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Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1952.

W. E. THOMAS, B.Sc., M.B., B.Ch., D.P.H.

MEDICAL OFFICER OF HEALTH.

CARDIFF:

WILLIAM LEWIS (PRINTERS) LTD.

Glamorgan County Council.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have the honour of presenting the annual report on the health and sanitary circumstances of the County prepared in accordance with the Welsh Board of Health Circular 42/51 (Wales).

The statistical returns show that the estimated population figure remained almost stationary, and the only change of note in the County District returns was a decline of over 900 in the population of the Rhondda Urban District.

The birth rate shows a slight fall from 16.23 in 1951 to 16.16 in 1952, but is still higher than that of England and Wales as a whole, which was 15.3 per 1,000 population. By far the highest birth rate is in the Glyncorwg Urban District, where there were 23 births per 1,000 population.

The absence of any major epidemic of influenza (deaths from respiratory disease were 792 fewer in 1952 than in 1951) and the milder weather during the winter months are reflected in the annual death rate of 11.6 compared with 13.8 in 1951. The reduction cannot be entirely attributed to these causes, as there was a welcome break in the continued rise in deaths from cancer, there being 93 deaths fewer from this cause. The number of deaths due to cancer of the lung went up, however, by 32 from 168 to 200, of which 172 were males, being 26 more than the number of male deaths from respiratory tuberculosis.

The maternal death rate of 0.74 is almost half that of the previous year and by far the lowest ever recorded in the County, and comparable for the first time with the national rate of 0.72 per 1,000 total births. Another statistical figure of interest is in the infant mortality rate, this year 34 per 1,000 live births, which is a further reduction on last year's record return. The graph on page 71 shows clearly the continued downward trend in this rate.

Comment is made in the report on an epidemic of paratyphoid fever, which occasioned great concern due to its widespread nature and the failure to ascertain its exact origin, despite exhaustive enquiries co-ordinated by Dr. A. R. Culley, Medical Member of the Welsh Board of Health. This was the only epidemic of note, other than a high incidence of measles during the third quarter of the year.

In August, 1952, the Welsh Board of Health called for a special survey of the working of Part III of the National Health Service Act, 1946, since the appointed day, and, while this was presented to the March meeting of the Health Committee, it is felt that members would find a permanent record of value, and most of the comments made in the review have been reproduced in this report.

The year's work in the County has been marked by a continued improvement in the co-operation between the three main branches of the Health Services. It was not considered necessary to establish a joint committee as suggested by the Central Health Services Council, as such a body, having regard to the area of the Regional Hospital Board, would have been unwieldy. In preference it was thought that the objects would be attained by the members of the Health Committee on the Management Committees and the Executive Council. In addition, I have been co-opted on several of the Hospital Committees, which are attended only when matters of mutual interest to the Authority and Hospital Service are under consideration.

The members of the Local Medical Committee have also been most co-operative and matters dealing more particularly with the nursing services have been discussed, as for instance the relationship of the health visitors to the family doctors, the easing of the home nurses' duties by lessening the calls on her for the giving of injections, and also several points dealing with the work of the midwives. As yet the general practitioner has been slow to make use of the help the health visitor can give in dealing with social problems arising in the home, while the hospital consultant tends to rely on the hospital almoner, resulting in an encroachment on the field of the health visitor. If she is to become the adviser on health and other problems, as envisaged in the National Health Service Act, a greater appreciation of her worth in this field must be shown.

The continued decline in the number of domiciliary compared with hospital confinements, to 8 per cent resulted in such a diminution in the midwives' case loads that serious consideration has been given to the midwifery establishment. This has been steadily reduced since 1948 from a whole-time equivalent of 164½ to 134½ in 1952, and to meet the changed position home nursing duties have also been undertaken by many of the midwives who are only too pleased to assist their busy home nurse colleagues.

The number of visits paid by the home nurses increased from 435,285 to 445,014, and a careful watch kept on their case loads in order to ensure an even distribution of the work among them, thus avoiding as far as possible undue strain which could lead to a period of ill-health for the home nurse herself. I must reiterate that the Home Nursing Service has been one of the major successes of the Part III functions.

The Home Help Service has also continued to expand, but not sufficiently in some areas to meet the need. The number of cases attended was 2,131 and shows an increase of 46 over the previous year.

The aged and chronic sick in particular derive great benefit from the care and attention given by the home help, who plays her part alongside the doctors, home nurses, and others in meeting the problems in the home associated with the ageing of the population. The provision of a Service to meet all demands could be a costly proposition, and the Home Help Organiser is in constant touch with the Divisional Medical Officers and their staffs to ensure that the helps available are used to the maximum benefit of as many as possible, which is no easy task. The home helps themselves, with few exceptions, have given unstinted service, often attending two, three, or even four homes in a day and several returning of their own volition in the evenings to make the old people comfortable for the night.

The heavy burden of calls on ambulances continues. Increases in bus fares, which patients would have to meet for journeys to hospitals, tended to aggravate the position as, although strictly speaking all patients capable of doing so should travel by public transport, the ease of the free door-to-door journey to hospital by ambulance, as compared with the bus, increases the temptation to seek medical certificates for the journey, and too often these are issued without complete justification. One effect of the consequent crowding of ambulances is that the journey of the seriously ill patient to hospital is sometimes delayed or made uncomfortable, and this has resulted in several complaints.

The introduction of wireless control in the Barry area has brought about a considerable improvement in the effective control and economy in the use of ambulances in that area, and an extension to the Treforest Station is contemplated this year.

The agency arrangements made with the Order of St. John in 1948 were terminated in June, and the ambulance fleet is now under one control. The valuable help and co-operation given by the Priory during this interim period was of considerable assistance, and the thanks of the Committee have been conveyed to the Principal Secretary, the Hon. John Bruce, C.B.E.

The work of the maternity and child welfare clinics is well known, and there can be no denial that they have had a considerable effect on the improvement in the health of mothers and children during the past thirty to forty years. Of late, some doubt has been cast in certain quarters on the continued need for such clinics, or at least their continuance in their present form. It is true that the mothers of today are better educated on health matters and that they can obtain any treatment required through their own doctor, but, as the figures of clinic attendances show, many continue to avail themselves of the opportunities provided for periodic examination and advice. Approximately eight out of every ten mothers attended the ante-natal clinics last year, and 51,000 visits were paid to the infant welfare clinics. It is often said that the family doctor is the most suitable person to do this work, but under the present arrangements it is not possible for him to attend his own patients in the Authority's clinics, although the time may come, with the development of group practice, when he may play a greater part in the clinic services than at present.

While some of the features of the work have been mentioned in this foreword, comment on the Dental Service, still severely handicapped by lack of staff, is made in the report of the Senior Dental Officer, Mr. J. Young, which is included, as is also the comment of the Sanitary Inspector on the work done under the Food and Drugs Acts.

The duties and responsibilities of the Department could not be effectively carried out without the assistance of all members of my own staff and also of other Departments, and I wish to express my sincerest thanks for their continued support and co-operation.

Finally, as always, I have received every help from the Committee, and I wish to express my gratitude to the Chairman (Alderman Sidney Cadogan, J.P.) and members for their encouragement and also the understanding shown in dealing with the many problems with which they have been confronted.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.

July, 1953.

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NATIONAL HEALTH SERVICE ACT, 1946.

DIVISIONAL ADMINISTRATION.

Under the Glamorgan County Council Scheme of Divisional Administration, the day to day administration of local health functions under the National Health Service Act, 1946, with the exception of the Ambulance Service (Section 27) and the Mental Health Service (Section 51) is delegated to nine Health Divisions under the immediate control of the undermentioned Divisional Medical Officers :—

<i>Health Division.</i>	<i>Divisional Medical Officer.</i>	<i>Address.</i>	<i>Telephone No.</i>
Aberdare and Mountain Ash	J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Rock Grounds, Aberdare	Aberdare 441.
Caerphilly and Gelli-gaer	E. C. Powell, M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Caerphilly Road, Ystrad Mynach	Hengoed 171.
Mid-Glamorgan ..	Kathleen Davies, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Quarella Road, Bridgend	Bridgend 700-701.
Neath and District ..	H. R. Stubbins, M.D., D.P.H. ..	Divisional Health Office, Crown Buildings, Neath	Neath 2481.
Pontypridd and Llantrisant	T. Islwyn Evans, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Court-house Street, Pontypridd	Pontypridd 2275.
Port Talbot and Glyn-corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Park House, Theodore Road, Port Talbot	Port Talbot 2137.
South-East Glamorgan	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	Old County Council Offices, Westgate Street, Cardiff	Cardiff 22336.
West Glamorgan ..	G. E. Donovan, M.Sc., M.D., B.Ch., B.A.O., D.P.H.	Divisional Health Office, 5, St. James' Crescent, Swansea	Swansea 57894/5.
Rhondda	D. J. Thomas, M.B., B.S., B.Sc., D.P.H.	Divisional Health Office, 4, Llewellyn Street, Pentre Rhondda	Pentre 2139.

In the interests of efficiency minor administrative adjustments as follows have been made in the scheme to allow certain areas situated in or near Divisional boundaries to be covered for some or all local health purposes by the immediately adjacent Health Division :—

<i>Area affected.</i>	<i>Division in which situate.</i>	<i>Service concerned.</i>	<i>Division to which responsibility transferred.</i>
Pembroke Street, Thomastown	South-East Glamorgan ..	All purposes ..	Pontypridd and Llantrisant.
Scotch Row, Gilfach Goch ..	Rhondda	do. ..	do.
Ynysmaerdy	South-East Glamorgan ..	Home Nursing and Midwifery	do.
Edmondstown	Rhondda	Midwifery ..	do.
Penrhiwfer	Pontypridd and Llantrisant	do. ..	Rhondda.
St. Mary Hill	Mid-Glamorgan	Home Nursing	South-East Glamorgan.

SECTION 21.—HEALTH CENTRES.

The possibility of building health centres of the type intended under Section 21 of the National Health Service Act appears so remote that discussions have not yet been commenced with general practitioners, dentists, and others who are likely to be interested in the use of these premises. Whether the sites now being selected will ultimately be used to develop the health centre project, it is impossible to forecast at this stage, but it has been considered advisable to earmark land which may later be utilised for this purpose should it become necessary.

Sites for clinics or health centres scheduled or provisionally reserved during the year included the following :—

<i>Health Division.</i>	<i>Location of Sites.</i>
Caerphilly and Gelligaer ..	Hengoed Hall Housing Layout.
Mid-Glamorgan	Cefn Glas Housing Estate, Bridgend. Land beyond Greenfield Terrace, Cornelly. Land adjoining proposed Nursery School, Blaenllynfi.
Port Talbot and Glyncoirwg ..	Sandfields Estate, Aberavon.
South-East Glamorgan ..	Land adjoining Village Hall, Llanharry.
West Glamorgan	Murton Green, Bishopston. Land at rear of Cinema, Penclawdd. Mansel Street, Gowerton.

Five years have passed since the Act came into operation, and in the absence of a definite national move in the implementation of the policy of health centre provision the Local Health Authority is taking steps to make good the deficiency in clinic accommodation. In the siting of new clinics, the possibility of the ultimate extension of the premises as health centres is being borne in mind.

In 1952, clinic premises were completed as follows :—

Ynys Street, Port Talbot ..	Here a doctor's surgery has been adapted as a small clinic for mothers and young persons.
Courthouse, Tonypany ..	A fairly large old-fashioned dwelling house has been converted into a clinic to serve the needs of the Tonypany area.

New work in progress at the end of the year was the erection of a new clinic on a site at Porthcaw at which school dental and refraction clinics will be provided, together with the full range of maternity and child welfare facilities. Should accommodation for general practitioner services be required, provision can be made for limited extension in the layout of this site.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

EXPECTANT AND NURSING MOTHERS.

Clinic facilities on the 31st December, 1952, were available at eighty-three centres, thirty-seven of these being County Council owned premises. The Maternity and Child Welfare Services operated by the County District Councils prior to the appointed day have been maintained, and a total of nine additional ante-natal centres have since been established.

By the 31st December, 1952, the number of monthly ante-natal sessions held had increased from 8 to 275. Only in a few parts of the County has there been any noticeable falling off in the numbers of women attending for ante-natal treatment. The opening of a new maternity unit at the Caerphilly Hospital resulted in a marked drop in the attendance at our ante-natal clinics in that district, arrangements for admission to hospital being usually made direct by the medical practitioner, the mother continuing to attend the hospital ante-natal clinic regularly. Many general practitioners independently arrange to see these expectant mothers at regular intervals at their own surgeries. In several instances the County Midwife attends also, and I think this procedure should be encouraged. If it could be extended to other parts of the County where the population numbers do not justify the building of special clinics, a diminution in the number of clinic attendances could be expected, as many mothers would prefer to visit their own doctor's surgery rather than attend the ante-natal clinics, which usually are held in church or chapel buildings, workmen's institutes, or similar hired premises ill-suited for other than their original purpose.

The rapid development of the larger new housing estates is likely to out-pace the provision of appropriate clinic facilities by the County Council, and young mothers tend to lose the clinic-going habit which they had previously acquired.

In the development of large housing estates I consider that the provision of doctors' surgeries, a small clinic, housing accommodation for home nurses and midwives should proceed at the same time as the building of shops to cater for the needs of the new tenants, most of whom are likely to have or produce families.

In spite of the drawbacks of unsatisfactory or unsuitable accommodation, particularly in some of the old clinic premises, the facilities offered are well utilised. In the Mid-Glamorgan Division more than 90 per cent of the expectant mothers attended ante-natal clinics during 1951. During the three years 1949, 1950, and 1951 approximately 77 per cent of all expectant mothers in the Rhondda Health Division made one or more attendances at the ante-natal clinic, the average number of attendances being six per mother.

In the Aberdare and Mountain Ash Division where, for various reasons, the number of ante-natal clinic attendances showed a decrease after the appointed day, the attendances are now better than ever, this in spite of the fact that the premises in which new clinics have been established in the outlying parts of the Division are somewhat unsuitable. In this Division the services of an obstetric consultant are available at the central clinic at two sessions per month.

In some Divisions an appointments system operates successfully, and there is much to be said in favour of such a system where this can be introduced, as it lessens the amount of time which busy housewives have to spend at the ante-natal clinic, particularly if the attendance is large. Most of the clinics, however, average just over fifteen mothers per session, and even although appointments are not made the waiting time is not excessive.

At ante-natal clinics a full range of service is available. Where X-ray examination or specialist opinion are desired these are arranged, the general practitioner being informed of the action taken.

Blood for Rhesus factor testing is taken by the medical officer in charge of the clinic and sent for examination to the Regional Blood Transfusion Centre at Cardiff. Blood samples for Wassermann reactions are sent to the Public Health Laboratory, The Parade, Cardiff. Where specimens of blood are required from the husbands of Rhesus-negative expectant mothers, arrangements are made for the specimen to be taken either by the family doctor or at the local clinic.

Separate post-natal clinics are held where the numbers justify making this special provision, otherwise the mothers are encouraged to attend for post-natal examination during ante-natal sessions if this has not been done by the general practitioner or at hospital.

Midwives attend the ante-natal clinics on a rota basis, and also undertake ante-natal examinations in the patients' homes. Maternity outfits and other items needed in domiciliary confinements are held in stock by the County Midwives at their homes. Midwives in independent practice are supplied with outfits, as required.

Expectant mothers are visited by the health visitor for the district and, either at home or at the clinic, are advised on matters relating to personal hygiene, diet, infant care, etc. The facilities for organised mothercraft training are limited by space and staffing considerations. Illustrated handbooks dealing with ante-natal and child care are issued to those expectant mothers who are considered likely to profit by a study of the contents. This is, of course, supplementary to the advice which is freely given by the health visitor.

One particularly interesting experiment is being undertaken in the Mid-Glamorgan Division in conjunction with the ante-natal and post-natal exercises classes which were commenced in October, 1951. These classes are held for one hour weekly. The course extends over a period of nine weeks, and is devoted to exercises taught by physiotherapists and talks by the medical and nursing staffs on the following subjects :—

1. Introduction—Physical and mental preparations for normal confinement.
2. Diet during pregnancy.
3. Lactation and preparation of the breasts.
4. Layette.
5. Simple Anatomy and Physiology.
6. Labour—What to expect during labour and puerperium.
7. Demonstration of gas and air apparatus.
8. Baby management.
9. Preparation for confinement.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncofrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.
No. of cases of Ophthalmia notified in which—									
(a) Vision was unimpaired	—	1	—	—	1	1	—	—	—
(b) Vision was impaired	—	—	—	—	—	—	—	—	—
(c) Vision was lost	—	—	—	—	—	—	—	—	—
(d) The patient died	—	—	—	—	—	—	—	—	—
(e) The patient was still under treatment at end of the year	—	—	—	—	—	—	—	—	—
(f) The patient removed from the district ..	—	—	—	—	—	—	—	—	—
Total	—	1	—	—	1	1	—	—	—
<i>Pemphigus Neonatorum.</i>									
No. of cases notified	—	—	—	—	—	—	—	—	—
<i>Puerperal Pyrexia.</i>									
No. of cases notified	—	—	—	—	—	—	—	—	—
<i>MATERNAL DEATHS.</i>									
(a) No. of women attended in the area whose deaths were ascribed to pregnancy or child- birth—									
(i) From sepsis									
{ Attended at home	—	—	—	—	—	—	—	—	—
{ Attended in nursing homes	—	—	—	—	—	—	—	—	—
(ii) From other causes									
{ Attended at home	1	—	—	—	—	—	—	—	—
{ Attended in nursing homes	—	—	—	—	—	—	—	—	—
(b) No. of women who died—									
(i) At home	—	—	—	—	—	—	—	—	—
(ii) In nursing homes	—	—	—	—	—	—	—	—	—
(iii) After removal to a hospital	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.
NATAL AND POST-NATAL CLINICS.										
No. of clinics provided at the end of the year .. { Ante-natal clinics Post-natal clinics	7 —	15 1	18 —	5 1	7 —	9 —	10 —	5 —	7 —	83 2
No. of sessions held per month at clinics included in (a) .. { Ante-natal clinics Post-natal clinics	24 —	29 1	44 —	24 1	32 —	30 —	32 —	20 —	40 —	275 2
No. of women who attended during the year .. { Ante-natal clinics Post-natal clinics*	1,027 191 (191)	1,582 204 (80)	1,681 53 (53)	1,548 438 (424)	1,284 58 (58)	1,038 97 (97)	1,463 16 (16)	828 111 (111)	1,478 1,051 (1,051)	11,929 2,219 (2,081)
No. of new cases included in (c), i.e. for A.N. clinics women who had not previously attended any clinic during current pregnancy and for P.N. clinics women who had not previously attended any P.N. clinic after last confinement { Ante-natal clinics Post-natal clinics*	893 191 (191)	1,295 171 (74)	1,294 49 (49)	1,053 438 (424)	1,021 47 (47)	792 90 (90)	1,047 13 (13)	760 111 (111)	1,393 1,051 (1,051)	9,548 2,161 (2,050)
Total No. of attendances made by women included in (c) .. { Ante-natal clinics Post-natal clinics*	4,054 204 (204)	5,374 281 (106)	7,293 58 (58)	5,434 499 (479)	6,140 71 (71)	3,803 111 (111)	5,770 24 (24)	4,374 126 (126)	8,897 1,051 (1,051)	51,139 2,425 (2,230)
Women post-natally examined at ante-natal clinics are included and also shown in brackets.										
WELFARE CENTRES.										
No. of centres provided ..	8	23	30	12	13	13	27	18	7	151
No. of sessions held per month at centres in (a)	34	58	98	34	40	38	75	48	76	501
No. of children who attended centres during the year ..	2,196	3,296	4,481	2,969	2,947	2,413	3,546	2,113	3,663	27,624
No. of children who first attended the centres during the year and who on the date of their first attendance were { under 1 year over 1 year	1,020 193	1,199 157	1,463 82	1,098 220	993 78	957 41	1,446 100	871 23	1,439 80	10,486 974
No. of children in (c) who at the end of the year were { under 1 year over 1 year	1,040 1,156	1,086 2,073	1,359 3,122	901 1,944	793 1,257	654 858	1,205 1,949	684 1,205	1,547 2,116	9,269 15,680
Total No. of attendances made by children in (c) during the year { under 1 year over 1 year	11,276 2,911	12,895 6,073	21,187 13,790	14,613 6,905	12,292 5,221	11,530 4,259	19,022 7,809	11,821 6,743	11,968 4,181	126,604 57,892

MATERNITY AND CHILD WELFARE CLINICS.

During the year it was found necessary, as the result of increased attendances at certain clinics and other local factors, to amend certain of the arrangements for the holding of clinic sessions.

A list of the variations which took place during 1952 is given below :—

Health Division.	Area served.	Location of Clinic Premises.	Type and frequency of Sessions now held.	Remarks.
Neath and District	Crynant ..	Ambulance Hall ..	Infant Welfare: Thursday mornings fortnightly	Formerly whole day Thursday fortnightly.
Port Talbot and Glyn-corrwg	Sandfields ..	Pendarves Street ..	Ante-natal: Tuesday mornings weekly Infant Welfare: Tuesday and Wednesday afternoons weekly	Formerly held fortnightly. Formerly Wednesday afternoon only.
	Aberavon ..	Ynys Street ..	Ante-natal: Wednesday mornings Infant Welfare: Wednesday afternoons	New clinic. Formerly held at Zion Chapel Vestry.
	Cogan ..	Gospel Hall ..	Infant Welfare: Friday afternoons	Formerly held at Methodist Church Hall.
South-East Glamorgan	Rhiwbina ..	Recreation Club ..	Infant Welfare: Monday afternoons	Formerly held at Baptist Church and Scouts Hall.
	Rhosee ..	Fontigary Road ..	Ante-natal and Infant Welfare } Combined session, Monday afternoons	Ante-natal and Infant Welfare sessions formerly held on alternate Monday afternoons.
Rhondda ..	Tonypanydy ..	Court House ..	Ante-natal: Thursday afternoons Infant Welfare: Friday mornings	New clinic.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate in 1952 was thirty per thousand births, compared with forty-six, the rate for England and Wales, and is less than half the rate of sixty-seven recorded in 1945.

Unmarried mothers are advised to have their babies at home but, where this cannot be arranged because of accommodation or other difficulties, they are admitted to the Plasnewydd Hostel at Burry Port (where the County Council has a lien on two beds), or to the Salvation Army Hostels at Cardiff or Bristol where much good work is being done in the rehabilitation of these unmarried mothers.

If admitted to hostels they are expected to remain for at least three months. In previous years there have been difficulties in placing babies of mothers admitted to hostels, but no such difficulties were encountered last year.

During the year thirty-one unmarried mothers were admitted to hostels under the County Council Scheme; this was sixteen more than in 1951. Of seventeen other girls who applied for admission, seven left before confinement, four refused to accept the conditions of admission, two were looked after by voluntary associations, two had the confinement in hospital on medical grounds, and another two were confined before they could be admitted.

DAY NURSERIES.

The day nursery at Penarth, which originally started as a war-time provision, was closed on the 31st July, 1952.

CHILDREN UNDER SCHOOL AGE.

Throughout the County child welfare clinics are held at 151 centres where mothers can obtain medical and nursing advice on the care and management of their babies, the majority being staffed by whole-time assistant medical officers and health visitors. In some clinics the services of local medical practitioners have been retained on a sessional basis, and qualified nurses not holding a Health Visitor's Certificate also assist.

Children for whom a consultant's opinion is thought necessary are referred to the nearest hospital possessing a Paediatric Service, generally after consultation with the general practitioner, and there is usually no delay in arranging this or in receiving reports from the paediatrician.

Where operative treatment has been recommended, admission to hospital is, in some cases, only possible after considerable delay. So far as I am aware it is not the practice of general practitioners to hold child welfare sessions in their own premises.

The attendance figures of the past three years show that there has been no lessening of the desire of mothers to avail themselves of the facilities offered at infant welfare centres, although there is room for considerable improvement in the attendances of children in the 1-5 age group. By the end of 1952 twelve additional clinics had been established and the number of sessions per month had been increased from 429 in 1948 to 501.

Since the appointed day the supervision of young children maintained by foster parents for reward has become the responsibility of the Children's Officer, but this does not operate to preclude health visitors from calling on the home in the normal course of their duties as health visitors; since the appointed day the examination of boarded-out children has been arranged by me for the Children's Committee, either through the School Health Service or, for children over school age, direct with the general practitioners concerned. The health visitors report on the family history and other aspects of married couples wishing to adopt a child, and this information is furnished to the Children's Officer. On these and similar matters of mutual interest and concern there is close contact between the Health and Children's Departments, and officer level meetings, called by the Children's Officer as Co-ordinating Officer, are held bi-monthly in each Health Division under the chairmanship of the Divisional Medical Officer to discuss individual difficulties and problem families within the knowledge of both Departments.

"The Laurels" Nursery at Neath is under the general medical supervision of the Divisional Medical Officer, and the services of my Department are also given in the special medical examination of boys and girls at Remand Homes, the Glamorgan Farm School, and at the various Children's Homes, including the nursery established at "Cartrefle," Bridgend, in January, 1952.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Under this Act the County Council is responsible for the registration and supervision of establishments catering for the minding of three or more children during the day. It also provides for the registration of persons engaged in the day minding of children for reward. There are one child-minding establishment and one child-minder registered under the Act, and routine visits of inspection were paid during the year.

CARE OF PREMATURE BABIES.

In each Division selected midwives have attended special courses, either at Sorrento Hospital, Birmingham, or at St. David's Hospital, Cardiff, in the care of the premature infant. Specially designed, easily portable equipment has been supplied to midwives responsible for the domiciliary care of premature infants. This scheme has been in operation for three years, and has ensured the survival of many babies who might otherwise have died.

Where for medical or other reasons premature infants cannot be adequately cared for at home their admission to hospital is arranged without difficulty, except in the Rhondda Health Division. There is no premature baby unit in East Glamorgan or Llwynypia Hospitals. The nearest unit is at St. David's Hospital, Cardiff, and occasionally a premature baby is admitted there from the Rhondda. Premature babies born in maternity hospitals normally serving the Rhondda are usually retained in hospital until they are about 5½ lb. in weight, but, apart from the routine notice of discharge, no special information is supplied to the Divisional Medical Officer when they are discharged from hospital. There is, however, elsewhere effective co-operation between the Midwifery Service and the hospitals in this matter, and the hospitals inform the appropriate Divisional Medical Officer of the birth and date of discharge of any premature baby born in hospital.

As the following table shows, there is an improvement on the 1951 figure in respect of premature babies whose birth weight was over 4 lb. 6 oz. and who were nursed entirely at home :—

TABLE I (A)—NURSED ENTIRELY AT HOME.

Birth Weight.	1949.		1950.		1951.		1952.	
	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.
Under 2 lb. 3 oz.	11	% 100	6	% 100	7	% 100	9	% 100
2 lb. 3 oz.—3 lb. 4 oz. . .	16	75.0	10	60.0	13	61.5	7	57.1
3 lb. 4 oz.—4 lb. 6 oz. . .	49	20.4	21	14.3	28	32.1	22	27.3
Sub-total	76	43.4	37	40.5	48	50.0	38	50.0
4 lb. 6 oz.—4 lb. 15 oz. . .	40	15.0	25	4.0	29	—	20	10.0
4 lb. 15 oz.—5 lb. 8 oz. . .	143	5.6	135	2.2	113	4.4	129	2.3
Sub-total	183	7.7	160	2.5	142	3.5	149	3.4
Total	259	18.2	197	9.6	190	15.3	187	12.8

TABLE I (B)—TRANSFERRED TO HOSPITAL.

Birth Weight.	1949.		1950.		1951.		1952.	
	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.
Under 2 lb. 3 oz.	3	% 33.3	6	% 83.3	6	% 100	5	% 100
2 lb. 3 oz.—3 lb. 4 oz. . .	12	83.3	18	55.6	12	58.3	7	57.1
3 lb. 4 oz.—4 lb. 6 oz. . .	18	44.4	19	42.1	14	28.6	19	15.8
Sub-total	33	51.6	43	53.5	32	53.1	31	38.7
4 lb. 6 oz.—4 lb. 15 oz. . .	5	—	18	27.8	13	30.8	2	—
4 lb. 15 oz.—5 lb. 8 oz. . .	13	15.4	10	2.0	10	30.0	4	—
Sub-total	18	11.1	28	25.0	23	30.4	6	—
Total	51	41.2	71	42.3	55	43.6	37	32.4

In considering Tables I (A) and (B) it must be realised that although the figures for domiciliary treatment are better than those where the baby has been transferred to hospital, the two groups are not comparable. Babies are admitted to hospital after birth either because of inadequate home conditions or on account of the medical condition of the baby. It follows, therefore, that statistics in relation to babies transferred to hospital will of necessity be under a disadvantage.

The tables again clearly show that where home conditions are satisfactory the equipment and special nursing care which is provided by the County Council enables the premature baby to be adequately cared for in its own home, especially when the baby is over 4 lb. 6 oz. at birth. The particular attention which has been given to the care of the premature baby by our domiciliary midwives has been well justified by the results.

TABLE II—PREMATURE BABIES BORN AT HOME.

SURVIVAL FIGURES UP TO 28 DAYS.

(A.) BABIES NURSED ENTIRELY AT HOME.

Weight in lbs., ozs., or grammes.	Died in first 24 hours. (1)	Died on 2nd to 7th day. (2)	Died on 8th to 28th day. (3)	Survived 28 days. (4)	Total columns 1-4. (5)
b. 3 oz. or less (1,000 grams or less)	8	1	—	—	9
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (Over 1,000 grams up to and including 1,500 grams) ..	4	—	—	3	7
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (Over 1,500 grams up to and including 2,000 grams) ..	3	3	—	16	22
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (Over 2,000 grams up to and including 2,250 grams) ..	2	—	—	18	20
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (Over 2,250 grams up to and including 2,500 grams) ..	3	—	—	126	129
Totals	20	4	—	163	187

(B.) TRANSFERRED TO HOSPITAL.

b. 3 oz. or less (1,000 grams or less)	2	3	—	—	5
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (Over 1,000 grams up to and including 1,500 grams) ..	3	1	—	3	7
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (Over 1,500 grams up to and including 2,000 grams) ..	2	1	—	16	19
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (Over 2,000 grams up to and including 2,250 grams) ..	—	—	—	2	2
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (Over 2,250 grams up to and including 2,500 grams) ..	—	—	—	4	4
Totals	7	5	—	25	37

Tables II (A) and (B) illustrate that the greatest danger for the premature baby is in the first day of life. Of the thirty-eight deaths, no less than twenty-seven took place during the first day. This emphasises the importance of having available at the birth special equipment and specially trained nurses. It is considered that further progress is possible in the prevention of deaths due to prematurity.

SUPPLY OF DRIED MILKS, ETC.

Shortly after the appointed day it was found that there was some overlapping in the arrangements made for the distribution of Ministry of Food products. At some of the infant welfare clinics, clerks from the local Food Office attended to sell orange juice and National Dried Milk while, at the same time, a clerk from the Divisional Health Office was in attendance to sell proprietary brands of infant foods. It was agreed with the Ministry of Food that in clinics where this duplication of work obtained the clerk from the Divisional Office would, in addition to selling the proprietary products, also act as agent for the Ministry of Food in the distribution of the welfare foods with which they were concerned.

Mothers who are unable to breast feed their infants are urged to use National Dried Milk as a substitute for breast feeding. Many mothers are reluctant to use the Ministry of Food product because by so doing they are debarred from obtaining the additional daily supply of liquid milk at cheap rates. The enforcement of this rule of the Ministry does, to some extent, encourage mothers to purchase proprietary milk foods which are on sale at the clinics at rates which, although considerably cheaper than ordinary retail prices, are much dearer than the heavily subsidised National Dried Milk.

In some Divisions a fairly comprehensive range of proprietary milk foods is available for sale at the clinics, more particularly where this was so when the maternity and child welfare functions were transferred in 1948, while in other Divisions the range is limited. The Council's scheme provides for free issues in necessitous cases. Although many firms press for the introduction of their products into local health authority clinics, as far as possible only those items in greatest demand are stocked.

The artificial feeding of babies has ever been a costly business, and the prospect of purchasing dried milk at reduced rates is undoubtedly an inducement to mothers to bring their babies to the clinic. The administration and other costs involved in making these products available at our infant welfare clinics are not light, and there seems to be no satisfactory method of reducing them under the existing arrangements.

In the smaller hired premises where space is limited, or safe custody of perishable commodities is impossible to provide, articles for sale have to be conveyed from the Divisional Office on each occasion the clinic is held, the unsold stock has to be returned, and the office is temporarily deprived of the services of the officer who is detailed to act as food sales clerk. If the cash receipts for the sales effected were the only criteria of the usefulness of the Service, its continuance would be difficult to justify.

Where health visitors have undertaken the sale of food in some of the smaller clinics, the criticism can be made that the time of comparatively highly paid professional officers should be more profitably employed.

The Voluntary Committee, which has made itself responsible for the purchase and sale of milk foods in some of the clinics in the Penybont area, continues to do excellent work, and there seems no reason why similar committees could not be formed to undertake the work in other parts of the County.

For the financial year 1952-53 the revised estimate of expenditure on milk and proprietary foods for resale at infant welfare clinics is £31,620.

DENTAL CARE.

The County Council's scheme provides for a complete Dental Service for expectant and nursing mothers and for children of pre-school age. Since the appointed day, owing to the attractions of private practice, most of the whole-time assistant dental officers resigned their appointments. From this most serious setback the Service has never recovered, and where treatment under the Authority's scheme has been given this has been due more to chance than to any wise planning or good organisation. The very attenuated Service now remaining has not succeeded in touching more than the fringe of the problem of dental care for these most important sections of the community.

The figures for dental work undertaken in the various Divisions in 1952 show a decrease compared with those for 1951. Repeated advertisements in 1952 resulted in the recruitment of one whole-time dental officer. An approach to the Executive Council resulted in offers of help from six dentists who were prepared to do work on a sessional basis.

At the end of 1951 the dental staff, including the Rhondda Exempted District, consisted of seven whole-time officers and ten part-time officers. On the 31st December, 1952, there were seven whole-time officers and sixteen part-time officers for work in the School Dental Service and for the dental care of mothers and young children. An increase has taken place, and there is reason to think that the prospects of obtaining further offers of dental service are beginning to improve.

The prosthetic work is done by private dental laboratories at satisfactory contract rates. Until there is a larger number of staff of whole-time dental officers and the work assumes the volume which the Scheme originally anticipated, I do not think it would be advisable to consider the establishment of our own Dental Laboratory Service.

The following report on the dental treatment of expectant and nursing mothers and children of pre-school age, has been contributed by Mr. John Young, L.D.S., Senior Dental Officer :—

"At the outset of 1952 the dental staff was lower numerically than in the previous year, but, due to the appointment of several part-time dentists, our treatment returns compare very favourably with the past two or three years ; in fact, in some respects there is a figure improvement.

The year ended with a staff of seven whole-time dental officers and sixteen part-time officers, an improvement of six part-timers upon our numbers at the beginning of the year. This staff only devoted a proportion of their time to maternity and child welfare cases, in fact approximately 87 per cent is spent treating schoolchildren.

The figures for 1952, as far as the expectant and nursing mothers are concerned, bear very fair comparison with those for 1951, in fact Neath Division's inspection figures jump from six in 1951 to fifty in 1952. Caerphilly, Port Talbot, South-East and West Glamorgan Divisions also show increases in their numbers inspected. The treatment figures also show increases in these Divisions.

These patients are referred to us from our maternity and child welfare clinics, and out of 1,010 expectant and nursing mothers referred for examination and treatment 994 were found to require treatment and 870 were actually treated, 475 being rendered dentally fit. It should be explained, however, that many of these patients find it difficult, sometimes impossible, to attend as confinement approaches or subsequently, because of the demands upon their time during the nursing period. As I have said before, this very seriously interferes with our ability to assess a case as dentally fit. There are, of course, always a number whose treatment is continued into the following year.

The number of teeth extracted for expectant and nursing mothers was 2,333, rather more than the previous year ; 710 administrations of nitrous oxide and oxygen were given for these patients and 247 fillings were inserted, the figures being slightly less in both instances than for 1951. Other forms of treatment, such as scalings, dressings, gum treatments, and prophylaxis, amounted to 284 items, and 173 dentures were supplied.

The figures relating to the treatment of pre-school age children compare favourably with those of the previous year, and of the 1,209 pre-school age children referred to us 1,142 were found to require treatment, 64 were actually treated, and 788 were rendered dentally fit. 2,862 teeth were extracted and 198 fillings were inserted, each of these returns being quite considerably higher than those for 1951. 140 other forms of treatment are recorded. These other forms include scalings, gum treatments, dressings, and silver nitrate treatment ; this last form of treatment is a very important one in the treatment of pre-school age children. It is a very valuable means of controlling carious surfaces and shallow cavities in the deciduous dentition,

frequently used in conjunction with a stoning of sharp tooth edges; in this instance it was performed on thirty-six occasions. For this class 1,138 nitrous oxide and oxygen administrations were given, making a total of 1,848 administrations for both classes, a figure not much lower than that of the previous year.

The figures for the Divisions depend on the staff position. Port Talbot and West Glamorgan Divisions, for example, show appreciable rises since they had a slight improvement in their staffing, compared with a fall in most of the other Divisions, but the volume of operations, such as extractions and fillings, for these small people reflects credit upon the officers concerned, as work with these youngsters is at times very exacting.

The preponderance of pre-school age children over expectant and nursing mothers which I commented upon in the reports for 1950 and 1951 is not so marked for the year under review, and may be due to one or both of the following reasons: first, that the dentures charge, which is borne by patients seeking treatment from private practitioners, has caused more of the adult group to seek our service, or it may be that in the years since these groups became our responsibility we have dealt with the greater mass of carious teeth in the pre-school age group and that what we are dealing with now is not the accumulation of cases, but a more regular flow. If it is this last, I sincerely hope that we may experience such increase in our staff to enable us to successfully keep it under control. The current interest in research for preventive measures should also very usefully play its part.

To assist us in all this a very great amount of correct propaganda is urgently required. I am aware that at our ante-natal clinics much useful advice on dental hygiene is given, but frequently we have to correct erroneous ideas on dental care, and I am firmly of the opinion that better knowledge would improve oral hygiene and lead ultimately to a better physical well-being."

	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 AND NURSING MOTHERS.										
Examined	72	105	43	50	50	200	64	76	350	1,011
Needing treatment	70	99	41	50	50	198	60	76	350	999
Treated	52	78	32	37	34	176	59	52	350	877
Made dentally fit	26	11	18	18	15	176	47	52	112	477
Extractions	87	179	189	134	133	737	235	125	514	2,333
Anaesthetics { Local	8	33	14	5	30	28	30	74	35	251
{ General	26	54	34	33	103	153	44	51	212	711
Fillings	38	15	12	58	8	42	23	42	9	241
Scalings or scaling and gum treatment	6	39	3	24	8	11	1	20	62	171
Silver nitrate treatment	2	—	—	—	—	—	—	—	—	10
Dressings	28	16	4	5	2	16	—	5	32	111
Radiographs	—	4	1	2	3	2	1	1	—	5
Dentures provided { Complete	7	—	5	4	1	28	4	3	2	51
{ Partial	13	6	5	5	12	27	6	3	42	111
CHILDREN UNDER 5 YEARS OF AGE.										
Examined	36	133	192	159	99	310	66	121	93	1,209
Needing treatment	35	128	165	152	97	288	63	121	93	1,141
Treated	34	98	151	149	62	280	63	34	93	961
Made dentally fit	19	33	146	110	45	280	56	34	65	781
Extractions	88	221	503	555	245	688	309	114	139	2,801
Anaesthetics { Local	1	6	13	17	3	112	27	6	—	181
{ General	56	136	125	137	242	140	128	108	66	1,111
Fillings	14	25	23	65	12	37	15	4	3	191
Scalings or scaling and gum treatment	—	—	—	—	—	4	—	—	—	4
Silver nitrate treatment	10	—	—	15	—	4	—	—	7	41
Dressings	22	31	5	—	2	26	—	4	8	81
Radiographs	—	2	—	—	—	—	—	—	—	2

OTHER PROVISION.

In some of the Divisions special clinics are held for the benefit of mothers recommended by their family doctor as requiring advice on birth control for medical reasons and also for the treatment of minor gynaecological conditions. They are staffed by experienced women medical officers, and suitable appliances are sold at less than retail rates.

All these clinics are well attended.

TRAINING OF NURSERY NURSES.

During the year nineteen first-year and seventeen second-year student nursery nurses have attended the course held at the Bridgend Technical College in preparation for Part 2 (children 2-5 years) of the National Nursery Examinations Board Certificate.

My deputy (Dr. R. T. Bevan), Dr. Kathleen Davies (Divisional Medical Officer of the Mid-Glamorgan Health Division), and Miss E. G. Wright (County Superintendent Health Visitor and School Nurse) lecture to students in the Health Section of the course, and visits of observation have been arranged to child welfare clinics.

MEASLES INFECTION DURING PREGNANCY.

As forecast in my 1951 report, the registration of women for the above enquiry ceased on the 31st December, 1952. By that time 110 controls and twenty-four cases had been registered from women attending clinics in the Administrative County.

Except in one or two instances, the co-operation of the mothers taking part in the enquiry in ranging for the post-natal examinations has been good.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN.

For the last six years the Joint Committee of the London University Institute of Child Health, the Society of Medical Officers of Health, and the Population Investigation Committee have followed up a group of children who were born in the first week of March, 1946, seventy-five of whom were born in Glamorgan. During the year the first school survey took place, the aim of this survey being to bring the social and medical information up to date by recording the illnesses and accidents which these children have suffered during the last two years, and showing the changes in home conditions that have occurred during this period.

SECTION 23.—COUNTY DOMICILIARY MIDWIFERY SERVICE.

Fifty years have gone since the passing of the Midwives Act, 1902. That midwives in the early part of the present century were not held in very high regard may be inferred from the following extract of a report of one of the County District Medical Officers at that time. In discussing infantile mortality, he remarked: "Infantile mortality, practically speaking, only exists amongst the working classes. In our district its origin really lies almost entirely in the pernicious influence of the midwives who attend the mothers and are regarded with superstitious awe. Their sole capacity for their work is an abounding ignorance, and their trail is too often marked by disease and often death. From them comes the advice in regard to the feeding of the child, which causes such a high mortality and an untold amount of suffering among those who survive."

The significance of these remarks will be appreciated in the light of the fact that at that time the number of "midwives" on the newly established roll in Glamorgan was 751, of whom only 7 per cent had been trained in accordance with the accepted standards of the time.

Of the midwives themselves, the following extract from the 1905 report of the first County Medical Officer (Dr. William Williams) reveals the type of person to whom the Law gave a legal right to continue to work as a midwife and to have her name placed on the newly formed midwives roll :—

“There is a vast difference in the cleanliness of the homes and of the midwives themselves. A deal depends upon their occupation. One midwife has her own housework to do, or takes an interest in pigs. Another cleans a Chapel School or a station. Indeed, endless are their occupations. Needless to say, their hands are in a very bad state and very few of them possess a nail brush, and even when they do it is plain that they never use it. In common with tramps they object to baths and the process of disinfection.”

One old lady of eighty-four years of age, when asked if she possessed a bag of appliances, “produced from her woollen dress pocket a box of snuff (and, of course, offered a pinch of it), a reel of thread, and stated that was all she carried and that she had been very successful all through her career ; more by accident than by design, probably.”

Since that time the status and training of midwives have considerably improved, and midwifery is now clearly established as a separate and highly efficient branch of the nursing profession. Advancing medical knowledge and better midwifery technique on the part of doctors and midwives have combined to produce a continually improving standard of service for the pregnant woman, as well as a reduction in the risks formerly associated with child-birth.

Although it is difficult to obtain an accurate basis of comparison, it is interesting to note that in the year 1900 there were 120 maternal deaths ; in 1952 the figure was nine, the respective maternal mortality rates being 5·7 and 0·74.

On 31st December, 1952, there were in the Administrative County a total of 161 midwives who had notified their intention to practise. Of this number, seventeen were actually practising as independent midwives, 144 were engaged in the County Domiciliary Midwifery Service as salaried officers, sixteen of them being officially designated as nurse/midwives, although three of the latter were actually employed whole-time on home nursing.

County midwives attended 4,491 confinements during the year. This steadily diminishing figure shows a reduction of 260, compared with the previous year, and, apart from the falling birth rate, reflects the modern tendency of women to be confined in hospital irrespective of the need for hospital care. The additional maternity beds which have been provided during the last ten years in the hospitals within the County have led to a considerable reduction in the case load of midwives in many areas.

The following comparative table indicates the reduction in the average case loads per midwife in the Domiciliary Midwifery Service since 1948 :—

Year.	Midwifery Staff employed.			No. of Domiciliary Cases attended.	Average Case Load per Midwife.
	Whole-time County Midwives.	Nurse/Midwives.	Whole-time equivalent.		
1948	162	13	164½	6,973	42
1952	128	13	134½	4,491	33

In the Administrative County, 1,997 fewer births were notified in 1952 than in 1948. The percentage of births attended at home fell from 52 per cent in 1948 to 38 per cent in 1952.

Comparative figures showing the changing fashion in Glamorgan during the last fourteen years are given below :—

Year.	No. of births notified by midwives in domiciliary practice.	Total No. of Births.	Percentage Domiciliary Births.
1939	9,751	11,679	% 82
1940	10,390	12,275	85
1941	10,671	12,910	83
1942	10,575	13,563	78
1943	9,673	13,262	73
1944	10,105	14,202	71
1945	8,685	13,079	66
1946	9,224	14,289	65
1947	9,709	15,236	64
1948	7,399	14,094	52
1949	6,131	12,855	48
1950	5,371	12,331	44
1951	4,792	12,206	39
1952	4,631	12,097	38

This decrease is general throughout all Health Divisions in the County.

The Committee are alive to the resulting problems which, as far as possible, have been met either by the adjustment of areas or by asking midwives who are not fully employed to undertake home nursing duties in addition to their midwifery work.

Since the appointed day an overall reduction of thirty-one personnel, equivalent to 18 per cent of the midwifery staff in service in 1948, has been made.

All the County midwives have been trained in the use of gas and air analgesia, and each midwife has been supplied with a Minetts apparatus. The apparatus is weighty and, with the normal delivery and nursing bags usually carried by the midwife, makes the provision of transport for the midwife and her equipment a necessity for almost every case of confinement she attends. The rising costs incurred for the use of transport, whether hired or otherwise, have been mentioned by me in other reports and is one of the many factors contributing towards what during recent years has become a relatively costly service, the cost per case attended during 1952 being £22 14s. 0d.

During the year the number of patients who received gas and air analgesia was 2,932, i.e. ninety-three more than in 1951, which was 65.3 per cent of cases attended as compared with 58.2 per cent in 1951.

Midwives are supplied with Pethedine for administration during labour, the supply and issue of this pain-relieving drug being strictly controlled by the Divisional Medical Officer or the Non-medical Supervisor acting on his behalf. The drug was administered to 1,739 (39 per cent) of the 4,491 cases attended during the year.

Special importance is attached to the ante-natal supervision of patients. Patients are encouraged to attend the ante-natal clinics, when the midwives who will attend them in confinement will be present to discuss the case with the clinic medical officer. Visits are made twice monthly by the midwife to her patient's home up to the last four weeks of pregnancy and thereafter weekly until confinement. Co-operation between the Midwifery Service and general practitioners has always been extremely good in the County, and only on very rare occasions since the appointed day have complaints been received, either from doctors or patients, about this Service.

Arrangements for the selection of women for confinement in hospital on social grounds vary according to the policy of local Hospital Management Committees which, in turn, depends to some extent upon the number of beds available. Some Hospital Management Committees require the submission of applications three months before the expected date of confinement: others require four months' notice. From the point of view of the hospitals the longer notice enables proper planning of admissions, but in practice it means that some patients whose admission on social grounds is thought to be essential cannot be admitted because they have delayed making application.

In some Divisions screening is done on behalf of the local Hospital Management Committees of patients seeking admission to maternity units on non-medical grounds. This involves a careful survey of the home environment by the health visitor. Her impartial findings, with the Divisional Medical Officer's comments, are submitted to the Hospital Management Committee and are usually accepted. Cases in which decisions have been reversed are comparatively few. There are, of course, mothers who, on social grounds, should be confined in hospital but do not apply, or refuse to accept admission.

In areas where there is no shortage of maternity hospital beds screening by the Divisional Medical Officer has less value; where there is a known shortage of maternity beds, multipara with good obstetric medical history with good homes are encouraged to have their confinements at home, and in this case a home help is supplied where required. There is a general feeling that the maternity benefit or allowance should be adjusted in favour of the woman who is confined at home.

In most areas of the County rapid transport of mothers in labour to hospital is provided for by the ambulance service. Even so, during the year seventeen babies were born in ambulances.

The last refresher course for midwives was held in 1951. Arrangements are in hand for a refresher course of six lectures to be held in Cardiff in March, 1953. In the planning of these lectures particular care is taken to select subjects that will most suitably illustrate the modern development of midwifery technique and ante-natal care.

TRAINING OF MIDWIVES.

The Part II Training School, which provides accommodation for six pupils at Neath, continues to function, although—as I have stated in previous reports—it is becoming increasingly difficult to find a sufficient number of domiciliary cases in the Neath district to ensure that each pupil midwife attends the requisite number of births, as is also the case in the Part II Training School recently established at the Barry Nursing Home by the local Hospital Management Committee.

SUPERVISION OF MIDWIVES.

This work devolves in the main on the Divisional Non-Medical Supervisors acting under the general direction of the Divisional Medical Officers, with the County Superintendent Non-Medical Supervisor acting on my behalf as liaison officer.

Non-Medical Supervisors are also responsible for the supervision of the Home Nursing Service and the Home Help Service. As in previous years, duties in connection with the latter service took a considerable proportion of their time, and this has remained a matter of concern.

The following figures of midwifery inspections carried out during the year, compared with the previous year, show an increase in the extent to which other claims have been made on the time of these officers :—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of Visits of Inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Domestic Help Services.	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.
(a) To County Midwives	82	102	124	194	63	129	152	182	136	1,164
(b) To Independent Midwives	13	—	2	10	—	4	2	4	2	37
(c) To Nursing Homes	—	3	3	—	—	—	8	1	—	15
(d) To Home Nurses	60	71	39	115	53	116	167	317	111	1,049
(e) To Home Helps and Applicants for Home Help	780	795	781	614	339	533	436	463	870	5,611

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. Regular inspections were carried out during the year to ensure the proper maintenance of the two nursing homes registered under Section 187 of the Public Health Act, 1936.

NURSES' ACTS, 1943 AND 1945.

At the end of the year there was only one agency registered under the Nurses' Acts, 1943-45.

STATISTICS.

	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	377	613	487	377	400	385	422	305	659	4,022
{ As Midwives	377	613	487	377	400	385	422	305	659	4,022
{ As Maternity Nurses	7	80	94	8	30	—	106	123	18	46
Midwives in private practice	1	—	2	19	—	1	—	—	42	6
{ As Midwives	1	—	2	19	—	1	—	—	42	6
{ As Maternity Nurses	—	—	6	—	—	7	—	—	28	4
ADMINISTRATION OF ANALGESICS.										
No. of Midwives in practice in the area qualified to administer analgesics	12	22	20	11	14	10	19	17	16	14
{ Domiciliary	12	22	20	11	14	10	19	17	16	14
{ In institutions	13	7	19	21	14	—	10	22	13	11
No. of sets of apparatus for the administration of analgesics in use by County Midwives	12	22	20	11	14	10	19	17	16	14
No. of cases in which gas and air was administered by County Midwives—										
(a) Acting as Midwives	194	409	254	252	216	242	340	222	465	2,550
(b) Acting as Maternity Nurses	4	34	62	6	17	—	97	81	37	3
No. of cases in which pethedine was administered by County Midwives—										
(a) Acting as Midwives	155	291	113	167	137	162	320	156	238	1,700
(b) Acting as Maternity Nurses	3	13	27	5	9	—	64	64	1	1

MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board, on 1,198 occasions for reasons shown in the following table. This compares with a figure of 1,420 for 1951 and 1,772 in 1950.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1952.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath.	Pontypridd.	Port Talbot.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
RELATING TO MOTHER.										
(i) <i>Ante-natal.</i>										
(a) Albuminuria	—	15	4	9	1	25	3	1	2	60
(b) Eclampsia	—	—	—	1	1	—	—	—	—	2
(c) Ante-partum haem.	1	16	8	10	3	3	1	7	9	58
(d) Abortions	1	43	3	8	26	6	10	4	17	118
(e) Miscellaneous	—	6	3	37	3	14	—	7	22	92
(ii) <i>Natal.</i>										
(a) Placenta praevia	—	—	—	—	1	1	—	—	—	2
(b) Prol. 1st st. lab.	—	—	9	—	—	—	—	—	—	9
(c) Prol. 2nd st. lab.	9	10	11	10	6	4	2	5	9	66
(d) Ab. presentation	3	9	5	1	5	7	—	—	6	36
(e) Miscellaneous	5	19	3	27	6	12	5	15	9	101
(iii) <i>Post-natal.</i>										
(a) P.-n. convulsions	—	—	—	—	—	—	—	—	—	—
(b) Albuminuria	—	—	—	—	—	—	—	—	1	1
(c) Rupt. perineum	7	43	27	43	32	33	8	21	27	241
(d) Plac. abnormalities	5	7	5	1	7	2	2	1	6	36
(e) Post-partum haem.	1	9	—	10	5	12	3	3	3	46
(f) Puerp. pyrexia	1	13	1	5	4	2	6	5	6	43
(g) Breast conditions	—	2	—	1	3	—	—	—	4	10
(h) Stillbirth	—	—	2	—	—	—	—	—	—	2
(j) Miscellaneous	1	14	1	19	3	5	—	9	10	62
RELATING TO INFANT.										
(a) Neo-natal dis.	—	1	5	—	6	—	—	3	—	15
(b) Asphyxia	2	1	4	1	1	3	1	1	6	20
(c) Malformation	—	1	11	4	3	—	—	—	9	28
(d) Eye conditions	1	4	1	11	5	4	5	4	8	43
(e) Prematurity	1	8	5	5	5	7	1	—	5	37
(f) Skin conditions	—	2	—	2	—	—	1	1	—	6
(g) Jaundice	—	1	—	2	—	1	—	—	1	5
(h) Miscellaneous	1	10	—	14	4	8	1	5	16	59
Totals	39	234	108	221	130	149	49	92	176	1,198

GENERAL.

The future of the Domiciliary Midwifery Service is obscure, but if the birth rate continues to fall and hospital maternity beds are used to the best advantage, it will be difficult to justify whole-time midwifery appointments in some parts of the County where whole-time midwives are now engaged, although care must be exercised to ensure that the area is adequately covered and that domiciliary maternity cases are assured the early arrival of a midwife when required. This position is at present under review.

SECTION 24.—HEALTH VISITING SERVICE.

On the 31st December, 1952, the Service comprised the County Superintendent Health Visitor, nine Divisional Superintendents, nine whole-time health visitors, and 105 health visitors/school nurses. Ten of the latter, although not in possession of the Health Visitors' Certificate, had been granted dispensation by the Ministry of Health, which enables them to be employed as health visitors.

Although health visitors have lost some of the duties which, prior to 1948, they undertook in relation to infant life protection, their work remains full and varied. It has been integrated with the follow-up work in connection with the School Health Service, thus forming a co-ordinated Health Visiting Service within which can be gradually developed the extended Service in which the health visitor is envisaged as the health adviser to the whole household. Routine and special visits to expectant and nursing mothers and young children have always formed one of the most important features of the health visitor's work. Unless a problem family is involved, her work rarely "hits the headlines," and although results are not so immediate and obvious as those obtained by her colleagues engaged in domiciliary or hospital nursing, her contribution to the prevention of illness and the safeguarding of maternal and child health is both substantial and far-reaching.

By arrangement with the Children's Department, health visitors report on the family history and other aspects of married couples wishing to adopt a child. Their reports on the environmental circumstances of tuberculous persons and their advice are of particular value to the chest physicians with whom they co-operate in the preventive side of this work. During the year they have regularly visited some of the mental defectives under statutory supervision. The transfer of some of this work from the Mental Health Supervisors was of an experimental nature, but the arrangements have proved to be very satisfactory.

AFTER-CARE OF GASTRIC CASES.

The follow-up of gastric cases which had received treatment at East Glamorgan Hospital was continued during the year. At a later stage consideration might be given to the possibilities of extending this work. There is room for a closer liaison between the health visitors and the general practitioners of the areas in which they work, and I hope shortly to meet representatives of the medical practitioners to discuss the possibilities of making the services of health visitors available to the general practitioner for certain aspects of their work.

STUDENT HEALTH VISITORS.

For each of the past three years assistance has been given to six selected nurses who are desirous of taking the Health Visitors' Course at the Welsh National School of Medicine. Dr. R. T. Bevan, Dr. Gwladys Evans, and Miss E. G. Wright are on the panel of lecturers for this course. These students "earn while they learn," receiving half the minimum of the salary scale for qualified health visitors. Assistance is also furnished to those attending the course by arranging for them to have during their Christmas vacation an opportunity, in company with an experienced health visitor on the County staff, of doing practical health visiting in the County area.

In return for this assistance students give an undertaking to remain in the service of the County Council for a period of not less than two years after the successful completion of their course of training. The numbers thus recruited are supplemented by an occasional appointment resulting from the advertisement of posts from time to time, but the number of suitable candidates recruited from all sources is insufficient to meet the needs in all parts of the County, and several divisions were below strength for a part of the year. The work of the health visitor has been the subject of an investigation—on job analysis lines—conducted by the Nuffield Provincial Hospitals Trust. The results are not yet available, but they will doubtless provide valuable information on the present varied duties of health visitors, with useful recommendations for the best method of utilising the services of these far too few specialist officers.

REFRESHER COURSE FOR HEALTH VISITORS AND SCHOOL NURSES.

For the health visitors in the permanent employ of the Authority the annual refresher course held at Dyffryn House has become an established event. The course held during Whit-week, 1952, was attended by thirty-seven health visitors, who expressed their pleasure at the excellence of the programme of lectures and visits that had been arranged. The programme of the course was as follows:—

1st day	Introductory Lecture—"The Health Visitor and Social Work"	..	..	..	Dr. R. T. Bevan.
	"The Residential Care of Maladjusted Children"	..	..	..	Dr. J. P. Spillane.
	"Socio-Medical Problems associated with a Paediatric Department"	..	..	..	Dr. P. T. Bray.
2nd day	"The Work of the Health Visitor in relation to the Children's Department"	..	..	..	Miss Beti Jones.
	"The Social Problems of the Mental Defective"	..	..	..	Dr. T. B. Jones.
	Visit to Hensol Castle, near Pontyclun.				
3rd day	"The Compilation of Case Notes"	..	..	..	Miss E. G. Wright.
	"The Rehabilitation and Resettlement of the Disabled"	..	..	..	Dr. Idris Davies.
	"The Aged, the Chronic Sick, and the Senile Dement"—Lecture I	..	..	..	Dr. Marjory W. Warren.
4th day	"The Handicapped School Child"	..	..	..	Dr. W. E. Thomas.
	"The Aged, the Chronic Sick, and the Senile Dement"—Lecture II	..	..	..	Dr. Marjory W. Warren.
	Visit to Geriatric Unit, St. David's Hospital, Cardiff.				
	General Discussion.				
5th day	Summary	..	..	..	Dr. R. T. Bevan.

My thanks are again due to the Education Committee and its Chairman (County Alderman Jewelllyn Heycock) and to the Director of Education (Dr. Emlyn Stephens, M.Sc.) for placing Dyffryn House and its excellent facilities at the disposal of my Department.

HEALTH VISITING STATISTICS.

The following table shows the number of health visitors employed in the respective health divisions, and the number of visits paid during the year:—

		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 Vis- itors employed at the end of the year	Whole-time on health visiting	—	—	—	7	—	—	—	2	—	9	
	Part-time on health visiting	11	11	15	3	12	9	16	8	20	105	
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)		6·860	7·000	12·349	8·310	7·600	7·200	12·570	7·240	12·000	81·129	
No. of visits paid by Health Visitors	Expectant mothers	First visits	481	549	1,141	667	439	111	191	520	655	4,754
		Total visits	1,570	1,306	2,541	1,172	692	205	476	733	1,055	9,750
	Children under 1 year of age	First visits	1,132	1,464	1,779	1,097	1,158	1,042	1,914	1,027	1,742	12,355
		Total visits	9,996	8,434	8,792	7,283	7,929	7,497	12,701	8,611	21,498	92,741
	Children between ages 1-5 years	First visits	18	96	20	69	31	7	168	88	266	763
		Total visits	13,590	14,325	15,919	11,408	11,324	12,096	19,336	12,151	19,525	129,674
	Other classes	First visits	2,140	563	1,570	778	792	366	432	749	2,179	9,569
		Total visits	7,245	3,195	5,909	3,492	3,916	2,360	3,336	2,426	8,527	40,406

SECTION 25.—HOME NURSING SERVICE.

The supervisory arrangements for this Service are the same as for the Midwifery Service. The staff actually employed on home nursing on the 31st December consisted of 121 full-time home nurses, twenty-five part-time, and thirteen nurse/midwives.

In most of the Health Divisions there is no direct contact between the Home Nursing Service and the hospitals. The general procedure in respect of patients requiring the services of a home nurse on discharge from hospital is for the private practitioner to be informed by the hospital of the date of discharge and the nature of the treatment given or recommended. These arrangements work more smoothly when there is no delay on the part of the hospitals in sending their reports to the practitioners, particularly regarding diabetics requiring insulin injections. In cases where further nursing treatment is required the practitioner requests the nurse to attend and gives her appropriate instructions regarding treatment.

The Home Nursing Service is a very popular and much respected Service. Prior to 1948 the District Nurse was a familiar figure in many of the townships and villages in Glamorgan, and in times of emergency requiring nursing aid her help was sought by subscribers and non-subscribers to the funds of the local Nursing Association. No longer does the question of service to subscribers arise, but her help is available to all who need nursing care. The demands for her assistance are such that she can cope with her work only with extreme difficulty, and it is sometimes necessary to protect her from the excessive demands which are made upon her. In some areas the co-operation of general practitioners has been sought to relieve the home nurse of treating patients who were well enough to attend the doctors' surgeries for the injections they were receiving.

The self-administration of insulin by a diabetic patient is not a fearsome procedure. In residential schools for diabetic pupils, children are taught to give themselves insulin injections of the prescribed dosage. One would think that the injection of insulin would not be beyond the capacity of an intelligent member of the patient's household. It is, of course, done in many instances, either by the patient or a member of his family and is a self-help service that might well be encouraged and extended.

The proportion of chronic cases attended still remains very high. In 1952 the number of chronic patients attended was 6,368, compared with 8,662 other types.

The home nurses work well with the chest physicians, who speak highly of their service in the domiciliary treatment of tuberculous patients. Treatment of these patients is usually a very lengthy procedure involving frequent visits and injections. Where penicillin or streptomycin is used some of the home nurses who are allergic to these drugs have had unpleasant reactions, and goggles and gloves have been issued for use by nurses when administering these drugs.

There is no night-nursing service in this County, although late evening visits for 10 p.m. injections make severe inroads into the leisure time of some of the nurses.

Unfortunately it is not possible to arrange for residential refresher courses for these officers. The call on their services is so heavy that we have been able only to arrange two-day courses at the County Hall, Cardiff. The course was duplicated in order that the nurses could attend in two groups. Although the course was brief, the nurses thoroughly appreciated the opportunity of learning something of the modern methods of treatment, as well as the care of the chronic sick and infirm. The programme of the course given below:—

Subject.	Lecturer.
"Home Nursing of the Tuberculous Patient" ..	Dr. S. H. Graham, Chest Physician.
"Nursing of the Aged Sick"	Dr. J. Thomas, Medical Officer-in-Charge, Geriatric Unit, St. David's Hospital, Cardiff.
"Practical Nursing of the Aged" ..	Sisters from Geriatric Unit, St. David's Hospital, Cardiff.
"Home Help Service"	County Home Help Organiser.
"Treatment of Common Skin Diseases" ..	Dr. Geoffrey Hodgson, Consultant Dermatologist.
	General Discussion.

A limited amount of training of nurses in district work could be made available at the Neath Nurses Home. There are difficulties in arranging this, particularly when vacancies have to be filled immediately; often there is little choice of candidates, and the housing shortage serves, in many instances, to restrict the selection of candidates to married nurses already residing in the area to be covered.

The following comparative table shows the demands made upon this Service during the last four years :—

Year.	Cases attended.	Visits paid.
1949	12,150	339,608
1950	15,510	391,861
1951	16,692	435,285
1952	15,030	445,014

The summary of work performed given below indicates the relative nursing care paid to acute and chronic cases :—

Health Divisions.	No. of Cases attended.								No. of Cases remaining on the registers at the end of the year.			
	First Visits.				Total Visits.							
	Medical.		Surgical.		Medical.		Surgical.					
	Acute.	Chronic.	Acute.	Chronic.	Acute.	Chronic.	Acute.	Chronic.	Acute Medical.	Chronic Medical.	Acute Surgical.	Chronic Surgical.
Bardare and Mountain Ash	560	341	203	54	9,083	29,161	4,793	7,191	50	146	16	27
Barphilly and Gelligaer ..	880	450	614	113	8,826	28,177	7,626	8,096	29	210	39	49
Mid-Glamorgan	627	341	450	136	7,555	31,386	6,324	11,460	22	222	23	95
Neath and District ..	560	309	259	69	5,918	24,106	4,452	6,044	36	119	14	34
Pontypridd and Llantrisant	384	243	336	95	3,835	15,274	3,619	6,209	23	109	21	38
Port Talbot and Glyncoirwg	530	511	209	176	6,494	17,174	2,922	7,724	35	174	15	50
South-East Glamorgan ..	488	446	326	128	8,277	35,822	5,873	8,714	44	226	34	78
West Glamorgan	389	396	310	109	4,607	32,255	4,877	8,300	20	199	15	49
Yhondda	695	439	321	90	15,679	42,034	5,507	9,620	65	321	12	57
Totals	5,113	3,476	3,028	970	70,274	255,389	45,993	73,358	324	1,726	189	477

SECTION 26—VACCINATION AND IMMUNISATION.

The tables on pages 32, 33 give details of this work undertaken under Section 26 of the National Health Service Act, 1946, in the County Council clinics and by general practitioners during the year.

VACCINATION AGAINST SMALLPOX.

The comparative totals shown in the table on page 32 reveal a considerable decrease in the number persons vaccinated and re-vaccinated during the year.

The scheme for vaccination and immunisation provides for arrangements to be made with all general medical practitioners in the County to carry out vaccination and re-vaccination against smallpox. The results have been very disappointing. No amount of propaganda or persuasion has been able to influence parents in favour of this simple safeguard against a disease which can quickly kill the unprotected. At the end of 1952 approximately 10,245 children born during the year remained unvaccinated, and only 15 per cent of babies born during the year had been successfully vaccinated. This apathy towards vaccination is not peculiar to Glamorgan.

In the Caerphilly and Gelligaer Division the experimental vaccination clinics established at Bargoed and later extended to Caerphilly proved that there were no practical difficulties in undertaking this work in local Health Authority clinics, provided they are held sufficiently often to permit a close check on the vaccination. This cannot be done in the fortnightly rural clinics. Elsewhere vaccination is undertaken solely by general practitioners. The Caerphilly results were sufficiently encouraging to justify the Committee authorising an extension of this work to other Health Divisions where vaccination centres will shortly be set up in conjunction with some of the infant welfare clinics. It is hoped to secure the co-operation of general practitioners, health visitors, and midwives, but much will depend upon the power of persuasion of the health visitor on her second routine visit to the home, i.e. when the child is three months old, as it is considered desirable that vaccination should be done when the child is four months old.

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1952.						Age at 31st December, 1952.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	75	3	1	5	20	104	—	—	—	1	46	47
Caerphilly and Gelligaer ..	232	42	30	8	27	339	—	1	1	5	64	71
Mid-Glamorgan	84	3	16	18	79	200	—	—	—	7	73	80
Neath and District	94	3	9	16	21	143	—	—	1	11	95	107
Pontypridd and Llantrisant ..	65	12	10	12	45	144	—	—	—	—	57	63
Port Talbot and Glyncofrwg ..	46	6	5	9	52	118	—	—	—	1	23	24
South-East Glamorgan	123	142	51	42	70	428	3	2	9	18	229	252
West Glamorgan	22	39	3	4	42	110	—	1	—	4	64	75
Rhondda	101	2	20	23	120	266	1	—	2	6	170	173
Totals 1952	842	252	145	137	476	1,852	4	4	13	53	821	884
Totals 1951	1,131	435		155	897	2,618	9	27		62	1,561	1,638

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

DIPHTHERIA IMMUNISATION.

Offers of immunisation against diphtheria have for many years been well received by parents. Immunisation can be done either by the general practitioner or at the Local Health Authority's Clinic. Most of the work is carried out in special immunisation clinics when the numbers of children to be vaccinated are large.

arrant this; otherwise it is done during routine infant welfare sessions. Although there is a general propaganda drive by means of suitable posters and the distribution of literature to encourage parents to accept immunisation, I think the efforts of the health visitor in her personal contacts with the mothers are the most successful agency for this purpose.

During the months when the incidence of poliomyelitis is greatest, immunisation work is generally left in abeyance, being done only at the specific request of parents desiring it. Primary injections are usually given when the child is eight months old; booster injections are given, usually on school premises, to children of 5 and 10 years of age. Head teachers and their staffs are very helpful in this matter, and do much to persuade the parents to have their children of school age immunised.

During 1952, 8,700 children completed a full course of primary immunisation and 5,755 children were given a secondary or reinforcing injection. The corresponding figures for 1951 were 8,700 and 7,799, respectively.

During the first ten years of the present century the average number of deaths from diphtheria in Glamorgan was 237 per annum. In 1940 there were 98 deaths, and it is pleasing to record that last year was the fourth successive year with no deaths from this disease.

DIPHTHERIA IMMUNISATION.

Health Division.	Number of children who completed a full course of Primary Immunisation.							Total.	Total number of children who were given a Secondary or Reinforcing Injection.
	Age at the date of the Final Injection.								
	—1.	1.	2.	3.	4.	5-9.	10-14.		
Cardare and Mountain Ash ..	366	101	16	9	13	122	1	628	861
Cerphilly and Gelligaer ..	386	341	52	31	45	132	1	988	931
Card-Glamorgan	272	605	153	74	37	257	86	1,484	792
Card and District	533	202	36	9	7	27	5	819	488
Cardpridd and Llantrisant ..	345	303	39	14	3	24	5	733	460
Card Talbot and Glyncoirwg ..	331	257	63	43	22	32	2	750	437
Card-East Glamorgan	518	461	52	14	8	68	13	1,134	1,323
Card Glamorgan	261	326	58	13	—	13	—	671	97
Rhondda	415	916	81	28	19	34	—	1,493	366
Totals	3,427	3,512	550	235	154	709	113	8,700	5,755

WHOPPING COUGH IMMUNISATION.

The arrangements for immunisation against whooping cough, which had hitherto been confined to the Cerphilly and Gelligaer and the Rhondda Health Divisions will be extended to the remaining Health Divisions in April, 1953. It is expected that there will be a demand by parents for this protection for their children, and it is proposed that the combined whooping cough and diphtheria immunisation should be introduced in order to cut down the number of injections which would otherwise be required.

SECTION 27.—COUNTY AMBULANCE SERVICE.

In 1952 again the demand on the County Ambulance Service was very great. 1,678,370 miles were travelled in the removal of 262,533 patients, the total number of journeys involved being 66,067.

Compared with the figures for 1951 there was a 5·88 per cent increase, viz. 93,176, in the miles travelled. Owing to difference in methods of compilation, comparisons with the full year are not possible in respect of patients carried and the number of journeys made. Compared with the July–December period 1951, the figures for the last six months of 1952 show an increase of 21,271 in the number of patients conveyed and a reduction of 331 in the number of journeys made.

The total cost of this County Service in 1952–53 was £169,066 10s. 2d. which represents a large proportion of the total cost of the services for which the Health Committee is responsible.

To ensure the economic use of the Ambulance Service the co-operation of the patient, the private practitioner, and the hospital staff is required. There is usually little doubt about the genuineness of requests made on behalf of a person requiring conveyance as a stretcher case, but the same observation cannot be made so readily about many of the sitting cases, particularly those who are regular visitors to some of the hospital out-patient departments. The usual procedure is that the general practitioner will issue the first certificate recommending the patient's conveyance for an examination or for treatment as an out-patient. The need of ambulance transport for subsequent journeys should be certified by the hospital, but these arrangements are not always as efficient in some areas as they should be. Instances are not unknown of patients changing their doctor because of his refusal to issue certificates for transport which he considered had been unjustifiably requested.

The driver through his Station Leader, of course, can and does report the reasons which cause him to doubt the validity of certain medical recommendations, but he cannot refuse to carry the patient although it may be well known to him that the patient who expects to be picked up at his home by ambulance on the days when he is due to attend hospital is able to move about, attend cinemas and football matches, and travel on the local bus without apparent difficulty or discomfort at other times. Correspondence with hospitals and general practitioners about individual patients, and my personal contacts with members of the Medical Committee with whom I have discussed the problem, have resulted in some improvement. This is sometimes only of a temporary nature, and "eternal vigilance" has to be exercised in an attempt to prevent serious abuse of this Service by those whose thoughtlessness and selfishness are indirectly responsible for some of the complaints made regarding delays, unpunctuality, the overcrowding of vehicles, and roundabout journeys.

The agency arrangements under which vehicles of the Order of the Priory of St. John operated from fourteen sub-Stations terminated on the 4th July, 1952. By the end of the year only three private contractors using their own vehicles remained under contract with the Ambulance Service.

Twenty-six new vehicles were purchased and placed in commission during 1952; this figure includes provision of fourteen ambulances to replace the St. John's vehicles which were not transferred to the County Council. The numbers of operational vehicles and personnel in the Service at the end of the year were seventy-nine ambulances and two cars, plus twenty-one reserve vehicles and 187 officers and drivers.

Towards the end of the year the vehicles operated under the Barry Area control were fitted with a system of two-way radio telephony. Information available from a brief working of this experiment indicates that since its introduction there has been an improvement in the efficiency of the Service by reason of the fact that vehicles away from their base are always under control of the Station Leader, who can direct

em when necessary to deal with emergencies or requests received since leaving the station. I am pleased to report that the Committee have recommended that financial provision be made during the coming year for the introduction of the partial scheme of vehicle control by radio telephony which, unfortunately, had to be postponed early in 1952.

The Station Leaders and their deputies have sometimes had difficulty in meeting all the calls made for the service, but in the main these difficulties have been met by mutual aid and co-operation between the different Station Leaders. Without their good work and keen interest in maintaining the efficiency of the service, complaints—though fortunately rare—would have been more frequent, for during the peak hours of weekdays the Service is working to the limit of its capacity.

The County Petroleum Officer, Mr. Gwilym Morgan, has freely given his advice on the many matters which have arisen relating to petrol supplies and the purchase and installation of petrol pumps at stations and sub-stations. Without his interest, opportunities of acquiring suitably sited tanks and pumps would have been lost, and his expert knowledge on these and kindred matters has been invaluable.

PREMISES.

It is pleasant to report the completion of certain minor works, which have resulted in improved garage accommodation or amenities for personnel at some of the stations and sub-stations. Since the appointment of a limited degree of success has been achieved in the efforts which have been made to find garages worthy of the new vehicles or the staff engaged in their operation. The acquisition of sites and the construction of premises are processes which seem both tedious and long, and we have yet to build a new area control station and a sub-station designed specifically for this Service.

The following major changes took place during the year :—

Treforest Control Station	.. ..	Provision of additional garage accommodation completed for three vehicles.
Bargoed Control Station	.. ..	Commenced adaptation and extension of premises for station.
Ogmore Vale Sub-Station	.. ..	Transferred from Fire Service premises to garage leased by County Council.
Penarth Sub-Station	.. ..	Adaptations commenced at "The Lindens."
Onllwyn Sub-Station	.. ..	Provision of lavatory wash-basin, water heater, etc.
Ynysybwll Sub-Station	.. ..	do.
Gorseinon proposed Control Station	.. ..	Premises at West Street, Gorseinon, purchased for adaptation as Control Station.
Pontlottyn Sub-Station	.. ..	Premises purchased for adaptation as Sub-Station.

The inclusion of proposals for the erection of a new Control Station at Treallaw and Sub-Stations at Llanfair, Caerphilly, Bryn, and Llantwit Major in the 1953 building programme brings a revival of hope that some measure of progress will be made in the furtherance of these necessary projects.

Again I wish to express my appreciation of the excellent co-operation of the Western Region of the British Railways Executive in the arrangements made for the transport of patients by rail and also that of the ambulance services of other Local Health Authorities who often, at short notice, undertake the collection of patients at the end of their train journeys and their conveyance to the address required. 157 patients were conveyed under these arrangements in 1952.

The extent of growth of this very useful and time-saving method of long distance transport of patients is shown in the following table. The estimated saving of vehicle mileage during 1952 was 46,574 miles; this is equivalent to the average annual mileage of $2\frac{1}{4}$ ambulance vehicles :—

CONVEYANCE OF PATIENTS BY TRAIN IN ACCORDANCE WITH
ARRANGEMENTS MADE WITH BRITISH RAILWAYS (WESTERN REGION)

	Number of Patients Conveyed.			Estimated Saving of Vehicle Mileage.
	Recumbent.	Sitting Cases.	Total.	
1949	41	31	72	22,798
1950	30	42	72	20,518
1951	38	83	121	38,354
1952	34	123	157	46,574

From time to time letters are received from patients or their relatives complimenting the Department on the smooth manner in which these journeys have been carried out, thus acknowledging not only the good work of our own Ambulance Service but that of the staff of the British Railways and of the Ambulance Service of some other Local Health Authority.

TRAINING OF PERSONNEL.

In accordance with the Ministry's suggestion, the training of personnel is encouraged, and the Committee has decided that all personnel should undergo an annual refresher course in First Aid.

SERVICING OF VEHICLES.

The arrangements under which the County Surveyor undertakes the servicing and maintenance of County ambulance vehicles have continued to work satisfactorily. Most of this work is done at the County Council's depot at Waterton, except for vehicles stationed in the outlying parts of the County, which are serviced at local commercial garages but are sent to Waterton for major overhauls.

It has still to be proved that there is a worthwhile saving in the employment of vehicles of smaller horsepower and carrying capacity, and it is likely that more frequent replacement of this type of vehicle will be necessary than of the heavier vehicles. There is a definite place for both types of vehicles in a large service, but the hopes of introducing a preponderance of light vehicles are not justified by our experience of the last two years.

DAMAGE TO VEHICLES.

A strict return of all damage sustained by vehicles is maintained, and all accidents involving damage—trivial or otherwise—to our ambulances are reported. Where necessary local enquiry is made into the circumstances and appropriate disciplinary action taken. The healthy rivalry between the various stations to keep down the accident rate continues. Last year in 1,478,495 miles run by County Council-owned ambulances the vehicles were involved in eighty accidents. This gives a rate of 0.541 accidents per 10,000 miles, or one accident for every 18,481 miles travelled. These figures show a considerable improvement on the 1951 figures of 0.621 accidents per 10,000 miles, or one accident for every 16,094 miles travelled, and compare favourably with other large fleets where vehicles are in almost constant use.

The accident rates for 1951 and 1952 for the vehicles in each control area are set out in the following table :—

ACCIDENT RATES.

1951.				1952.			
Control Area.	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.	Control Area.	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.
Pontardawe ..	4	3	0.339	Pontardawe ..	9	3	0.229
Treforest ..	13	14	0.529	Neath	13	7	0.305
Aberkenfig ..	11	11	0.571	Barry	8	7	0.409
Bargoed ..	8	11	0.607	Treforest ..	17	16	0.505
Llwynypia ..	9	13	0.657	Aberkenfig ..	13	12	0.556
Neath	11	14	0.789	Bargoed ..	9	16	0.810
Barry	8	11	0.807	Llwynypia ..	9	19	0.879

Perhaps the term "accident" is a little misleading in relation to the eighty incidents referred to as having occurred in 1952. Forty-three arose from minor "collisions" with other vehicles. The damage ranged from a broken window in the driver's cab or a damaged door handle to the more serious accidents: for example, the most expensive accident comprised "a damaged lower body panel, the near-side rear wing, and a broken door retainer" which was repaired at a cost of £27 5s. 0d. Only in three accidents during the year were injuries alleged to have been sustained by third parties.

OPERATIONAL DETAILS.

The following tables show the details of the work carried out by the County Ambulance Service during the twelve months ended the 31st December, 1952 :—

Table "A." Monthly details of work done by all sections of the service.

Table "B." Monthly details of work done by County Council owned vehicles.

Table "C." Monthly details of work done by vehicles owned by the Order of St. John.

Table "D." Monthly details of work done by contractors, private hirers.

TABLE A.
MONTHLY TOTALS OF WORK DONE BY ALL SECTIONS
OF THE COUNTY AMBULANCE SERVICE.
Year ended 31st December, 1952.

Month.	Patients.	Journeys.	Miles.
January ..	21,859	5,679	140,837
February ..	20,049	5,323	132,170½
March ..	21,166	5,622	139,221½
April ..	19,948	5,263	133,070½
May ..	23,446	5,777	146,152
June ..	20,629	5,308	133,478
July ..	22,887	5,888	147,071½
August ..	19,271	5,464	130,728
September ..	23,665	5,535	142,971
October ..	25,050	5,615	152,107
November ..	22,889	5,222	140,368
December ..	21,674	5,371	140,195
	262,533	66,067	1,678,370

TABLE B.
MONTHLY TOTALS OF WORK DONE BY THE COUNTY
COUNCIL-OWNED VEHICLES.
Year ended 31st December, 1952.

Month.	Patients.	Journeys.	Miles.
January ..	16,889	4,525	110,210
February ..	15,446	4,176	102,264
March ..	16,720	4,463	109,356
April ..	15,975	4,253	105,723
May ..	18,838	4,713	118,064
June ..	16,423	4,318	107,225
July ..	21,688	5,519	139,092
August ..	18,874	5,241	126,876
September ..	23,116	5,310	139,010
October ..	24,493	5,405	147,596
November ..	22,397	5,050	136,798
December ..	21,153	5,170	136,281
	232,012	58,143	1,478,495

TABLE C.
MONTHLY TOTALS OF WORK DONE BY THE ORDER
OF ST. JOHN.
Year ended 31st December, 1952.

Month.	Patients.	Journeys.	Miles.
January ..	3,749	790	23,571
February ..	3,439	825	23,665
March ..	3,345	857	23,863
April ..	3,376	794	23,198
May ..	3,953	813	23,648
June ..	3,615	765	21,739
To 4th July only ..	614	115	3,205
	22,091	4,959	142,889

TABLE D.
MONTHLY TOTALS OF WORK DONE BY CONTRACTOR
AND PRIVATE HIRERS.
Year ended 31st December, 1952.

Month.	Patients.	Journeys.	Miles.
January ..	1,221	364	7,056
February ..	1,164	322	6,241½
March ..	1,101	302	6,002½
April ..	597	216	4,149½
May ..	655	251	4,440
June ..	591	225	4,514
July ..	585	254	4,774½
August ..	397	223	3,852
September ..	549	225	3,961
October ..	557	210	4,511
November ..	492	172	3,570
December ..	521	201	3,914
	8,430	2,965	56,986

MONTHLY AVERAGE OF MILES TRAVELLED.

1948	..	..	..	75,098
1949	..	..	..	115,970
1950	..	..	..	135,255
1951	..	..	..	132,099
1952	..	..	..	139,864

PERCENTAGE INCREASE OR DECREASE IN MONTHLY AVERAGE OF MILES TRAVELLED.

1949 over 1948.	1950 over 1948.	1951 over 1948.	1950 over 1949.	1951 over 1949.	1951 below 1950.	1952 over 1948.	1952 over 1951.
Increase.	Increase.	Increase.	Increase.	Increase.	Decrease.	Increase.	Increase.
54.4%	80.1%	75.9%	16.6%	13.9%	2.3%	86.2%	5.9%

The County Council's original proposals under Section 27 of the National Health Service Act, 1946, provided for the establishment of seven ambulance control stations and forty-nine ambulance sub-stations. The position at the 31st December, 1952, was as follows:—

*Centres at which Ambulance Stations and
Sub-stations have been established.*

*Telephone Number of
Ambulance Control Station.*

Bargoed Control.

Bargoed 174.

Pontlloftyn.

Nelson.

Llanbradach.

Senghenydd (private contractor).

Caerphilly.

Barry Control.

Barry 1735.

Penarth.

Whitchurch (two ambulances).

Aberkenfig Control.

Aberkenfig 303.

Caerau.

Maesteg.

Pontycymmer (private contractor).

Ogmore Vale.

Kenfig Hill.

Pencoed.

Cowbridge.

Porthcawl.

Llwynypia Control.

Tonypandy 2301.

Treherbert (private contractor).

Ferndale (two ambulances).

Porth.

Trealaw.

*Centres at which Ambulance Stations and
Sub-stations have been established.*

*Telephone Number of
Ambulance Control Station.*

Neath Control.

Neath 871.

Banwen.
Seven Sisters.
Glyncorrwg.
Cymmer.
Bryn.
Port Talbot (two ambulances).
Glyncastle (Resolven).

Pontardawe Control.

Pontardawe 2132.

Cwmllynfell.
Ystalyfera.
Gwauncaegurwen.
Clydach.
Pontardulais.
Gorseinon.
Gowerton.
Reynoldston.

Treforest Control.

Treforest 2112.

Hirwaun (two ambulances).
Aberdare.
Mountain Ash (two ambulances).
Penrhiwceiber.
Hopkinstown.
Gilfach Goch.
Coed Ely.
Llantrisant.
Ynysybw.

Fire Service Premises.

Premises shared generally with the Fire Service are as follows :—

Ambulance Control Stations.

Fire Service Station, Bargoed.
Fire Service Station, Treforest Trading Estate.

Ambulance Sub-Stations.

Fire Service Station, Cowbridge.
Fire Service Station, Porthcawl.

Endeavours are being made to obtain suitable alternative premises as the space now occupied in fire stations by ambulances and ambulance personnel is required for Fire Service purposes.

PERSONNEL.

The position as regards personnel as at the 31st December, 1952, is set out below :—

	Grade.			Driver/Attendant.
	County Ambulance Officer.	Ambulance Station Leader.	Deputy Ambulance Station Leader.	
Authorised establishment	1	7	21	160 rising to 202.
Actual establishment : 31st December, 1952	1	7	21	County Council employees .. 159 Private hirers 8 167

VEHICLES.

In the proposals approved by the Minister of Health the County Council are authorised to operate eighty-two vehicles (seventy-four ambulances, seven sitting-case cars, and one car for the County Ambulance Officer). Owing to the number of vehicles which are off the road at any one time undergoing repairs, and the further number temporarily withdrawn for routine servicing, it has been found necessary to maintain considerably larger number of vehicles. As a result of experience a gradual replacement of sitting-case cars by small vehicles of the Utilicon type is being effected. The total numbers of vehicles comprising the Ambulance Service as at various dates are shown in the following table :—

	31st December, 1949.		31st December, 1950.		31st December, 1951.		31st December, 1952.	
	Ambulances.	Cars.	Ambulances.	Cars.	Ambulances.	Cars.	Ambulances.	Cars.
Transferred vehicles	38	2	31	2	21	—	10	—
Subsequently purchased by County Council	41	4	52	3	64	3	90	3
Total County Council-owned vehicles	79	6	83	5	85	3	100	3
Driver of St. John	14	—	14	—	14	—	—	—
Private contractors	3	—	3	—	3	—	3	—
Totals	96	6	100	5	102	3	103	3

SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Apart from the local liaison between individual chest physicians and the Divisional Medical Officers, the County Medical Officer holds occasional conferences with the chest physicians, when existing arrangements for the preventive and home nursing sides of tuberculosis after-care work are discussed with a view to their better co-ordination and improvement.

The home nurses play an important part in the domiciliary treatment of the tuberculous patient who is nursed at home, but the health visitor renders assistance not only by her attendance at the "contact" clinics, but by her advice and influence in the home of the patient. Her reports are of particular value, both to the chest physicians and to the District Medical Officers of Health.

The Committee has recently agreed to train some of the Assistant Medical Officers in the administration of B.C.G. in readiness for the time when this form of vaccination against tuberculosis will be more generally used. In the meantime the chest physicians are administering B.C.G. to selected contacts of tuberculosis, the arrangements being under the general supervision of Professor Heaf, the Regional Adviser in tuberculosis. During the year 1952 1,607 persons received B.C.G. vaccination.

The scheme for the supply of bedding, extra nourishment, etc., to tuberculous patients could not be operated without risk of abuse were it not for the help of the chest physicians on whose recommendations we rely in dealing with applications for this form of assistance. The local officers of the National Assistance Board are most helpful in assisting any families within their purview.

It was found necessary during 1952 to make boarding-out allowances in respect of ten children who, with the consent of their parents, had been removed from tuberculous households in order to prevent the spread of infection.

During the year the Welsh Board of Health informed Local Health Authorities of the procedure to be followed in the placing in ordinary employment of persons with open tuberculosis.

The Board expressed the opinion that, provided suitable cases are placed in employment after consultation with the chest physician and Medical Officer of the Local Health Authority, there would be no general bar against the employment of persons with open tuberculosis. Experience has shown that no harm has come of admitting such persons to ordinary employment so long as the work undertaken is, in medical opinion, suited to the individual's physical capabilities and unlikely to prejudice his own health and involve risk to the health of others.

ISSUE OF MEDICAL COMFORTS.

The issue of nursing requisites to tuberculous or other cases of illness being nursed at home continues as a part of the home nurses' duty. The larger items and those not in general demand are issued from the Divisional Office, and a periodic check is made to see whether the articles borrowed are still required. No charge is made for the articles lent. Stocks of invalid chairs, spinal carriages, and special beds are at times insufficient to meet the demands and Divisional stocks have to be supplemented by borrowing from adjacent Divisions where possible, or purchasing additional supplies. During the year, 4,502 issues were made compared with 5,089 in 1951.

CONVALESCENCE.

Last year periods of convalescence were authorised for ninety-one persons, but only seventy-five actually accepted the vacancies when offered. The men went to Porthcawl Rest and the women to "Arosfa" Porthcawl, and the majority stayed for a fortnight. Most of the applicants were referred by the family doctor and were middle-aged or elderly.

X-RAY EXAMINATION OF TEACHERS, ETC.

In June, 1952, the Committee agreed that the cost of X-ray examinations of teachers, canteen staff and the staff employed at Children's Homes should be regarded as a charge on the Services provided under Section 28 of the 1946 Act. Assistant Medical Officers of the Department, as from the 1st April, 1952, have been undertaking the medical examinations of candidates applying for admission to colleges and of entrants to the teaching profession in accordance with the following procedure.

a) Candidates applying for admission to Colleges.

- (i) Applicants who are school pupils will be examined by the School Medical Officer of the area where they live, who will have been concerned with, or have access to, the records of the candidate's medical examinations at school. It is suggested that where possible the examination which normally takes place during the last year at school should be the occasion on which the appropriate medical report is made. If this is not possible, a special examination should be made as soon as possible after the date of application to college, i.e. if possible during the autumn term preceding admission to training.
- (ii) Applicants for admission after National Service, or after a university or other course not taken under the Training of Teachers Regulations, or mature entrants who have had no recent connection with the School Health Service, will be examined by the School Medical Officer of the area in which the candidate is resident. This will in many cases be the area in which he or she attended school.

b) Entrants to the Teaching Profession.

- (i) Intending entrants to the teaching profession on completion of an approved course of training will be examined as at present by the college medical officer.
- (ii) Entrants to service in schools subject to Regulation 12 of the Schools Grant Regulations, 1951, and to Regulation 19 of the Handicapped Pupils and School Health Service Regulations, 1945, other than those completing an approved course of training, will be examined by the School Medical Officer of the appointing local education authority.

As from the 1st April, 1953, an X-ray examination of the chest will be required as an essential part of the medical examination on entry to the teaching profession.

TUBERCULOSIS.

Treatment in Switzerland.

The National Health Service Act, 1951, empowered the Minister of Health to make arrangements for the treatment of tuberculous persons in hospitals or sanatoria outside Great Britain and Northern Ireland.

Beds have been made available in two sanatoria in Davos, Switzerland. Suitable cases are selected by the chest physicians on behalf of the Regional Hospital Board. The travelling and currency arrangements are made on behalf of the Minister by the County Director of the British Red Cross Society, by whom a travel agent is also provided.

The opportunities provided under this scheme bring new hope to those whose condition warrants their application for admission to the limited accommodation available at Davos for patients referred under the provisions of the 1951 Act.

During the year eight patients were sent from the Administrative County.

B.C.G. Vaccination.

The Ministry of Health gave consent in 1950 to the use of B.C.G. vaccine by chest physicians and others trained in its use in any individual case in which he considers it desirable and is satisfied through necessary preliminary tests that it can be suitably given. Following this general approval of the Ministry it is interesting to note in the following table the marked increase in the number of B.C.G. vaccinations given by the chest physicians last year in respect of patients in Glamorgan.

	Age at Date of Vaccination.				Total.
	Under 1 year.	1-4 years.	5-14 years.	15 years or over.	
No. of males vaccinated	63	185	487	39	774
No. of females vaccinated	59	154	486	134	833
Totals—1952	122	339	973	173	1,607
1951	89	239	604	166	1,098

HEALTH EDUCATION.

Copies of the *Better Health* journal are supplied to all schools in the County. A large variety of posters and pamphlets relating to health matters are held in the Central Health Department, and are available on request to Divisional Medical Officers. Many of the Divisional Medical Officers feel that the display of posters in clinics is not the best medium of health education. Some Divisions have been able to arrange film shows at local clinics, with varying results, as many mothers have very little spare time during the morning or afternoon.

In the Port Talbot area the Health Exhibition Stands supplied by the Central Council for Health Education have been displayed in places such as libraries, the food offices, and clinics, the topics and wall posters being frequently changed. It is exceedingly difficult to form an opinion as to the value of these displays. They certainly bring current health topics to the notice of the public, but the interest they evoke is quite ephemeral.

The health visitor who enjoys the confidence of the mothers and teachers in her district in her frequent visits to the homes and schools, is able to make the most valuable contribution in health education. Opportunities for group talks in clinics and schools are taken by the health visitors wherever possible.

Having already commented in my 1952 annual report as School Medical Officer on the deaths of children of school age in the Administrative County, I make no apology for again mentioning the appalling loss of child life due to road accidents. Deaths due to violence, including road accidents, accounted for more than a quarter of the total deaths of children of school age in 1951. The Education Committee, the County Safety Committee, the Standing Joint Committee, and the Health Committee are fully alive to the need to reduce these figures, and my Department will gladly co-operate in any measures designed to prevent this preventable and lamentable loss of young life.

The importance of taking all possible precautions against accidents in the home has also been stressed at Divisional Medical Officers' conferences, and the health visitors have been asked to pay special attention to this matter. The need of special care to prevent accidents to the aged infirm was one of the subjects specially discussed at one of the lectures at the home nurses' refresher course during the year.

Some of the Divisions have been fortunate in securing the co-operation of cinema managers to show special slides or films on health matters, although there is a large section of the cinema-going public who thoroughly dislike the introduction of advertising or other forms of propaganda in the local cinema programmes.

The Divisional Medical Officer of the Rhondda, Dr. D. J. Thomas, states that past experience in connection with organised public lectures on medical subjects shows that these lectures are not well attended by the younger members of the adult population, and he suggests that the Local Education Authorities might introduce courses of education on health matters in the last year in the secondary schools and in the youth clubs.

There are no leaflets or posters specially prepared for use in the area. The material used is, in the main, supplied by the National Association for Maternity and Child Welfare and the Central Council for Health Education. The approximate annual amount spent on posters and publications is £700.

SECTION 29.—HOME HELP SERVICE.

There is a County Organiser of Home Helps on the Central Staff of the County Medical Officer. At divisional level supervisory work is done by the Non-Medical Supervisors of Midwives and Home Nurses.

The number of home helps employed on the 31st December, 1952, is shown below, and for the purpose of comparison the numbers for the four preceding years are also given :—

Year.	Whole-time.	Part-time.	Casual.
1948	44	26	—
1949	106	63	—
1950	105	153	27
1951	76	121	183
1952	64	102	265

The experience gained in most of the Divisions since this Service commenced has enabled a more accurate assessment to be made of the needs of the applicants, thus enabling a more economic use to be made of the time of the personnel available. The employment of part-time helps has proved to be of considerable value. Where assistance is required in homes that are not too far distant it is often possible for the service of a home help to be shared for one or more mornings by applicants whose request for continuous service is not justified or cannot be met owing to the local demands on the service.

The following table shows the number of home helps employed in each Division and the number and types of cases where help was provided during the year :—

HOME HELP SERVICE.

	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.	Total.
No. of Home Helps em- ployed at the 31st Dec- ember, 1952—										
Whole-time ..	11	12	5	1	4	—	15	3	13	64
Part-time ..	—	8	18	12	10	19	9	11	15	102
Casuals ..	37	12	47	24	21	16	33	27	48	265
No. and types of cases where Home Help was provided during the year—										
Maternity ..	17	20	30	19	21	20	89	31	52	299
Tuberculous ..	12	16	8	8	7	17	20	5	17	110
Chronic sick ..	85	14	111	39	58	32	65	80	107	591
Aged and infirm ..	113	108	38	87	37	59	80	62	138	722
Blind ..	17	7	15	11	6	10	7	11	15	99
Mental ..	—	—	—	—	2	—	—	2	—	4
Acute sick ..	23	42	39	26	20	13	53	35	27	278
Others ..	5	2	3	1	—	—	1	2	14	28
No. of cases in which charges were made in accordance with the re- covery scale—										
Whole fee charged	13	11	26	25	4	26	67	22	10	204
Part fee charged ..	51	37	72	30	28	21	114	57	65	475
Free service	208	161	146	136	119	104	134	149	295	1,452

In Divisions where the demand for the service is heavy the administration of this service presents perplexing problems, which are increased by urgent demands for service which can only be met by last minute alterations or cancellations of pre-arranged programmes, causing inconvenience to the households whose help has been withdrawn.

The high sickness rate of the home helps themselves adds to the troubles of the Divisional Staff, and in some instances results in a temporary inability to supply service to households where it is really needed.

The table on page 47 shows a further reduction in the number of maternity cases and acute sick and infirm who received assistance. Few in the latter category are in receipt of incomes which would render them liable to make a contribution towards the cost of the service provided.

The cost of this service in the financial year 1952-53 was £71,602 16s. 9d., of which £4,364 9s. 11d. was recovered.

The assessment of recovery scales has resulted in an altered demand for this service, which virtually came a free service for many but an expensive service for the few who, when they are aware of the sum they are liable to pay, either decline the service or restrict it to less than the domestic needs the household could properly require.

Most of the home helps are married women with the usual domestic obligations, and it is therefore not surprising that there is a high incidence of sickness among employees in this service. In 1949 there were 2 resignations out of 221 appointments. Last year the number of resignations was 214 out of a total of 5 appointments. Only seventeen of the home helps appointed during 1948 remain among the total of 1 home helps employed on the 31st December, 1952.

The home help's duties are arduous. Some householders are as exacting as others are easy-going the standard of service expected from those sent in to help.

In the main the Service has considerably improved, and home helps are doing particularly good work, even in unaccustomed surroundings and under difficult conditions.

HOME HELP SERVICE.

QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1950.

Quarter ended	Maternity.		Tuberculosis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
31st March ..	153	22.73	42	6.24	163	24.22	94	13.97	186	27.64	22	3.27	2	0.30	11	1.63
30th June ..	151	18.95	42	5.27	206	25.85	138	17.31	218	27.35	31	3.89	1	0.13	10	1.25
30th September	140	16.51	45	5.31	250	29.48	106	12.50	264	31.13	29	3.42	2	0.24	12	1.42
31st December	154	16.23	50	5.27	273	28.77	133	14.01	275	28.98	40	4.21	1	0.11	23	2.42
31st March ..	161	14.88	57	5.27	287	26.52	175	16.17	344	31.79	49	4.53	—	—	9	0.83
30th June ..	153	13.14	73	6.27	340	29.21	149	12.80	386	33.16	51	4.38	1	0.09	11	0.95
30th September	144	12.24	64	5.44	363	30.87	149	12.67	380	32.31	58	4.93	1	0.09	17	1.45
31st December	90	7.97	63	5.58	358	31.71	134	11.87	404	35.78	63	5.58	3	0.27	14	1.24
31st March ..	84	6.95	64	5.29	373	30.85	144	11.91	457	37.80	69	5.71	4	0.33	14	1.16
30th June ..	89	7.22	69	5.60	359	29.12	132	10.71	491	39.82	77	6.24	—	—	16	1.29
30th September	104	8.37	65	5.23	398	32.02	120	9.65	467	37.57	77	6.19	—	—	12	0.97
31st December	88	6.35	78	5.63	415	29.94	147	10.61	570	41.12	75	5.41	—	—	13	0.94

The following table shows an uninterrupted rise in the total number of cases attended throughout the year :—

Quarter.	Total cases attended.
March ..	1,209
June	1,233
September ..	1,243
December ..	1,386

SECTION 51.—MENTAL HEALTH SERVICE.

ADMINISTRATION.

Since the 5th July, 1948, the Authority's powers and duties under the Lunacy and Mental Treatment Acts, 1890–1930, and the Mental Deficiency Acts, 1913–38, have been the responsibility of the Health Committee, which appointed the Special Health Services Sub-Committee to deal with these matters.

The Service continues to operate generally on the lines set out in the County scheme. Provision has been made in the financial estimates for 1953–54 for the appointment of a senior medical officer of mental health work. Since 1948 my deputy, Dr. R. T. Bevan, has undertaken responsibility for the major portion of this work, and Dr. D. T. Lewis has been employed on a sessional basis to undertake some of the examinations or re-examinations of defectives. It has not been necessary to seek the assistance of the Regional Hospital Board in this respect.

The following are engaged on mental health work :—

Mental Deficiency Acts, 1913–38.

Part-time Medical Officer	..	Dr. David T. Lewis.
Petitioning Officers	.. ..	The County Medical Officer. The Deputy County Medical Officer. Mr. W. J. Harris.
Supervisors	.. ..	Mrs. Catherine Edwards, S.R.M.N. Miss Janet Owen, S.R.M.N. Miss Norah L. Roberts, R.M.P.A.
Part-time Home Teacher	..	Mrs. G. J. Edwards.

Greenhill Occupation Centre.

Supervisor	.. ..	Miss M. E. Stephens.
Assistant Supervisor	.. ..	Miss M. J. Lloyd.
Caretaker-Instructor	.. ..	Mr. D. T. Bowen (Mrs. Bowen assists her husband with the duties of caretaker).
Gardener-Assistant	.. ..	Mr. D. G. Thomas (from 26th February, 1951).

Baglan Occupation Centre.

Supervisor	.. ..	Miss M. E. Gray (from 12th March, 1952).
Assistant Supervisor	.. ..	Miss S. J. Howells (from 12th March, 1952).

Lunacy and Mental Treatment Acts, 1890-1930.

Duly Authorised Officers.

Mr. E. J. Powell.

Mr. D. G. Evans.

Mr. Ivor Evans.

Mr. D. L. Lewis (to 6th October, 1952).

Mr. S. Williams.

Co-ordination with Hospital Management Committees.

The Supervisors of Mental Defectives continued their visits to defectives on licence from institutions and also reported on home circumstances in respect of patients applying for home leave and of cases due for review by the visiting justices. In all, 547 such visits were made on behalf of hospital authorities.

The appointment in July, 1952, by the Morgannwg Hospital Management Committee of a full-time psychiatric social worker resulted in a decrease of visits by our Mental Health Supervisors in respect of patients licensed from Hensol Castle.

PREVENTION, CARE, AND AFTER-CARE UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

My deputy, Dr. R. T. Bevan, continues to devote special attention to this branch of our work. His first-hand knowledge of the more difficult cases and their home conditions is of real value in enabling an equitable assessment to be made of the claims received from or on behalf of relatives desirous of securing an institutional place for a defective. The number of institutional vacancies made available by the Regional Hospital Board are still insufficient, although forty-one admissions were arranged last year, compared with twenty-eight during 1951.

Twenty-three defectives remained under guardianship at the end of 1952.

CERTAINMENT.

The number of defectives ascertained as subject to be dealt with during the year was sixty-seven.

The following table gives a comparison of the work carried out during 1952 with that of the previous year:—

Year.	No. of defectives ascertained as subject to be dealt with during the year.	No. of examinations made by Medical Officer during the year.	No. of patients under guardianship on 31st December.	No. of patients under statutory and other supervision on 31st December.	No. of patients admitted during the year to—	
					Institutions.	Places of Safety.
1949	118	534	229	803	25	3
1950	111	514	71	1,114	15	2
1951	81	229	37	1,174	28	11
1952	67	305	23	1,227	41	15

Of the 305 cases medically examined, thirty were under guardianship and discharge was recommended in five of these cases, who have since been placed under the friendly supervision of a Mental Health Supervisor, while three guardianship patients were considered to be in need of institutional care.

Sixty-two of the newly ascertained patients were placed under statutory supervision.

SUPERVISION.

Hitherto, domiciliary supervision of mental defectives has been undertaken for the whole Administrative County by three Mental Health Supervisors. It had been realised that, because of the large number of defectives to be supervised, their visits were not as frequent as would be desirable, and, owing to the difficulty of securing staff specially trained in mental welfare, the Committee agreed to the employment of the services of the health visiting staff in the routine visiting of 204 of the 1,227 defectives under statutory or other supervision.

A list of the mental defectives under supervision or guardianship was sent to each Divisional Medical Officer and those who should be visited by health visitors were indicated. As a general principle the selection of cases for routine visits by health visitors was confined to the following categories of mental defectives as it was likely that visits were already being made to many of these homes by health visitors in the course of their other duties :—

- (1) Children under school age reported as mental defectives.
- (2) Children reported under Section 57 (3) of the Education Act, 1944.
- (3) Adolescents recently reported under Section 57 (5) of the Education Act, 1944.
- (4) Mentally defective mothers of young children.

It is realised that this has given added duties to health visitors, but lengthy reports are not expected although they are asked to pay particular attention to the following points :—

- (1) Is the mental defective receiving adequate care in the home ?
- (2) Are there any behaviour difficulties ?
- (3) In the case of adolescents in particular, is the supervision at home adequate to ensure against the possibility of criminal offences ?
- (4) Is the conduct and home supervision of the defective such that there is no danger of procreation ?
- (5) Is there need for an urgent visit by the Mental Health Supervisor ?

Reports are usually made at monthly intervals and forwarded by the health visitor to the Divisional Medical Officers, who inform me immediately of any new developments, e.g. where urgent admission to institution is advisable or where complications require a visit by one of the Mental Health Supervisors.

The Mental Health Supervisors, of course, continue to visit all mental defectives, but where it is known that health visitors are making routine visits the visits of the Mental Health Supervisors are made at less frequent intervals. By this means more of their time is available for dealing with the more difficult cases involving intensive case work or priority consideration for institutional treatment.

OCCUPATION AND TRAINING.

Baglan.

Following the closure of the old voluntary school at Baglan, it was decided to set up an occupation and training centre in these premises. The centre was opened on the 12th March, 1952, when nine defectives drawn from the Neath Valley, Neath, and Onllwyn areas, commenced attendance. On the 19th March, 1952, a further eight defectives were admitted from the Afan Valley, Aberavon, and Port Talbot districts and a further five cases were subsequently admitted.

The trainees are conveyed, with an escort, to and from the centre daily by ambulances provided by the County Ambulance Service, and are picked up and put down each day at selected collecting points along each of the two routes.

The defectives are provided with a hot lunch daily, which is supplied from the Port Talbot Central Kitchen through the Schools Meals Service of the Education Committee, and milk through the Ministry of Food Milk Schools Scheme.

The premises are held on a licence of £200 per annum, which includes the Council's full right to use all the buildings, accommodation, furniture, and equipment, and for the provision of heating, lighting, and external painting and repair.

Greenhill.

The Greenhill Occupation Centre, Aberaman, which was first opened in 1932, is well established. Twenty-three boys and fourteen girls were in attendance at the end of the year.

General.

In addition to the provision made within the Administrative County, twelve defectives from Glamorgan attend at the Swansea Occupation Centre and two at the Cardiff Occupation Centre, by arrangement with the authorities concerned.

MENTAL TREATMENT.

In October, 1952, as a result of a post becoming vacant, the opportunity was taken of reorganising the areas of Duly Authorised Officers. The County is now covered by four Duly Authorised Officers, and to the time of writing this report they have experienced no difficulties in dealing with the work arising from their extended areas. The revised districts are shown below. During 1952 they arranged the admission to hospital of 654 patients, 419 of whom were admitted as voluntary patients under the Mental Treatment Act, in addition to continuing their visits to after-care cases referred by hospital superintendents.

Duly Authorised Officers.

Districts covered.

Mr. D. G. Evans	..	Cardiff Rural (excluding parishes of Van, Rudry, and Rhydygwern), Penarth Urban, Barry Borough, Cowbridge Borough, Cowbridge Rural, Penybont Rural, Bridgend Urban, and Porthcawl Urban.
Mr. Ivor Evans	..	Neath Borough, Neath Rural, Llwchwr Urban, Pontardawe Rural, Gower Rural, and Port Talbot Borough.
Mr. E. J. Powell	..	Rhondda Urban, Ogmore and Garw Urban, Llantrisant and Llantwit Fardre Rural, Maesteg Urban, and Glyncorrwg Urban.
Mr. S. Williams	..	The parishes of Van, Rudry, and Rhydygwern in Cardiff Rural, Gelligaer Urban, Caerphilly Urban, Aberdare Urban, Mountain Ash Urban, and Pontypridd Urban.

HOSPITAL ADMISSIONS.

There was a marked increase in the total number of cases admitted to hospitals during the year, this being most noticeable in those cases admitted under Section 1 of the Mental Treatment Act, 1930, i.e. voluntary cases, which increased by 28.9 per cent over the previous year. In 1951, 58.45 per cent of the patients were admitted as voluntary patients; in 1952 the percentage was 64.67.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY DULY AUTHORISED OFFICERS.

Year.	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.		Lunacy Act, 1890, Section 20. Patients admitted for observation.		Total admissions arranged.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1949	96	121	3	2	65	85	28	27	4	7	438
1950	139	176	2	9	45	65	45	45	14	10	550
1951	152	173	4	11	36	42	45	62	12	19	556
1952	186	233	1	6	48	56	23	42	25	34	654

AFTER-CARE.

Formal notifications are received of the discharge of patients from mental hospitals. Where follow-up visits are thought by the Medical Superintendent to be desirable in the interest of a patient, these are arranged on receipt of the Medical Superintendent's request. Compared with the number of patients discharged from mental hospitals the number for whom follow-up visits are requested is few, although our experience has been that in these cases regular visits extending over many months are usually necessary in the patient's interests.

Two hundred and thirty-one after-care visits were made in 1952, an increase of sixty-one over the total for the previous year.

CARDIFF AND COUNTY PUBLIC HEALTH LABORATORY.

There was a substantial increase in the volume of work undertaken at the Laboratory, the number of samples examined being 13,641 as compared with 10,977 samples in 1951.

Mr. Dan Jones, the County Analyst, and his staff have been hard pressed to deal with this volume of work, which has been carried out despite staff shortages, and they are to be congratulated on the results achieved.

The Joint Laboratory Committee continued to receive reports from Dr. Scott Thomson, the Director of the Medical Research Laboratory, from whom we have received every assistance.

The following table gives an account of the chemical examinations undertaken at the Joint Laboratory during the year :—

Description of Samples.	County and County Districts.	Cardiff.	Other Authorities.	Total.
Food and Drugs Acts samples ..	6,016	—	395	6,411
Fertilisers and feeding stuffs	92	—	28	120
Motor spirit	—	—	—	—
Water	890	421	53	1,364
River water	2	17	172	191
Sewage and sewage effluents	13	—	889	902
Trade effluents	25	—	351	376
Pasteurised and sterilised milks ..	—	—	3,380	3,380
Ice cream	641	—	—	641
Atmospheric pollution	166	24	10	200
Urine	—	—	—	—
Miscellaneous	48	2	6	56
Totals	7,893	464	5,284	13,641

FOOD AND DRUGS ACT, 1938.

The County Council undertakes duties under the Food and Drugs Act, 1938, in all parts of the administrative County, with the exception of the municipal boroughs of Neath and Port Talbot and the urban districts of Aberdare, Pontypridd, and Rhondda, whose councils retain autonomous powers as Food and Drugs Authorities. It is anticipated that Barry Municipal Borough will become a Food and Drugs Authority when the final figures for the 1951 census are published.

The measures taken to ensure the protection of the public and to detect adulteration of foodstuffs reflected in the tables set out on the following pages :—

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	286	2,064	2,350	71	207	278
Ally Sloper's Favourite Relish ..	—	1	1	—	1	1
Almond Essence Flavour ..	—	1	1	—	—	—
Apple Juice	—	1	1	—	—	—
Arrowroot	—	5	5	—	—	—
Artificial Colouring	—	1	1	—	—	—
Aspic Jelly	—	1	1	—	—	—
Aspirin	—	6	6	—	—	—
Baked Sponge Mixture	—	1	1	—	—	—
Baking Powder	3	43	46	3	7	10
Barley Flour	—	2	2	—	—	—
Beans in Tomato Sauce	—	1	1	—	—	—
Beef Sausage	—	2	2	—	—	—
Beef Suet	1	7	8	—	—	—
Beetroot	—	1	1	—	—	—
Bicarbonate of Soda	—	24	24	—	—	—
Bisodol Powder	—	1	1	—	—	—
Black Pepper	—	1	1	—	—	—
Blackcurrant Flavour Cordial ..	1	—	1	—	—	—
Blancmange Powder	—	31	31	—	—	—
Blackcurrant Jelly	—	1	1	—	—	—
Boric Powder	—	2	2	—	—	—
Borax	—	1	1	—	—	—
Bun Flour	—	4	4	—	1	1
Bun and Cake Flour	—	4	4	—	—	—
Butter	78	—	78	4	—	4
Butter Beans	—	1	1	—	—	—
Buttercrisp Mixture	—	1	1	—	—	—
Butterscotch Sweets	—	1	1	—	—	—
Cake Flour Mixture	—	83	83	—	18	18
Cake and Pudding Mixture	—	4	4	—	4	4
Cake Marzipan	—	14	14	—	1	1
Cake Marzipan	—	1	1	—	—	—
Camphorated Oil	—	5	5	—	—	—
Candy Barley	—	1	1	—	—	—
Canned Beans	—	3	3	—	—	—
Canned Broth	—	1	1	—	—	—
Canned Chicken Broth	—	4	4	—	—	—
Canned Figs in Syrup	—	1	1	—	—	—
Canned Fish	—	8	8	—	—	—
Canned Meat	—	4	4	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Canned Meat Soup	—	1	1	—	—	—
Canned Milk Pudding	—	1	1	—	—	—
Canned Mincemeat	—	1	1	—	—	—
Canned Peas	—	2	2	—	—	—
Canned Pea Soup	—	1	1	—	—	—
Canned Potato Soup	—	1	1	—	—	—
Canned Prunes	—	1	1	—	—	—
Canned Sausages	—	1	1	—	—	—
Canned Rhubarb	—	3	3	—	—	—
Canned Scotch Broth	—	2	2	—	—	—
Canned Soup	—	1	1	—	—	—
Canned Stewed Steak	—	1	1	—	—	—
Canned Tomatoes	—	1	1	—	—	—
Canned Vegetable Soup	—	2	2	—	—	—
Caway Seed	—	1	1	—	—	—
Castor Oil	—	3	3	—	—	—
Chal Beverage	—	1	1	—	—	—
Cheese Spread	—	3	3	—	—	—
Cheese and Tomato Spread	—	2	2	—	—	—
Cheesecake Mixture	—	1	1	—	—	—
Chemical Food	—	2	2	—	—	—
Chest and Lung Mixture	—	1	1	—	—	—
Chicken Breasts	—	1	1	—	—	—
Chocolate Cup Powder	—	3	3	—	—	—
Chocolate Spread	—	3	3	—	—	—
Chocolate Squash	—	1	1	—	—	—
Christmas Plum Pudding	2	—	2	—	—	—
Citney	—	7	7	—	—	—
Cocoa	—	3	3	—	—	—
Cornut Cubes	—	1	1	—	—	—
Cornut Flour	—	1	1	—	—	—
Cornut Shag	—	1	1	—	—	—
Corn Liver Oil Emulsion	—	1	1	—	—	—
Coffee and Chicory	—	37	37	—	—	—
Coffee Flavoured Beverage	—	1	1	—	—	—
Concentrate Tomato Purée	—	1	1	—	—	—
Condensed Milk	—	7	7	—	—	—
Cooking Fat	8	—	8	—	—	—
Cornflour	—	29	29	—	—	—
Crystalline Tartar	—	5	5	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Crystallised Fruit	—	1	1	—	—	—
Currants	4	—	4	1	—	1
Curry Powder	—	4	4	—	—	—
Custard Powder	—	21	21	—	1	1
Dessert Powder	—	16	16	—	1	1
Desiccated Coconut	—	8	8	—	—	—
Diabetic Marmalade	—	1	1	—	—	—
Dried Milk	—	1	1	—	—	—
Dried Mint	—	1	1	—	—	—
Dried Peas	—	3	3	—	—	—
Dried Prunes	1	—	1	—	—	—
Dried Thyme	—	1	1	—	—	—
Egg Noodles	—	1	1	—	—	—
English Herb Tea	—	9	9	—	—	—
Epsom Salts	—	1	1	—	—	—
Extract of Beef	—	1	1	—	—	—
Extract of Herbs	—	1	1	—	—	—
Farinoca	—	1	2	—	—	—
Figs	1	19	19	—	—	—
Fish Paste	—	3	3	—	—	—
Flake Tapioca	—	2	2	—	—	—
Flour	—	1	1	—	—	—
Foam Crystals	—	1	1	—	—	—
Food Flavouring Powder	—	1	1	—	—	—
French Mustard	—	1	1	—	1	1
Fruitarian Cake	—	1	1	—	1	1
Fruit Sauce	—	1	1	—	—	—
Frizettes	—	9	9	—	—	—
Gelatine	—	6	8	—	—	—
Ginger Wine Essence	2	5	5	—	—	—
Glacé Cherries	—	5	5	—	2	2
Glauber Salts	—	1	1	—	—	—
Glycerine	—	1	1	—	—	—
Glycerine and Lemon Juice	—	2	2	—	—	—
Golden Crumbs	—	2	2	—	—	—
Grape Fruit Squash	—	2	2	—	—	—
Grape Nuts	—	17	17	—	1	1
Gravy Browning	—	1	1	—	—	—
Gravy Salt	—	4	5	—	—	—
Ground Almonds	1	—	—	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
ound Cinnamon	—	3	3	—	—	—
ound Cloves	—	1	1	—	—	—
ound Ginger	—	3	3	—	—	—
ound Nutmeg	—	5	5	—	—	—
ound Pepper	—	2	2	—	—	—
ound Turmeric	—	1	1	—	—	—
alth Salts	—	5	5	—	2	2
b Beer Essence	—	1	1	—	—	—
ney	—	7	7	—	—	—
ney, Lemon, and Glycerine	—	1	1	—	—	—
se Radish Cream	—	2	2	—	—	—
Cream	88	—	88	21	—	21
Foam	—	1	1	—	—	—
g for Cakes	—	1	1	—	—	—
ian Brandie	—	1	1	—	—	—
ian Relish	—	1	1	—	—	—
ine	—	1	1	—	—	—
a Juice	1	—	1	—	—	—
.. ..	—	27	27	—	—	—
y Cream	—	3	3	—	—	—
ce of Real Lemons	—	1	1	—	—	—
d	17	—	17	—	—	—
onade Powder	—	4	4	—	—	—
on Cheese	—	4	4	—	—	—
on Curd	—	7	7	—	—	—
on Squash	—	1	1	—	—	—
tils	—	2	2	—	—	—
Seltzer	—	1	1	—	1	1
id Paraffin	—	2	2	—	—	—
orice Pellets	—	1	1	—	—	—
orice and Menthol Pastilles	—	1	1	—	—	—
aroni	—	5	5	—	—	—
aroni in Cheese and Tomato	—	1	1	—	—	—
uce	—	3	3	—	—	—
ed Milk Powder	—	1	1	—	—	—
le Syrup	—	9	9	1	—	1
arine	—	6	6	—	—	—
malade	1	1	2	—	—	—
shmalow Crème	1	1	2	—	—	—
zipan	1	1	2	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Matté Tea	—	1	1	—	—	—
Mayonnaise	—	6	6	—	—	—
Meat Broth	—	2	2	—	—	—
Meat Extract	—	1	1	—	—	—
Meat Paste	—	21	21	—	—	—
Meat, Vegetable, and Yeast Extract	—	1	1	—	—	—
Milk Beverage	—	1	1	—	—	—
Mincemeat	—	9	9	—	—	—
Mint Jelly	—	1	1	—	—	—
Mixed Herbs	—	2	2	—	—	—
Mixed Cut Peel	—	2	2	—	—	—
Mixed Spice	—	4	4	—	—	—
Mixed Vegetables	—	1	1	—	—	—
Muscatel Raisins	1	—	1	—	—	—
Mustard	—	10	10	—	—	—
Mustard Relish	—	1	1	—	—	—
Mustard Sauce	—	1	1	—	—	—
Noodle Squares	—	1	1	—	—	—
Non-Alcoholic Wine	1	1	2	—	—	—
Non-Brewed Condiment	4	8	12	4	1	5
Orange Curd	—	2	2	—	—	—
Orange Squash	—	10	10	—	—	—
Parsley and Thyme Stuffing	—	1	1	—	—	—
Pastry Mixture	1	12	13	—	9	9
Pearl Barley	—	12	12	—	3	3
Peanut Butter	—	1	1	—	—	—
Pepper	—	7	7	—	—	—
Pepper Compound	—	3	3	—	—	—
Piccalilli	—	1	1	—	—	—
Pie Crust and Pastry Mixture	—	2	2	—	2	2
Pickling Spice	—	4	4	—	—	—
Pineapple Preserve	—	1	1	—	—	—
Pork Luncheon Meat	—	1	1	—	—	—
Pudding Mixture	—	20	20	—	6	6
Quaker Oats	—	1	1	—	—	—
Raisins	2	1	3	—	—	—
Ravioli	—	1	1	—	—	—
Rice	—	20	20	—	—	—
Rice Pudding Powder	—	7	7	—	1	1
Ruby Port Style Wine	1	—	1	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
m, Coffee, and Chicory ..	—	1	1	—	—	—
charin	—	9	9	—	—	—
e Herbs	—	4	4	—	—	—
o	—	12	12	—	—	—
ad Cream	—	44	44	—	—	—
ad Oil	—	1	1	—	—	—
t	—	2	2	—	—	—
dwich Spread	—	15	15	—	1	1
dine and Tomato Paste ..	—	2	2	—	—	—
ce	—	31	31	—	—	—
sages in Brine	—	1	1	—	—	—
ne Flour Mixture	—	7	7	—	5	5
-Raising Flour	1	47	48	—	1	1
olina	—	20	20	—	3	3
rbert	—	6	6	—	—	—
rry	2	—	2	—	—	—
ghetti	—	1	1	—	—	—
nge Mixture	—	153	153	—	25	25
nge Jelly Trifle	—	3	3	—	1	1
nge Pudding Mixture	—	8	8	—	8	8
med Pudding Mixture	—	11	11	—	5	5
nach Powder	—	4	4	—	—	—
ed Dates	—	1	1	—	—	—
ar	—	5	5	—	—	—
ar Puffs	—	1	1	—	—	—
anas	2	—	2	—	—	—
et Lollies	—	2	2	—	—	—
etened Fat	—	2	2	—	2	2
et Pickle	—	1	1	—	—	—
hetic Cream	—	3	3	—	—	—
hetic Flavouring Essence ..	—	1	1	—	—	—
e Creams	—	4	4	—	—	—
e Jelly	—	87	87	—	—	—
e Salt	—	2	2	—	—	—
oca Pudding Mixture	—	9	9	—	—	—
aric Acid	—	2	2	—	—	—
.. .. .	—	11	11	—	—	—
Cake Mixture	—	12	12	—	—	—
ture of Quinine	—	1	1	—	—	—
ato Chutney	—	2	2	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Tomato Juice	—	3	3	—	1	1
Tomato Sauce	—	34	34	—	3	3
Tomato Soup	—	3	3	—	—	—
Trifle Pack	—	7	7	—	—	—
Turkish Delight	—	1	1	—	—	—
Vegetable Salad	—	2	2	—	—	—
Vegetable Sandwich Spread	—	1	1	—	—	—
Vinegar	—	32	32	—	—	—
White Pepper	—	5	5	—	—	—
Yeast	—	1	1	—	—	—
Yorkshire Relish	—	1	1	—	—	—
Zinc Ointment	—	1	1	—	—	—
Total	520	3,534	4,054	105	326	431

During the year 4,054 samples, or 8.66 samples per 1,000 population, were collected from the Council area for which the Council is responsible as a Food and Drugs Authority, and submitted for analysis by the analyst. This showed an improvement on previous years. This area excludes the municipal boroughs of Neath and Port Talbot and the urban districts of Aberdare, Pontypridd, and Rhondda.

Four hundred and thirty-one samples, or 10.6 per cent of the total samples collected, were found to be unsatisfactory. Of the 2,350 samples of milk taken, 2,072 (or 88.2 per cent) were found 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. It does not, however, follow that the remaining 278 samples were adulterated milk, since 157 samples 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:—

Thirty-six lower than 5 per cent ;
 Forty-four between 5 and 15 per cent ; and
 Twenty-five above 15 per cent.

In seven cases where deficiency of butter fat was found and the "Appeal to Cow" procedure was followed, the results indicated that all were genuine milk.

Other than milk, the greatest number of irregular samples was of cake mixtures and sponge mixtures, of which eighty-three were infested with meal mites.

In addition, two samples of cake mixture and one of semolina were infested with book lice and moth eggs, one sample of sponge jelly trifle and one of currants were infested with moth eggs, and one sample of pie crust mixture was infested with spider beetle.

Nine samples of pastry mixture were unsatisfactory by reason of hydrolytic rancidity, seven samples of baking powder and three of health salt were deficient in carbon dioxide, four samples of non-brewed condiment were deficient in acetic acid, two samples of tomato sauce were deficient in tomato solids, one sample of sauce was infested with vinegar flies, one sample of tomato juice contained a large amount of tin, two samples of fruit sauce contained an excess of sulphur dioxide, and one sample of cake marzipan contained growth of mould.

No legal action is taken on these samples, as cake and sponge mixtures are sampled informally. The local Sanitary Authority in each case has been 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 year legal proceedings in respect of unsatisfactory or adulterated foodstuffs were undertaken in thirty-three cases, fines totalling £180 10s. 0d. plus £26 5s. 0d. advocate's fee, £19 1s. 0d. analyst's fee, and £1 7s. 0d. witness costs, being imposed on the vendors in twenty-nine cases. One case was dismissed; two cases were given a conditional discharge on payment of £2 2s. 0d. advocate's fee, 15s. 0d. analyst's fee, and 4s. 0d. court costs each; one case was given a conditional discharge on payment of £3s. 0d. advocate's fee, 15s. 0d. analyst's fee, and 4s. 0d. costs.

The County Sanitary Inspector has contributed the following report :—

Milk.

There has been a steady decrease in the number of milk producer-retailers during recent years, with consequent increase in the supply of pasteurised and bottled milk. This is a desirable trend from a hygiene point of view, because the milk is heat treated and bottled at the pasteurising establishment and is not liable to contamination during transport and delivery to the customer.

Two thousand, three hundred and fifty samples of milk were collected during the year, and 2,072 (or 89·2 per cent) were found to conform with the standards prescribed by the Food and Drugs Acts, 1938-50. The remaining 278 samples (or 11·8 per cent) were found to be deficient in milk fat or solids not fat. The standard prescribed for milk (3·0 per cent milk fat and 8·5 per cent solids not fat) is a presumptive standard, and when a sample of milk is found to be below this standard by reason of a deficiency in milk fat, much time and work is involved in "following-up" the supply to its source and the taking of "Appeal to Cow" samples in order to ascertain whether the milk has been adulterated or if it is sold in the same state as it is produced by the cow.

Where a sample is deficient by reason of the solids not fat being below the prescribed 8·5 per cent, the Hortvet Freezing Point Test is applied by the Public Analyst, and this test shows whether or not there is evidence of added water or that the milk is "abnormal."

Ice-cream.

The chemical standard prescribed for ice-cream by the Food Standard Ice-cream Order, 1951, was amended in 1952, the minimum fat content being reduced from 5 per cent to 4 per cent. This was a temporary measure due to the shortage of ingredients which are used in the manufacture of ice-cream.

Eighty-eight samples of ice-cream were taken during the year, and twenty-one were found to be below the prescribed standard. Legal proceedings were taken against the manufacturers, and fines ranging from £10 were imposed. All the above were samples of ice-cream manufactured within the area.

Milk (Special Designations) Order.

There are at present fourteen premises within the area licenced for the heat treatment of milk, three more than the previous year.

Although there are fewer licensed premises, there is no decrease in the quantity of pasteurised milk supplied in the County. The three dealers who have ceased pasteurising are obtaining their supplies from other pasteurising establishments.

Of the fourteen plants licensed, two are of the H.T.S.T. type and the remainder are of the Holder type.

Inspections and checking of plant and recordings are made regularly, and samples of the treated milks are taken at frequent intervals and subjected to the phosphatase test. This test indicates whether or not the milk has been properly pasteurised.

Out of 802 samples submitted to test during the year, fifteen failed the phosphatase test and one the methylene blue test."

THE MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

Under these regulations the County Council is responsible for the issue of dealers' licences in respect of heat treatment plants operated within that part of the County for which they are responsible under the Food and Drugs Act, 1938.

There were fourteen such licences in operation on the 31st December, 1952. Regular visits of inspection are made by the County Sanitary Inspectors, who take samples in order to check the efficiency of pasteurisation. Unsatisfactory results are reported to the Ministry of Food. During the year 802 samples were taken of which sixteen were unsatisfactory, one on the methylene blue test and fifteen on the phosphatase test.

PHARMACY AND POISONS ACT, 1933.

My Department undertakes the duties of inspection previously carried out by the County police in connection with registration of premises in which poisons scheduled in Part II of the Poisons List are permitted to be sold.

The work is carried out by the County Sanitary Inspector and his assistant in conjunction with the other duties; 648 inspections were made during the year.

FOOD HYGIENE.

The outbreak of Paratyphoid B experienced in South Wales during the year throws into sharp relief the necessity for the maintenance of a high standard of personal hygiene by those persons engaged in the handling of food.

Despite intensive local campaigns and increased vigilance by all concerned, the number of cases of food poisoning reported, increased from thirty-one in 1951 to sixty-eight in 1952. There was, however, a marked decrease in the incidence of dysentery.

Twenty-five cases of food poisoning in the Cowbridge Borough and Rural Districts were traced to infected meat from a butcher in Cowbridge, and of the twenty-one cases notified from Barry Municipal Borough seventeen were caused by faulty handling and preparation of food at home, the other four cases being infected at a cafe in Barry Island.

Lectures on this subject were again given by medical officers of my Department at special courses arranged by the Director of Education and to canteen staffs.

HOUSING.

In January, 1952, the Minister of Housing and Local Government notified housing authorities of his decision to remove the limitation hitherto put upon the national housing programme, and to extend house production for the following three years.

Any move to improve production must obviously be related to material and labour resources, and when both remain in short supply removal of other restrictions are of little value.

The extent to which local authorities in Glamorgan were able to obtain increased allocations of housing is shown in the following table :—

District.	By Local Authority.				By private enterprise, Building Societies, etc.		
	Number of Permanent and Temporary Houses.				Number of houses completed and occupied during the year 1952.	Number partly completed during the year 1952.	Number for which plans were passed but not commenced during the year 1952
	Completed and occupied during the year 1952.	Partly completed during the year 1952.	Sanctioned but not commenced	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7).
Cardiff	244	140	316	1,324	5	4	2
Cardiff Borough	93	322	—	2,028	37	40	28
Cardiff Rural	67	102	—	681	39	41	76
Merthyr Tydfil	216	296	—	1,988	33	17	9
Merthyr Tydfil Borough	—	—	—	48	—	—	—
Merthyr Tydfil Rural	54	92	18	1,108	10	3	4
Neath	48	138	—	621	—	1	1
Neath Borough	228	44	40	1,232	5	9	10
Neath Rural	40	154	—	568	11	7	4
Swansea	42	25	—	622	2	—	1
Swansea Borough	63	44	48	1,427	17	14	13
Swansea Rural	74	18	360	687	—	—	1
Ystradgynlais	71	179	—	642	31	16	15
Ystradgynlais Rural	86	16	—	1,225	5	8	3
Ystradgynlais Borough	91	33	12	289	41	35	33
Ystradgynlais Rural	580	422	108	3,053	20	53	17
Ystradgynlais Rural	108	116	84	1,073	—	7	3
Ystradgynlais Rural	238	270	170	1,045	97	58	75
Ystradgynlais Rural	52	318	—	1,039	16	14	31
Ystradgynlais Rural	15	24	6	286	15	21	10
Ystradgynlais Rural	138	86	—	1,868	28	11	11
Ystradgynlais Rural	158	292	—	1,773	17	15	14
Ystradgynlais Rural	255	190	129	1,770	27	28	25
Ystradgynlais Rural	94	76	16	1,509	8	5	8
Totals	3,055	3,397	1,307	27,906	464	407	394

Continued progress has been made in the housing drive, and the number of houses completed and occupied showed an increase of 456, which—with 181 additional houses completed by private builders—is an overall increase of 637. Unfortunately, progress in some of the valley areas of the County is retarded by the lack of suitable sites and improvement of existing properties is a matter of importance, but the reluctance of landlords to carry out extensive alterations to old property can be partly attributed to the small return which results from the permitted increased rents, often totally inadequate compared to the outlay involved.

The Stockton test—where four old type houses have been modernised giving improved sanitation, bath room, kitchen, and a hot water system—could well be extended if some means of meeting the cost in addition to the existing grant could be found.

Of 210,100 households in Glamorgan, 11,400 have no water closets and 110,400 have no fixed baths.

RURAL HOUSING.

The Joint County Committee on Rural Housing continued to function. It has been decided that rather than extend the scope of the Committee's functions, it would be preferable to utilise the Committee for the joint discussion of important items peculiar to rural housing as and when they arise.

The following table shows the state of the Rural Housing Survey in Glamorgan as at the 31st December, 1952 :—

1952 :-

Rural District.	Total No. of houses in district.	No. of these houses of £15 rateable value or less.	No. and percentage of houses in (3) which have been surveyed.	Result of Survey.					No. of houses whose classification has been changed owing to repairs being affected since they were first surveyed.	No. of houses classified under category in which Demolition Orders have been issued or undertakings given not to re-	
				(a) No. of houses. (b) Percentage of total surveyed. (c) No. of houses over-crowded.	Classification						
					I.	II.	III.	IV.			V.
(1)	(2)	(3)	(4)	(5)						(6)	(7)
Cardiff ..	10,634	5,514	5,514 (100%)	(a) (b) (c)	3,734 67.7 —	530 9.6 —	787 14.2 —	463 8.3 —	266	73	
Cowbridge ..	3,464	3,251	2,556 (78.62%)	(a) (b) (c)	1,524 59.63 23	515 20.15 5	359 14.05 11	158 6.17 17	66	69	
Gower ..	3,572	3,394	3,090 (91.04%)	(a) (b) (c)	1,574 50.94 10	906 29.32 45	456 14.76 75	154 4.98 32	20	11	
Llantrisant and Llantwit Fardre ..	6,799	6,245	3,949 (63.23%)	(a) (b) (c)	295 7.47 1	1,789 45.30 25	1,579 39.99 23	286 7.24 5	11	87	
Neath ..	10,844	10,655	10,655 (100%)	(a) (b) (c)	5,011 47.03 24	3,807 35.73 74	1,163 10.91 69	674 6.33 51	283	70	
Penybont ..	8,517	8,144	7,890 (96.88%)	(a) (b) (c)	3,454 43.78 34	2,285 28.96 21	1,702 21.57 38	449 5.69 24	217	83	
Pontardawe ..	9,503	8,710	8,710 (100%)	(a) (b) (c)	5,110 58.7 81	2,069 23.7 54	1,221 14.0 164	310 3.6 33	41	23	

The five categories under which houses have been classified are defined as follows :—

Category I.—Satisfactory in all respects.

Category II.—Minor defects.

Category III.—Requiring repair, structural alterations, or improvements.

Category IV.—Appropriate for reconditioning under the Housing (Rural Workers) Acts.

Category V.—Unfit for habitation and beyond repair at reasonable expense.

In practice it has been found more practicable to combine the totals for Categories III and IV.

STATISTICAL REVIEW, 1952.

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 1952, and for the purpose of comparison quotes similar statistics for the years 1951 and 1932 :—

		Birth Rate.			Death Rate.			Infant Mortality Rate.		
		1952.	1951.	1932.	1952.	1951.	1932.	1952.	1951.	1932.
England and Wales		15.3	15.5	15.3	11.3	12.5	12.0	28	30	65
Administrative County of Glamorgan ..		16.2	16.3	16.4	11.6	13.8	11.9	34	37	72
Total Urban Districts		16.5	16.7	16.6	12.0	14.5	12.0	36	39	72
Total Rural Districts		15.3	15.3	16.0	10.5	12.0	11.4	30	30	71
Health Division.	Constituent Districts.									
Aberdare and Mountain Ash	Aberdare Urban ..	14.1	14.9	12.9	14.3	18.5	12.9	37	54	57
	Mountain Ash Urban ..	18.3	17.6	18.5	12.2	14.8	13.5	51	42	88
Caerphilly and Gelligaer	Caerphilly Urban ..	20.1	21.1	17.9	10.6	13.0	12.0	42	36	90
	Gelligaer Urban ..	17.5	17.5	20.1	12.0	13.4	11.7	32	29	84
Mid-Glamorgan	Bridgend Urban ..	16.2	16.8	12.7	11.1	11.9	11.1	18	35	71
	Maesteg Urban ..	18.4	20.7	16.5	11.7	13.2	11.6	26	40	93
	Ogmore & Garw Urban ..	17.5	15.8	15.4	11.6	13.9	11.1	66	25	85
	Porthcawl Urban ..	13.7	13.9	10.6	12.4	17.5	13.4	23	8	31
	Penybont Rural ..	15.2	16.7	16.2	9.0	10.6	10.5	21	44	76
Neath and District	Neath Borough ..	14.7	14.3	16.5	11.1	14.0	12.3	30	48	72
	Neath Rural ..	15.4	15.4	16.6	10.6	12.9	12.5	19	24	74
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural ..	20.4	18.9	18.9	10.5	11.6	12.1	54	33	95
	Pontypridd Urban ..	14.7	17.2	16.6	12.0	14.9	12.8	27	39	69
Port Talbot and Glyncoirwg	Glyncoirwg Urban ..	23.0	23.6	20.0	10.1	13.1	9.9	23	41	49
	Port Talbot Borough ..	18.7	16.4	17.0	9.6	12.4	11.4	29	31	68
South-East Glamorgan	Barry Borough ..	17.6	17.3	16.2	11.9	11.8	11.5	33	34	43
	Cardiff Rural ..	12.1	12.7	13.7	10.7	12.8	10.2	25	18	62
	Cowbridge Borough ..	16.4	13.1	8.4	11.6	12.2	16.8	—	71	—
	Cowbridge Rural ..	14.7	15.3	17.2	7.0	7.5	9.8	31	30	50
	Penarth Urban ..	14.4	16.4	13.7	13.0	14.4	9.7	30	27	29
West Glamorgan	Gower Rural ..	17.0	17.3	13.2	12.0	13.0	11.5	36	25	24
	Llwchwr Urban ..	12.6	14.7	16.1	12.1	14.8	9.7	38	32	79
	Pontardawe Rural ..	14.6	13.2	15.4	13.3	14.2	11.8	32	30	68
Rhondda ..	Rhondda Urban ..	15.6	15.4	17.0	12.9	16.0	12.5	40	52	71

POPULATION.

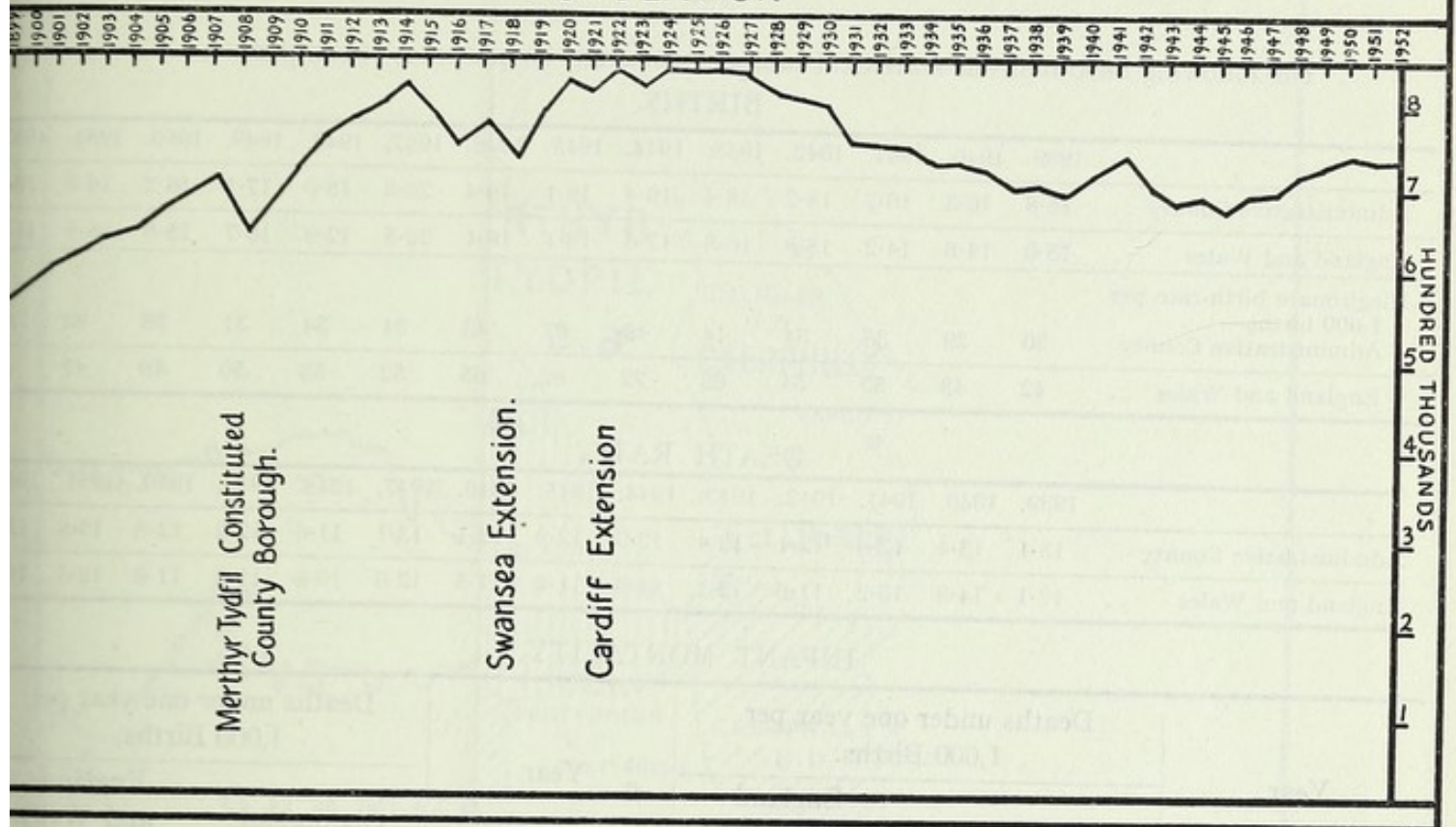
The estimates of the Registrar-General gives the population of the Administrative County as 732,500 as compared with the 1951 estimate of 732,100.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1932	763,000	3,482
1903	631,398	13,137	1933	758,160	2,504
1913	791,208	14,363	1934	751,650	3,579
1914	802,752	14,047	1935	743,800	3,015
1915	777,430	12,266	1936	731,350	2,358
1916	752,619	11,485	1937	714,200	1,714
1917	766,990	10,236	1938	708,500	1,982
1918 *Swansea Extension	740,254	8,866	1939	709,500	1,746
1919	795,924	9,828	1940	716,400	2,077
1920	827,639	14,128	1941	740,310	2,595
1921	814,717 (Census)	14,015	1942	714,400	4,422
1922 *Cardiff Extension	838,064	10,006	1943	697,300	4,125
1923	827,900	10,656	1944	704,540	5,043
1924	839,500	10,294	1945	697,780	3,621
1925	843,400	8,898	1946	710,160	5,208
1926	843,100	8,213	1947	712,070	5,491
1927	837,000	5,366	1948	725,200	5,316
1928	812,200	5,748	1949	730,400	3,619
1929	809,200	4,582	1950	737,890	2,483
1930	809,200 Mid-year, 1929	4,921	1951	732,100 (Census)	1,855
1931	766,141 (Census)	3,670	1952	732,500	2,366

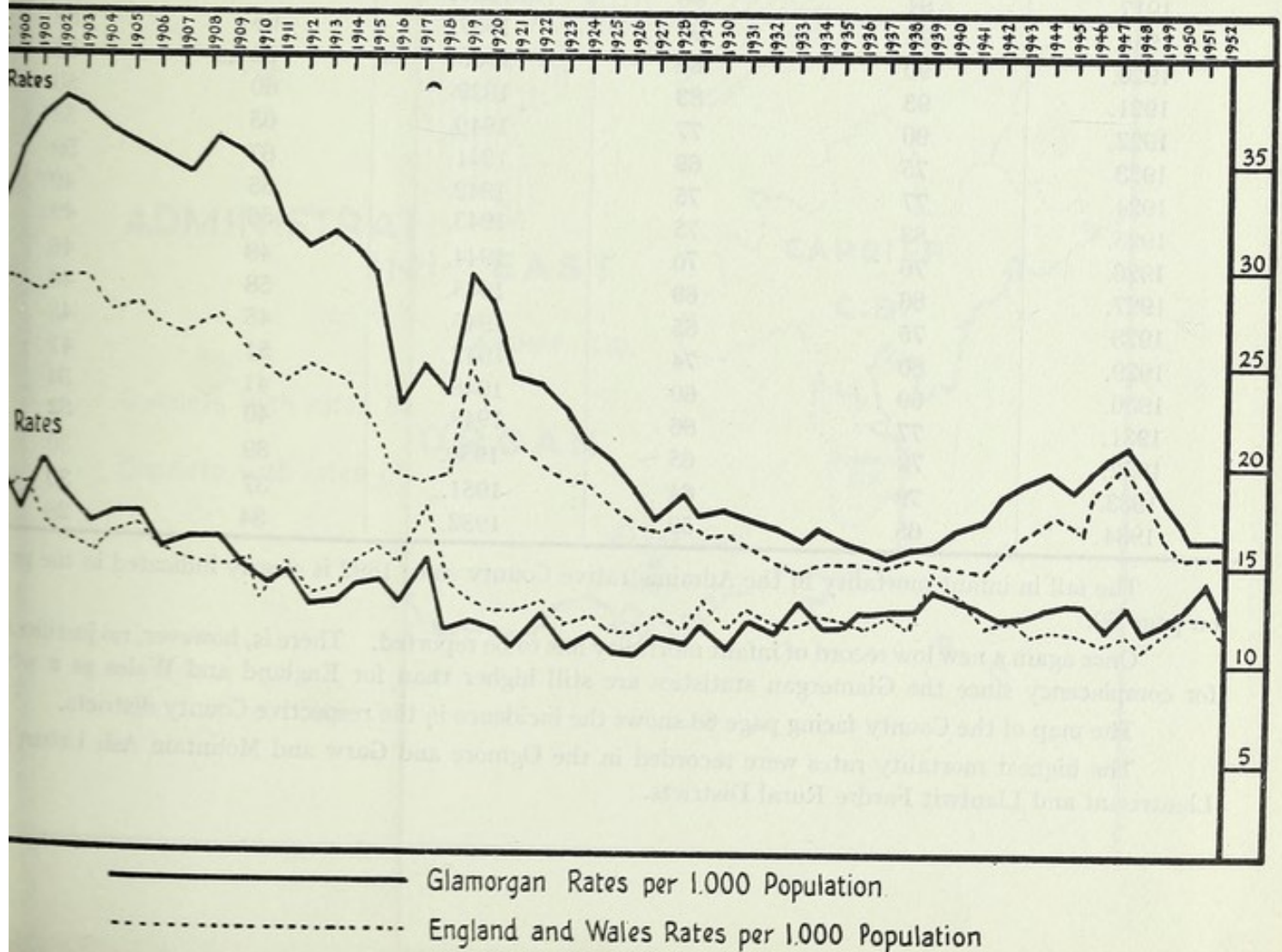
The population of the Administrative County increased by 400.

There were 792 less deaths from pneumonia, bronchitis, and other respiratory diseases, which was unduly high in 1951, due to the influenza epidemic experienced in the early months.

ADMINISTRATIVE COUNTY OF GLAMORGAN POPULATION



BIRTH AND DEATH RATES



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

BIRTHS.

	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.
Administrative County ..	15.6	16.3	16.7	18.2	18.4	19.4	18.1	19.4	20.8	18.9	17.1	16.2	16.3	16.5
England and Wales ..	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.5
Illegitimate birth-rate per 1,000 births—														
Administrative County	30	29	35	34	44	49	67	43	34	34	31	35	32	32
England and Wales ..	42	43	53	54	63	72	92	65	52	53	50	49	47	47

DEATH RATE.

	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1952.
Administrative County ..	13.1	13.4	12.9	12.1	12.4	12.3	12.9	12.1	13.1	11.6	12.2	12.8	13.8	13.8
England and Wales ..	12.1	14.3	13.2	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	12.5

INFANT MORTALITY.

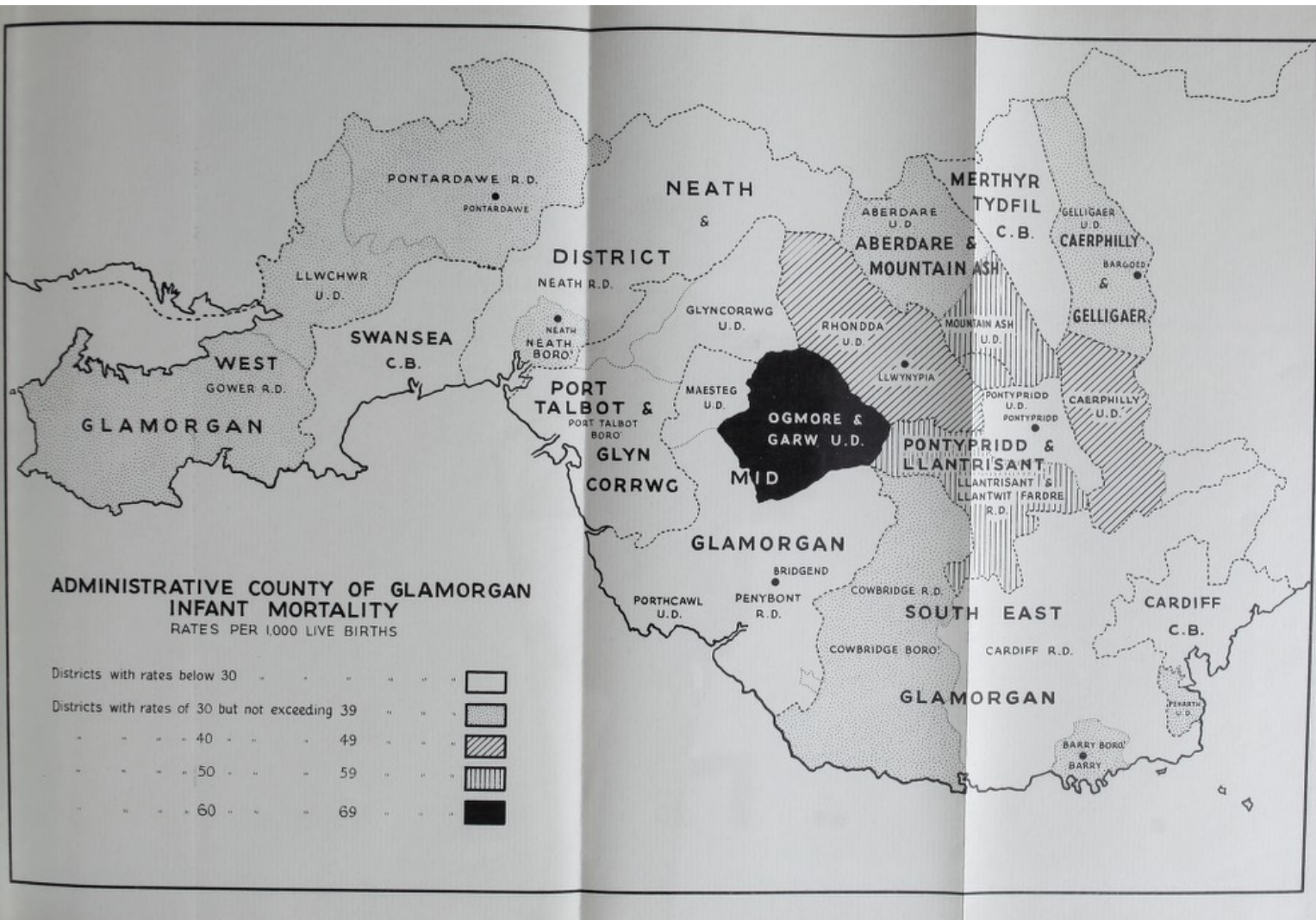
Year.	Deaths under one year per 1,000 Births.		Year.	Deaths under one year per 1,000 Births.	
	Glamorgan	England and Wales.		Glamorgan.	England and Wales
1914.	112	105	1935.	64	57
1917.	94	96	1936.	63	59
1918.	95	97	1937.	65	58
1920.	90	80	1938.	60	53
1921.	93	83	1939.	60	50
1922.	90	77	1940.	65	55
1923.	75	69	1941.	67	59
1924.	77	75	1942.	55	49
1925.	83	75	1943.	56	49
1926.	76	70	1944.	48	46
1927.	86	69	1945.	58	46
1928.	75	65	1946.	45	43
1929.	80	74	1947.	51	41
1930.	69	60	1948.	41	34
1931.	77	66	1949.	40	32
1932.	72	65	1950.	39	30
1933.	79	64	1951.	37	30
1934.	65	59	1952.	34	28

The fall in infant mortality in the Administrative County since 1892 is clearly indicated in the graph on page 69.

Once again a new low record of infant mortality has to be reported. There is, however, no justification for complacency since the Glamorgan statistics are still higher than for England and Wales as a whole.

The map of the County facing page 68 shows the incidence in the respective County districts.

The highest mortality rates were recorded in the Ogmore and Garw and Mountain Ash Urban Llantrisant and Llantwit Fardre Rural Districts.



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1950

1951

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1969

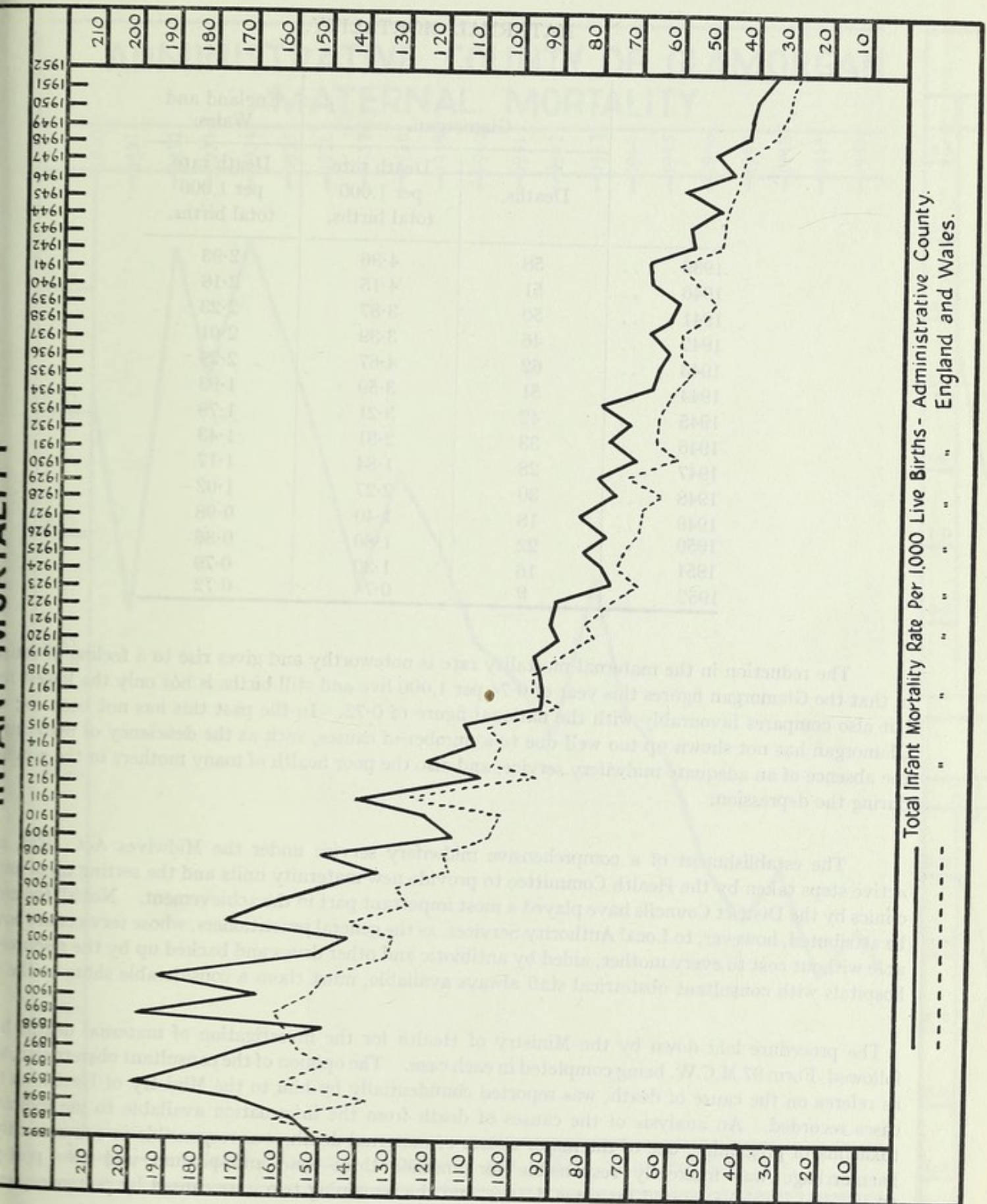
1970

1971

1972

1973

1974



MATERNAL MORTALITY.

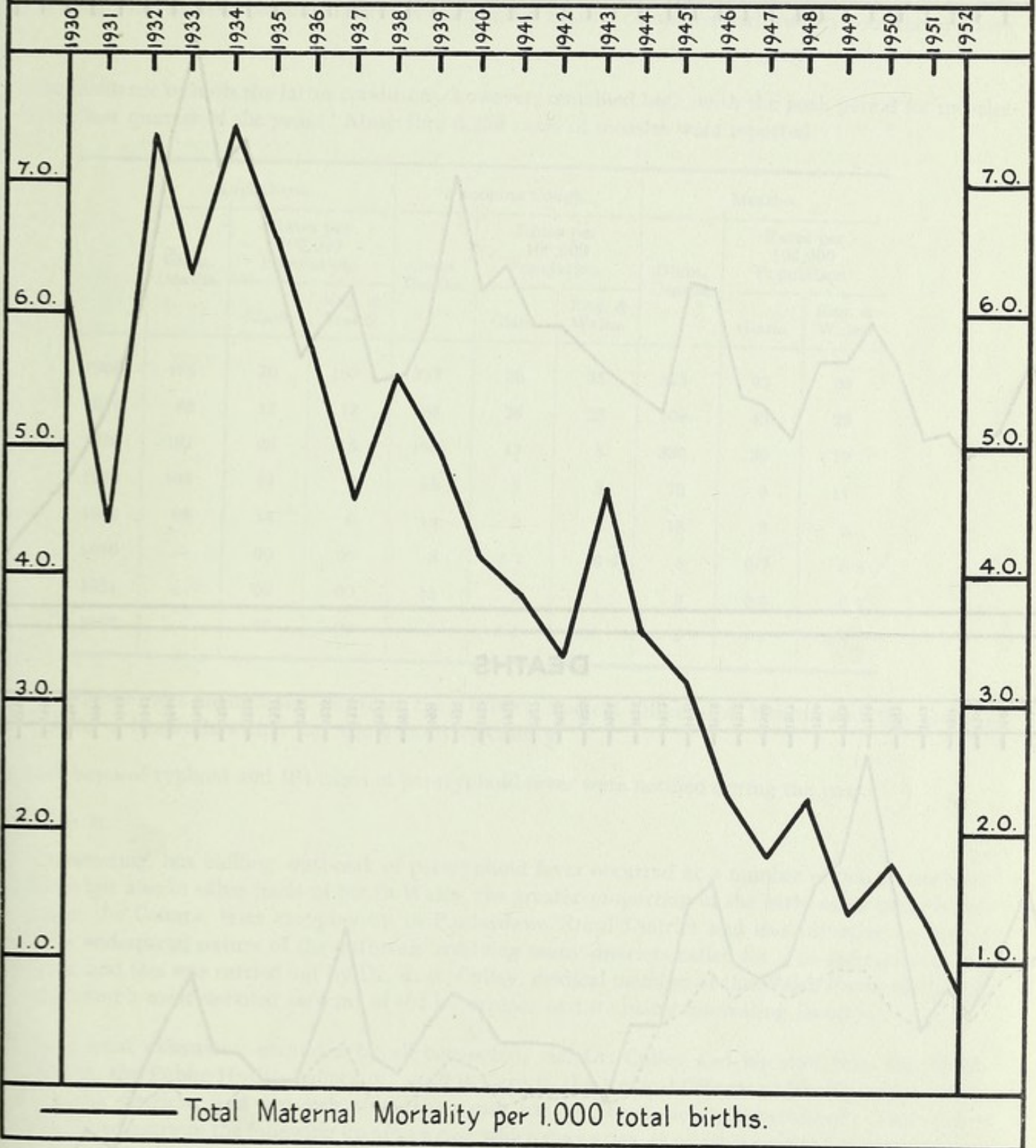
	Glamorgan.		England and Wales.
	Deaths.	Death rate per 1,000 total births.	Death rate per 1,000 total births.
1939 ..	58	4.96	2.93
1940 ..	51	4.15	2.16
1941 ..	50	3.87	2.23
1942 ..	46	3.39	2.01
1943 ..	62	4.67	2.29
1944 ..	51	3.59	1.93
1945 ..	42	3.21	1.79
1946 ..	33	2.31	1.43
1947 ..	28	1.84	1.17
1948 ..	30	2.27	1.02
1949 ..	18	1.40	0.98
1950 ..	22	1.80	0.86
1951 ..	16	1.30	0.79
1952 ..	9	0.74	0.72

The reduction in the maternal mortality rate is noteworthy and gives rise to a feeling of satisfaction in that the Glamorgan figures this year of 0.74 per 1,000 live and still births is not only the lowest but also compares favourably with the national figure of 0.72. In the past this has not been so; Glamorgan has not shown up too well due to a number of causes, such as the deficiency of maternity services, the absence of an adequate midwifery service, and also the poor health of many mothers in the minority during the depression.

The establishment of a comprehensive midwifery service under the Midwives Act, 1936, and the active steps taken by the Health Committee to provide new maternity units and the setting up of ante-natal clinics by the District Councils have played a most important part in the achievement. Not all the credit can be attributed, however, to Local Authority Services, as the general practitioners, whose services are now available without cost to every mother, aided by antibiotic and other drugs and backed up by the resources of the hospitals with consultant obstetrical staff always available, must claim a considerable share in the success.

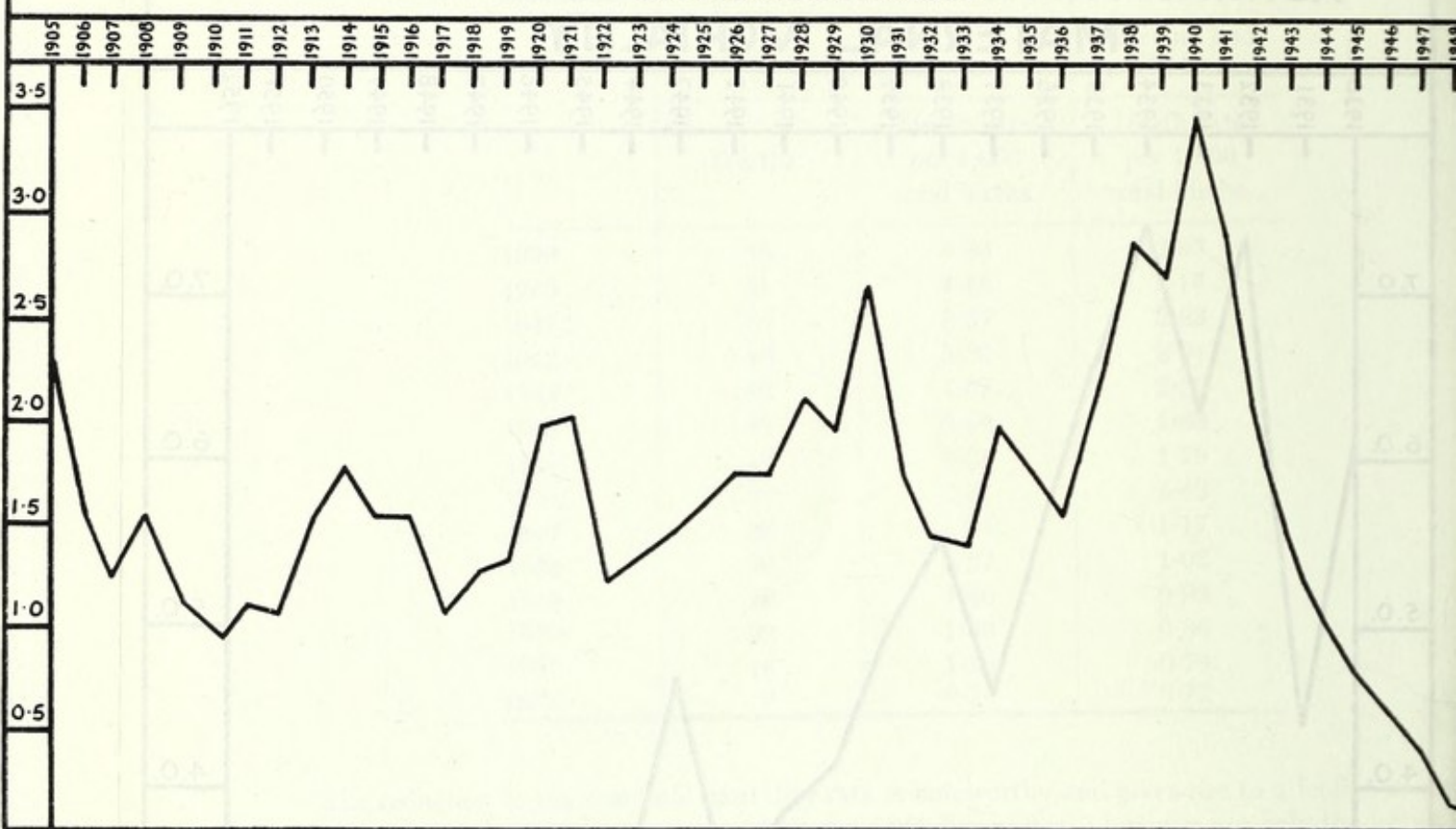
The procedure laid down by the Ministry of Health for the investigation of maternal deaths has been followed, Form 97 M.C.W. being completed in each case. The opinion of the consultant obstetrician, acting as referee on the cause of death, was reported confidentially by him to the Ministry of Health on all cases recorded. An analysis of the causes of death from the information available to me indicates that toxæmia of pregnancy, one of the major causes of maternal death, was responsible in one case only. Haemorrhage was indirectly responsible for another three—one ante-partum and two post-partum. Obstetrical shock accounted for three deaths, and the remaining two were caused by pulmonary and neoplasm of lung.

ADMINISTRATIVE COUNTY OF GLAMORGAN MATERNAL MORTALITY

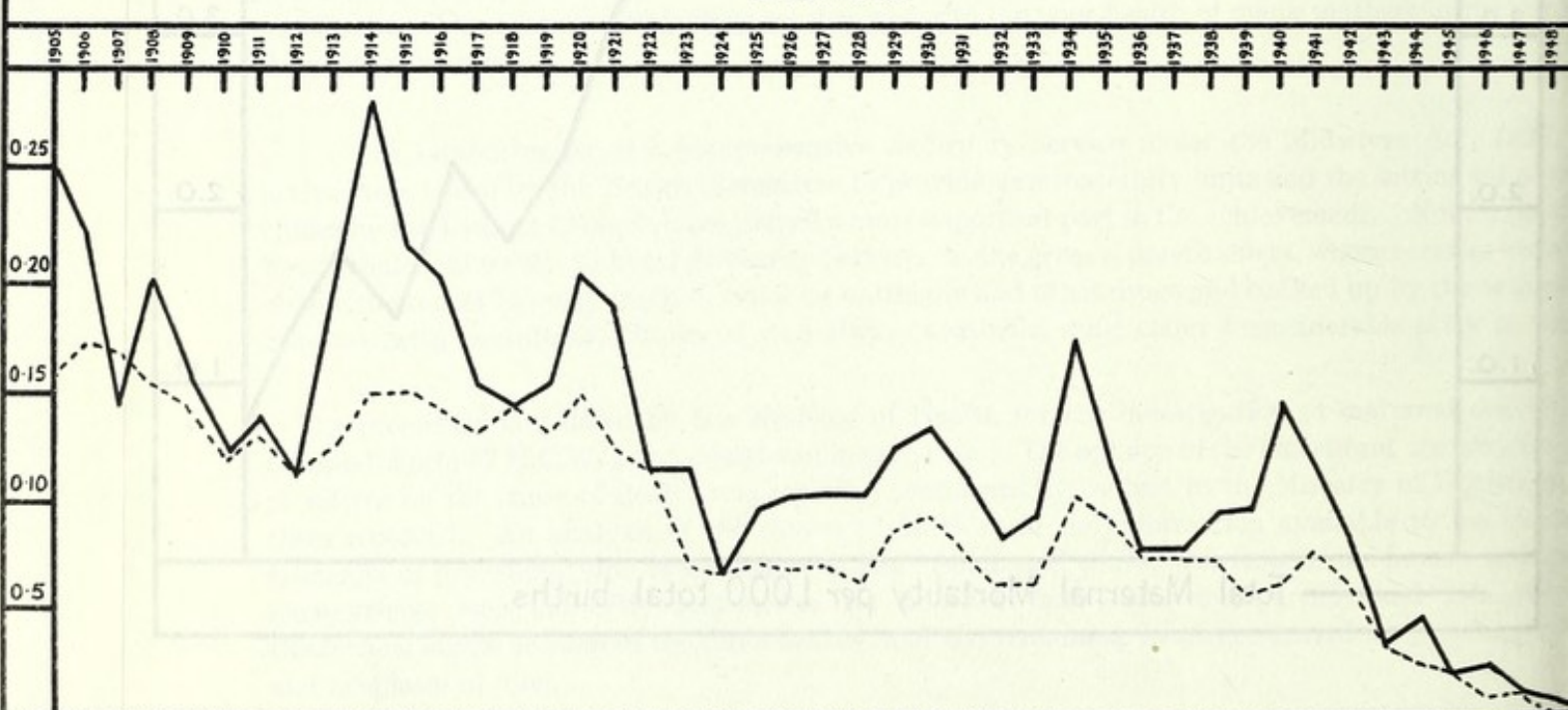


DIPHTHERIA

NOTIFICATION OF CASES



DEATHS



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

INFECTIOUS DISEASES.

The following table shows the continued reduction in the number of deaths from infectious diseases. It will be noted that for the fourth successive year there were no deaths from diphtheria, and that from whooping cough and measles combined only six cases ended fatally, compared with twenty-four the previous year.

The incidence of both the latter conditions, however, remained high, with the peak period for measles being in the last quarter of the year. Altogether 6,238 cases of measles were reported.

	Diphtheria.			Whooping Cough.			Measles.		
	Glam. Deaths.	Rates per 100,000 Population.		Glam. Deaths.	Rates per 100,000 Population.		Glam. Deaths.	Rates per 100,000 Population.	
		Glam.	Eng. & Wales.		Glam.	Eng. & Wales.		Glam.	Eng. & Wales.
1900	484	76	163	232	36	35	525	83	39
1910	88	12	12	185	26	25	308	43	23
1920	167	20	15	105	13	5	330	39	19
1930	108	13	3	58	7	5	72	9	11
1940	98	14	6	13	2	2	18	3	2
1950	—	00	00	8	1.1	0.4	5	0.7	0.8
1951	—	00	00	15	2	1	9	0.8	0.7
1952	—	00	00	3	0.4	00	3	0.4	0.3

Good liaison was maintained between the District Medical Officers of Health and the medical perintendents of hospitals within the Administrative County.

Three cases of typhoid and 184 cases of paratyphoid fever were notified during the year.

PARATYPHOID B.

An interesting, but baffling, outbreak of paratyphoid fever occurred at a number of points, not only the County but also in other parts of South Wales, the greater proportion of the early cases being in the eastern end of the County, later cropping up in Pontardawe Rural District and the adjoining county of Brecon. The widespread nature of the outbreak involving many districts called for a co-ordination of the investigations, and this was carried out by Dr. A. R. Culley, medical member of the Welsh Board of Health, who has published a most detailed account of the occurrence and its many interesting features.

Despite most exhaustive enquiries by all concerned, viz. Dr. Culley and his staff from the Welsh Board of Health, the Public Health Laboratory staff in Cardiff, the Medical Officers of Health, and sanitary inspectors in the districts, and my own staff, the cause has not been clearly ascertained. The closest vigilance is still necessary in the following up of any case which may arise, as one is bound to feel a measure of concern that a similar occurrence may arise unless the source is discovered. At the moment the infection appears to be associated with bakehouses, and, although all ingredients used in the various processes have

been brought under microscopic scrutiny, no definite evidence against any particular article has been obtained. Employers and employees in bakehouses gave every assistance in the search for the cause and raised no objection to the taking of specimens of blood and the providing of faecal specimens. Obviously it was a matter of grave concern to the trade, who were very ready to assist in getting to the bottom of the problem, and, while it is hoped there will be no recurrence this year, if further cases should occur maybe the puzzle will be solved.

Apart from isolated cases, two in March and three in November, the outbreak occurred between the third week in May and the third week in October. The table facing this page shows the distribution in date and district of the 204 notifications received. The actual number of confirmed cases after correction was 184.

POLIOMYELITIS.

Poliomyelitis was notified in thirty-nine cases, with one death. This was a slightly greater incidence than 1951, but fortunately well below that of the 1950 figure of 105. Bearing in mind the association with this condition, instructions were given to concentrate on the immunisation campaign during the winter months, and in no instance did poliomyelitis arise following inoculation.

1910	28	12	12	169	20	28	202	28	1910
1920	187	20	21	162	11	2	250	20	1920
1930	108	13	8	28	5	2	22	11	1930
1940	88	14	8	13	2	2	18	2	1940
1950	—	00	00	8	1-1	0-4	2	0-2	1950
1961	—	00	00	19	2	1	8	0-2	1961
1965	—	00	00	—	0-1	00	2	0-3	1965

NOTIFICATIONS OF INFECTIOUS DISEASES—PARATYPHOID B.

Health Division.	Constituent Districts.	1st March.	8th March.	—	17th May.	24th May.	31st May.	7th June.	14th June.	21st June.	28th June.	5th July.	12th July.	19th July.	26th July.	2nd August.	9th August.	16th August.	23rd August.	30th August.	6th September.	13th September.	20th September.	27th September.	4th October.	11th October.	18th October.	25th October.	1st November.	8th November.	15th November.	22nd November.	29th November.	
Aberdare and Mountain Ash	Aberdare Urban	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	2	—	1	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Mountain Ash Urban ..	—	—	—	—	1	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Caerphilly and Gelligaer	Caerphilly Urban	—	—	—	—	—	—	—	—	1	1	—	—	—	2	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
	Gelligaer Urban	—	—	—	8	16	10	2	—	—	—	—	—	—	—	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Mid Glamorgan	Bridgend Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Maesteg Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Ogmore and Garw Urban ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Porthcawl Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Penybont Rural	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Neath and District	Neath M.B.	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
	Neath Rural	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—
Pontypridd and Llantrisant	Pontypridd Urban	—	—	—	—	3	4	—	—	—	1	—	—	—	—	4	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
	Llantrisant Rural	—	—	—	—	1	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Port Talbot and Glyncothrwg	Glyncothrwg Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
	Port Talbot M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	1	1	—	2	—	—	—	—	1	—	1
South-East Glamorgan	Barry M.B.	—	—	—	—	—	—	—	—	2	1	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Cardiff Rural	—	—	—	—	—	—	—	—	3	1	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Cowbridge M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Cowbridge Rural	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Penarth Urban	1	1	—	—	1	—	—	4	3	—	1	1	1	1	—	1	—	2	—	—	3	—	2	1	1	—	—	—	—	—	—	—	—
West Glamorgan	Gower Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
	Llchwyr Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Pontardawe Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	7	1	3	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Rhondda	Rhondda Urban	—	—	—	—	2	—	—	6	2	—	—	—	4	—	1	—	1	6	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals	1	1	—	8	26	17	2	10	12	8	6	3	5	28	17	4	6	13	7	4	6	3	6	3	1	4	—	—	—	1	1	1	1

TUBERCULOSIS.

TABLE I.—NOTIFICATIONS.

Year.	Pulmonary.		Non-Pulmonary.	
	Notification.	Rate per 1,000 Population.	Notification.	Rate per 1,000 Population.
1938	842	1.19	345	0.48
1939	844	1.19	310	0.44
1940	975	1.36	332	0.46
1941	933	1.26	355	0.48
1942	934	1.31	322	0.45
1943	991	1.42	356	0.51
1944	1,186	1.68	284	0.40
1945	1,010	1.45	283	0.41
1946	894	1.26	243	0.34
1947	894	1.26	229	0.32
1948	916	1.26	228	0.31
1949	919	1.25	225	0.31
1950	923	1.25	196	0.27
1951	831	1.14	179	0.24
1952	832	1.14	149	0.20

TABLE II.—DEATHS.

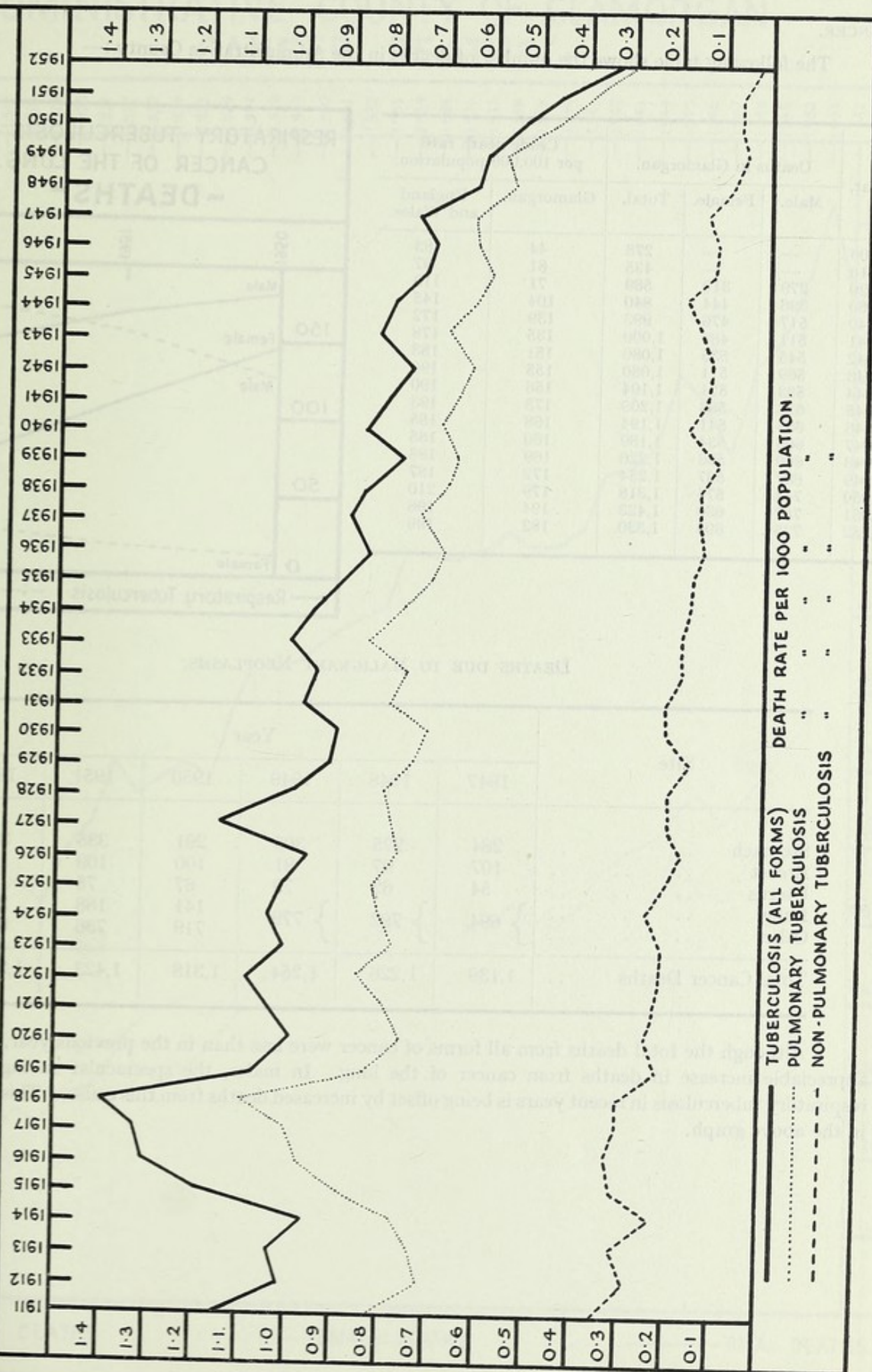
Year.	Pulmonary.					Non-Pulmonary.			
	Total Deaths in Glam.	Death Rate per 1,000 population.				Total Deaths in Glam.	Death Rate per 1,000 popul.		
		Urban.	Rural.	Total Glam.	England and Wales.		Urban.	Rural.	Total Glam.
1938	491	0.73	0.59	0.69	0.53	105	0.16	0.10	0.15
1939	469	0.74	0.42	0.66	0.53	83	0.14	0.05	0.12
1940	477	0.70	0.57	0.67	0.58	119	0.18	0.12	0.17
1941	492	0.71	0.54	0.66	0.60	107	0.15	0.12	0.14
1942	447	0.68	0.48	0.63	0.54	94	0.13	0.12	0.13
1943	468	0.74	0.49	0.67	0.56	105	0.15	0.14	0.15
1944	454	0.68	0.55	0.64	0.52	111	0.15	0.18	0.16
1945	416	0.64	0.49	0.60	0.52	92	0.15	0.09	0.13
1946	432	0.65	0.49	0.61	0.46	77	0.10	0.12	0.11
1947	432	0.62	0.56	0.61	0.47	83	0.13	0.09	0.12
1948	393	0.54	0.55	0.54	0.44	61	0.08	0.09	0.08
1949	399	0.59	0.43	0.55	0.40	42	0.05	0.08	0.06
1950	325	0.47	0.37	0.44	0.32	58	0.07	0.10	0.08
1951	280	0.41	0.31	0.38	0.27	48	0.07	0.05	0.07
1952	218	0.32	0.25	0.30	0.21	20	0.03	0.02	0.03

The County rates for tuberculosis are still less satisfactory than for England and Wales, but in the death rate from this cause was greater in Glamorgan than in England and Wales.

A record low death rate was reached, and the number of deaths from pulmonary tuberculosis reduced from 325 in 1950 to 218 in 1952.

ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES

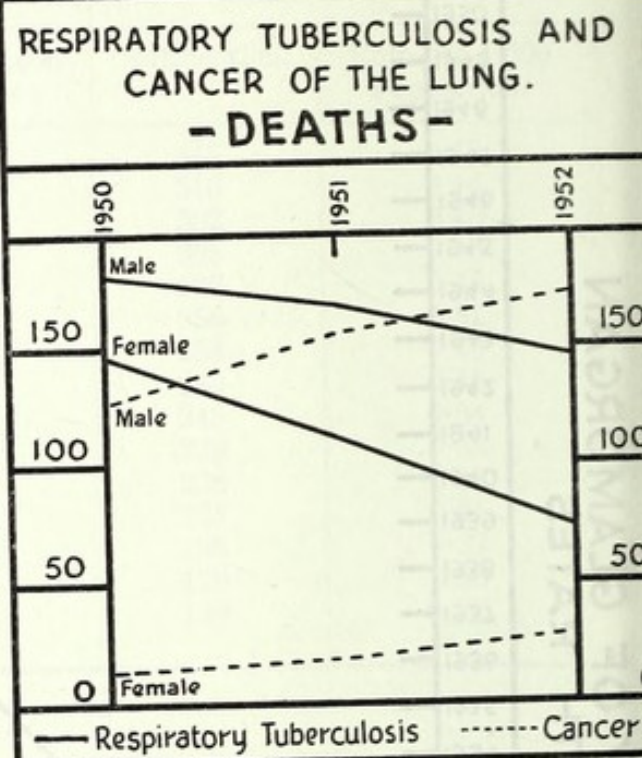
77



CANCER.

The following table shows the number of deaths in the Administrative County :—

Year.	Deaths in Glamorgan.			Crude death rate per 100,000 population.	
	Male.	Female.	Total.	Glamorgan.	England and Wales.
1900	—	—	278	44	83
1910	—	—	435	61	97
1920	279	310	589	71	110
1930	396	444	840	104	145
1940	517	476	993	139	172
1941	511	489	1,000	135	178
1942	545	535	1,080	151	183
1943	569	511	1,080	155	190
1944	583	521	1,104	156	190
1945	626	583	1,209	173	193
1946	653	541	1,194	168	185
1947	605	534	1,139	160	185
1948	660	566	1,226	169	186
1949	687	567	1,254	172	187
1950	744	574	1,318	179	210
1951	787	636	1,423	194	196
1952	725	605	1,330	182	199



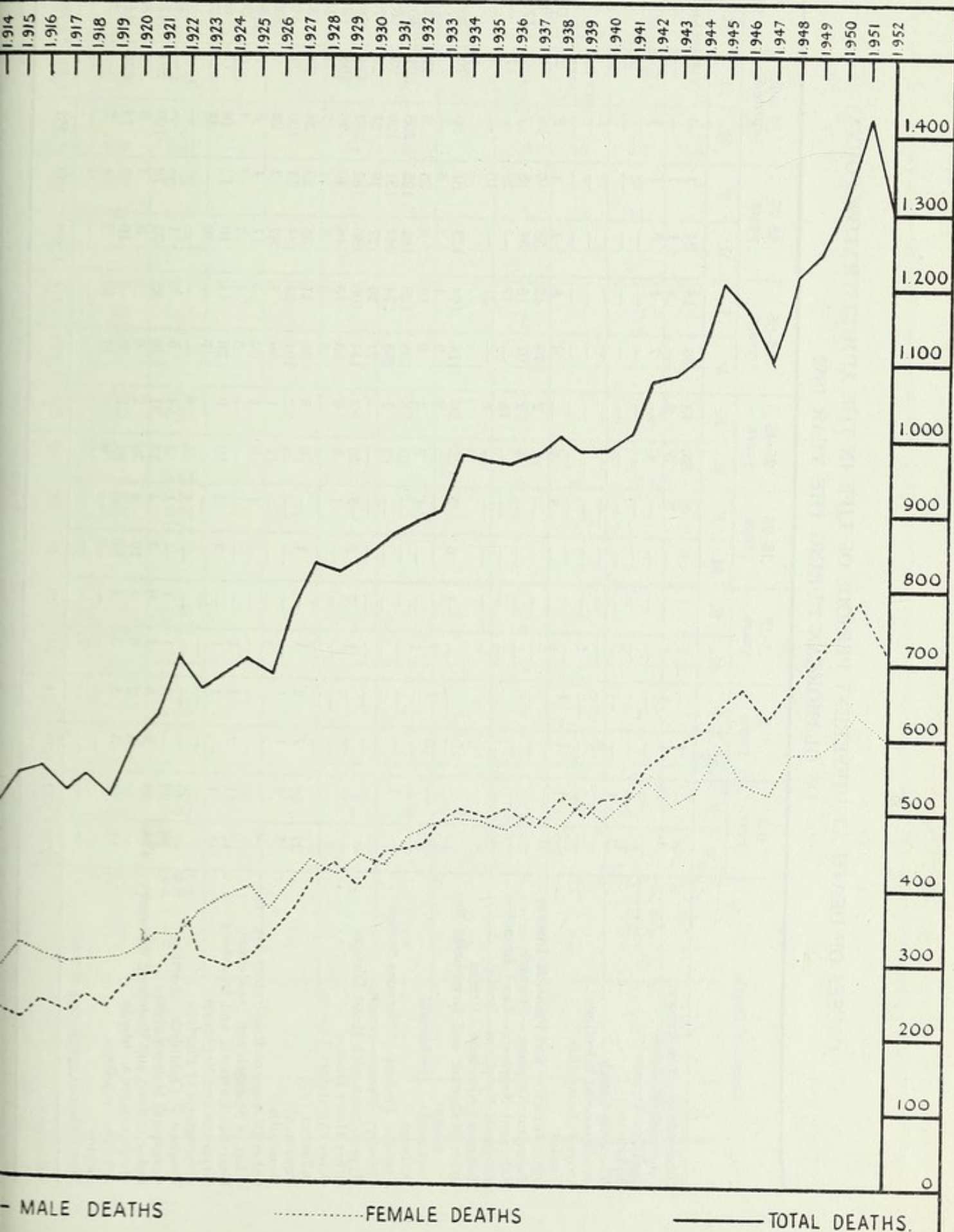
DEATHS DUE TO MALIGNANT NEOPLASMS.

Site	Year					
	1947	1948	1949	1950	1951	1952
Stomach	284	275	305	291	335	300
Breast	107	97	91	100	109	111
Uterus	54	62	79	67	75	52
Lung	694	792	779	141	168	200
Other				719	736	667
Total Cancer Deaths ..	1,139	1,226	1,254	1,318	1,423	1,330

Although the total deaths from all forms of cancer were less than in the previous year, there was appreciable increase in deaths from cancer of the lung. In males, the spectacular saving of life from respiratory tuberculosis in recent years is being offset by increased deaths from this cause. This is illustrated in the above graph.

ADMINISTRATIVE COUNTY OF GLAMORGAN

• CANCER DEATHS •



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1952.

Causes of Death.	0-1 year.		1-5 years.		5-15 years.		15-25 years.		25-45 years.		45-65 years.		65-75 years.		75 and upward.		All ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—Respiratory ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis—Other ..	1	2	1	1	1	1	6	8	38	43	69	18	24	1	6	1	146	72
Syphilitic Disease ..	..	..	..	..	..	..	..	2	3	3	..	4	1	1	..	..	7	13
Diphtheria ..	..	..	..	..	..	..	..	..	4	..	7	1	6	1	1	..	18	2
Whooping Cough ..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Meningococcal Infections ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
Acute Poliomyelitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Measles ..	1	1	1	1	1	1	..	..	..	..	..	..	..	..	..	..	1	2
Other Infective and Parasitic Disease ..	..	..	..	..	..	..	..	3	5	..	6	8	1	1	2	2	16	14
Malignant Neoplasm—Stomach ..	..	..	..	..	..	..	..	..	14	2	76	42	58	46	28	34	176	124
Malignant Neoplasm—Lung Bronchus ..	..	..	..	..	..	..	..	..	4	2	107	15	54	9	7	2	172	28
Malignant Neoplasm—Breast ..	..	..	..	..	..	..	..	..	..	18	..	47	29	..	..	..	111	..
Malignant Neoplasm—Uterus ..	..	..	..	..	..	..	..	..	..	8	..	31	10	..	3	..	52	..
Other Malignant and Lymphatic Neoplasms ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Leukaemia—Aleukaemia ..	..	..	..	..	..	..	..	2	22	20	114	104	125	81	99	70	366	281
Diabetes ..	..	..	2	1	4	..	..	..	..	2	2	1	3	5	..	..	11	9
Vascular Lesions of Nervous System ..	..	..	1	..	1	..	..	1	2	2	9	13	6	23	5	17	23	56
Coronary Disease—Angina ..	1	..	..	..	..	..	..	..	10	8	108	129	182	195	205	301	505	634
Hypertension with Heart Disease ..	..	..	..	..	..	..	..	..	19	7	255	74	262	131	126	93	662	305
Other Heart Disease ..	..	..	1	2	..	..	..	..	21	..	21	26	27	16	24	22	72	64
Other Circulatory Disease ..	..	..	..	..	..	..	..	5	28	32	114	108	186	182	353	424	684	753
Influenza ..	..	..	..	..	..	..	..	1	4	2	33	13	46	40	98	106	181	162
Pneumonia ..	..	..	..	..	..	..	..	..	..	..	3	5	3	4	7	4	13	13
Bronchitis ..	27	28	7	2	1	..	1	..	6	5	38	17	38	23	34	23	152	98
Other Diseases of Respiratory System ..	5	4	1	1	..	..	..	..	8	2	101	24	134	33	100	71	349	135
Ulcer of Stomach and Duodenum ..	2	..	..	..	..	..	..	..	11	1	99	5	87	2	22	9	223	17
Gastritis, Enteritis, and Diarrhoea ..	13	11	3	1	1	..	1	1	9	1	32	3	11	4	3	6	56	11
Nephritis and Nephrosis ..	1	1	..	..	..	..	3	3	10	9	26	14	10	12	18	17	69	57
Hyperplasia of Prostate ..	..	..	..	..	..	..	..	..	..	..	7	..	30	..	35	..	72	..
Pregnancy, Childbirth, Abortion ..	..	..	..	..	..	..	..	1	..	8	..	..	..	..	..	..	..	9
Congenital Malformations ..	39	30	..	3	1	..	..	1	2	4	5	2	1	..	..	..	48	41
Other defined and ill-defined diseases ..	134	86	8	6	4	6	3	4	23	31	70	85	72	79	160	234	474	531
Motor vehicle accidents ..	..	..	2	2	4	4	10	4	20	2	6	1	3	3	3	2	56	18
All other accidents ..	11	6	5	5	3	2	14	..	42	3	36	7	16	9	14	30	141	62
Suicide ..	..	..	..	..	..	..	..	..	6	4	11	13	5	1	3	..	25	18
Homicide and operations of war ..	..	..	..	..	..	..	..	..	3	1	..	..	..	1	..	..	4	2
All causes ..	236	171	39	24	31	20	46	36	293	220	1,358	814	1,393	945	1,357	1,490	4,753	3,720

1952.
NOTIFICATION OF INFECTIOUS DISEASES.

81

	SMALLPOX			SCARLET FEVER			DIPHTHERIA (Includes Mem. Group)			ENTERIC FEVER		PARA- TYPHOID		ERYSIPELAS		PULMONARY TUBERCULOSIS		NON- PULMONARY TUBERCULOSIS		PUERPERAL PYEMIA		Ophthalmia Neonatorum	ACUTE PNEUMONIA		MEASLES		WHOPPING COUGH		ACUTE ENCEPHAL- ITIS		Dysentery	Meningococcal Infection	Malaria	ACUTE POLIO- MYELITIS		Food Poisoning	Anthrax						
	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Hos- pital	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate per 1,000 Live Births		Cases	Rate	Cases	Rate	Cases	Rate	Infective	Not Infective								Paralytic	Non- paralytic				
ADMINISTRATIVE COUNTY	—	—	—	968	1.32	472	10	0.01	10	3	0.004	184	0.25	90	0.12	832	1.14	149	0.20	90	7.60	6	639	0.87	6238	8.52	739	1.01	—	1	30	36	3	29	10	68	5						
URBAN DISTRICTS	—	—	—	764	1.44	402	10	0.02	10	2	0.004	134	0.25	75	0.14	634	1.19	104	0.20	64	7.31	4	550	1.04	5339	10.05	502	0.95	—	1	24	34	3	22	7	53							
RURAL DISTRICTS	—	—	—	204	1.01	70	—	—	—	1	0.005	50	0.25	15	0.07	198	0.98	45	0.22	26	8.44	2	89	0.44	899	4.47	237	1.18	—	—	6	2	—	7	3	15	—						
Health Division.	Constituent Districts.																																										
Aberdare and Mountain Ash	—	—	—	81	2.00	6	4	0.10	4	—	—	11	0.27	6	0.15	45	1.11	1	0.02	1	1.75	—	41	1.01	230	5.47	88	2.17	—	—	1	5	—	5	—	2	5	—					
	—	—	—	34	1.09	10	5	0.16	5	—	—	3	0.10	2	0.06	80	1.92	5	0.16	—	—	—	49	1.57	476	15.26	28	0.90	—	—	—	3	—	—	—	—	4	—					
Caerphilly and Gelligaer	—	—	—	15	0.42	—	—	—	—	—	—	7	0.20	4	0.11	33	0.92	1	0.03	29	40.45	2	15	0.42	104	2.91	73	2.04	—	—	1	3	—	1	1	—	—	—					
	—	—	—	17	0.47	4	—	—	—	—	—	40	1.11	7	0.19	27	0.75	5	0.22	5	7.95	—	17	0.47	197	5.47	23	0.64	—	—	—	2	—	2	—	—	—	—					
Mid-Glamorgan	Bridgend Urban	—	—	8	0.59	4	—	—	—	—	—	—	—	1	0.07	17	1.25	4	0.29	—	—	—	—	—	81	5.93	6	0.44	—	—	—	—	—	—	—	—	2	—					
	Maesteg Urban	—	—	77	3.35	62	—	—	—	—	—	—	—	4	0.17	32	1.39	7	0.30	4	9.46	—	71	3.99	240	10.43	59	2.56	—	—	1	4	—	—	—	—	—	—					
	Ogmore and Gwair Urban	—	—	43	1.91	40	—	—	—	—	—	—	—	7	0.31	23	1.02	4	0.18	—	—	—	46	2.04	306	13.57	54	2.39	—	—	—	—	—	—	—	—	—	—					
	Portcawl Urban	—	—	41	4.52	7	—	—	—	—	—	—	—	1	0.11	9	0.95	4	0.42	1	7.09	—	—	—	103	10.85	7	0.74	—	—	—	—	—	—	—	—	—	—	—				
	Pontypridd Rural	—	—	35	1.09	16	—	—	—	1	0.03	2	0.06	3	0.09	43	1.23	7	0.20	—	—	—	14	0.40	157	4.50	43	1.23	—	—	1	1	—	—	—	—	—	—	—				
Neath and District	Neath Borough	—	—	17	0.54	17	—	—	—	1	0.03	2	0.06	—	—	42	1.33	6	0.19	1	2.15	—	11	0.35	380	12.00	27	0.85	—	—	—	—	—	—	—	—	—	—	—				
	Neath Rural	—	—	26	0.63	9	—	—	—	—	—	5	0.12	2	0.05	33	0.80	8	0.19	1	1.57	1	24	0.58	341	8.27	38	0.92	—	—	2	—	—	1	—	—	—	—	—				
Pontypridd and Llantrisant	Llantrisant and Llantrwit- Fardie Rural	—	—	60	2.36	25	—	—	—	—	—	6	0.24	3	0.12	35	1.38	5	0.20	2	3.85	—	18	0.71	94	3.70	7	0.28	—	—	—	—	—	2	1	—	—	—	—				
	Pontypridd Urban	—	—	19	0.50	19	1	0.03	1	—	—	11	0.29	4	0.10	75	1.96	8	0.21	7	12.39	1	8	0.21	676	17.63	10	0.26	—	—	—	3	—	1	—	—	—	4	—				
Port Talbot and Glyncorrwg	Glyncorrwg Urban	—	—	8	0.85	4	—	—	—	—	—	1	0.11	1	0.11	22	2.34	8	0.85	—	—	1	1	0.11	1	0.11	10	1.07	—	—	—	—	—	—	—	—	—	—	—				
	Port Talbot Borough	—	—	63	1.43	36	—	—	—	—	—	9	0.20	8	0.18	47	1.06	5	0.11	—	—	—	23	0.52	232	5.25	23	0.57	—	—	2	1	—	—	—	—	—	—	—	—			
South-East Glamorgan	Barry Borough	—	—	78	1.91	16	—	—	—	—	—	6	0.15	15	0.37	54	1.32	10	0.25	4	5.58	—	26	0.64	352	8.75	67	1.64	—	—	1	1	—	—	3	2	21	—					
	Cadoxton Rural	—	—	27	0.75	—	—	—	—	—	—	5	0.14	2	0.06	30	0.83	5	0.14	1	2.31	—	15	0.42	149	4.15	99	2.76	—	—	—	—	2	1	—	—	1	1	3	—			
	Cowbridge Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	Cowbridge Rural	—	—	20	0.99	11	—	—	—	—	—	1	0.05	—	—	18	0.89	6	0.30	1	3.39	—	5	0.25	26	1.29	22	1.09	—	—	—	—	—	—	14	8	1	—	—	1	1	11	—
	Ponarth Urban	—	—	26	1.41	5	—	—	—	1	0.05	23	1.25	2	0.11	16	0.87	7	0.38	2	7.52	—	69	3.75	733	39.79	13	0.71	—	—	14	8	1	—	—	2	1	1	—	—	—		
West Glamorgan	Gower Rural	—	—	6	0.52	—	—	—	—	—	—	1	0.09	1	0.09	8	0.69	2	0.17	20	101.52	1	1	0.09	47	4.06	2	0.17	—	—	—	—	—	—	—	1	1	—	—	—	—		
	Llewellyn Urban	—	—	23	0.91	23	—	—	—	—	—	—	—	2	0.08	19	0.75	6	0.24	3	9.40	—	4	0.16	164	6.46	3	0.12	—	—	—	—	—	—	1	1	—	—	—	—	—	—	
	Pontardawe Rural	—	—	30	0.93	9	—	—	—	—	—	30	0.93	4	0.12	31	0.97	12	0.37	—	—	—	12	0.37	85	2.63	26	0.81	—	—	1	—	—	—	1	—	—	—	—	—	—		
Rhondda	Rhondda Urban	—	—	214	1.95	129	—	—	—	—	—	21	0.19	11	0.10	113	1.03	20	0.18	7	4.09	—	169	1.54	1659	9.64	9	0.08	—	—	—	3	2	3	—	7	1	—	—				

				POPULATION				SEXES				DEATHS												CAUSES OF DEATH AT ALL AGES												DEATH-RATE PER 1,000 POPULATION												DEATH-RATE PER 1,000 POPULATION																																	
				Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female																																					
				1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950																																					
Total	White	Colored	Foreign Born	Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female																																					
				1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950																																					
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950
1910	1911	1912	1913	1914	1915	1916	1917	1918	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	1949	1950	1910	1911	1912	1913	1914	1915	1916	1917	1918	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				

