A report by Mr. John Young, L.D.S., Senior Dental Officer, is appended. It deals particularly with the dental treatment of mothers and young children undertaken since the 5th July, 1948.

Report of Mr. John Young, L.D.S., Senior Dental Officer.

The dental treatment of expectant and nursing mothers and of pre-school age children is not a new departure for Glamorgan County dental staff, as since 1924 this type of work was done, at first in an experimental fashion, and later in a more expanded manner principally at Penarth Clinic. In 1930 arrangements were made with certain District Councils in the County to undertake the dental treatment of their M. and C.W. cases. The numbers of patients referred fluctuated very much. Under Section 22 of the new Health Service Act the dental treatment of expectant and nursing mothers and of pre-school age children became a priority service.

This report covers the period 5th July to 31st December, the portion of the year 1948 concerned with the operating of the Act, and the accompanying table gives details of work carried out in each division of the County. It shows that out of a total of 756 expectant and nursing mothers referred, 746 required treatment. The incidence of caries is high amongst pregnant and nursing mothers and is related to the drain upon the mother's available calcium and kindred salts for the nourishment of the developing child. Out of the 746 found to require treatment, 654 were treated, 373 being rendered dentally fit. It has always been our experience that many expectant and nursing mothers who commence treatment become more and more frequently absent and many eventually cease to attend.

Various reasons can explain the absence of the nursing mother—illness of the child, or of the mother herself are probably the most usual. The total number of extractions for mothers is 1,914. The higher figure of the first group is explainable by the desire to deal with all removable sepsis before the confinement. The 297 fillings done is a higher figure than formerly, and is I think due to the increased number of young mothers whose dental defects were reparable by conservation methods. 262 patients were supplied with dentures.

Among 408 pre-school age children referred, 338 required treatment and 281 received treatment, 212 having their treatment completed. 745 extractions were performed and 78 fillings were inserted. When several extractions are necessary for any pre-school child, it is preferable that this should be done at one sitting under an anaesthetic, so that repeated visits to the clinic are not necessary. It must be obvious that it would be difficult and indeed undesirable for the child to undergo this procedure frequently. Conservation work for these little people is as a rule possible if patience is used and little done during the first visit or two. If only our staffing difficulties were overcome I would certainly like to see more conservation work done for these small patients, with its definite value in retaining the deciduous dentition, thus avoiding the regrettable results following early loss of the temporary series.

The acceptance rate for these classes is, I consider, very good, considering our handicaps, but it is always liable to be affected by the inability of patients to keep appointments through sickness or other cause, and treatment of expectant mothers is frequently not completed when confinement takes place. Later, many of these patients resume and complete their treatment as nursing mothers.

The dental work for these patients is, of course, done in co-operation with the Medical Officers at the Ante-natal and Child Welfare Clinics, where correct dietary is advised for expectant and nursing mothers and for pre-school age children. The lightening of controls of certain foods gives a more varied and richer diet, although protein is still deficient, but the increase of sugar and sweets increases the likelihood of caries unless strict attention is paid to tooth cleaning.

Early last year the County Medical Officer discussed with me what the probable numbers of these priority classes would be and what, in consequence, would be the demands upon our service, but Medical Officers in charge of clinics have explained to patients our shortage of dental officers, with the result that the demand for treatment has been less than was anticipated. With a satisfactory solution of this staffing problem there would be no hindrance to advising strongly these priority classes to take full advantage of our service and to receive the priority dental treatment which is their right.

The following table gives details of the work carried out in each Health Division for the Dental Care of Mothers and Young Children during the period from 5th July to the 31st December, 1948 :—

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
EXPECTANT MOTHERS.										
Examined	84	43	65	13	55	43	76	—	97	476
Needing treatment	77	43	65	13	55	42	76	—	97	468
Treated	75	43	34	15	50	42	76	—	97	432
Made dentally fit	27	24	10	6	21	42	30	—	27	187
Extractions	202	198	101	75	163	188	81	—	238	1,246
Fillings	—	7	58	10	62	31	27	—	18	213
Other forms of treatment	14	4	22	2	41	23	21	—	29	156
Dentures provided—										
Part upper and lower	—	—	—	1	—	10	2	—	—	13
Part upper or lower	—	3	—	2	2	12	11	—	—	30
Full upper or lower	—	3	1	—	1	12	9	—	—	26
Full upper and lower	—	4	13	—	5	7	7	—	—	36
Other work	—	34	1	20	32	34	68	—	—	189
NURSING MOTHERS.										
Examined	24	23	111	13	48	12	7	—	42	280
Needing treatment	24	23	110	13	48	11	7	—	42	278
Treated	23	23	105	13	43	6	7	—	42	262
Made dentally fit	20	16	65	12	39	6	4	—	24	186
Extractions	18	147	349	14	41	8	9	—	82	668
Fillings	14	6	25	1	25	—	3	—	10	84
Other forms of treatment	14	6	9	1	13	4	2	—	9	58
Dentures provided—										
Part upper and lower	1	—	1	—	5	—	—	—	2	9
Part upper or lower	5	2	10	4	7	—	1	—	2	31
Full upper or lower	3	2	13	4	4	—	1	—	3	30
Full upper and lower	12	4	40	6	18	—	1	—	6	87
Other work	59	25	15	59	100	4	7	—	2	271
CHILDREN UNDER 5 YEARS.										
Examined	18	46	78	34	14	109	47	27	35	408
Needing treatment	16	43	63	34	14	79	27	27	35	338
Treated	15	30	63	31	12	41	27	27	35	281
Made dentally fit	8	29	51	29	10	19	20	27	19	212
Extractions	44	97	219	131	21	92	18	73	50	745
Fillings	16	3	13	19	9	1	17	—	—	78
Other forms of treatment	2	1	7	12	3	1	22	—	17	65

UNMARRIED MOTHERS.

The County Council has no hostel for unmarried mothers. Arrangements have been made with the Carmarthenshire County Council and with the Salvation Army for the admission of unmarried mothers to hostels at Burry Port and Cardiff respectively.

During the period 5th July to 31st December, 1948, no single women were admitted to these hostels by arrangement with the County Council, but this does not give a true indication of the need of hostel provision for this type of patient, nor of the social and domestic problems of the 488 women who, during the year 1948, gave birth to illegitimate children. Many of these young mothers would doubtless be adequately cared for at home before, during, and after confinement, but although supporting figures are not available, I find it difficult to resist the assumption that there is a need for the establishment within the County of a home where selected unmarried mothers, because of allied social, economic, and psychological reasons, could justifiably be sent before their confinement and remain after confinement for a couple of months until they could return home or to employment.

DAY NURSERIES.

There is only one day nursery in the County area. This was established by the former Penarth Maternity and Child Welfare Authority, and since the appointed day has been administered by the South-East Glamorgan Divisional Health Committee. The nursery is in requisitioned accommodation at Penarth and has an average attendance of eight children under two years of age and 17 children aged between two and five years ; and a staff consisting of a matron, one nursery nurse, and three nursery assistants.

While the day nursery, primarily provided to care for children whose mothers are in employment, is undoubtedly a boon to the parents of the children attending, there is a growing body of opinion which throws doubt upon the desirability of providing whole-time day nursery accommodation for children up to two years of age. The premises at Penarth are not ideal for their purpose, but I am doubtful whether the real need in this area justifies the erection of new, or the acquisition of more suitable, premises.

In other areas there is no evidence of a demand for day nursery provision.

NURSERIES AND CHILD MINDERS' ACT, 1948.

During the year this Act came into operation. It brings under the supervision of Local Health Authorities establishments catering for the minding of three or more children during the day. There are no such establishments in Glamorgan, but in those parts of the country where the day minding of children is done for reward the interests of the children will be safeguarded by this new legislation.

COUNTY DOMICILIARY MIDWIFERY SERVICE.

With the operation of the National Health Service Act on the 5th July, 1948, the County Council became the sole local supervising authority under the Midwives Acts, 1902–36, for the Administrative County and the midwives formerly employed by the Aberdare and Rhondda Urban District Councils were transferred to the service of the County Council. The agency arrangements under which, since 1937, the Glamorgan County Nursing Association provided midwives or nurse-midwives in certain rural areas, were terminated and the officers concerned were given an opportunity of entering the County Service.

At the end of the year the midwifery staff consisted of one County Superintendent Non-medical Supervisor, nine Divisional Non-medical Supervisors, 162 County Midwives, and 13 Nurse-midwives, making a total staff of 185. With the exception of the County Superintendent Non-medical Supervisor, who is on the headquarter's staff at the County Hall, all these officers are attached to the nine Health Divisions set up by the County Council to deal with the day-to-day administration.

The total number of midwives in the Administrative County who gave notice of intention to practise was 322. This number includes County Domiciliary Midwives, midwives employed in hospitals, and those engaged in private practice.

During the first period of the year, when the area of the County Council as local supervising authority did not include the Rhondda and Aberdare Districts, County midwives acted as midwives or maternity nurses to 2,749 mothers, and during the latter period of the year the County midwives employed throughout the Administrative County attended in the same capacity to 3,179 mothers.

During the year it was not without regret that we saw the maternity departments of the County hospitals pass to the control of the Regional Hospital Board. When these departments were administered by the County Council the allocation of maternity beds could be controlled by the County Council, who were thus able to secure priority for those requiring admission on grounds of obstetrical emergency, and to preserve a fair balance between the claims of those who required admission on account of environmental or sociological reasons. If the beds now available are to be utilised for the benefit of those whose claims are based on real need, obstetrical or otherwise, and not the convenience of the patient, co-operation will be necessary between Hospital Management Committees and the Local Health Authority and the general practitioner, and action has already been taken to secure this.

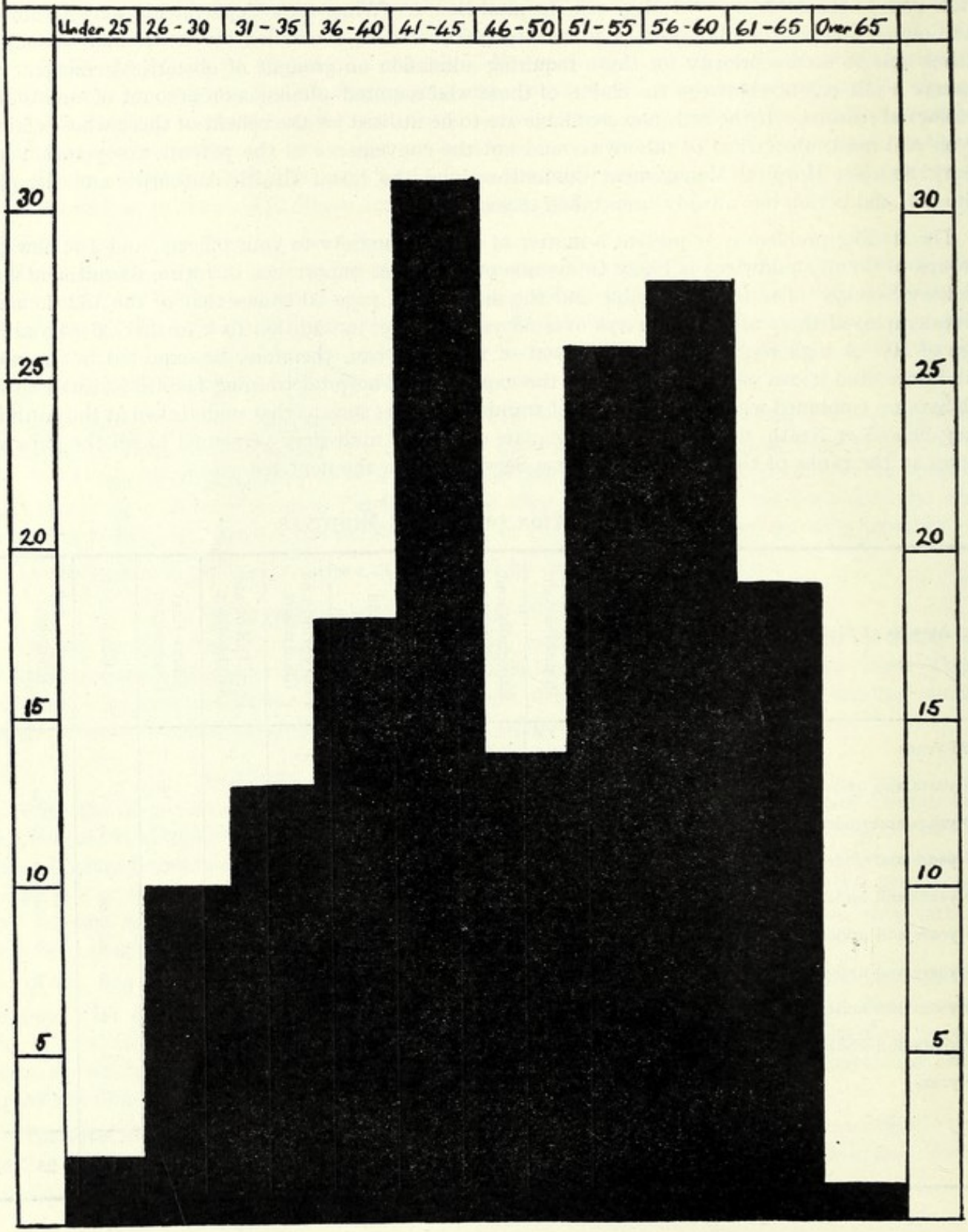
The staffing problem is at present a matter of extreme anxiety to your officers, and a review of the age groups of County midwives is likely to assume even greater importance in future recruitment for the Domiciliary Service. The following table and the diagram on page 30 shows that of the 162 domiciliary midwives employed there are 48 midwives over 55 years of age, in addition to a further 26 who are over the age of 50. A high replacement requirement of midwives can, therefore, be expected in the not too distant future, and it can only be hoped that the expansion of hospital training facilities visualised in the Health Service, combined with increased Part II training facilities such as that undertaken at the Authority's Training School at Neath, will produce an adequate supply of midwifery personnel to fill the gaps which will occur in the ranks of the County Midwifery Service within the next ten years.

AGE DISTRIBUTION OF COUNTY MIDWIVES.

Ages as at 31st December, 1948.	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
Under 25 years	—	1	—	—	—	—	1	—	—	2
Over 25 years and under 30 years	1	2	1	—	—	1	2	—	3	10
Over 30 years and under 35 years	3	1	3	1	2	—	—	1	2	13
Over 35 years and under 40 years	2	3	1	3	2	1	1	—	5	18
Over 40 years and under 45 years	2	7	1	2	2	2	5	5	5	31
Over 45 years and under 50 years	1	1	—	1	2	1	3	2	3	14
Over 50 years and under 55 years	2	1	4	3	4	2	3	5	2	26
Over 55 years and under 60 years	1	5	7	1	4	4	1	1	4	28
Over 60 years and under 65 years	2	3	4	1	3	2	3	—	1	19
Over 65 years	1	—	—	—	—	—	—	—	—	1
Total	15	24	21	12	19	13	19	14	25	162

COUNTY MIDWIFERY SERVICE

Age distribution of County Midwives.



The task of the midwife in domiciliary practice is by the least description arduous, with long and sustained hours of duty, broken rest, and a responsibility to the expectant mother despite wind and weather conditions. All the Authority's midwives have worked well, but it is only natural that the strain placed on some of the older officers has brought forth a percentage of intermittent illness and incapacity. This in its turn has called for a high requirement of relief facilities which has not always been forthcoming. There have been occasions when both the supervisory staffs and the midwives themselves have, in the face of heavy odds, worked magnificently and successfully to maintain the Service without any serious breakdown, and the thanks of everyone are due to them for their efforts.

The difficulty of housing some of the midwives in the centre of their districts is, unfortunately, still without solution. The Welsh Board of Health in February, 1948, issued a request to all housing authorities that every possible assistance be given to all domiciliary midwives in need of housing accommodation, and whilst in some districts houses have been allocated to midwives the situation is in the main unchanged.

Gas and Air Analgesia.

The training of County midwives in the practice of gas and air analgesia continues to be undertaken at the Neath General Hospital (formerly West Glamorgan County Hospital) and 122 County midwives had been trained by the end of the year, and 102 sets of apparatus supplied for use in the practices of midwives. A considerable amount of publicity has appeared in the press concerning this form of relief for the mothers, but the County Council were already in the forefront of Authorities who had made this provision.

Training of Midwives.

Although the year saw the transfer of the Neath General Hospital to the Regional Board, Part I Midwifery Training continues to be given at this hospital by virtue of an arrangement between the County Council and the Mid-Glamorgan Hospital Management Committee. On completion of their Part I course candidates progress to their Part II of "District" training at the Council's Training School at the Neath Nurses' Home. At the end of the year negotiations were in progress for the purchase by the Council of the latter premises. The results of the training scheme have been good and all 12 students were successful in obtaining their State Certified Midwives Certificate.

One visualises a possibility of other Hospital Management Committees throughout the Administrative County making similar facilities for Part I Training available at the larger hospitals in their groups, and consequent upon this there is likely to be a demand on the County Council to provide, with the consent of the Central Midwives Board, Part II Training facilities in areas of the County other than Neath.

Sending for Medical Aid.

The following summary shows that midwives sent for medical aid, in accordance with the rules of the Central Midwives Board, on 2,529 occasions. Under the free personal medical services available since the 5th July an expectant mother is able during the early stage of pregnancy to engage her doctor to attend her before, during and after confinement without the former fear of financial commitment, and it is likely, therefore, that the number of requests for medical aid by midwives will decrease, as in many cases the medical practitioner will be either present at the confinement or available if required.

MIDWIVES ACT, 1918.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1948.

	From 1st Jan. to the 4th July, 1948.	From 5th July to 31st December, 1948.										Totals.
	Administrative County.	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath.	Pontypridd.	Port Talbot.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.	
(1) RELATING TO MOTHER.												
(i) Ante-natal.												
(*a*) Albuminuria ..	4	—	1	9	3	6	3	2	3	—	27	31
(*b*) Eclampsia	3	—	—	—	—	4	—	—	—	—	4	7
(*c*) Ante-partum haem.	46	3	19	8	4	4	3	6	3	9	59	105
(*d*) Abortions	107	—	36	13	6	17	21	15	13	21	142	249
(*e*) Miscellaneous ..	51	7	16	25	5	4	8	8	4	36	113	164
(ii) *Natal.*												
(*a*) Placenta praevia ..	4	—	—	1	1	1	3	1	2	—	9	13
(*b*) Prol. 2nd st. lab. ..	227	42	39	31	14	26	23	20	24	18	237	464
(*c*) Ab. presentation ..	73	13	7	7	8	11	6	1	4	6	63	136
(*d*) Miscellaneous ..	54	4	13	8	4	1	1	8	13	19	71	125
(iii) *Post-natal.*												
(*a*) P.-n. convulsions ..	—	—	—	—	—	—	—	—	—	—	—	—
(*b*) Albuminuria ..	4	2	—	—	3	—	—	—	—	2	7	11
(*c*) Rupt. perineum ..	176	33	47	26	26	28	29	22	16	39	266	442
(*d*) Plac. abnormals. ..	34	4	10	11	2	7	4	5	—	5	48	82
(*e*) Post-partum haem.	36	4	8	12	1	5	2	3	7	6	48	84
(*f*) Puerp. pyrexia ..	36	1	8	3	6	5	—	5	4	8	40	76
(*g*) Breast conditions ..	10	—	1	2	—	—	—	—	1	4	8	18
(*h*) Miscellaneous ..	60	7	11	2	—	6	4	9	—	11	50	110
(2) RELATING TO INFANT.												
(*a*) Neo-natal dis. ..	—	—	2	1	2	—	—	3	—	2	10	10
(*b*) Asphyxia	8	4	2	1	—	1	3	1	—	1	13	21
(*c*) Malformation ..	15	—	1	2	2	4	3	3	2	5	22	37
(*d*) Eye conditions ..	34	10	9	5	6	5	4	3	4	10	56	90
(*e*) Prematurity ..	34	3	11	4	6	8	5	1	5	9	52	86
(*f*) Skin conditions ..	9	—	3	1	1	—	—	1	1	1	8	17
(*g*) Jaundice	4	—	—	3	—	1	1	1	—	2	8	12
(*h*) Miscellaneous ..	64	21	21	1	3	4	8	2	—	15	75	139
	1,093	158	265	176	103	148	131	120	106	229	1,436	2,529

UNIFORMS.

The issue of the approved uniform of the Central Midwives Board continued during the year, and by the end of the year, the majority of the midwives and supervisors in the Authority's employ had been measured for or supplied with uniforms. This, in the face of shortage of materials and skilled labour, must be regarded as a notable achievement.

SUPERVISION OF MIDWIVES.

With the inception of the Scheme of Divisional Health Administration, the number of inspectorial and supervising officers, including the County Superintendent, was this year increased from four to ten, one divisional non-medical supervisor being appointed to each health division. All have dealt well with the problems arising out of revised administrative policy, and I am satisfied that, in spite of inevitable initial difficulties, the most cordial of relationships continues to exist between the midwives and supervisory staff.

The following inspections were undertaken during the year. These show a slight decrease on last year's figures, but when one takes into consideration the fact that the Midwifery Supervisors also act as Supervisors of the Home Nursing and Domestic Help Service, which have brought with them their own particular problems, the record of inspections is remarkably good.

Number of inspections of County midwives	824
Number of inspections of independent midwives	106
Number of inspections of midwives of nursing associations	22
Total	952

On the 5th July, 1948, the County Domiciliary Midwifery Service became a free service and the scale of charges for the services of a County midwife was, therefore, in operation for a part of the year only, as shown in the following table :—

CASES ATTENDED.			FEES.		
				On investigation of family circumstances.	
As midwife	As maternity nurse.	Total	Full fee paid to midwife	Whole or part fee charged	No charge made.
2,475	*274	2,749	1,888 or 68·7%	557 or 20·3%	304 or 11·1%

* Includes 110 abortion cases.

MIDWIVES ACTS.

The following table gives details of the work undertaken by midwives under the Midwives Acts during the period 5th July to 31st December, 1948 :—

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
MATERNITY CASES ATTENDED BY DOMICILIARY MIDWIVES DURING THE PERIOD.										
County Midwives .. .. As Midwives ..	318	510	334	217	309	240	185	209	572	2,894
County Midwives .. .. As Maternity Nurses	—	47	—	10	15	7	166	38	2	285
Midwives in private practice As Midwives ..	38	—	19	48	—	9	4	8	54	180
Midwives in private practice As Maternity Nurses	—	—	1	—	—	13	10	—	—	24
ADMINISTRATION OF ANALGESICS.										
No. of Midwives in practice in the area qualified to administer analgesics Domiciliary ..	11	19	16	12	12	12	14	9	17	122
No. of Midwives in practice in the area qualified to administer analgesics In institutions	2	—	—	—	9	—	5	6	1	23
No. of sets of apparatus for the administration of analgesics in use by County Midwives ..	6	14	13	10	10	12	11	9	17	102
No. of cases in which analgesics were administered by County Midwives	65	178	62	81	77	55	136	61	253	968

SUPERVISION OF NURSING HOMES.

It is the duty of the County Council to license private nursing homes (including maternity homes) after inspection, and to revisit them at intervals to see that an adequate service is maintained and that the terms of the licence are fulfilled. Twenty-two inspections were carried out during the year in relation to the nine nursing homes registered under Section 187 of the Public Health Act, 1936.

During the year one new nursing home was registered.

This supervision is very necessary. Firstly, the pre-licence inspection ensures that a suitable building is utilised, with adequate rooms, theatre or labour rooms, adequate sanitary provision, and sufficient staff proposed efficiently to run the home. The post-licence visits ensure that the homes are properly maintained.

NURSES' ACTS, 1943 AND 1945.

At the end of the year there was only one agency registered under the Nurses' Acts, 1943–45. New conditions were agreed by the County Council in respect of nursing agencies, and these conditions were designed to prevent indefinite payments to nurses and to Co-operations of percentage commission on the wages received by nurses found employment by agencies.

HEALTH VISITING SERVICE.

The duties of health visitors, which were formerly restricted mainly to the care of expectant and nursing mothers and to children of pre-school age, have been extended to include the giving of advice on health matters to all members of the household, and services of the health visitors have been available to visit and advise patients discharged from hospital, those suffering from tuberculosis, and other special cases in which a visit of a health visitor might be of value.

In order to co-ordinate the Health Visiting and School Nursing Services, many of the health visitors are engaged on duties in both services and at the end of the year 30 health visitors were engaged whole-time on health visiting duties, while 62 were engaged on combined duties. These officers represent an equivalent of 70 whole-time officers in the Health Visiting Service and made 102,388 visits since the 5th July, 1948.

The shortage of qualified health visitors continues and unless remedied is bound to affect adversely the standard of service which should be available to mothers and children in the home and in the welfare clinics, as well as restricting the development of the service.

The length and content of training for student health visitors continues to exercise the minds of those organisations and authorities who are interested in prescribing the most suitable qualifications for women wishing to enter this service. The field of recruitment for entry to the professions in which women of suitable educational standard are engaged, is a restricted one, and in the light of the recommendations of the Nurses Working Party and the needs of the new Health Visiting Service, some revision of the training period and curriculum has become necessary if the educational side of the health visitor's work is to receive the attention it requires.

New regulations (the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948) came into operation on the 5th July. These regulations prescribe the qualifications to be held by health visitors and tuberculosis visitors, and also empowered the Minister in appropriate cases to dispense with the requirements of the regulations.

Following an application by the Council for dispensation from the requirements of the regulations for certain school nurses, with a view to utilising their services on Maternity and Child Welfare work as well as in the School Health Service, dispensation extending to the 31st October, 1949, was obtained for 22 school nurses.

The Committee have recognised the value of providing post-graduate training for their nursing staff and arranged during the year for 18 school nurses and health visitors to attend postgraduate courses at the Royal College of Nursing, London, where the subjects discussed included the training of handicapped children, digestive disturbances of infancy, orthopaedics, tuberculosis, dentistry, the maladjusted child, welfare of old people, the National Health Service Act, and social insurance.

The following table shows the number of visits made by health visitors during the period 5th July to 31st December, 1948 :—

			Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
No. of Health Visitors employed at the end of the year	Whole-time on health visiting		7	8	—	6	—	3	—	6	—	30
	Part-time on health visiting		—	1	14	—	12	1	12	1	21	62
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)			7	8	9·67	6	8·10	3·73	9	6·5	12	70
No. of visits paid by Health Visitors	Expectant mothers	First visits	153	251	235	176	289	268	110	56	176	1,714
		Total visits	490	652	564	295	360	380	235	103	385	3,464
	Children under 1 year of age	First visits	634	764	991	673	726	592	1,038	550	953	6,921
		Total visits	4,903	5,460	4,202	2,574	3,272	2,412	5,402	2,971	10,473	41,669
	Children between ages 1–5 years	First visits	201	73	67	259	265	113	291	79	22	1,370
		Total visits	4,942	5,178	6,380	3,011	4,665	3,194	7,168	4,139	8,402	47,079
	Other classes	First visits	116	199	372	167	1,288	136	687	157	1,170	4,292
		Total visits	1,353	432	1,491	464	1,437	898	1,172	418	3,012	10,176

The number of visits shown in the foregoing table indicates that the greatest emphasis is still placed, and I think rightly so, on the visits to the pre-school child and the expectant mother. I think it is as well still to concentrate our major endeavours on this side of the work and when more qualified health visitors are available, gradually extend our work to the wider field of health visiting duties contemplated in the Act.

In the meantime, with a realisation of the need of a closer liaison between the Local Health Authority Services and the Chest Clinics of the Regional Hospital Board, measures have been taken to secure this co-operation in the interests of the tuberculous households and the public generally. Talks have been given to health visitors by chest physicians and discussions held in many health divisions between officers of both services have resulted in a closer and more effective combination of effort.

In my opinion the health visitor can be one of the most potent influences in the field of health education. Her personal contacts with parent and child and other members of the family afford her opportunities for effective propagation of the gospel of healthy living, and through her agency in school, clinic or in the home, national and local health propaganda efforts can be supplemented. It is unfortunate that for many of these officers their case loads are too heavy to allow them to devote as much time to this branch of work as its importance warrants.

No specific provision is made for the linking of Child Care work under the Children Act with the Health Services, but my department will naturally be prepared to give every assistance to the Children's Committee in the carrying out of their functions.

It would be a pity if the experience gained by many of the health visitors in their capacity as Health Protection Officers under the Public Health Act, 1936, should not be utilised to the full. Knowledge of the families in her area and the conditions prevailing, places her in the strong position of being able to advise on the suitability of a home for the adoption of a child and to maintain close contact with boarded-out children. Her nearness to the homes and position of trust which is built up by her frequent contact with the mothers in her district results in her becoming a person to whom many can turn for help in trouble. In my opinion the closest liaison should be maintained between the Children's Welfare Officers and the Health Visiting staff, thereby enabling both to do the maximum amount of good in implementing the spirit of the Children Act, which aims at doing everything possible in the interests of the child.

It is the health visitor's duty to visit at frequent intervals the young children in her area, and she should pay particular care to such children placed with foster-parents for gain.

COUNTY HOME NURSING SERVICE.

This vitally important service has played a great part in easing the burdens of the household attacked by sickness, and from the date of the inception of the service until the end of the year the 113 home nurses engaged in the service attended 5,589 cases involving 143,128 visits—an average of 1,267 visits per nurse.

Prior to the appointed day, the only organised Home Nursing Service in the County was under the control of the Glamorgan County Nursing Association and its 71 constituent District Nursing Associations. The County Council made a contribution annually to the County Nursing Association in respect of nursing services provided for the sick poor in those areas where district nurses were engaged.

The anticipated difficulties of staffing the Home Nursing Service because of the County Council's refusal to affiliate to the Queen's Nurses Association were not wholly materialised, and by the appointed day 96 nurses had been appointed, the majority to work in the areas where they resided and, by the end of the year, of the full establishment of 121, one hundred and thirteen whole-time home nurses had been appointed and a system of reliefs for off-duty times, etc., organised. The service got into stride very quickly, and even in those areas where the advent of a district nurse was an innovation, the local practitioners and members of the public soon found the value of the service provided and made use of the nurse for emergency and general nursing duties.

The following table shows the amount of work done and the classification of patients nursed during the period 5th July to 31st December :—

Health Divisions.	No. of cases attended.				No. of deaths occurring in practice.	No. of cases remaining on the registers at the end of the year.			
	First visits.		Total visits.						
	Medical.	Surgical.	Medical.	Surgical.		Acute Medical.	Chronic Medical.	Acute Surgical.	Chronic Surgical.
Aberdare and Mountain Ash ..	319	177	14,067	7,687	143	28	95	26	39
Caerphilly and Gelligaer	420	287	11,968	5,394	67	38	97	13	38
Mid-Glamorgan	326	254	10,727	7,909	52	16	126	26	67
Neath and District	269	240	10,659	4,340	31	18	68	24	32
Pontypridd and Llantrisant ..	397	346	6,165	4,400	54	12	63	19	26
Port Talbot and Glyncorrwg ..	250	219	4,375	4,037	43	20	51	19	30
South-East Glamorgan	364	182	11,103	5,383	92	15	—	26	—
West Glamorgan	305	292	6,940	4,987	69	21	96	30	25
Rhondda	410	176	15,550	7,437	85	20	141	26	48
Totals	3,060	2,173	91,554	51,574	636	188	737	209	305

One of the earlier difficulties found by doctors was that of communicating with the home nurse, and delay often occurred because messages for nursing aid had to be either delivered by the doctor personally or by some other person on his behalf. This difficulty was solved with the installation of a telephone at the nurse's home, but there are still a number of nurses not accessible by telephone and consideration should be given to the provision of this very necessary means of communication for all members of this service.

A large number of the home nurses are married women, and as already mentioned in respect of the Midwifery Service, the Home Nursing Service, too, will have problems of staff recruitment which will not be easy of solution until such time as the County Council decides to establish its own training school for nurses desirous of entering this branch of the profession, and until housing accommodation is more readily available than at present.

In spite of the transfer of hospitals to the Regional Hospital Board, the County Council is still a large employer of nursing labour, and some attention should be given to the means whereby future recruitment needs may be met. The Home Nursing Service is a service new to County Council administration. It is one which can be of immense value to the Hospital Service as, by the judicious selection of patients for discharge from acute and chronic wards of hospitals and institutions, beds needed for other work could be freed.

The extent to which the Home Nursing Service can be utilised is becoming known, and the demand in some areas is so heavy that a revision of the establishment may be required in the near future. Some of the districts assigned to nurses on appointment have been modified in the light of experience, and this is a matter continually under review.

In many districts the nurse finds difficulty in getting around to her patients, and when the list of cases grows it is impossible to do justice to all of the patients to be visited. While in theory public conveyances are available in most districts, the infrequency and inadequacy of local bus services make it difficult, if not impossible, on occasions for the nurse to give the time required to the growing number of patients on her list, and the use of a car in some areas ensures a more efficient service, and this has been agreed to in certain scattered districts.

VACCINATION AND IMMUNISATION.

All general practitioners in the Administrative County were invited to participate in the County Council's scheme for Diphtheria Immunisation and Vaccination against smallpox, and most have agreed to do so. Arrangements have been made for these practitioners to obtain serum and vaccine free of cost from the Medical Research Council's laboratories at Cardiff and Carmarthen.

Alongside the general practitioner arrangements, there are arrangements for children to be immunised at the Infant Welfare and School Clinics. In practice it is found that most of the immunisation work is done by the Divisional Medical Staff. Under the National Health Service Act vaccination against smallpox is no longer compulsory, which makes it desirable that medical officers and health visitors should draw the attention of parents to the need of protecting their children against this disease, and it may become necessary to establish vaccination clinics to carry out this work, as mothers in many instances, rather than attend a doctor's surgery for the purpose, would prefer to have it done during their clinic visit.

The arrangements in operation in the Urban Districts of Rhondda and Gelligaer for immunisation against whooping cough have been continued, but the scheme has not been further extended since the efficacy of the vaccines at present in use has yet to be proved. The Medical Research Council are carrying out investigations with new antigens and as soon as these have been shown of proved value there is no doubt that the County Council will make provision for the extension of the service throughout the Administrative County.

The following tables give details of the work carried out, under Section 26 of the National Health Service Act, in the County Council clinics and by general practitioners during the periods stated :—

VACCINATION—5th July to 31st December, 1948.

Health Division.	Number of persons vaccinated.									
	Vaccinated.					Re-vaccinated.				
	Age at 31st December, 1948.					Age at 31st December, 1948.				
	-1.	1-4.	5-14.	15+.	Total.	-1.	1-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash	43	6	—	3	52	1	—	1	21	23
Caerphilly and Gelligaer ..	19	4	3	5	31	—	1	—	7	8
Mid-Glamorgan	75	15	6	11	107	—	—	1	22	23
Neath and District ..	52	11	1	5	69	—	—	1	14	15
Pontypridd and Llantrisant	20	5	—	—	25	—	—	—	8	8
Port Talbot and Glyncorrwg	56	7	—	4	67	—	—	—	1	1
South-East Glamorgan ..	114	12	7	10	143	—	4	11	30	45
West Glamorgan	23	2	—	2	27	—	1	1	12	14
Rhondda	59	6	2	3	70	—	—	—	4	4
Totals	461	68	19	43	591	1	6	15	119	141

No cases of generalised vaccinia, post vaccinal encephalomyelitis, or deaths from other complications of vaccination were reported during this period.

DIPHTHERIA IMMUNISATION—Six months ended 31st December, 1948

Health Division.	Number of children who completed a full course of Primary Immunisation.			Total number of children who were given a Secondary or Reinforcing Injection.
	Age at the date of the Final Injection.		Total.	
	Under 5 years.	5-14 years.		
Aberdare and Mountain Ash	406	16	422	—
Caerphilly and Gelligaer	365	3	368	49
Mid-Glamorgan	648	101	749	233
Neath and District	620	13	633	6
Pontypridd and Llantrisant	587	36	623	19
Port Talbot and Glyncorrwg	480	47	527	119
South-East Glamorgan	719	25	744	328
West Glamorgan	442	14	456	—
Rhondda	774	82	856	293
Totals	5,041	337	5,378	1,047

COUNTY AMBULANCE SERVICE.

Established in accordance with the scheme finally approved by the Ministry on the 17th June, 1948, the operation of this service is not the least important of the obligations laid on the County Council under Section 27 of the National Health Service Act, 1946. In the appendix to my annual report for 1947, details of the scheme were shown and are therefore not repeated here.

At the end of the year the number of vehicles comprising the County fleet was as follows :—

DIRECTLY PROVIDED SERVICES.

From whom vehicles obtained.	*Ambulances.*		*Cars.*	
Purchased from Ambulance Associations	11		—	
Purchased from Hospital Management Committees ..	7		—	
Transferred from Local Authorities	18		2	
Transferred to new service by County Council ..	3		1	
New purchase by County Council	—		1	
	——	39*	——	4*

AGENCY SERVICES.

By whom provided.									
Order of St. John	..	..	..	..	..	14		—	
Private contractors	..	..	..	..	..	3		10	
Ambulance Association	..	..	..	..	..	1		—	
						——	18	——	10

SUPPLEMENTARY SERVICES.

By whom provided.									
Order of St. John	..	..	..	..	..	3		—	
Private Hirers	..	..	..	..	..	6		104	
						——	9	——	104
Totals	..	..					66		118

* Of which four ambulances and two cars were in workshops undergoing repair and overhaul, and one ambulance had been declared unserviceable.

A survey made prior to 5th July, 1948, of the vehicles which, by transfer from County districts or purchased from Hospital Management Committees and voluntary Ambulance Associations, were likely to be available to form the nucleus of an ambulance fleet, revealed the disheartening fact that most of the ambulances were old or obsolete and under more normal conditions would long since have been replaced. To those who had the task of establishing and operating the service it was but little consolation to think that most Local Health Authorities were in a similar plight finding similar difficulties in endeavouring to meet from totally inadequate resources an unprecedented demand for local and long distance transport of patients. In some areas existing arrangements were continued by Ambulance Associations and County districts for varying temporary periods until recruitment of personnel and the establishment of telephone communications in temporary station or sub-station premises made it possible for the service to be taken over and controlled directly by my department.

The thanks of the Authority are due to the voluntary Ambulance Associations and those County District Councils who continued to operate an ambulance service after the 5th July until it was possible for the County Council to relieve them of this work.

When the impracticability of properly launching the County scheme by the appointed day became evident a request to these bodies for their co-operation met with ready response, and I am personally grateful for the timely assistance that was rendered.

The arrangements whereby the St. John's organisation acted as agents of the County Council for the provision of ambulance facilities in parts of the County worked smoothly, the vehicles and their drivers working under the operational control of the County Ambulance Station Leaders.

To avoid a complete breakdown and to make sure that transport facilities were available, where ambulances were not in operation, it was found necessary in the early days of the service to authorise private hirers to accept certificates of medical practitioners and midwives for the transport of patients without reference to the Station Leaders, and a considerable number of journeys undertaken in this way only came to the knowledge of the department when accounts were received from the owners of the vehicles. In an attempt to provide a service in these circumstances where complete operational control could not be secured, some abuse of the facilities was to be expected, and there is little doubt that in the early days of the service many people who were quite able to travel to or from hospital by ordinary means of conveyance were taken by car or ambulance at the cost of the County Council.

When it became possible to establish an ambulance station in an area, all requests for the provision of ambulance transport for patients in the area served by that station were dealt with by the Station Leader, who alone was authorised to hire a vehicle if the ambulances at his disposal were not available to make the journey.

If the comments I have made regarding the abuse of the service seem a reflection of the good citizenship of the people of Glamorgan, I think it would be fair to state that in many parts of the County where voluntary Car and Ambulance Associations were in being before the Act came into operation, subscribers to these Associations could obtain for themselves and their dependants the use of a car for journeys to hospital out-patient departments under less stringent conditions than those applicable to the provision of ambulance transport by the County Council. Section 27 of the Act distinctly states that the County Council's duty is to provide an ambulance service *where necessary* and, contrary to popular opinion, does not authorise the provision of a service unrestricted in availability and scope.

There was considerable correspondence during the latter half of the year with members of the public who thought—quite erroneously—that the Local Health Authority were responsible for the payment of fares of patients attending hospital, and the number of enquiries directed to my department only diminished when the Hospital Management Committees were able to implement the regulations made by the Minister for the payment in prescribed cases of travelling expenses incurred or to be incurred by persons for the purpose of availing themselves of hospital and specialist services.

At the present time the ambulance vehicles may be summoned in one of the following ways :—

(*a*) *Non-emergency cases.*

Requests for the provision of ambulance transport for the conveyance of non-emergency cases, e.g. patients who require to be taken to and from hospitals, clinics, etc., for treatment, or who require the provision of transport not earlier than the following day, should be made by telephone or personal call to the ambulance control station for the area in which the patient resides, and must be supported by a certificate of a medical practitioner, midwife or nurse that the patient is unable to travel except by means of ambulance transport.

It is intended as soon as practicable to modify these arrangements so that non-urgent requests for the provision of ambulances may be placed into message boxes affixed to ambulance sub-stations. This should save a certain amount of telephoning on the part of the doctor or other person on behalf of the patient.

(*b*) *Emergency Cases.*

In the case of colliery, works, or street accidents, etc., or cases requiring immediate admission to hospital, requests for the provision of the necessary transport will be accepted by the appropriate Ambulance Control Station without question, and arrangements have been made with the Post Office Telephone Authorities that emergency calls of this nature will be automatically put through to the appropriate ambulance station even though the caller does not know the telephone number.

In the case of an accident or other sudden emergency occurring immediately adjacent to an ambulance sub-station, if an ambulance is available in the sub-station drivers have been instructed to deal with the emergency and themselves inform the Ambulance Control Station of the action they are taking

INITIAL DIFFICULTIES.

The most serious of the difficulties which beset the service at its inception were :—

1. Insufficient number of vehicles.
2. Inadequate garage accommodation.
3. Insufficient number of personnel.
4. Inadequate telephone communications.

VEHICLES.

The unsatisfactory state of most of the available vehicles led the Committee to authorise the purchase of 63 new vehicles and orders have been placed for 52 ambulances and seven cars, but by the end of the year only one car had been supplied. At the time of writing this report there is reason to think that most of the ambulances ordered will have been delivered by the end of 1949.

Repairs.

In accordance with the County Council's policy to establish a central repair department, all repairs required for vehicles in the County Ambulance Service have been undertaken by the recently established repair service under the control of the Chief Fire Officer. Repair work has proved to be a very heavy item owing to the age of most of the vehicles and the very heavy mileage normally run. When the new repair service is fully staffed and equipped arrangements should work smoothly and efficiently. My department is indebted to the repair organisation for their efforts to reduce to a minimum the amount of time taken in the repair and maintenance of the ambulance vehicles.

GARAGE ACCOMMODATION.

As none of the premises from which County Council owned vehicles operate was designed as an ambulance station it can be said that the vehicles are housed under conditions which vary from being fairly satisfactory to completely unsatisfactory, but most of the premises—sub-stations in particular—are in the latter category. When more experience enables clearer assessment to be made of the legitimate ambulance transport requirements of the area it will be desirable to review the garage accommodation with a view to effecting an improvement by the erection of new properly designed buildings for vehicles and personnel in certain areas where the need is shown to exist.

But for the assistance of the Chief Fire Officer, whose help is gratefully acknowledged, in allowing a portion of the Fire Service premises to be used by ambulance personnel and vehicles, it would have been extremely difficult to have established ambulance stations at Bargoed, Treforest, Barry, Bridgend, and Pontardawe.

PERSONNEL.

As the number of drivers, with a legal right of transfer to the new service was only 15, one of the first of the many urgent tasks undertaken by the newly-appointed County Ambulance Officer was to recruit suitable drivers, and by the end of the year 50 appointments had been made. The fact that the Ministry had only approved the appointment of personnel on the basis of one driver per vehicle emphasised the need

of careful selection of those who were to form the nucleus of the new service. The number of applicants for the appointments of station leader or deputy station leader was surprisingly small and some delay was inevitable in filling the large number of appointments which had to be made. All selected candidates were required to pass a driving test before appointment, and wherever possible drivers with a knowledge of first aid were selected. By the end of the year there were no stations which were fully manned and the available personnel were working under considerable pressure to establish and maintain the service.

TELEPHONE COMMUNICATION.

Although the Post Office Telephone Engineering Department were very co-operative in installing at short notice service lines to some of the newly-acquired stations and sub-stations, delay in the provision of a new telephone service, or extensions to existing lines impeded our efforts to ensure the establishment of reasonable communications, and in areas where there are no spare lines available the establishment of an efficient ambulance service has been hindered and medical practitioners and others have been put to some inconvenience in making contact with the responsible station officer. These are matters which will be righted as equipment becomes available, but in the meantime the delays due to inadequate communications have been more irritating than serious.

GENERAL.

The use of rail transport for the conveyance of patients over long distances between main line stations has been found very efficient and has limited the number of long-distance journeys which would have otherwise been made by ambulance vehicles of doubtful reliability.

It is not expected that the service which is now being built up will reach a state of complete efficiency for some time. The experience of the next two years will show whether the scheme requires amendment and whether a more economic placement or grouping of vehicles might be desirable bearing in mind the possible future obligations of Local Health Authorities to provide a service to cover the needs of the coalfield and large industrial organisations.

Standardisation of the ambulance fleet as well as the operational control of vehicles by two-way radio telephony, and the use of air-borne transport will soon become matters for consideration, in addition to the question of the future of the service in those parts of the County area where the St. John ambulance transport organisation at present act as agents for the County Council in the provision of an ambulance service.

Figures for comparative purposes are not available, as the service only came into operation on the 5th July, 1948, but some details of the demands made on the facilities available during the latter half of the year are shown in the following table :—

	Patients carried.	*Journeys made.*	*Miles travelled.*
DIRECTLY PROVIDED SERVICES	13,586	8,471	155,923
AGENCY SERVICES.			
Order of St. John	9,778	5,764	145,897
Private contractors	4,114	2,205	45,993
Ambulance Association	305	176	5,394
SUPPLEMENTARY SERVICES.			
Order of St. John	50	29	3,728
Private hirers and other Local Authorities ..	5,516	4,930	88,517
Totals	33,349	21,575	445,452

ISOLATION HOSPITALS.

As vehicles are not now stationed at isolation hospitals there has been an alteration in the method of collection of patients requiring admission to isolation hospitals. The request for the provision of an ambulance is now made by the matron of the hospital to the ambulance station leader, who thereupon sends a vehicle to the hospital to collect blankets and a nurse if necessary, thence proceeding to the address of the patient. After the patient has been unloaded at the hospital, the vehicle is disinfected by the driver before returning to the main station and being put back into commission.

MUTUAL AID.

Following consultations with adjacent Authorities mutual aid arrangements were agreed between the County Council and the Authorities of the Cardiff, Swansea, and Merthyr County Boroughs, as well as the adjacent County Councils of Carmarthenshire, Breconshire, and Monmouthshire.

Provision is made for mutual aid on call by each Authority when necessary, including assistance in emergencies. To avoid duplication of journeys by ambulances of different Authorities it is desirable that efforts should be made by Local Health Authorities to evolve a system which will enable ambulances to be used more economically than at present, and attention is being given to this matter.

National Coal Board Ambulance Service.

Preliminary consultations were made with the National Coal Board regarding the future of ambulance vehicles operated directly by the Board, whose obligations under the Coal Mines Act of 1911 have not been abrogated.

At the end of the year it seemed likely that the Board would be prepared to accept an arrangement whereby the County Council would undertake to provide ambulance transport on their behalf and on financial terms to be agreed between the respective Authorities. When these arrangements are finally approved the County Council will be responsible for the colliery accident ambulance service now operated by the Board.

DOMESTIC HELP SERVICE.

With the exception of three County districts, i.e. Caerphilly, Gelligaer, and Rhondda, none of the District Councils formerly charged with the operation of this service had been able to maintain anything approaching an adequate Domestic Help Service. The experience of most of the Divisional Medical Officers subsequent to the appointed day was that in spite of advertising and various other methods of approach, it was only with the utmost difficulty that appointments could be made to this Service, and it was disappointing to find that women recruited for this work left after a short period of service. The approved establishment, which is purely a provisional figure, is 177 home helps for the whole County. At the end of the year the number of home helps on the pay roll was 70, and the undermentioned table shows the distribution throughout the respective Health Divisions :—

Health Division.	Whole-time.	Part-time.	Total.
Aberdare and Mountain Ash	9	—	9
Caerphilly and Gelligaer	17	—	17
Mid-Glamorgan	—	—	—
Neath and District	2	1	3
Pontypridd and Llantrisant	8	1	9
Port Talbot and Glyncorrwg	—	3	3
South-East Glamorgan	7	1	8
West Glamorgan	—	—	—
Rhondda	1	20	21
Totals	44	26	70

It would be a mistake to regard the Domestic Help Service as a "Cinderella" service : in my opinion the selection of home helps should be made with great care. While a good deal of work in the homes in which they are employed consists of ordinary household duties, there are other tasks which the intelligent home help can undertake for children, for the sick, and the tuberculous. The contribution which the Service can make to maternal and child health is not fully appreciated, nor on the other hand is the manner in which on occasion her willingness is exploited by householders who expect her to deal with large arrears of family washing and to do such work as house decoration, etc., in addition to her normal duties.

The work of the existing home helps is made the more arduous by reason of the fact that there are so few to meet the growing need, and it is found that few are prepared to continue in a service which undoubtedly imposes considerable physical strain. Every endeavour is made to safeguard the health of the home help who volunteers to work in the home of a tuberculous patient. Mantoux tests and X-ray tests are made and suitable precautions are taken to minimise risk to the health of the home help and her family, instructions being issued regarding the prevention of infection.

There has been some abuse of the service : for example, in one case it was found that a home help had been provided to enable the wife of the applicant to go out to employment.

The allocation of home helps to particular households and the actual supervision of their work is a duty delegated to the non-medical supervisor of each division. Upon this officer also devolves the supervision of the Home Nursing Service and the Midwifery Service. The amount of time demanded by the Domestic Help Service is so great that at present there is a risk of neglecting the other services, and it is becoming increasingly difficult for the non-medical supervisor to find sufficient time for the effective supervision of the three services for which she is responsible. They are, of course, all extremely important, and if our experience of the operation of the Domestic Help Service proves that the present volume of work involved in its supervision is not of a transitory nature associated with the inauguration of a new service, or cannot be further simplified, it will be necessary to review the present arrangements for the supervision of this service.

While the title Home Help Service is sometimes given to this service, the official designation of it is the Domestic Help Service, and those engaged in it are appointed as Domestic Helps. Although there is no difference in meaning the latter term is too reminiscent of the unpleasing features of certain forms of domestic service of the pre-war era to be popular, and in some quarters it is considered that the more euphonious appellation of Home Help would tend to aid recruitment to this service.

MENTAL HEALTH SERVICES.

1. ADMINISTRATION.

(*a*) As required by the National Health Service Act, 1946, the County Council appointed a Health Committee and delegated to this Committee matters relating to the exercise by the County Council, as the Local Health Authority, of their powers and duties under the National Health Service Act, 1946, the Lunacy and Mental Treatment Act, 1890–1930, and the Mental Deficiency Acts, 1913–38.

The Health Committee set up the Special Health Services Sub-Committee to deal with Mental Health Service matters, including those for which the Local Health Authority is responsible under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts.

The Special Health Services Sub-Committee consists of ten members of the Health Committee from the Rhondda and five members from each of the following eight divisions : Aberdare and Mountain Ash, Mid-Glamorgan, Caerphilly and Gelligaer, Neath and District, Pontypridd and Llantrisant, Port Talbot and Glyncorrwg, South-East Glamorgan, and West Glamorgan.

The total membership of the Committee is 50, and its meetings are held once every quarter.

(*b*) *Number and qualifications of staff employed in the Mental Health Service.*

One Senior Medical Officer. (Vacancy.)

Despite repeated advertisements no suitable applicant with the necessary experience and qualifications has been found to fill this post.

The following additional posts are vacant on the staff of my department :—

One Psychiatric Social Worker (no suitable applications received).

Two Social Workers, one Supervisor of Mental Defectives, and five Home Teachers.

The three Supervisors of Mental Defectives, who were transferred from the service of the former County Committee for the Care of the Mentally Defective, are engaged in the care and supervision of defectives who are under statutory supervision or who have been certified and placed under guardianship. For administrative convenience the County has been divided into three areas, each of which is worked by a Supervisor. The names and qualifications of the Supervisors of Mental Defectives are as follows :—

Miss Catherine Jones, S.R.M.N.

Miss Janet Owen, S.R.M.N.

Miss Norah L. Roberts, R.M.P.A.

Duly Authorised Officers.

Five Duly Authorised Officers have been appointed to deal with patients under the Lunacy and Mental Treatment Acts, 1890–1930. These officers, whose names are given below, have had previous experience in this kind of work :—

Mr. W. S. Davies	..	Rhondda Area.
Mr. D. G. Evans	..	Caerphilly, Gelligaer, and South-East Glamorgan.
Mr. Ivor Evans	..	West Glamorgan Area.
Mr. D. L. Lewis	..	Mid-Glamorgan, Port Talbot, and Glyncorrwg Area.
Mr. S. Williams	..	Aberdare, Mountain Ash, Pontypridd, and Llantrisant Area.

In addition, the following staff are employed at the Greenhill Occupation Centre, Aberaman :—

One Supervisor—Miss M. E. Stephens.

One Assistant Supervisor—Miss M. J. Lloyd.

One Caretaker-Instructor—Mr. D. T. Bowen (his wife, Mrs. Bowen, assists her husband with the duties of Caretaker).

(*c*) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.*

On account of the large volume of work falling upon my department in connection with the implementation of the National Health Service Act on the 5th July last, agreement was reached with the Regional Hospital Board that the duties in relation to the care and supervision of mental defectives for the period 5th July to 8th August, 1948, should be carried on by the Glamorgan Hospital Management Committee.

From the 9th August, 1948, this work was taken over by my department.

Owing to the inability to obtain the services of a certifying medical officer, arrangements were made with the approval of the Regional Hospital Board to utilise temporarily the services of Dr. T. S. Davies, an Assistant Medical Officer of Hensol Castle Certified Institution, who had had experience in this type of work. On behalf of the Mental Hospitals Management Committee the Supervisors of Mental Defectives visit defectives on licence from institutions and report on the home conditions of patients granted short leave of absence.

(*d*) *Duties delegated to Voluntary Associations.*

Since 1943 the National Association for Mental Health have operated at the request of the Board of Control and the Ministry of Health an After-care Scheme for ex-Service personnel and ex members of the Mercantile Marine, together with persons of sub-normal mentality and epileptics not requiring institutional treatment. At the end of 1948 approximately 150 cases were being supervised in the County by the National Association for Mental Health under these arrangements.

(*e*) *Training of Mental Health Workers.*

Attempts have been made, but so far without success, to obtain vacancies in suitable training courses for mental health workers at present in the employ of the Authority.

2. Account of Work undertaken in the Community.

(*a*) *Prevention, Care and After-care under Section 28 of the National Health Service Act,* 1946.

Patients are visited by the authorised officers and supervisors of mental defectives and given advice and guidance as to the best methods of obtaining treatment and assistance. When patients for whom after-care has been advised are discharged from mental hospitals and certified institutions for mental defectives, they are visited by the authorised officers and supervisors. These officers assist the patients in every way they can to obtain employment where needed and help them to overcome their initial re-settlement difficulties and problems. In addition to authorised officers and supervisors it is intended to utilize the services of the County Superintendent Health Visitor and the Divisional Superintendent Health Visitors to visit certain cases as and when required.

(*b*) The following table gives an indication of work undertaken by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts, 1890–1930:—

Summary of Hospital Admissions arranged by Duly Authorised Officers—period 5th July–31st December, 1948.

Mental Treatment Act, 1930, Section 1. Voluntary patients.		Mental Treatment Act, 1930, Section 5. Temporary patients.		Lunacy Act, 1890, Section 14 (2). Persons in need of proper care and attention.		Lunacy Act, 1890, Section 16. Patients certified as of unsound mind.		Total.
M.	F.	M.	F.	M.	F.	M.	F.	
28	40	1	3	19	25	8	15	139

(*c*) *Under the Mental Deficiency Acts,* 1913–38.

(i) *Ascertainment.*

The number of mental defectives ascertained during 1948 as subject to be dealt with was 120, and on the 31st December, 1948, 224 patients were awaiting vacancies in institutions.

(ii) On the 31st December, 1948, the number of mental defectives under guardianship was 348, and under supervision 430.

(iii) Thirty-five mental defectives, of whom five were under the age of 16 years, were receiving training at the Greenhill Occupation Centre, Aberaman.

3. General.

The concept of mental illness has undergone a radical change during the past twenty years, in that it now takes its place with physical illness to be treated with, as far as possible, a complete restoration of the patient to a normal mode of life. It is to be expected that the war with its stresses and the post-war period when adjustments had to be made to the increased tempo of living, would have resulted in an increase in mental illness, but the extent of this cannot be assessed from the numbers admitted by the Duly Authorised Officers of Authorities, as many in need of treatment for mental disorders take advantage of treatment voluntarily under the Mental Treatment Act, 1930. The advice which can be given either at a psychiatric

out-patient clinic in these early cases, or if need be as in-patients in a mental hospital, prevents much serious mental illness and lightens the social and personal burdens which arise. The Local Health Authority has a most important part to play in the proper functioning of the Mental Health Services, but it is unfortunate that officers with the qualifications and experience required for working in this field are few and far between, and this has seriously handicapped my department in dealing with, more particularly, the after-care work required in the rehabilitation of the mentally sick.

An account is given in the preceding paragraphs of the work done during the year, and it will be noted that there are 348 mental defectives under guardianship. Many of these in the past were dealt with in this manner by the County Committee for the Care of the Mentally Defective so that assistance both financial and medical could be given to defectives, as there was no power to grant such assistance to those merely under statutory supervision. The introduction of the National Assistance Act, 1948, and the National Health Service Act, under which defectives are entitled to benefits in their own right and free medical attention, has removed the need for guardianship on those grounds. Only those calling for closer attention than that required under statutory supervision are being dealt with by presenting petitions for guardianship.

The increasing demands for institutional care provided by the Regional Hospital Board is severely overtaxing the available accommodation, and only those cases which cannot possibly be cared for at home can be given consideration for the few available institution beds. This shortage of beds and also the exclusion from school of all children classified as ineducable, has resulted in an increasing need for occupation centres, such as the Greenhill Occupation Centre, Aberaman, which is at present the only one provided by the Authority. The burden placed on the families with a defective to be cared for is a heavy one, particularly if no facilities for training or occupation are available. These centres are primarily for defectives under statutory supervision, or guardianship, including those over the age of 16 who would benefit by training, thus helping the children to form good habits, to acquire self control, and also relieve strain on the family. The need of such provision is urgent and a careful watch for suitable accommodation is being maintained.

WELFARE OF BLIND PERSONS.

Under the provisions of the National Assistance Act, 1948, the promotion of the welfare of blind persons remains a duty of the Local Authority, but the provision of financial assistance ceased to be a responsibility, this function being transferred to the National Assistance Board as from 5th July, 1948.

Inasmuch as this change had the effect of producing a national scale of assistance for the blind in place of numerous scales of varying degrees of generosity and of transferring what was in some areas a considerable financial burden from the Local Authority to the State, there is much to be said in its favour.

As the responsibility for the welfare of the blind has now passed from the Health Committee to the Welfare Services Committee, it may be appropriate to recall briefly the very active part played by the Council through its Health Committee in Blind Welfare work since their acceptance of the obligation originally laid upon them by the Blind Persons Act, 1920.

Following the passing of this Act (repealed by the National Assistance Act, 1948) the Public Health and Housing Committee, to whom the responsibility was delegated by the County Council, evolved a scheme for submission to the Minister of Health. This scheme provided for the following :—

Registration and classification of blind persons.

The welfare of blind children under school age, including accommodation in suitable institutions where desirable.

Workshops employment and augmentation of wages.
Home employment.
Home teaching of raised type and pastime occupations, including social visiting.
Accommodation in hostels.
Domiciliary assistance.
Miscellaneous provision, etc., including the study of preventive measures.

Steps were taken to ascertain and register the blind and examinations were undertaken by medical officers with special experience in eye work, difficult or doubtful cases being referred to ophthalmic specialists on the Council's panel of consultants.

By the end of 1922 there were registered approximately 500 persons and, with the extension of knowledge of the benefits to be derived from registration and the increased efficiency of such registration, this number grew to approximately 1,370 cases in the administrative area in 1948.

There was no indication of an increase in the incidence of blindness; in fact, the smallness of the newly registered numbers in the early age groups is a pointer to the advance of medical science, more skilled nursing at birth, and prompt and effective treatment of venereal diseases.

Over the years the largest field of recruitment to the register was found in the age groups where blindness was associated with old age.

Arising out of this fact the relief of necessity by payment of weekly allowances constituted throughout the years a large portion of the Authority's work under the Blind Acts.

At an early state of the administration, when the payment of domiciliary allowances under the Acts was not obligatory, in many areas blind persons obtained any necessary financial assistance through the machinery of the Poor Law, but the Glamorgan County Council established a system of direct payments to blind persons apart from the Poor Law. Appropriate administrative arrangements were made to prevent duplication of payments.

The principle thus adopted was confirmed by a declaration made under Section 5 of the Local Government Act, 1929, that assistance to blind persons would be provided under the Blind Persons Act, 1920, and not by way of poor law relief.

Scales of assistance were formulated and investigations of circumstances and subsequent re-investigations were carried out by a special investigator. From time to time the allowances were increased to bring them in line with the prevailing cost of living, and it may be said that Glamorgan was a pioneer in the method of direct administration of its responsibilities, rather than through the medium of voluntary organisations.

The Blind Persons Act, 1938, which amplified and extended the provisions of the 1920 Act, reduced the age qualification for old age pensions from 50 years to 40, made compulsory the payment of domiciliary assistance to blind persons under these Acts and not by way of Poor Law relief, and provided for the needs of dependents to be taken into account when assessing the needs of the blind person. It also provided for the disregarding of certain assets, for a method of assessing income from capital, for the payment of burial expenses, and for the recovery from another Authority of the cost of assistance given during specified quinquennial periods to blind persons who had removed from and had a residential qualification in the area of that Authority.

The provisions of this Act were implemented without delay and scales of assistance for dependents were formulated. They were based on the scales of public assistance, as the opinion was held that the cost of maintaining a sighted dependent of a blind person was no greater than that of a sighted person's dependent. This principle was sound and has been reflected in subsequent legislation affecting dependent children, e.g. Assistance Board, Social Welfare Committees.

The Council established a Home Teaching and Visiting Service, which grew in size according to necessity. This service was unique inasmuch as the part-time services of trained nurses already in the employ of the Authority were utilised in this work on the grounds that their training and calling rendered them eminently suitable to act as visitors. Each selected nurse received training at a course established by the Health Committee, conducted by members of the staff, and recognised by the College of Teachers of the Blind and subsequently obtained the Home Teachers' Certificate, the qualification prescribed by the Minister of Health.

PROVISION OF TRAINING AND EMPLOYMENT.

Prior to the operation of the Disabled Persons (Employment) Act, 1944, the Education Committee readily accepted responsibility for the occupational training of suitable blind persons in the voluntary workshops in the County and adjacent County Boroughs and provided maintenance allowances for trainees where necessary.

The Education Committee erected an excellent school for the blind at Bridgend, where blind and partially-sighted children between the ages of 5 and 16 receive elementary education. The school was opened in January, 1929, and was intended to serve Glamorgan and the adjacent Authorities, but in the course of years the field of recruitment has been extended and children have been accepted from Authorities as far distant as Kent.

In 1931 it was decided to provide craft training in the cultural atmosphere of the school for those blind pupils who had been educated there, rather than transfer them to one of the voluntary workshops.

The Principal of the school acted as Inspector of Trainees and issued appropriate certificates of adequate training for those pupils who were ready for employment as journeymen.

Arising out of the powers granted to the Minister of Labour under the Disabled Persons (Employment) Act, a division of responsibility for the training of blind persons has been agreed between the Minister of Labour and the Ministry of Education, so that the former is responsible for training adults of 21 years and over, while the Local Education Authority accept responsibility for training of young persons up to the age of 21. Under this arrangement the only training school in Wales recognised by the Ministry of Education is the Authority's School at Bridgend.

EMPLOYMENT.

The Authority gave every encouragement to the Management Committees of Voluntary Workshops by granting considerable financial assistance to those institutions providing employment for Glamorgan workers. In the early days of the administration it was found that voluntary workshops included in their registers some blind persons who by no stretch of the imagination could be considered to be workers of economic value within the restricted range of productivity related to certain trades, but by careful selection of trainees over a number of years this position has greatly improved.

The Council has given serious consideration to the question of municipalising the two institutions within the County area as a means of providing workshop employment and, with the financial help forthcoming from the Minister of Labour and National Service in the exercise of his powers under the Disabled Persons (Employment) Act, this project appears nearer fruition than ever before.

PREVENTION OF BLINDNESS.

One of the most useful pieces of work performed in connection with the welfare of the blind has been the provision of ophthalmic services in the Poor Law hospitals, which were transferred to the County Council following the operation of the Local Government Act, 1929. Many persons received major and minor operative treatment, with consequent saving or restoration of sight. The administrative arrangements were complete in respect of treatment and observation and the department was, therefore, always informed of the results obtained by treatment, and this was of assistance in the classification and registration of blind persons. It remains to be seen whether this co-ordination of the services will be effectively continued now that the hospitals no longer belong to the Local Authority.

GENERAL.

At the 31st March, 1948, there were registered in the Administrative County 1,369 blind persons. Of this number approximately 79 per cent were over 50 years of age. The incidence of blindness continues to be heaviest in the later age groups, as is evidenced by the fact that 88 per cent of new cases registered in the year ended 31st March, 1948, became blind at 50 years of age or over.

The general trend points to a considerable diminution in the incidence of blindness in the early age groups. This is a welcome feature which, as previously stated, may be due to increased medical science, more skilled nursing at births, and prompt and effective treatment of venereal diseases.

The following table shows the ages of registered blind persons, the ages at which they became blind, together with similar details for cases registered during the year ended 31st March, 1949 :—

REGISTRATION OF BLIND PERSONS—AGE PERIODS.

0–1.	1–5.	5–16.	16–21.	21–40.	40–50.	50–65.	65–70.	70+.	Unknown.	Total.
—	1	14	19	135	115	332	158	595	—	1,369

AGES AT WHICH BLINDNESS OCCURRED—AGE PERIODS.

0–1.	1–5.	5–10.	10–20.	20–30.	30–40.	40–50.	50–60.	60–70.	70+.	Unknown.	Total.
153	30	36	71	78	111	151	205	262	263	9	1,369

BLIND PERSONS REGISTERED AS NEW CASES—AGE PERIODS.

0–1.	1–5.	5–16.	16–21.	21–40.	40–50.	50–65.	65–70.	70+.	Unknown.	Total.
—	—	—	1	7	3	27	9	66	—	113

NEW CASES (AGES AT WHICH BLINDNESS OCCURRED)—AGE PERIODS.

0–1.	1–5.	5–10.	10–20.	20–30.	30–40.	40–50.	50–60.	60–70.	70+.	Unknown.	Total.
—	—	—	1	2	3	7	17	26	57	—	113

During the year up to 4th July approximately 900 necessitous blind persons were paid a total sum of £21,170 in weekly allowances. This compares with £29,900 for the whole of the year 1947. The relative increase was accounted for by the introduction of higher rates of assistance to meet the increased cost of living which had taken place since the scales were previously reviewed.

STATISTICAL TABLES.

The following miscellaneous statistical tables are inserted for purposes of comparison :—

BIRTHS.

	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Administrative County	15·4	15·6	16·3	16·7	18·2	18·4	19·4	18·1	19·4	20·8	18·9
England and Wales	15·1	15·0	14·6	14·2	15·8	16·5	17·6	16·1	19·1	20·5	17·9
Illegitimate birth-rate per 1,000 births—											
Administrative County ..	32	30	29	35	34	44	49	67	43	34	34
England and Wales ..	42	42	43	53	54	63	72	92	65	52	53

DEATH RATE.

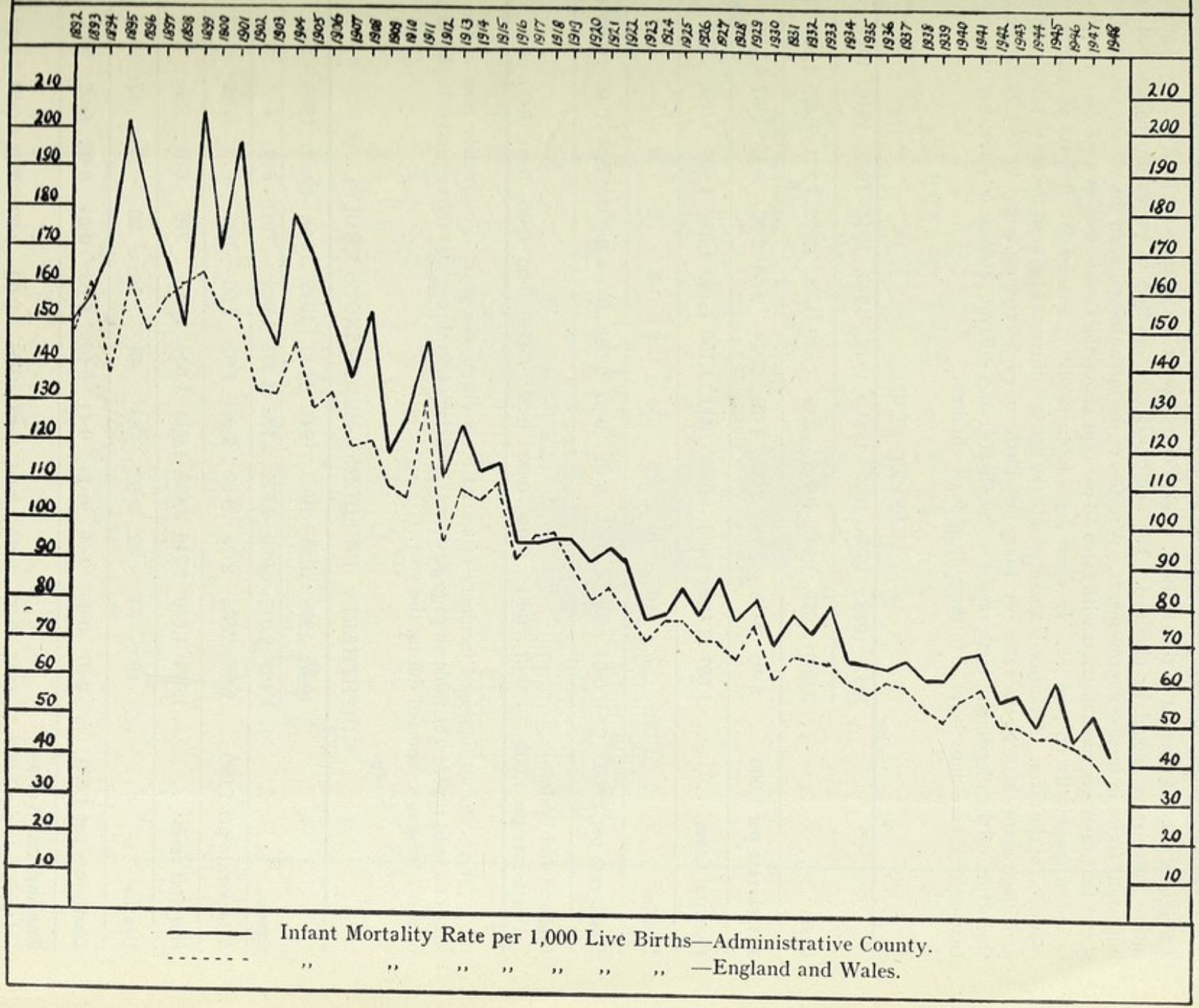
	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Administrative County	12·6	13·1	13·4	12·9	12·1	12·4	12·3	12·9	12·1	13·1	11·6
England and Wales	11·6	12·1	14·3	13·2	11·6	12·1	11·6	11·4	11·5	12·0	10·8

INFANT MORTALITY.

Year.	Deaths under one year per 1,000 Births.		Year	Deaths under one year per 1,000 Births.	
	Glamorgan	England and Wales.		Glamorgan.	England and Wales.
1914.	112	105	1933.	79	64
1917.	94	96	1934.	65	59
1918	95	97	1935.	64	57
1920.	90	80	1936.	63	59
1921.	93	83	1937.	65	58
1922.	90	77	1938.	60	53
1923.	75	69	1939.	60	50
1924	77	75	1940.	65	55
1925.	83	75	1941.	67	59
1926.	76	70	1942.	55	49
1927.	86	69	1943.	56	49
1928.	75	65	1944.	48	46
1929.	80	74	1945.	58	46
1930.	69	60	1946.	45	43
1931.	77	66	1947.	51	41
1932.	72	65	1948.	41	34

Infant mortality in the administrative County since 1892 is clearly indicated in the following graph:—

ADMINISTRATIVE COUNTY OF GLAMORGAN
INFANT MORTALITY



INFANT MORTALITY.

It is pleasing to note that the infant mortality in 1948 is the lowest ever recorded in the County. The rate is only 23 per cent of that in 1904. There are, however, no grounds for complacency, and in the future lower rates should be obtained. The additional care devoted to premature babies will be an important factor in further improvements. A review of the infant mortality in the various County districts shows that there are some districts with rates 50 per cent above the County rate as a whole. The position is shown graphically on page 53. In these areas in particular it is essential to spare no efforts in the reduction of the rates. Attention is also drawn to the marked difference between the death rate of legitimate and illegitimate infants—the rates per 1,000 live births of each category being 40 and 70 respectively. Reduction of the illegitimate birth rate is a complicated and difficult problem to solve, but it is obvious that especial care must be paid to these illegitimate children.

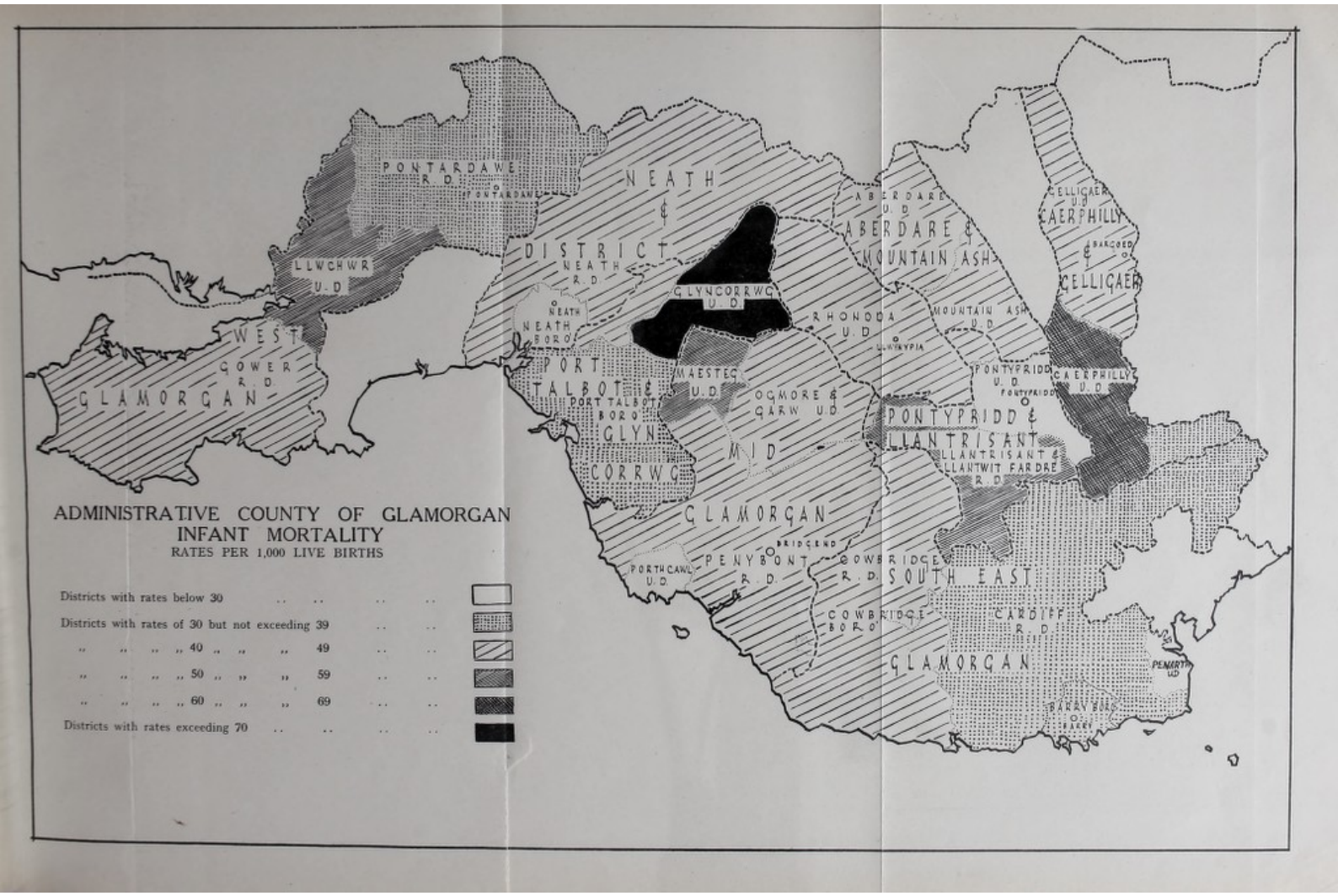
SCARLET FEVER.

	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Cases	3,859	3,629	1,948	1,693	1,282	1,530	1,855	1,972	1,571	1,473	1,304	2,165
Attack-rate per 1,000 ..	5·40	5·12	2·74	2·36	1·73	2·14	2·66	2·80	2·25	2·07	1·83	2·99
Hospital Cases	1,697	2,182	1,406	999	830	1,160	1,440	1,356	1,100	1,082	863	1,588
Deaths	7	16	10	5	4	2	3	2	3	—	—	1
Death-rate per 1,000 ..	0·01	0·02	0·01	0·01	0·01	0·003	0·004	0·003	0·004	0·00	0·00	0·001
England and Wales— Death-rate per 1,000	0·01	0·01	0·01	0·00	0·00	0·00	0·00	0·00	0·00	0·00	0·0	00·0

There was an increased incidence of scarlet fever during the year. Fortunately most of the cases were of a mild type. The table on page 82 shows the distribution throughout the respective health divisions of the 2,165 cases reported during the year.

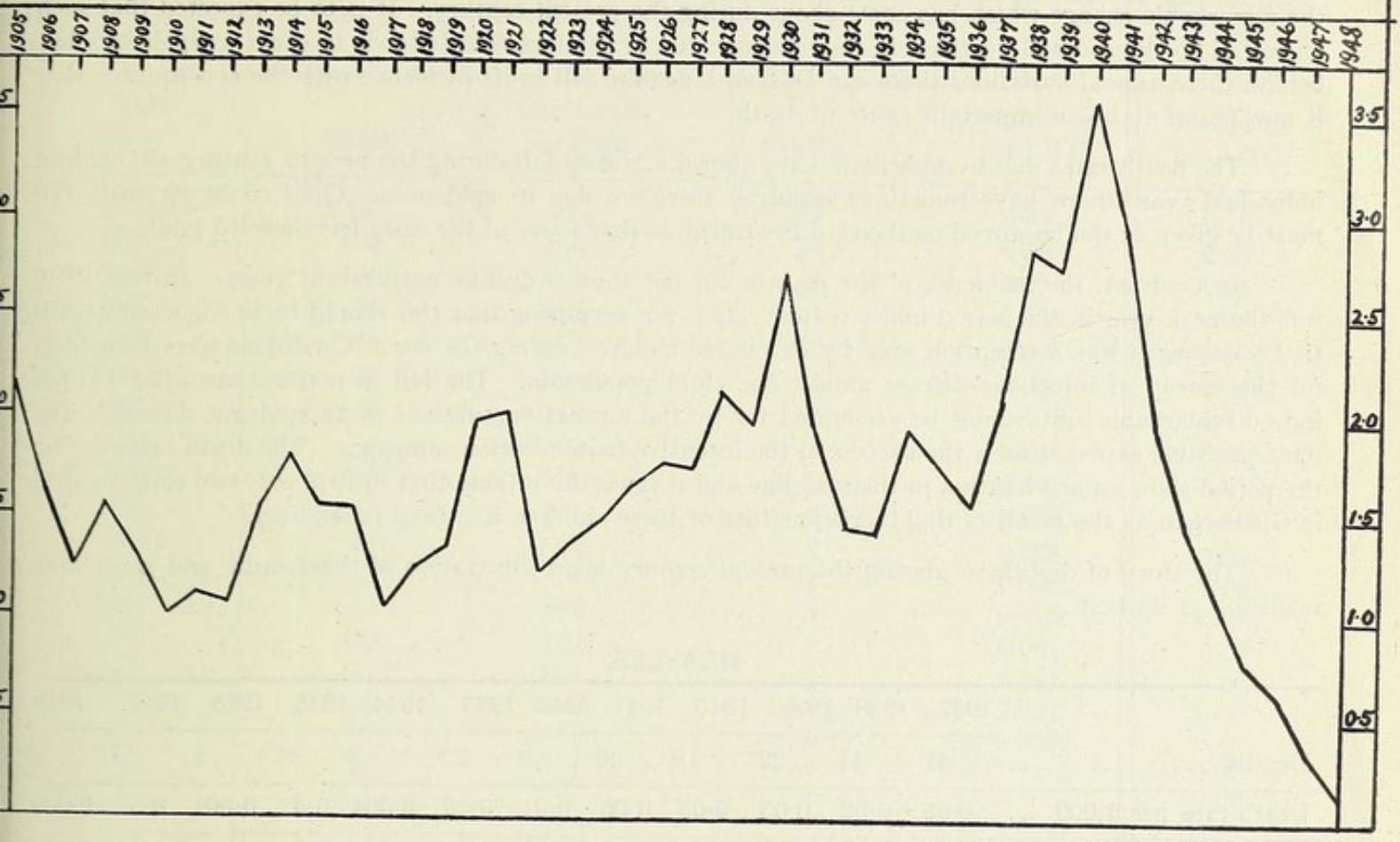
DIPHTHERIA (INCLUDING MEMBRANOUS CROUP).

	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Cases	1,463	2,017	1,958	2,572	2,182	1,373	1,049	776	546	442	237	88
Attack-rate per 1,000 ..	2·05	2·85	2·75	3·59	2·95	1·92	1·50	1·10	0·78	0·62	0·33	0·12
Hospital cases	1,074	1,659	1,716	2,436	1,938	1,309	1,013	779	618	528	258	88
Deaths	49	64	62	98	83	48	24	29	17	17	7	2
Death-rate per 1,000 ..	0·07	0·09	0·09	0·14	0·11	0·07	0·03	0·04	0·02	0·02	0·01	0·003
England and Wales— Death-rate per 1,000	0·07	0·07	0·05	0·06	0·07	0·05	0·03	0·02	0·02	0·01	0·01	0·00

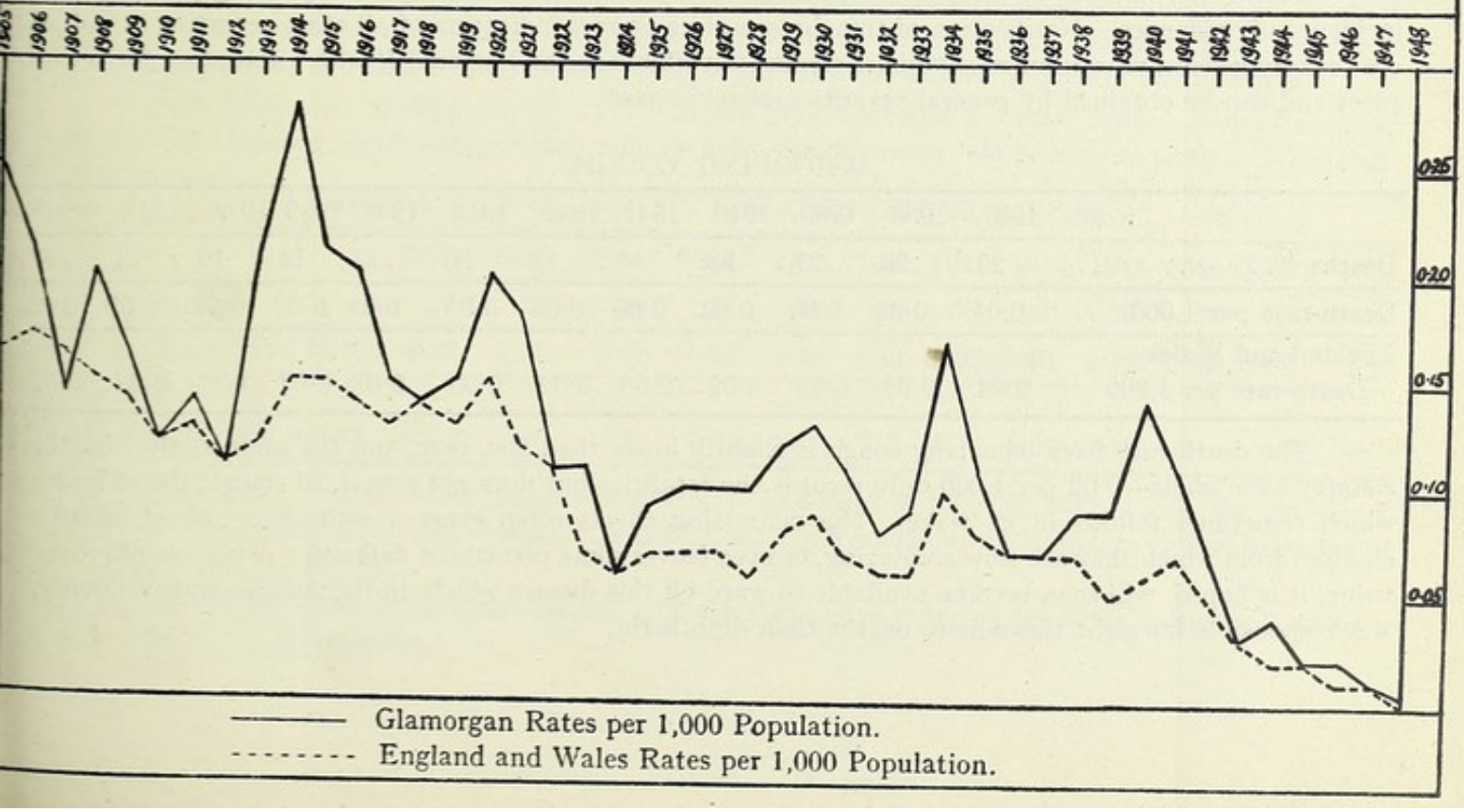

PONTARDAWE R.D.
PONTARDAWE
NEATH & DISTRICT NEATH R.D.
LLWCHWR U.D.
NEATH
NEATH BORO'
GLYNCORRWG U.D.
ABERDARE U.D.
ABERDARE & MOUNTAIN ASH
RHONDDA U.D.
MOUNTAIN ASH U.D.
CELLIGAER U.D.
CAERPHILLY & CELLIGAER
BARGOED U.D.
WEST GLAMORGAN
GOWER R.D.
PORT TALBOT & GLYNCORRWG
PORT TALBOT BORO'
MAESTEG U.D.
OGMORE & GARW U.D.
PONTYPRIDD U.D.
PONTYPRIDD
CAERPHILLY U.D.
PONTYPRIDD & LLANTRISANT
LLANTRISANT & LLANTWIT FARDRE R.D.
MID GLAMORGAN
BRIDGEND
PENYBONT R.D.
PORTHCAWL U.D.
COWBRIDGE R.D.
SOUTH EAST GLAMORGAN
COWBRIDGE BORO'
CARDIFF R.D.
PENARTH U.D.
BARRY BORO'
ADMINISTRATIVE COUNTY OF GLAMORGAN
INFANT MORTALITY
RATES PER 1,000 LIVE BIRTHS
Districts with rates below 30
Districts with rates of 30 but not exceeding 39
" " " " 40 " " " 49
" " " " 50 " " " 59
" " " " 60 " " " 69
Districts with rates exceeding 70

DIPHTHERIA

NOTIFICATION OF CASES



DEATHS



DIPHTHERIA.

Reference to the graphs showing the notification rates and the death rates due to diphtheria shows the remarkable change which has come about during the present century. It is to be expected that such an infectious disease will fluctuate in its incidence due to the fact that it tends to occur in epidemics but behind these annual variations there can be seen a definite fall in its incidence with the consequence that it now ceases to be an important cause of death.

The death rates due to diphtheria have shown a steady fall during the present century although in individual years there have sometimes occurred increases due to epidemics. Chief credit for early fall must be given to the improved methods of treatment so that fewer of the cases have proved fatal.

In contrast, the incidence of the disease did not show a decline until recent years. In fact, 1940 was the peak year in the period under review. It is not surprising that this should be so when one recalls that Glamorgan was a reception area for evacuated children during the war. Conditions were then ideal for the spread of infectious disease amidst the child population. The fall in notifications after 1940 is indeed remarkable and cannot be accounted for by the normal fluctuations in an epidemic disease. The most probable explanation is the success of the intensive immunisation campaign. The death rates during the period show an acceleration in their decline and it is worthy of note that in 1948 only two children died in Glamorgan as the result of diphtheria; neither of these children had been immunised.

The story of diphtheria during the present century is an illustration of therapeutic and preventive medicine at its best.

MEASLES.

	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Deaths	41	14	22	18	46	6	23	3	17	1	16	6
Death-rate per 1,000 ..	0·06	0·02	0·03	0·03	0·06	0·01	0·03	0·004	0·02	0·001	0·02	0·008
England and Wales.—												
Death-rate per 1,000	0·02	0·04	0·01	0·02	0·03	0·01	0·02	0·01	0·02	0·00	0·01	0·01

Deaths attributable to measles show marked variation from year to year depending partly on the incidence of epidemics. Notification of this disease gives no real indication of all cases occurring as not all are seen by general practitioners. Measles serum is available at the Regional Health Laboratory for severe cases and can be obtained by general practitioners on request.

WHOOPING COUGH.

	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Deaths	29	26	27	13	46	15	20	24	14	19	21	17
Death-rate per 1,000 ..	0·04	0·04	0·04	0·02	0·06	0·02	0·03	0·03	0·02	0·03	0·03	0·02
England and Wales—												
Death-rate per 1,000	0·04	0·03	0·03	0·02	0·06	0·02	0·03	0·03	0·02	0·02	0·02	0·02

The death rate from whooping cough is slightly lower than last year, and the same as that for the country as a whole—0·02 per 1,000 only records the fatalities but does not reveal, of course, the ill-health which sometimes follows in its wake. The distressing effects often cause a setback in robust, healthy children from which they are slow recovering, or even leaves some permanent damage. A vaccine of proved value, it is hoped, will soon become available to ward off this disease which, in the Administrative County, was responsible for eight times more deaths than diphtheria.

ENTERIC FEVER (INCLUDING PARATYPHOID).

Year.	Administrative County of Glamorgan.				England and Wales.
	Cases.	Attack-rate per 1,000.	Deaths.	Death-rate per 1,000.	Death-rate per 1,000.
1899.	1,487	2·41	215	0·34	0·19
1904.	825	1·27	194	0·39	0·23
1914.	110	0·14	28	0·03	0·05
1927.	23	0·03	4	0·005	0·01
1929.	19	0·02	2	0·002	0·01
1930.	33	0·04	3	0·004	0·01
1931.	20	0·03	4	0·005	0·01
1932.	7	0·01	1	0·001	0·01
1933.	15	0·02	1	0·001	0·01
1934.	11	0·01	2	0·002	0·00
1935.	21	0·03	2	0·003	0·00
1936.	38	0·05	4	0·005	0·00
1937.	37	0·05	4	0·006	0·00
1938.	10	0·01	1	0·001	0·00
1939.	41	0·06	1	0·001	0·00
1940.	15	0.02	1	0·001	0·00
1941.	66	0·09	4	0·005	0·00
1942.	12	0·02	—	—	0·00
1943.	12	0·02	—	—	0·00
1944.	2	0·002	1	0·001	0·00
1945.	10	0·01	—	0·00	0·00
1946.	51	0·07	3	0·004	0·00
1947.	5	0·007	—	0·00	0·00
1948.	9	0·012	2	0·003	0·00

The nine cases of enteric with two deaths were isolated ones, and although careful enquiry is made as to the source of infection, this is often difficult to trace and, in fact, was not proved in any instance.

It is probable that healthy carriers of the disease are responsible for some cases. Such carriers are often infectious intermittently and previous sufferers from the disease should be suspect when a case occurs.

DIARRHOEA AND ENTERITIS (INFANTS UNDER 2 YEARS).

	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Deaths	37	36	40	51	55	65	56	49	73	50	88	30
Death-rate per 1,000 births	3·38	3·30	3·59	4·29	4·33	4·91	4·37	3·58	5·77	3·62	5·94	2·19
England and Wales—												
Death-rate per 1,000 births	5·8	5·5	4·6	4·6	5·1	5·2	5·3	4·8	5·6	4·4	5·8	3·3

There was a decrease in the number of deaths to one-third of those in 1947, and is the lowest yet recorded in the County from this condition, which is more prevalent in hot summers and in large towns rather than country districts.

No cases were brought to notice of the fatal diarrhoea and vomiting in young babies which was a cause of concern in recent years.

POLIOMYELITIS.

The 30 cases reported were scattered throughout the County, the greatest number in any district being six in Pontypridd Urban District.

TUBERCULOSIS.

TABLE I.

	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948
Cases notified—												
Phthisis	828	842	844	975	933	934	991	1,186	1010	894	894	916
Other Tuberculous diseases	320	345	310	332	355	322	356	284	283	243	229	228
Deaths—												
Phthisis	513	491	469	477	492	447	468	454	416	432	432	393
Other Tuberculous diseases	106	105	83	119	107	94	105	111	92	77	83	61
Case Mortality per cent—												
Phthisis	61·9	58·3	55·7	48·9	52·7	47·9	47·2	38·2	41·2	48·3	48·3	42·9
Other Tuberculous diseases	33·1	30·4	26·8	35·8	30·1	29·2	29·4	39·1	32·5	31·7	34·2	26·8
Death-rate per 1,000.												
Administrative County—												
Phthisis..	0·72	0·69	0·66	0·67	0·66	0·63	0·67	0·64	0·60	0·61	0·61	0·54
Other Tuberculous diseases	0·15	0·15	0·12	0·17	0·14	0·13	0·15	0·16	0·13	0·11	0·12	0·08
Urban Districts—												
Phthisis..	0·75	0·73	0·74	0·70	0·71	0·68	0·74	0·68	0·64	0·65	0·62	0·54
Other Tuberculous diseases	0·15	0·16	0·14	0·18	0·15	0·13	0·15	0·15	0·15	0·10	0·13	0·08
Rural Districts—												
Phthisis..	0·63	0·59	0·42	0·57	0·54	0·48	0·49	0·55	0·49	0·49	0·56	0·55
Other Tuberculous diseases	0·13	0·10	0·05	0·12	0·12	0·12	0·14	0·18	0·09	0·12	0·09	0·09
England and Wales—												
Phthisis	0·58	0·53	0·53	0·58	0·60	0·54	0·56	0·52	0·52	0·46	0·47	0·44
Other Tuberculous diseases	0·11	0·10	0·10	0·11	0·12	0·11	0·11	0·10	0·10	0·08	0·08	0·07

TABLE II.—NOTIFICATION OF TUBERCULOSIS.

Year.	Number of Notifications.			Rate per 1,000 population.		
	Pulmonary.	Non-pulmonary.	Total.	Pulmonary.	Non-pulmonary.	Total.
1944	1,186	284	1,470	1·68	0·40	2·08
1945	1,010	283	1,293	1·45	0·41	1·86
1946	894	243	1,137	1·26	0·34	1·60
1947	894	229	1,123	1·26	0·32	1·58
1948	916	228	1,144	1·26	0·31	1·57

TABLE III.—NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS.

Year.	Rate per 1,000 population.
1938	**0·48**
1939	**0·44**
1940	**0·46**
1941	**0·48**
1942	**0·45**
1943	**0·51**
1944	**0·40**
1945	0·41
1946	0·34
1947	0·32
1948	0·31

TABLE IV.—DEATH RATES PER 1,000—TUBERCULOSIS—YEAR 1948.

Area.	Pulmonary.	Non-pulmonary.	All forms.
Glamorgan	0·54	0·08	0·62
Wales and Monmouthshire	0·55	0·08	0·63
England and Wales ..	0·44	0·07	0·51

The number of cases notified during the last three years of both pulmonary and non-pulmonary tuberculosis has remained more or less constant, but the deaths from both forms are lower in 1948, there being 39 fewer deaths from phthisis and 22 from other tuberculous conditions.

The notifications of pulmonary tuberculosis are augmented by the early cases which are detected by the use of mass radiography, which would otherwise not be brought to notice at such an early stage, or in some instances never be diagnosed, as it is possible for some early cases to clear up without special methods of treatment. The chances of cure are enhanced by early treatment and there is logic in making use of the available tuberculosis hospital beds for such cases, but the exclusion of the chronic advanced case from hospital or the sending back of such cases to an overcrowded house often with children who are placed at risk, is a matter of grave concern. Dr. D. J. Davies, Divisional Medical Officer to the Port Talbot Division, makes the following comment :

> "The long waiting period for sanatorium admission and the presence of highly infectious cases in overcrowded homes were disturbing features. Secondary cases were not uncommon."

The Regional Hospital Board is faced with the difficulty of staff shortages in sanatoria, but is doing all possible to alleviate the position.

The reduction in deaths from other tuberculous diseases may be attributable to an increase in milk pasteurisation and an extension of this process in the near future will, it is hoped, further improve the position until, as has happened in diphtheria, death from this cause will be a rarity.

The death rates from tuberculosis since 1919 are shown on the diagram on page 62.

TREATMENT OF TUBERCULOSIS : (1) Memo. 266/T.
(2) Council's After-care Scheme.

The administration of the Government's scheme of treatment allowances was continued until 4th July, 1948. From 5th July the responsibility for the payment of these allowances was transferred to the National Assistance Board.

The scheme, which was a war-time measure designed to get patients under treatment in the very early stages of the disease, has been severely criticised by Local Authorities and the general public on the following grounds :—

(1) In certain cases the rate of allowances was not considered sufficiently high to be an incentive for people to give up work to undergo treatment.

(2) It provided for treatment allowances only for persons suffering from pulmonary tuberculosis.

(3) It excluded the chronic tuberculous person who, although classed as a chronic, was able at certain times to perform work of national importance.

(4) It laid down certain time limits during which allowances could be continued, subject to adequate progress reports towards ultimate recovery being received from the Tuberculosis Physician.

The Draft National Assistance (Determination of Need) Regulations, 1948, laid down certain scales of assistance for persons who have suffered a loss of income in order to undergo treatment for tuberculosis of the respiratory system, so that it appears that some of the anomalies mentioned above are perpetuated.

The following statistical information covering the period the scheme was in operation, i.e. 1st August, 1943, to 4th July, 1948, indicates the number of cases dealt with and the expenditure involved :—

	1943.	1944.	1945.	1946.	1947.	1948 (to 4th July).	Total.
No. of patients who applied for assistance under Memo. 226/T.	814	646	606	538	461	202	3,267
No. granted assistance since inception of scheme on 1st August, 1943	465	444	375	466	336	195	2,281
No. receiving allowances on 31st December ..	303	380	428	428*	480*	457*	—

* Includes after-care cases.

Details showing reasons for cases ceasing to receive assistance :—

	1943.	1944.	1945.	1946.	1947.	1948 (to 4th July).	Total.
Recommenced work	25	124	156	162	130	26	623
Deceased	17	48	51	57	42	24	239
Not conforming to treatment	12	15	31	6	4	3	71
Left area	2	12	12	9	8	3	46
Still unfit for work after receiving allowances for statutory period	31	72	89	120	96	47	455
Non-dependents admitted to hospital in receipt of N.H.I.	61	110	139	144	118	49	631
Other reasons	—	—	35	42	56	8	141

An analysis of the statistics given indicates that of the total number of cases assisted since the inception of the scheme in August, 1943, 623 patients or approximately 27 per cent have been rendered fit to resume work.

Ten per cent of cases assisted have died, whilst 19·9 per cent have been declared as unfit for work after receiving allowances for the statutory period. Three per cent of cases have become out of scope owing to their failure to conform to the treatment recommended, e.g. taking their own discharge from institutional treatment against medical advice.

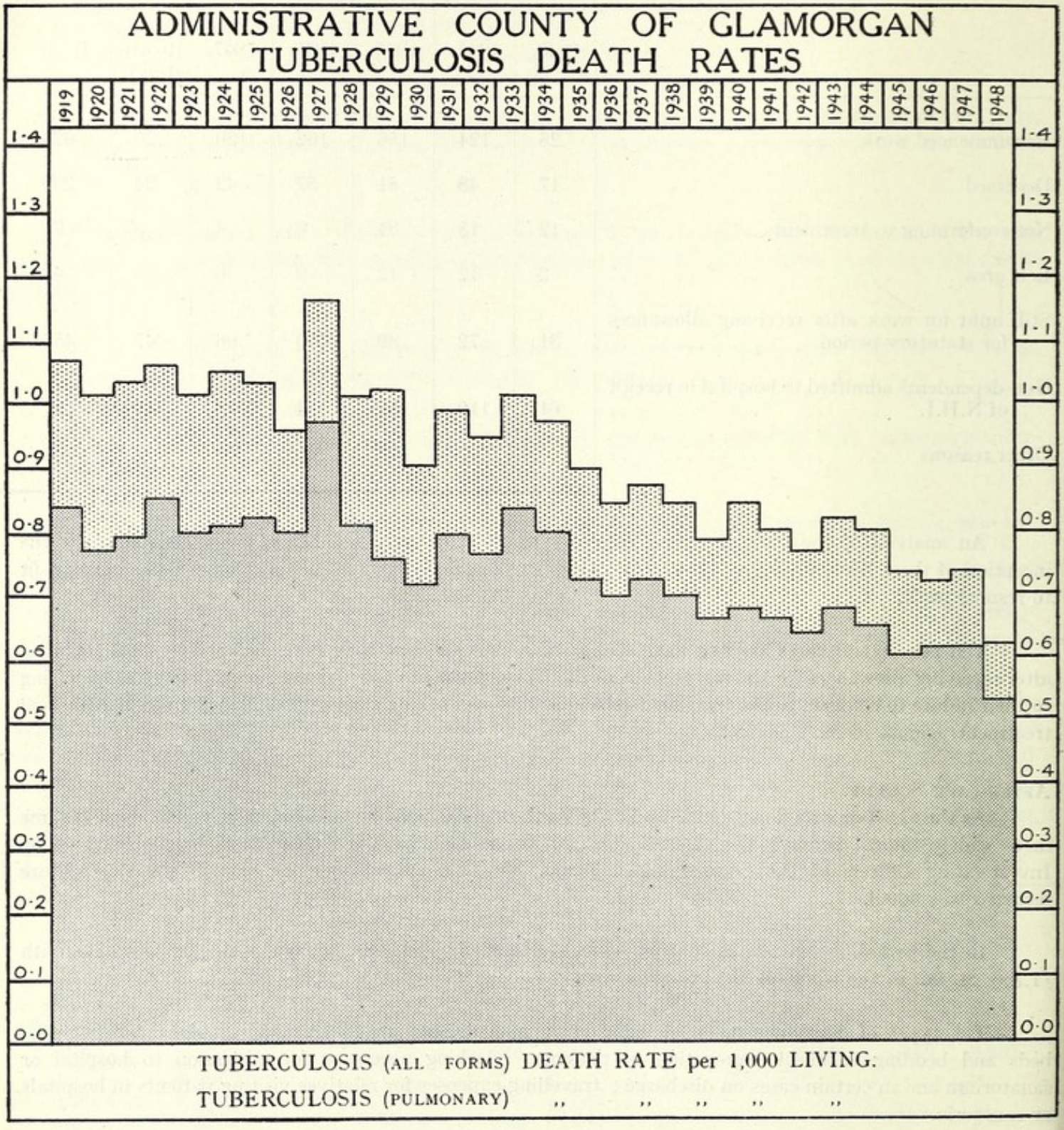
After-care Scheme.

As the assistance made available under the Authority's scheme for sufferers from tuberculosis became more widely known through the dissemination of information by the Tuberculosis Physicians and by Investigating Officers of the Council under Memo. 266/T. a considerable increase in the expenditure incurred was noted.

In the period of six months to July, 1948, the sum of £1,412 8s. 9d. was spent, as compared with £1,766 8s. 0d. in the whole of the previous year.

The types of assistance given included extra nourishment for tuberculous persons and contacts ; beds and bedding to effect segregation of patients ; clothing necessary for admission to hospital or sanatorium and in certain cases on discharge ; travelling expenses for relatives visiting patients in hospitals or sanatoria.

As from 5th July Local Authorities were no longer able to make cash payments to tuberculous persons and any assistance given is that which may be provided under Section 28 of Part III of the National Health Service Act, 1946, which deals with "Care and After-care."


ADMINISTRATIVE COUNTY OF GLAMORGAN
TUBERCULOSIS DEATH RATES
1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948
1·4 1·3 1·2 1·1 1·0 0·9 0·8 0·7 0·6 0·5 0·4 0·3 0·2 0·1 0·0
TUBERCULOSIS (ALL FORMS) DEATH RATE per 1,000 LIVING.
TUBERCULOSIS (PULMONARY) ,, ,, ,, ,, ,,

The Council's scheme under this section includes the items mentioned above with the exception of travelling expenses. It also provides for assisting tuberculous families to obtain suitable housing accommodation, for making arrangements for the boarding out of children of infected parents, and for co-operation with the Ministry of Labour and National Service in relation to rehabilitation.

The scheme gives power to provide and maintain workshops, settlements, hostels, and night sanatoria and for joint appointments with the Regional Hospital Board of medical specialists at chest clinics and for co-operation between the Chest Physician and the Council's Health Visiting staff.

The extent of the provision of clothing, beds and bedding, and additional nourishment under the scheme is no doubt affected by the following decisions of the appropriate Authorities :—

The Welsh Regional Hospital Board have indicated that hospitals and sanatoria may hold a stock of indoor and outdoor clothing to be loaned to patients.

The National Assistance Board are prepared to consider applications from tuberculous persons within the scope of the National Assistance Act, 1948, for (*a*) beds and bedding for the purpose of effecting segregation of the patient ; (*b*) clothing on admission and discharge from hospital ; and (*c*) for extra nourishment.

Through arrangements made by the Ministry of Food on presentation of a medical certificate at the Local Food Office tuberculous persons may obtain additional eggs, butter or margarine, and cooking fats.

MATERNAL MORTALITY.

PUERPERAL SEPSIS.

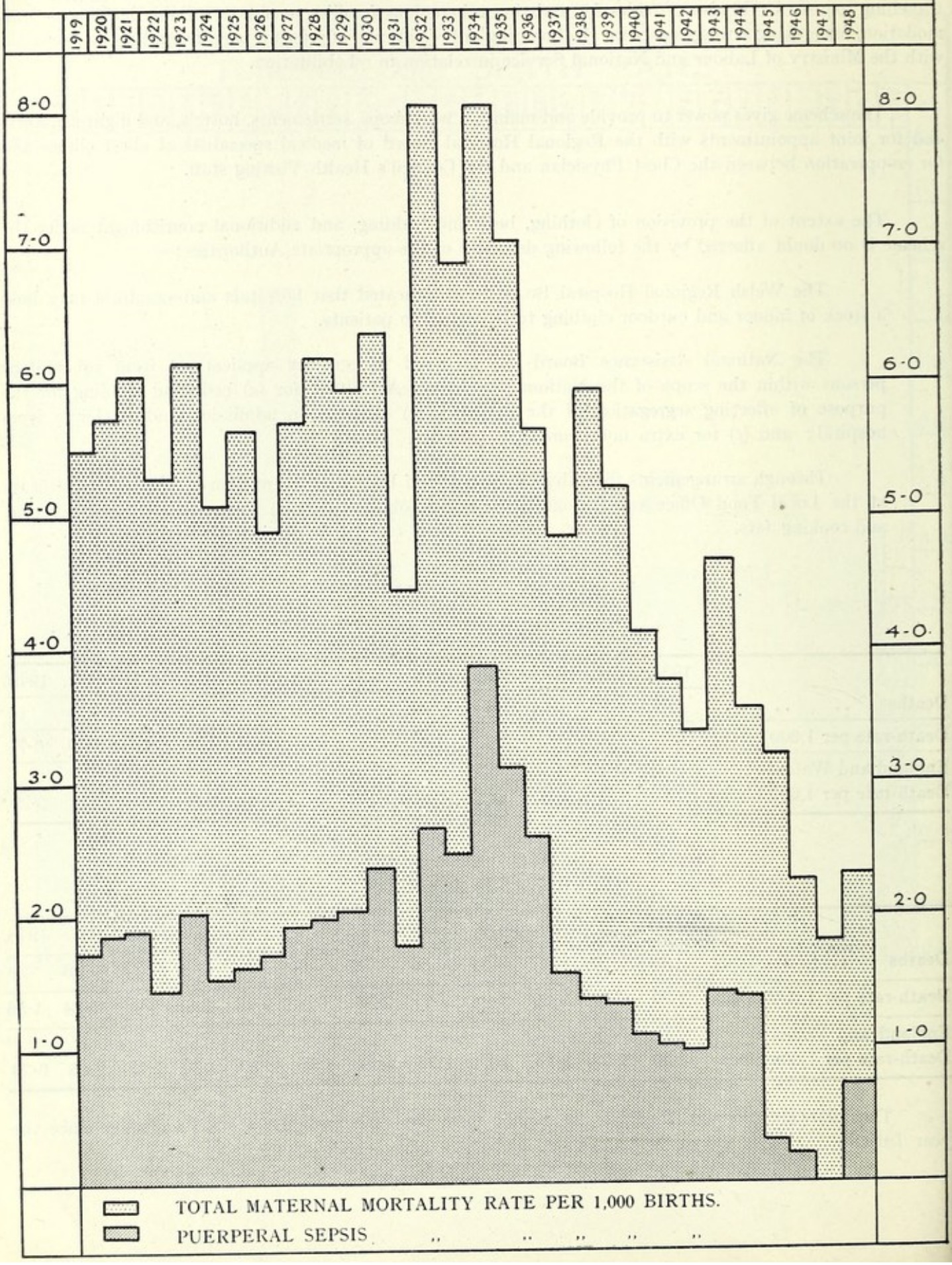
	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Deaths	17	15	15	14	14	14	19	20	5	4	—	10
Death-rate per 1,000 births	1·55	1·37	1·35	1·13	1·05	1·03	1·43	1·41	0·38	0·28	0·00	0·71
England and Wales—												
Death-rate per 1,000 births	0·97	0·89	0·77	0·52	0·48	0·42	0·73	0·59	0·49	0·31	0·32	0·29

OTHER MATERNAL CAUSES.

	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Deaths	36	50	43	37	36	32	43	31	37	29	28	20
Death-rate per 1,000 births	3·29	4·58	3·86	2·98	2·71	2·36	3·24	2·18	2·83	2·03	1·84	1·56
England and Wales—												
Death-rate per 1,000 births	2·26	2·19	2·16	1·64	1·75	1·59	1·56	1·34	1·30	1·12	0·85	0·73

The following diagram illustrates in graphic form the variations in maternal mortality since the year 1919 :—

ADMINISTRATIVE COUNTY OF GLAMORGAN
MATERNAL MORTALITY



CANCER.

The crude death rates per 1,000 population of persons dying from cancer in the administrative County and in England and Wales are as follows :—

Year.	*Glamorgan.*	*England and Wales.*
1945 ..	1·73 ..	1·93
1946 ..	1·68 ..	1·85
1947 ..	1·60 ..	1·85
1948 ..	1·69 ..	1·86

The following table gives a record of the number of males and females in the administrative County who died from cancer during the last twelve years :—

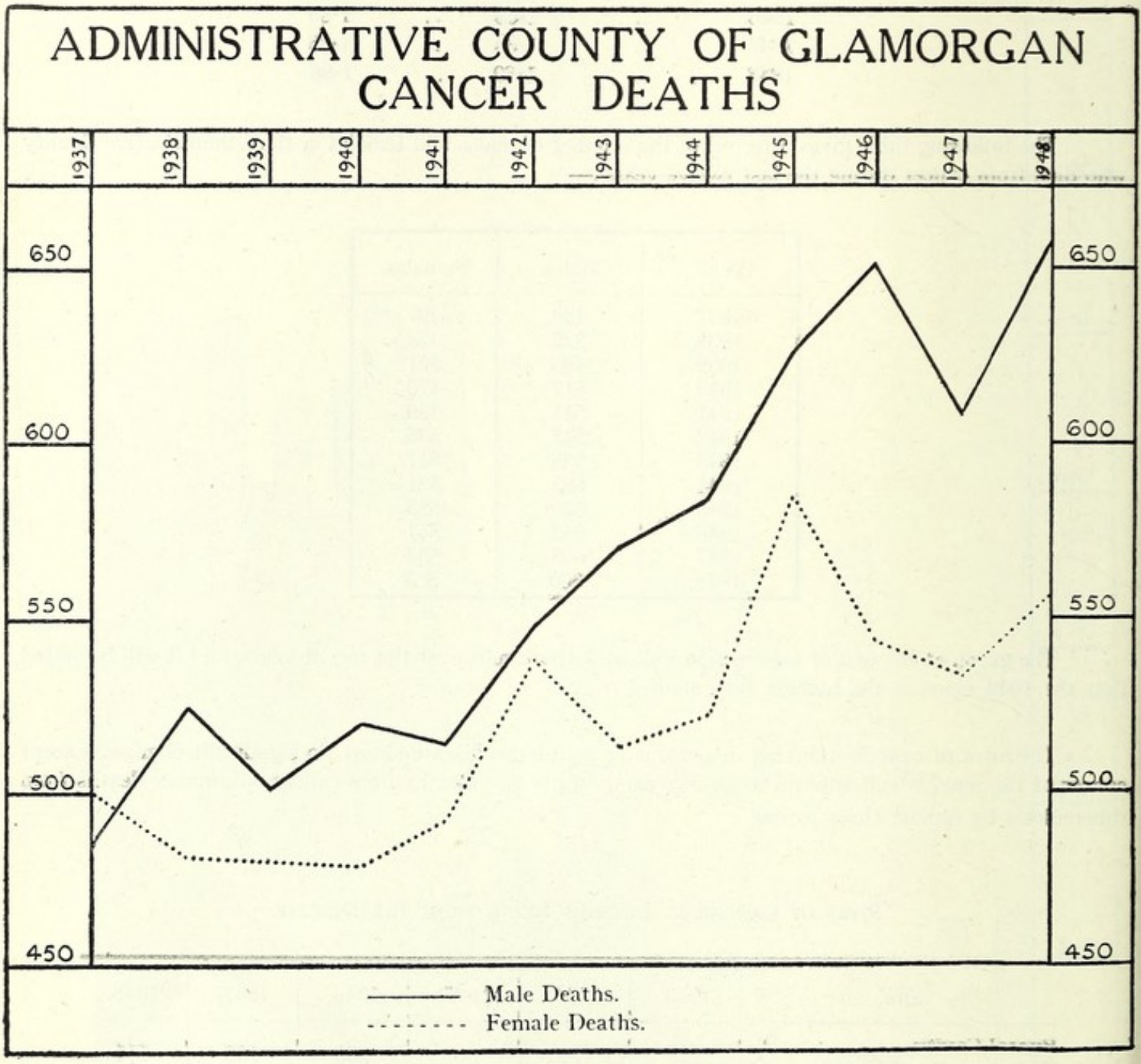
Year.	Males.	Females.
1937	480	497
1938	522	478
1939	498	501
1940	517	476
1941	511	489
1942	545	535
1943	569	511
1944	583	521
1945	626	583
1946	653	541
1947	605	534
1948	660	566

The graph at the end of this section indicates the trends over the recent years, and it will be noted that the 1948 figure is the highest yet recorded.

The sites of cancer occurring in persons dying of the disease shows no significant changes, except cancer of the lung, which appears to be increasing in males. Deaths from cancer outnumber deaths from tuberculosis by almost three to one.

SITES OF CANCER IN PERSONS DYING FROM THE DISEASE.

Site.	1943.	1944.	1945.	1946.	1947.	1948.
Buccal Cavity, Oesophagus and Uterus	123	136	140	126	106	111
Stomach and Duodenum ..	295	277	281	295	284	275
Breast	90	88	97	99	107	97
Other Sites	572	603	691	674	642	743
Total	1,080	1,104	1,209	1,194	1,139	1,226


ADMINISTRATIVE COUNTY OF GLAMORGAN
CANCER DEATHS
1937
1938
1939
1940
1941
1942
1943
1944
1945
1946
1947
1948
650
600
550
500
450
Male Deaths.
Female Deaths.

SANITARY CIRCUMSTANCES OF THE AREA.

Prevention of Pollution of Rivers and Streams.

Regular sampling of the larger rivers in the County is carried out by the County Sanitary Inspectors, who follow up any complaint brought to notice, and also, when necessary, visit works which may be discharging unsatisfactory effluents with a view to bringing about improvements.

Complete hydrographical surveys of the rivers have been commenced with the object of obtaining as full information as possible for the Rivers Boards when they take over. The survey for the Llwchwr, Ogmore, Neath, and Taff rivers has been completed, and evidence of marked increases in bio-chemical oxygen demand and gross pollution occurring from the discharge of industrial waste and crude sewage is found in some places. An approach is made to the undertakings concerned, who usually agree to take such steps as practicable to improve the position which, owing to the difficulties and complications encountered if legal action is taken, is a better method of tackling the problem.

The large amounts of suspended matter, mainly fine coal in suspension carried down the rivers from the mining areas, is a cause for complaint in several instances. One colliery washery takes almost the whole flow of the river for washing purposes and discharges the water back into the river, so that from being a clean unpolluted stream above the colliery, it emerges blackened and unsightly. It must be said that the small coal is extracted, as far as possible, from the water by sedimentation prior to discharge, but all steps must be taken to bring about improvement where gross pollution occurs.

The local officers of the National Coal Board have been approached, and expressed their willingness to co-operate.

The question of sewage pollution is also of serious concern, as many of the purification works are overloaded and in a state of disrepair. The Water and Sewage Act, 1944, is a welcome contribution towards the installation of sewerage schemes which, in many cases, relieve the pressure in existing works and a better standard of purification can be expected.

Water carriage systems, incorporating trunk sewers to sea outfalls, are probably the most satisfactory solution to the problem, but the present circumstances and costs prevent such schemes from coming into operation.

(*a*) *Visits of inspection.*

The visits paid during the year were as follows:—

Sewage disposal works	172
River water samples	34
Total	206

(*b*) *Analysis of samples.*

Sewage effluents 172

Character of Crude Sewage.	Character of Effluent after Purification.		
	Efficient.	Fairly Efficient.	Inefficient.
Strong	4	2	11
Moderate	22	8	19
Weak	78	16	12

The results of all effluent analyses are reported to the district medical officers of health concerned.

SAMPLING AND VISITS IN RELATION TO MILK PRODUCTION.

Visits made to Tuberculin-tested farms	665
Visits made to Accredited farms	1,097
Total number of milk samples taken	531
Samples of milk taken under Regulation 55G	150

WATER SUPPLIES.

Bacteriological examinations on behalf of district councils and County Council during period 1st January to 30th September, 1948	1,280
Chemical examinations on behalf of district councils and County Council	746

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF GLAMORGAN DURING THE YEAR 1948.

Causes of Death.	0–1 year		1–5 years		5–15 years		15–45 years		45–65 years		65 years and upward		All ages		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
Cerebro-Spinal Fever	—	—	1	—	—	—	—	1	1	—	—	—	2	1	3
Scarlet Fever	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Whooping Cough	3	6	3	5	—	—	—	—	—	—	—	—	6	11	17
Diphtheria	—	—	2	—	—	—	—	—	—	—	—	—	2	—	2
Tuberculosis of respiratory system	1	1	1	1	3	7	107	139	75	25	21	12	208	185	393
Other Forms of Tuberculosis	3	1	12	7	4	2	13	10	5	3	1	—	38	23	61
Syphilitic Diseases	—	—	—	—	—	—	5	1	9	3	6	1	20	5	25
Influenza	5	1	—	—	1	—	—	2	9	3	10	5	25	11	36
Measles	2	2	—	1	—	1	—	—	—	—	—	—	2	4	6
Ac. Polio-myel. and Polio-enceph.	—	—	—	2	1	—	2	—	—	—	—	—	3	2	5
Acute Inf. Encephalitis	—	—	1	—	—	—	1	1	—	—	—	1	2	2	4
Cancer of Buc. Cav. and Oesoph (M) Uterus (F)	—	—	—	—	—	—	2	6	15	37	32	19	49	62	111
Cancer of Stomach and Duodenum	—	—	—	—	—	—	13	3	65	31	84	79	162	113	275
Cancer of Breast	—	—	—	—	—	—	—	12	1	47	1	36	2	95	97
Cancer of all other sites	1	—	4	2	2	2	29	17	182	126	229	149	447	296	743
Diabetes	—	—	—	—	—	—	1	2	3	19	12	21	16	42	58
Intra-Cranial Vascular Lesions	1	—	—	—	—	—	11	9	93	109	316	332	421	450	871
Heart Disease	—	—	1	—	3	4	62	64	377	193	800	746	1,243	1,007	2,250
Other Diseases of Circ. System	—	—	—	1	—	—	6	2	34	23	113	107	153	133	286
Bronchitis	17	8	2	1	—	—	9	7	123	27	245	112	396	155	551
Pneumonia	54	34	5	6	—	—	14	7	40	20	48	30	161	97	258
Other Respiratory Diseases	—	1	2	1	2	—	17	2	122	10	88	15	231	29	260
Ulcer of Stomach or Duodenum	—	—	—	—	—	—	5	1	35	6	16	7	56	14	70
Diarrhoea, under two years	13	16	1	—	—	—	—	—	—	—	—	—	14	16	30
Appendicitis	—	—	—	1	4	—	7	6	5	1	4	4	20	12	32
Other Digestive Diseases	5	3	5	3	1	2	7	7	26	18	30	41	74	74	148
Nephritis	—	—	—	—	2	2	21	17	48	27	65	54	136	100	236
Puerperal and Post-Abort: Sepsis	—	—	—	—	—	—	—	10	—	—	—	—	—	10	10
Other Maternal Causes	—	—	—	—	—	—	—	21	—	1	—	—	—	22	22
Premature Birth	96	61	—	—	—	—	—	—	—	—	—	—	96	61	157
Con. Mal. Birth Inj. Infant Dis.	97	68	4	3	3	—	3	4	2	2	2	—	111	77	188
Suicide	—	—	—	—	—	—	11	4	17	12	13	5	41	21	62
Road Traffic Accidents	—	—	5	1	11	4	18	4	3	3	4	3	41	15	56
Other Violent Causes	10	11	12	3	10	1	61	10	55	4	27	44	175	73	248
All Other Causes	23	16	13	8	12	4	33	51	68	78	261	258	410	415	823
All Causes	331	229	74	46	59	29	460	421	1,413	828	2,428	2,081	4,765	3,634	8,399

GLAMORGAN COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946—PART III.

DIVISIONAL HEALTH ADMINISTRATION SCHEME, 1948.

WHEREAS :—

(i) Under and by virtue of the provisions of Section 19 of the National Health Service Act, 1946 (hereinafter referred to as "the Act") the Council of the Administrative County of Glamorgan is the Local Health Authority for the area of the Administrative County for the purposes of Part III of the Act as from the 5th July, 1948.

(ii) Under and by virtue of the provisions of Sub-section (3) of Section 19 of the Act and of Part II of the Fourth Schedule to the Act the said Council, as the Local Health Authority, has established a Health Committee and has authorised such Health Committee, subject to certain conditions, to exercise on behalf of the Council its functions as a Local Health Authority, save and except certain functions, including the power to borrow money or to levy or issue a precept for a rate.

(iii) Under and by virtue of the provisions referred to in paragraph (ii) above and of all other powers them enabling, the said Health Committee has decided (*a*) to establish the Sub-Committees hereinafter mentioned ; (*b*) to constitute such Sub-Committees in the manner hereinafter mentioned ; and (*c*) to authorise such Sub-Committees to exercise on behalf of the Health Committee such of its functions as are hereinafter mentioned.

NOW THEREFORE the said Health Committee hereby makes the following Scheme :—

TITLE.

1. This Scheme may be cited as "The Glamorgan Divisional Health Administration Scheme, 1948" and shall come into operation as soon as possible after the Fifth day of July, 1948, on such day or days as shall be appointed by the Health Committee and different days may be appointed for bringing the Scheme into operation in the various Divisions hereinafter mentioned.

INTERPRETATION.

2. (*a*) In this Scheme, unless the subject or context otherwise requires :—

"The Act" means the National Health Service Act, 1946, and the expressions herein contained shall have the meanings assigned to them by Section 79 of the Act.

"The Local Health Authority" means the Glamorgan County Council and includes any Standing Committee of the County Council or any Sub-Committee thereof to which a particular function under or relating to the Act of 1946, or otherwise affecting this Scheme, has been delegated by the Local Health Authority.

"Health Committee" means the Health Committee appointed by the Local Health Authority under Section 19 and Part II of the Fourth Schedule to the Act.

"Annual Meeting of the Health Committee" means the meeting of the Health Committee at which the annual appointment of Sub-Committees is made.

(*b*) The Interpretation Act, 1889, shall apply to this Scheme as it applies to the interpretation of an Act of Parliament.

ESTABLISHMENT OF DIVISIONAL SUB-COMMITTEES (later referred to as Divisional Health Committees).

Partitioning of County.

3. The area of the Administrative County of Glamorgan shall be partitioned into the Divisions named in column 1 of the First Schedule hereto and each Division shall consist of the County Districts or parts thereof specified in column 2 of the said First Schedule.

Constitution of Divisional Committees.

4. (i) There shall be constituted for each Division specified in column 1 of the said First Schedule a Sub-Committee of the Health Committee (which Sub-Committee is hereinafter called "the Divisional Health Committee") consisting of the number of persons specified in column 5 of the said First Schedule.

Appointment of members.

(ii) The Council of each County District or part thereof included in a Division shall appoint as members of the Divisional Health Committee the number of persons being members of the Appointing Council shown in column 3 of the said First Schedule.

(iii) The Health Committee shall appoint as members of each Divisional Health Committee the number of persons shewn in column 4 of the said First Schedule.

(iv) The persons appointed by the Health Committee as members of each Divisional Health Committee shall include all the members of the Local Health Authority representing, or residing in, the Division. The remaining persons to be appointed by the Health Committee as members of each Divisional Health Committee (hereinafter referred to in Article 6 (*a*) hereof as "the added members") shall be persons who have experience of the Health Service and are acquainted with the needs of the Division.

First appointment of members.

5. The first members of the Divisional Health Committees shall be appointed as soon as possible after the date of this Scheme and, subject to the provisions of this Scheme, shall hold office up to and including the day of the next following annual meeting of the Health Committee.

Subsequent appointments and term of office of members.

6. (*a*) The appointment by the Health Committee of persons as members of the Divisional Health Committees, other than the persons appointed either as first members or to fill casual vacancies, shall be made at the annual meeting of the Health Committee or, in the case of the added members, as soon as possible thereafter, and such persons shall come into office on the day following their appointment as aforesaid.

(*b*) The appointment by a County District Council of persons as members of a Divisional Health Committee, other than the persons appointed either as first members or to fill casual vacancies, shall be made at a meeting of the County District Council which shall be held at least fourteen days before the appointed day of the annual meeting of the Health Committee and such persons shall come into office on the day following the said annual meeting.

(*c*) Subject to the provisions of this Scheme, each person appointed as a member of a Divisional Health Committee in pursuance of the provisions of paragraphs (*a*) and (*b*) of this Article shall hold office up to and including the day of the Annual Meeting of the Health Committee next following the day upon which he came into office as aforesaid.

Casual vacancies.

7. (*a*) Casual vacancies shall be filled as early as convenient by the body entitled to make the appointment provided that a casual vacancy occurring within three months of the date upon which the member, whose office is vacant, would have ceased to be a member, need not be filled.

(*b*) The person appointed to fill a casual vacancy shall hold office only for the remainder of the term of office of the outgoing member and subject otherwise to the same provisions as regulated the appointment of that member.

Vacation of office.

8. (*a*) A person shall cease to be a member of a Divisional Health Committee and of any Sub-Committee thereof if, having been at the time of his appointment a member of the Appointing Body, he ceases to be a member of the Appointing Body.

(*b*) A member of a Divisional Health Committee may at any time resign his membership by written notice to the Clerk of the County Council and such resignation shall take effect from the date of receipt of such notice by the Clerk of the County Council or such later date as may be specified in the notice.

MEETINGS AND PROCEEDINGS OF DIVISIONAL HEALTH COMMITTEES.

9. The meetings and proceedings of each Divisional Health Committee and its Sub-Committees shall be conducted in accordance with the rules set out in the Second Schedule to this Scheme.

FUNCTIONS OF DIVISIONAL HEALTH COMMITTEES.

Authorised functions.

10. Subject to the provisions of the Act and of this Scheme, the Health Committee hereby authorises each Divisional Health Committee, in respect of the Division for which it is appointed, to exercise, on behalf of the Health Committee, the functions specified in the Third Schedule hereto (hereinafter referred to as "the authorised functions of the Divisional Health Committee").

CONDITIONS ATTACHING TO THE EXERCISE OF AUTHORISED FUNCTIONS.

11. The exercise by each Divisional Health Committee of the authorised functions of the Divisional Health Committee shall, without prejudice to the other conditions or provisions of this Scheme, be subject to the following conditions :—

(i) The Divisional Health Committee shall in all respects comply with the provisions, conditions, and requirements of the Act and of any regulations or directions made or given by the Minister of Health thereunder.

(ii) The Divisional Health Committee shall exercise its authorised functions in accordance with the general policy laid down from time to time by the Local Health Authority and shall comply with any directions which may be given to it by the Health Committee for the purpose of giving effect to the general policy of the Local Health Authority for the time being in force.

(iii) The Divisional Health Committee shall comply with any regulations or directions made or given by the Health Committee for the purpose of securing reasonable uniformity of administrative practice in all the Divisions.

(iv) The Divisional Health Committee shall comply with any regulations or directions made or given by the Health Committee relating to the obtaining of tenders and placing of orders, for the execution of works or the supply of goods, materials, furniture and equipment, the entering into contracts and the use of facilities provided by the Local Health Authority for central supplies, labour, and services.

(v) The Health Committee may at any time require the Divisional Health Committees to furnish such records and statistical and other information in connection with the authorised functions of the Divisional Health Committee as the Health Committee may determine.

(vi) The Divisional Health Committee shall prepare and submit to the Health Committee by such date in each year as shall be determined by the Health Committee an annual report on the work performed by the Divisional Health Committee.

(vii) The duly authorised officers of the Local Health Authority shall be entitled to inspect all records, premises, and services maintained by the Divisional Health Committee in pursuance of its authorised functions.

SUB-COMMITTEES OF DIVISIONAL HEALTH COMMITTEES.

Appointment and constitution of Sub-Committees.

12. (*a*) Each Divisional Health Committee shall establish the following Standing Sub-Committees, namely :

Name of Sub-Committee.	*Order of reference.*
Nursing Services Sub-Committee.	All matters within the authorised functions of the Divisional Health Committee relating to— (1) Midwifery. (2) Care of Mothers and Young Children. (3) Home Nursing. (4) Domestic Help. (5) Prevention of illness, care and after-care, and health education.
General Health Services Sub-Committee.	All matters within the authorised functions of the Divisional Health Committee relating to— (1) Health Centres. (2) Vaccination and immunisation. (3) Miscellaneous health services not referred to the Nursing Services Sub-Committee.

(*b*) Each of the said Sub-Committees established under sub-paragraph (*a*) hereof shall be constituted in such manner as may be determined by the Divisional Health Committee provided that at least a majority of each Sub-Committee shall be members of the Divisional Health Committee.

(*c*) Each of the said Sub-Committees established under sub-paragraph (*a*) hereof shall consider and report to the Divisional Health Committee on all matters contained in the Sub-Committee's order of reference as set out above, and the Divisional Health Committee, before exercising its authorised functions in relation to such matters, shall consider a report of the appropriate Sub-Committee with respect thereto provided that the Divisional Health Committee may dispense with such a report if, in its opinion, the matter is urgent.

STAFFING. APPOINTMENTS, DISMISSALS, ETC.

13. The staff of each Divisional Health Committee shall consist of such officers, including a Divisional Medical Officer, as the Health Committee considers necessary to enable the Divisional Health Committee to execute its authorised functions, and the following provisions shall apply in relation to the appointment, suspension, and dismissal of such staff :—

General Powers of Health Committee.

(i) The Health Committee shall determine the following matters, namely, the establishment, qualifications, scales of salary or rates of wages, terms of appointment and conditions of service of such staff, and the procedure for the transfer and promotion of such staff and for the dismissal of, and appeal by, such staff and each Divisional Health Committee, in the exercise of its powers under the provisions of this Article, shall comply with directions of the Health Committee for the time being in force relating to the matters aforesaid.

Initial appointments of existing officers.

(ii) The Health Committee may, on or before the thirtieth day of September, 1948, appoint to the staff of a Divisional Health Committee any of the existing officers of the Local Health Authority (including any officer transferred to it under the provisions of the Act) having the necessary qualifications and experience for the appointment.

Appointment of Domestic Helps, Caretakers, and Cleaners.

(iii) Subject to the provisions of paragraphs (i) and (ii) of this Article, each Divisional Health Committee shall be authorised to appoint to the service of the Local Health Authority the following categories of staff, namely, Domestic Helps, Caretakers, and Cleaners.

Appointment of Administrative and Clerical staffs.

(iv) The Health Committee shall from time to time appoint, in the manner provided by the Scheme for the time being in force relating to the promotion of the Administrative and Clerical staffs of the Local Health Authority, such administrative and clerical assistants as may be necessary to enable a Divisional Health Committee to execute its authorised functions.

Appointment of Midwives and Home Nurses.

(v) The County Medical Officer of Health shall be authorised to appoint the following categories of staffs of each Divisional Health Committee, namely, Midwives and Home Nurses, and to effect from time to time the transfer of such officers from one division to another if, in his view, such a transfer is necessary to secure that the number of such officers in each division is adequate for the needs of the area. All appointments and transfers made by the County Medical Officer of Health under the provisions of this paragraph shall be subject to confirmation by the Health Committee.

Appointment of other Professional and Technical Officers.

(vi) Subject to the provisions of paragraphs (i) and (ii) of this Article, the appointments of all other professional and technical officers to the staff of each Divisional Health Committee, including, in particular, Medical Officers, Dental Surgeons, Senior Health Visitors, Health Visitors and Divisional Supervisors of Midwives, Home Nurses and Domestic Helps, shall be made by a Sub-Committee (hereinafter called "the Appointments Sub-Committee") of the Health Committee constituted in the following manner, namely :—

8 ex-officio members, namely, the Chairman and Vice-Chairman of the Local Health Authority, the Chairman and Vice-Chairman of the Health Committee, the Chairman and Vice-Chairman of the County Education Committee, and the Chairman and Vice-Chairman of the Medical and Special Services Sub-Committee of the County Education Committee.

18 members of the Health Committee to be appointed as follows, namely, two members from each of the said Divisions, being representatives of, or resident in, any part of the area of the Division for which they are appointed as members of the Appointments Sub-Committee.

9 persons nominated by the Divisional Health Committees, each Divisional Health Committee being entitled to nominate one of its members as a member of the Appointments Sub-Committee.

Suspension or dismissal of staffs.

(vii) Subject to the right of the Health Committee to suspend or dismiss any member of the staff of a Divisional Health Committee, the Divisional Health Committee shall be entitled (*a*) to suspend or dismiss any member of the following categories of staff, namely, Domestic Helps, Caretakers, and Cleaners provided that any member who is so suspended or dismissed by a Divisional Health Committee may appeal against his suspension or dismissal to the Health Committee, and (*b*) to recommend to the Health Committee the suspension or dismissal of any member of the Administrative, Professional, Technical or Clerical staffs of the Divisional Health Committee.

(viii) Where a member of the staff of a Divisional Health Committee can only be dismissed by the Health Committee or any such member has a right of appeal to the Health Committee against a decision in respect of his dismissal, the procedure shall be regulated by the Standing Orders or regulations of the Local Health Authority.

FINANCE.

Financial arrangements for each Division other than the Rhondda Division.

14. The following provisions shall apply in relation to the exercise by each Divisional Health Committee, other than the Rhondda Divisional Health Committee, of its authorised functions, namely :—

(i) A Divisional Health Committee shall prepare in such form as may be prescribed by the Health Committee an annual estimate of the cost of administering its authorised functions, and shall submit such estimate to the Health Committee not later than the first day of December in each year.

(ii) The estimates shall cover a period of one year beginning on the first day of the ensuing month of April in each year.

(iii) The annual estimate of a Divisional Health Committee as approved, with or without modification, by the Health Committee and as amended or modified by any supplemental estimate submitted and approved under paragraph (iv) of this Article shall regulate and limit the amount of expenditure under each heading which may be incurred respectively by the Divisional Health Committee during the year to which such estimate relates.

(iv) A Divisional Health Committee may promote supplemental estimates or make other recommendations to cover the cost of urgent or unforeseen matters not comprised in the annual estimate for consideration and approval in like manner as that laid down for annual estimates.

(v) A Divisional Health Committee shall maintain such primary records, including inventories and stock books relating to its financial transactions, both income and expenditure, as may be required, and in such form as may be prescribed, by the Health Committee. All other financial records of a Divisional Health Committee and all costing records shall be prepared by the County Treasurer, who shall also be responsible for the submission of all financial returns to the Minister of Health.

(vi) A Divisional Health Committee shall be responsible for the submission and certification, in such manner and at such times as may be determined by the Health Committee of salary and wages sheets for the staffs engaged exclusively under the supervision and direction of the Divisional Health Committee.

(vii) A Divisional Health Committee shall pay accounts of a minor nature under and in accordance with arrangements made by the Health Committee but, subject as aforesaid, all accounts for payment arising out of the exercise of its authorised functions shall, after certification, be forwarded to the Health Committee at such times as may be determined by the Health Committee.

(viii) A Divisional Health Committee shall notify the Health Committee of all monies due to the Local Health Authority arising out of the exercise by the Divisional Committee of its authorised functions and the Health Committee shall be responsible for the collection of such monies.

(ix) The County Treasurer shall be the adviser of each Divisional Health Committee on financial matters arising in connection with the discharge of its authorised functions.

Financial arrangements for the Rhondda Division.

15. The following provisions shall apply in relation to the exercise by the Rhondda Divisional Health Committee of its authorised functions, namely :—

(i) The Divisional Health Committee shall prepare in such form as may be prescribed by the Health Committee an annual estimate of the cost of administering the authorised functions and shall submit such estimate to the Health Committee not later than the first day of December in each year.

(ii) The estimates shall cover a period of one year beginning on the first day of the ensuing month of April in each year.

(iii) The annual estimate of the Divisional Health Committee as approved, with or without modification, by the Health Committee and as amended or modified by any supplemental estimate submitted and approved under paragraph (iv) of this Article shall regulate and limit the amount of expenditure under each heading which may be incurred respectively by the Divisional Health Committee during the year to which such estimate relates.

(iv) The Divisional Health Committee may promote supplemental estimates or make other recommendations to cover the cost of urgent or unforeseen matters not comprised in the annual estimate for consideration and approval in like manner as that laid down for annual estimates.

(v) The Divisional Health Committee shall pay all items of expenditure which they are authorised to incur, with the exception of—

(*a*) remuneration of officers in the service of the Local Health Authority ;
(*b*) payments on Capital Account ;
(*c*) insurance premiums ; and
(*d*) any other items of expenditure agreed between the Divisional Health Committee and the Health Committee.

(vi) Such monthly advances shall be made to the Divisional Health Committee by the Health Committee as will ensure that sufficient funds are in the hands of the Divisional Health Committee to meet the sums to be paid as aforesaid.

(vii) The Divisional Health Committee shall submit to the Health Committee for approval from time to time statements of income and expenditure on Revenue Account and of receipts and payments on Capital Account, including in particular—

(*a*) a provisional statement in such form as may be prescribed by the Health Committee, for the half-year ending on the thirtieth day of September in each year, to be submitted to the Health Committee as soon as may be practicable after that date ; and

(*b*) a final statement for the financial year, in such form as may be prescribed by the Health Committee, to be submitted to the Health Committee as soon as may be practicable after the close of the financial year.

Any balance shown by the statement referred to in sub-paragraph (*b*) of this paragraph to be payable to the Divisional Health Committee shall be paid by the Health Committee as soon as may be reasonably practicable after the receipt of the statement by the Health Committee and any balance shown as aforesaid to have been overpaid by the Health Committee to the Divisional Health Committee may be deducted from any advance to be paid by the Health Committee under paragraph (vi) of this Article.

(viii) Separate accounts in such form as to comply with the requirements of the Health Committee and to furnish the information to be returned to the Minister of Health shall be kept by the Divisional Health Committee of financial transactions under this Scheme, and these, together with all supporting books, vouchers, records and returns, shall be open to inspection by the County Treasurer or his authorised representative. Such accounts shall be audited as part of, and shall be incorporated in, the accounts of the County Council as Local Health Authority.

SAVING OF POWERS OF HEALTH COMMITTEE.

Specialist Officers.

16. Notwithstanding anything in this Scheme—

(*a*) The Health Committee may (i) engage the services of specialists and medical and dental practitioners employed on a part-time or sessional basis and (ii) appoint all officers whose duties will not be restricted to the area of one Division and allocate the services of any such officer for part-time duty in connection with the discharge by each Divisional Health Committee of its authorised functions.

Legal Adviser.

(*b*) The Clerk of the County Council shall be the adviser of each Divisional Health Committee on legal matters arising in connection with the discharge of its authorised functions.

Utilisation of services of Officers of County District Councils.

(*c*) The Health Committee may enter into an agreement with each of the County District Councils specified in the said First Schedule for the utilisation, in a part-time capacity, of the services of any officers of the County District Council in connection with the authorised functions of the Divisional Health Committee.

Appointments made in advance of Scheme.

(*d*) Any appointment to the staff of a Divisional Health Committee made by the Health Committee in advance of the date of the operation of this Scheme shall be deemed, as from the said date, to have been made in accordance with the provisions of this Scheme and shall take effect accordingly.

Transitional provisions.

(*e*) Until such time as the Appointments Sub-Committee has been constituted in the manner provided by paragraph (vi) of Article 13 of this Scheme, the Health Committee may make the appointment of any of the officers specified in the said paragraph.

(*f*) Until the date of the first meeting of each Divisional Health Committee, the Health Committee may itself exercise in respect of the area of each Division, such of the authorised functions of the Divisional Health Committee as it considers expedient for the efficient discharge of its functions under the Act.

VARIATION AND REVOCATION OF SCHEME.

17. Subject to compliance with the Standing Orders governing its proceedings, the Health Committee may by resolution revoke this Scheme at any time or vary any of its provisions from time to time.

THE FIRST SCHEDULE.

Name of Division.	*Area of Division.*	*County District Representatives.*	*Health Committee's Representatives.*	*Total Membership of Divisional Health Committee.*
(1)	(2)	(3)	(4)	(5)
Aberdare and Mountain Ash	Aberdare Urban District	5	13	22
	Mountain Ash Urban District, excluding the township of Ynysybwl	4		
Mid-Glamorgan	Porthcawl Urban District	1	13	22
	Penybont Rural District	3		
	Bridgend Urban District	1		
	Maesteg Urban District	2		
	Ogmore and Garw Urban District, excluding that part of the Parish of Llandyfodwg comprising the district of Abercerdin	2		
Caerphilly and Gelligaer	Caerphilly Urban District	4	13	22
	Gelligaer Urban District	4		
	In Cardiff Rural District, the Parishes of Rudry, Van, and Rhydygwern	1		
Neath and District	Neath Municipal Borough	3	10	16
	Neath Rural District, excluding the Parishes of Baglan Higher and Michaelston Higher	3		
Pontypridd and Llantrisant	Pontypridd Urban District	5	14	24
	In the Mountain Ash Urban District, the township of Ynysybwl	1		
	In the Ogmore and Garw Urban District, that part of the Parish of Llandyfodwg comprising the district of Abercerdin	1		
	Llantrisant and Llantwit Fardre Rural District	3		
Port Talbot and Glyncorrwg	Port Talbot Municipal Borough	4	10	16
	Glyncorrwg Urban District	1		
	In the Neath Rural District, the Parishes of Baglan Higher and Michaelston Higher	1		
West Glamorgan	Llwchwr Urban District	3	13	22
	Pontardawe Rural District	4		
	Gower Rural District	2		
South-East Glamorgan	Barry Municipal Borough	4	15	25
	Cowbridge Municipal Borough	1		
	Cowbridge Rural District	1		
	Penarth Urban District	1		
	Cardiff Rural District, excluding the Parishes of Rudry, Van, and Rhydygwern	3		
Rhondda	Rhondda Urban District	11	19	30

THE SECOND SCHEDULE.

MEETINGS AND PROCEEDINGS OF DIVISIONAL HEALTH COMMITTEES.

1. The first meeting of each Divisional Health Committee shall be summoned by the Clerk of the County Council as soon as possible after the date of the operation of this Scheme in each Division, and that meeting shall be deemed to be the annual meeting of the Divisional Health Committee in the year nineteen hundred and forty-eight.

Annual Meeting.

2. Each Divisional Health Committee shall hold an annual meeting as soon as possible after the annual meeting of the Health Committee in the year nineteen hundred and forty-nine and in each subsequent year.

Other Meetings.

3. (i) Each Divisional Health Committee shall in every year hold at least five meetings in addition to its annual meeting.

(ii) The Chairman of a Divisional Health Committee may call a special meeting of the Committee at any time.

(iii) If the Chairman refuses to call a special meeting of the Divisional Health Committee after a requisition for that purpose, signed by five members of the Divisional Health Committee, has been presented to him, or it, without so refusing, the Chairman does not call a meeting within seven days after such requisition has been presented to him, any five members of the Divisional Health Committee, on that refusal or on the expiration of seven days, as the case may be, may forthwith call a meeting of the Divisional Health Committee.

Places of Meetings.

4. Each Divisional Health Committee may decide the place or places (either within or without its Division) in which its meetings, other than the first meeting, shall be held.

Convening Meetings.

5. Three clear days at least before a meeting of a Divisional Health Committee :—

(i) Notice ot the time and place of the intended meeting shall, except in the case of the first meeting, be published at the office of the Divisional Medical Officer, and where the meeting is called by members of the Divisional Health Committee, the notice shall be signed by those members and shall specify the business proposed to be transacted thereat ; and

(ii) A summons to attend the meeting specifying the business proposed to be transacted thereat and signed by the Divisional Medical Officer (or in the case of the first meeting aforesaid by the Clerk of the County Council) shall be left at or sent by post to the usual place of residence of every member of the Divisional Health Committee.

(iii) Notice of all meetings of a Divisional Health Committee or of a Sub-Committee thereof shall be sent to the County Medical Officer of Health and he and any other Chief Officer of the Local Health Authority or their respective representatives may attend any meeting in an advisory capacity, but shall not vote thereat.

Chairman and Vice-Chairman.

6. At the first meeting, on a vacancy arising and at each annual meeting of a Divisional Health Committee, the Divisional Health Committee shall appoint from its own members :—

(i) A Chairman, who shall, unless he resigns or ceases to be qualified or becomes disqualified, continue in office until his successor becomes entitled to act as Chairman.

(ii) A Vice-Chairman, who shall, unless he resigns or ceases to be qualified or becomes disqualified, hold office until immediately after the election of a Chairman at the next annual meeting.

Quorum.

7. No business shall be transacted at a meeting of a Divisional Health Committee unless at least one-fourth of the whole number of members are present thereat.

Voting.

8. All acts of and all questions coming or arising before a Divisional Health Committee or its Sub-Committees shall be done and decided by a majority of the members present and voting thereon at the meeting. In the case of an equality of votes the person presiding at the meeting shall have a second or casting vote, whether or not he has exercised an original vote.

Record of Members present.

9. The names of the members present at a meeting of a Divisional Health Committee or of a Sub-Committee thereof shall be recorded.

Minutes.

10. (i) Minutes of the proceedings of a meeting of a Divisional Health Committee or of a Sub-Committee thereof shall be drawn up by the Divisional Medical Officer and entered by him in a book kept for that purpose and shall be signed at the same or next ensuing meeting of the Divisional Health Committee or Sub-Committee, as the case may be, by the person presiding thereat.

(ii) All such minutes shall be available for inspection by the Local Health Authority, and the Divisional Health Committee through the Divisional Medical Officer shall supply to the Local Health Authority such number of copies of all such minutes as aforesaid as may be required.

Validity of Proceedings.

11. The proceedings of a Divisional Health Committee or of any Sub-Committee thereof shall not be invalidated by any vacancy in its number, or by any defect in the appointment or qualification of any member thereof, or by failure to summon a member or members to any meeting of the Divisional Health Committee or Sub-Committee thereof.

Admission of Press.

12. Representatives of the press shall be admitted to the meetings of a Divisional Health Committee except when, in view of the special nature of the business to be dealt with, they are excluded by specific resolution of the Divisional Health Committee.

THE THIRD SCHEDULE.

AUTHORISED FUNCTIONS OF EACH DIVISIONAL HEALTH COMMITTEE.

1. To carry out, in accordance with the proposals made by the Local Health Authority and approved by the Minister of Health under Section 20 of the Act :—

Care of Mothers and Young Children.

(*a*) The arrangements made under Section 22 of the Act for the care of mothers and young children.

Midwifery Service.

(*b*) The arrangements made under Section 23 of the Act to secure an adequate domiciliary midwifery service for the area.

Health Visiting.

(*c*) The provision made under Section 24 of the Act for the visiting of persons in their homes by health visitors.

Home Nursing.

(*d*) The provision made under Section 25 of the Act for securing the attendance of home nurses on persons who require nursing in their own homes.

Vaccination and Immunisation.

(*e*) The arrangements made under Section 26 of the Act in respect of vaccination and immunisation.

Prevention of Illness, Care and After-care.

(*f*) The arrangements made under Section 28 of the Act for the purpose of the prevention of illness, care, and after-care, except in so far as such arrangements relate to the care and after-care of persons suffering from mental illness or mental defectiveness.

Domestic Helps.

(*g*) The arrangements made under Section 29 of the Act for the provision of domestic help.

Health Centres.

2. (*a*) To make recommendations to the Health Committee with regard to the provision and siting of health centres to be established by the Local Health Authority in accordance with the provisions of Section 21 of the Act.

(*b*) To make recommendations as aforesaid regarding the maintenance, repair and improvement of any health centres established by the Local Health Authority as aforesaid, and

(*c*) To be responsible for the day-to-day administration of any health centres established by the Local Health Authority as aforesaid.

Health Education.

3. To carry out, in accordance with arrangements approved by the Health Committee, the powers conferred on the Local Health Authority by Section 179 of the Public Health Act, 1936, in regard to matters of health education.

Housing Surveys.

4. To assist the Health Committee, when so required, in the performance of any of the County Council's functions under the Housing Act, 1936.

Reports to Local Supervising Authority under Midwives Acts.

5. To report to the Health Committee any matter which requires action by the Local Health Authority in its capacity of Local Supervising Authority under the Midwives Acts, 1902 to 1936.

Review of Health Services.

6. At all times to keep under review the health services provided by the Local Health Authority for the Division and to make recommendations to the Health Committee for improving those services.

Functions assigned in future.

7. To exercise such other functions as may be assigned to the Divisional Health Committee from time to time by the Health Committee.

This Scheme was made by the Health Committee of the Glamorgan Local Health Authority at a meeting held on the fourth day of June, 1948.

1948.

NOTIFICATION OF INFECTIOUS DISEASES.

		Smallpox			Scarlet Fever			Diphtheria (Includes Mem. Croup)			Enteric Fever		Para-typhoid		Erysipelas		Pulmonary Tubercu'losis		Non-Pulmonary Tubercu'losis		Puerperal Pyrexia		Ophthalmia Neonatorum	Pneumonia		Measles		Whooping Cough		Encephalitis Lethargica	Dysentery	Cerebro-Spinal Fever	Malaria	Acute Poliomyelitis	Acute Polioencephalitis
		Cases	Rate	Hospital	Cases	Rate	Hospital	Cases	Rate	Hospital	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate per 1,000 Live Births		Cases	Rate	Cases	Rate	Cases	Rate						
Administrative County		—	—	—	2165	2·99	1588	88	0·12	88	9	0·012	4	0·006	132	0·18	916	1·26	228	0·31	32	2·33	23	703	0·97	3074	4·24	1423	1·96	—	45	24	2	30	2
Urban Districts		—	—	—	1596	3·00	1125	57	0·11	57	8	0·015	1	0·002	98	0·18	701	1·32	150	0·28	21	2·05	21	586	1·06	2364	4·44	1034	1·94	—	42	20	2	23	2
Rural Districts		—	—	—	569	2·94	463	31	0·16	31	1	0·005	3	0·016	34	0·18	215	1·10	78	0·40	11	3·19	2	137	0·71	710	3·67	389	2·01	—	3	4	—	7	—
Health Division.	Constituent Districts.																																	
Aberdare and Mountain Ash	Aberdare Urban	—	—	—	69	1·68	8	1	0·02	1	—	—	—	—	7	0·17	56	1·36	9	0·22	1	1·41	3	56	1·36	115	2·80	44	1·07	—	—	—	1	—	—
	Mountain Ash Urban	—	—	—	81	2·54	61	7	0·22	7	—	—	—	—	3	0·09	50	1·57	10	0·31	1	1·52	—	49	1·54	463	14·51	46	1·44	—	—	2	—	1	—
Caerphilly and Gelligaer	Caerphilly Urban	—	—	—	142	4·21	28	1	0·03	1	—	—	—	—	10	0·30	67	1·99	10	0·30	2	2·61	—	29	0·86	228	6·77	94	2·79	—	—	1	—	1	—
	Gelligaer Urban	—	—	—	103	2·86	25	—	—	—	—	—	—	—	8	0·22	43	1·19	12	0·33	1	1·27	4	15	0·42	106	2·94	85	2·36	—	—	2	—	—	—
Glamorgan	Bridgend Urban	—	—	—	52	4·07	38	2	0·16	2	3	0·24	—	—	—	—	13	1·02	7	0·55	—	—	—	2	0·16	4	0·31	1	0·08	—	—	1	—	1	—
	Maesteg Urban	—	—	—	110	4·79	69	14	0·61	14	—	—	—	—	8	0·35	31	1·35	11	0·48	—	—	1	23	1·00	74	3·22	25	1·09	—	—	2	—	—	—
	Ogmore and Garw Urban	—	—	—	76	3·35	76	—	—	—	2	0·09	—	—	3	0·13	35	1·54	9	0·40	—	—	—	59	2·60	244	10·74	105	4·62	—	2	3	1	1	—
	Porthcawl Urban	—	—	—	24	2·61	14	—	—	—	—	—	—	—	—	—	15	1·63	6	0·65	—	—	—	—	—	3	0·33	36	3·91	—	—	—	—	—	—
	Penybont Rural	—	—	—	65	1·91	42	3	0·09	3	1	0·03	—	—	5	0·15	32	0·94	22	0·65	3	4·71	—	7	0·21	31	0·91	29	0·85	—	—	—	—	2	—
Neath and District	Neath Borough	—	—	—	91	2·84	69	15	0·47	15	—	—	—	—	4	0·12	40	1·25	11	0·34	—	—	1	21	0·66	21	0·66	41	1·28	—	—	3	—	1	—
	Neath Rural	—	—	—	191	4·64	165	22	0·53	22	—	—	1	0·02	8	0·12	64	1·55	15	0·36	1	1·44	1	57	1·38	23	0·56	101	2·45	—	—	—	—	1	—
Llantrisant and Llantwit Fardre	Llantrisant and Llantwit Fardre Rural	—	—	—	88	3·57	72	1	0·04	1	—	—	—	—	8	0·32	20	0·81	8	0·32	1	1·87	1	14	0·57	290	11·76	20	0·81	—	—	1	—	—	—
	Pontypridd Urban	—	—	—	137	3·53	130	3	0·08	3	1	0·03	1	0·03	6	0·15	51	1·31	2	0·05	3	3·85	1	11	0·28	266	6·85	20	0·51	—	37	3	—	6	—
Talbot and Glyncorrwg	Glyncorrwg Urban	—	—	—	63	7·10	33	9	1·01	9	—	—	—	—	4	0·45	5	0·56	9	1·01	—	—	1	19	2·14	36	4·06	3	0·34	—	—	—	—	—	—
	Port Talbot Borough	—	—	—	134	3·13	126	5	0·12	5	—	—	—	—	1	0·02	79	1·84	12	0·28	2	2·44	2	6	0·14	36	0·84	123	2·87	—	—	—	—	2	1
Glamorgan	Gower Rural	—	—	—	9	0·79	5	—	—	—	—	—	—	—	—	—	6	0·53	1	0·09	1	4·98	—	1	0·09	3	0·26	3	0·26	—	—	—	—	1	—
	Llwchwr Urban	—	—	—	47	1·83	45	—	—	—	1	0·04	—	—	3	0·12	24	0·94	5	0·20	5	12·50	1	8	0·31	11	0·43	18	0·70	—	—	—	—	2	—
	Pontardawe Rural	—	—	—	132	4·03	114	5	0·15	5	—	—	—	—	10	0·31	46	1·40	15	0·46	3	5·57	—	26	0·79	82	2·50	142	4·33	—	—	2	—	—	—
East Glamorgan	Barry Borough	—	—	—	71	1·70	65	—	—	—	—	—	—	—	12	0·29	52	1·25	19	0·46	3	3·90	3	21	0·50	365	8·76	197	4·73	—	—	—	—	3	1
	Cardiff Rural	—	—	—	75	2·11	58	—	—	—	—	—	—	—	5	0·14	35	0·89	9	0·25	2	3·81	—	21	0·59	226	6·37	54	1·52	—	3	—	—	2	—
	Cowbridge Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0·90	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
	Cowbridge Rural	—	—	—	9	0·66	7	—	—	—	—	—	2	0·15	1	0·07	12	0·88	8	0·58	—	—	—	11	0·80	55	4·01	40	2·92	—	—	1	—	1	—
	Penarth Urban	—	—	—	19	1·06	10	—	—	—	1	0·06	—	—	—	—	24	1·34	2	0·11	—	—	1	117	6·55	103	5·77	58	3·25	—	3	1	—	1	—
Rhondda	Rhondda Urban	—	—	—	377	3·34	328	—	—	—	—	—	—	—	29	0·26	115	1·02	16	0·14	3	1·43	3	130	1·15	289	2·56	138	1·22	—	—	2	—	3	—

Figures in column showing admissions to hospital in respect of Diphtheria cases occasionally show a greater figure than the number of cases notified due to an altered diagnosis after admission.